Introduction

The approach to wellbeing and performance that I adopt is based on the work of Thomas McKeown, a specialist in public health whose writing in the 1970’s has influenced my professional practice since. His interpretation of the key influences on health and wellbeing are genetics, nutrition and behaviour.

The focus for me is behaviour, and the influence of our own behaviour towards ourselves (i.e. continuing to smoke knowing that smoking can kill us) and towards others (i.e. knowing that certain behaviours towards others is perceived as bullying and causes mental ill health). Extending this idea to wellbeing, the concept of wellbeing is highly idiosyncratic. We can feel well whilst suffering serious illness; and we can feel ill when no illness is present. Equally, we are fairly hopeless at understanding someone else’s sense of wellbeing and almost always get it wrong. Often, when asked the question ‘How are you?’ the response is a brightly positive ‘I’m OK’ when the person is feeling pretty lousy. For those in a low mood, the response might well sound like a moan, whilst the person is actually fine. Personal levels of wellbeing are, also, heavily dependent on personal levels of resilience and tolerance, and these have everything to do with personality, and life experience.

Linking wellbeing to performance is essential to me. This link seems to be the missing link in many reports in this area, but is essential if improvements in the wellbeing of people at work are to be made. No one will invest the resources necessary to support wellbeing programmes unless there is an impact on performance.
There are two levels of performance – the overall performance of organisations as measured by key factors of profit/loss/surpluses/deficit combined with staff sickness absence and turnover levels together with other headline measures such as market penetration, unit costs and so on. Then there is the second level performance that relates directly to individuals. Here I use the ‘Just a minute’ performance model to illustrate performance. Within the model is the focus on no deviation, no repetition and no hesitation. These dimensions link directly to levels of concentration. Concentration is key to individual performance, and it is the interruptions to concentration that can lead to errors, accidents and under performance. Interruptions to concentration are caused by diversions, and these are most frequently linked to a personal sense of levels of wellbeing, when we are conscious of not feeling well either physically or mentally because of bodily sensations that encroach on our self awareness (like coughing, sneezing and pain) or anxieties about people, job, money and a host of other anxiety triggers.

*‘People who feel well performance better than people who feel ill’.*

**Work**

We spend a huge amount of time at work. If we work in organisations we are working in controlled communities. Being communities the workplace should be where we derive a substantial amount of the ingredients that make us happy, content and fulfilled. For some, this is a clearly the case, and for these people they become engaged with their work and their organisation to a point that it becomes difficult to separate out work from non-work. For many professional groups the sense of engagement with work, rather than the workplace, is present, and many clinicians, for example, are often willing to concentrate on their professional work for a major part of their waking existence. The work, itself, becomes totally absorbing. This level of engagement with work needs crossing over to engagement with the workplace, and expanded to all groups of skills and staff.

We know that many people are not engaged in their work or workplace to the extent that their concentration on their work is impaired. Often this diversion from concentration is attributable to ‘stress’. Stress has a bad press. The term is often ridiculed by managers and chief executives because it’s a term that has no precise definition. The use of the term in everyday conversation has the effect of dumbing down the impact of genuine stress, thereby leaving those who suffer the genuine article in real danger of serious and chronic ill health.

Stress is at the wrong end of a continuum that involves pressure (a stimulant), strain (a diversion) and stress (impairment).
Stress is a function of individual ability to control oneself and one’s environment. The degrees of impact of stress are influenced by our personality and our levels of resilience and tolerance against the causes of stress.

This goes a long way to explaining why individuals tolerate different causes of stress in different ways, and explains why a cause of stress doesn't immediately result, necessarily, in a reaction expressed in sickness or absence. There is, often, a gradual build up of intolerance to the causes of stress, where individual ability to control ourselves or the causes of stress weakens over time resulting in an explosion that leads to sickness absence or leaving the situation completely.

This cauldron of strain and stress is described by me as the ‘Iceberg Effect’ – the below the surface and hard to identify mass of discontent. Others describe this as ‘presenteeism’ when people go into work but underperform because their level of wellbeing is impaired.

Most organisations of any size have the ‘Iceberg Effect’. In the surveys of the ‘top 100 companies to work for’ the average rate of staff turnover is around 16%. There are many reasons for turnover other than the ‘Iceberg Effect’ but this is a major factor. Looking at the spread of the number of companies with high staff turnover it is possible to conclude that even those companies thought to offer good staff benefits under-perform against the best companies – those with less than 10% staff turnover. The best of the NHS organisations hover around the 10% staff turnover mark.
There are several reasons for taking stress seriously. In addition to the costs of staff sickness absence and turnover, there is the cost of presenteeism which is estimated to be double the costs of sickness absence and staff turnover. In addition, the number of cases going to law is increasing, and there is a movement amongst some insurance companies to consider premium charge increases for companies that do not address the issues of preventing stress at work. The HSE Management Standards also need to be taken seriously, as inspections of organisations are on the increase. Last, the impact of misery on individuals is substantial. Anyone who has experienced genuine levels of stress will have experienced physical ill health that can be extremely serious.

Organisations are controlled communities

Organisations are controlled communities. Managers are normally the controllers, and it is the manner in which the communities are controlled that is important in the reduction of psychological distress and the raising of levels of wellbeing and performance. The greater the self efficacy amongst employees the less controlling the managers become, the greater the levels of wellbeing and performance.

Clearly, different organisations exhibit different characteristics in relation to personal wellbeing. The slide (left) sets out four examples of organisations, the levels of personal wellbeing and their impact on costs relating to sickness absence and turnover. The test is to establish how each part of the NHS relates to these typologies.
**Threats to wellbeing and performance**

There are three levels of threat to wellbeing and performance at work. The first level threat is ourselves. Our interaction with others together with the content of the interaction plays a major role in the creation or elimination of psychological distress.

The second level threats are those we are likely to experience at least once in our lives. They are predictable and well established as triggers of psychological distress. Within controlled communities it should be expected that the controllers are able to control employees through these events whilst protecting employees from psychological distress, or at the least, reducing to the minimum the impact of the events on the performance of individuals.

The third level threats are those that arise from failed interactions or failed management of events. They are more easily classified because they are actions for which policies, procedures and regulations have been devised, enabling definition of the threat to be constructed. In reality some of the third level threats are not easily dealt with, and can be shrouded by ambiguity necessitating the decision making of third parties to resolve situations. The amount of manager time spent in dealing with these threats is enormous, and can become very costly if individual cases remain unresolved and requiring settlement in court or a tribunal.

**Building and sustaining wellbeing and performance**

The **first step** is to create a strategy to build and sustain wellbeing and performance. The strategic framework that I use was developed by me several years ago and has been applied in many situations, most recently by New Ways of Working for Applied Psychologists.

There are five strategic purposes:

Prevention – to prevent psychological distress from arising in the first place

Prevent deterioration – to prevent
A Positive Work Culture based on wellbeing and performance

**A Positive Work Culture**

- **Prevention**: To promote a Positive Work Culture based on wellbeing and performance.
- **Self**: To prevent personal deterioration in wellbeing and performance.
- **Support services**: To restore people back to their normal level of independent life and beyond.
- **Prevent deterioration**: To manage threats to wellbeing and performance.
- **Palliation**: To support people with chronic psychological distress.
- **Next generation**: To prevent psychological distress in support workers/carers.

Restoration – to restore back to their normal level of independent life and beyond those who suffer from psychological distress.

Palliation – to maintain the highest quality of wellbeing and performance amongst those with chronic distress for whom restoration is unlikely.

The Next Generation – to prevent psychological distress from arising amongst carers and support staff who provide services to those with psychological distress.

**The second step** is to populate this framework with services –

- **Prevention**: a focus on building a Positive Work Culture within which people are expected to adopt the behaviours to reflect the culture, together with training in the control of stress and the management of threats to wellbeing and performance.
- **Prevent deterioration**: a focus on building resilience and tolerance amongst individuals.
- **Restoration**: provision of suitable support services.
- **Palliation**: provision of suitable support services.
- **Next generation**: a focus on prevention – cultural context.

**The third step** is to follow a Wellbeing and Performance Agenda that includes steps to implement a strategy as well as determining the approaches to changing culture and developing appropriate behaviours amongst managers.

**Characteristics of a Positive Work Culture**

Often it is helpful to have a benchmark idea of what a Positive Work Culture looks like. The following has been constructed from the characteristics of the most successful organisations globally, that demonstrate low levels of sickness absence and staff turnover.
Characteristics of a Positive Work Culture

- A clear, unambiguous purpose, expressed as a simple ‘big idea’, an idea which all the staff relate to closely, and are proud to discuss with friends and colleagues.

- An atmosphere of confidence, where all the staff are interested in each other, support each other, and project this confidence towards clients and customers.

- Staff who behave respectfully towards each other, value each other’s views and opinions, work in teams which are places of mutual support, where anything is debated without a hint of humiliation, where the critique of individual and team work is welcomed, discussed and where lessons are learnt and implemented.

- Staff who ‘go the extra mile’ by providing unsolicited ideas, thoughts, stimulus to each other, and where their interest in their customers offers something more than is expected, beyond courtesy, and beyond service, offering attentiveness and personal interest.

- Challenges for their staff, that provide opportunities for personal development through new experiences, and which treat everyone with fairness and understanding.

  - Staff who are personally driven towards organisation and personal success - intellectually, financially, socially and emotionally.

Building a Positive Work Culture

We start with a basic truth – well act. Once we understand that we act, we begin to understand that we act according to the situation we find ourselves. We also tend to adopt stereotypical roles, so we act according to our understanding of the role. With respect to managers, many managers adopt behaviours they believe to represent the stereotypical representation of a manager. This often depends on the role model that a manager uses as a personal benchmark.

What is required is to re-write the script for managers so that they behave in a manner that promotes wellbeing and performance.
Psychological wellbeing within work depends strongly on building trust, commitment and engagement between the employee and the workplace as represented by managers. The new script needs to embrace the behaviours that build trust, commitment and engagement.

However, because we behave according to the situation we find ourselves there is a requirement to engineer the cultural context to enable managers and staff to behave in ways that demonstrate trust, commitment and engagement. Without the cultural context based on trust and commitment, the behaviours of those managers who pursue wellbeing and performance through the building of trust and commitment will be a reflection only of themselves and not representative of the organisation as a whole. This will not build the depth of trust, commitment and engagement that is required to build wellbeing and performance for the organisation as a whole.

The model I use to build a Positive Work Culture is the Organisation Development Model I devised some years ago. It has four components:

**Purpose** – why does the organisation exist?

**Architecture** – does the structure facilitate trust and commitment?

**Rules** – are the rules constructed to support trust and commitment in the organisation?

**How to play the game** – do people show the behaviours that build and sustain trust and commitment?

Using this model it is possible to place the headline topics that have been evidenced to impact favourably on trust, commitment and engagement. Each of these
headline topics has a particular interpretation that promotes trust and commitment. For example—worklife balance is about the response of an organisation to domestic crisis, not about the balance between home and work.

By implementing the approach to these headline topics a Positive Work Culture is created within which behaviours are expected to be adopted that reflect the cultural foundations.

The personal attributes of managers that enable behaviours to be adopted more easily are set out in the slide. The behaviours that promote trust and commitment are also set out and may be grouped under the headings of:

- Attentiveness
- Intellectual flexibility
- Reliability
- Resolving conflicts
- Encouragement

**Implementation**

Implementation is achieved through the adoption of cognitive coaching, training and consultancy, as there are both structural changes to make as well as individual and collective training to be adopted.

The investment is minimal as training and development programmes for managers already exist, and few, if any, additional services are required to implement the prevention strategy. The only additional resource required is that of experts on building a Positive Work Culture and in the training and support of managers at all levels of the organisation.

The return on the investment is significant and greater that 2.5:1 that is often quoted for the ROI for
Occupational Health Services. The specification of benefits will be different between organisations, but in general terms they are those in the slide. In addition, there will be a significant reduction in costs attributable to sickness absence and staff turnover, but the major cost saving comes from a reduction of impaired performance from those in work but not sufficiently well to perform at their optimum.

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About Derek Mowbray
Derek Mowbray is a Chartered Psychologist and Scientist. He founded OrganisationHealth in 2006 as a vehicle to help organisations defeat the scourge of psychological distress at work, and to promote the workplace as places where people can feel fulfilled and happy.

In 2009 he formed The Stress Clinic as a service to provide training in stress control, Positive Work Cultures and in the provision of individual support.

Derek Mowbray has been a chief executive of three NHS organisations including Director of The Management Advisory Service to the NHS (established by the Secretary of State for Health in 1982). He has, also, been a chief executive of a Charitable Trust, and is a company director of several businesses.

Derek Mowbray has a doctorate in the psychology of leadership, and is a visiting Professor of Psychology at Northumbria University, where he has, also, held a senior managerial position of an academic department.

Derek Mowbray is an Expert Witness in Stress Management. He is, also, an Independent Technical Expert for the European Commission.