21.1 A MORE POSITIVE FUTURE

While there are concerns and issues in the domain of work and health psychology as we expressed in the opening chapter for this third edition of the Handbook, there are positive advances emerging as well. Hence, we see a more positive future (Cartwright & Cooper, 2008). Along this line, Macik-Frey, Quick and Nelson (2007) identify four of these positive advances in the broad domain of occupational health. These are: positive health, leadership, mood and emotion, and intervention. Here we touch on the first three of these issues, reserving the issue of interventions for Section 21.3 as the conclusion of the chapter.

21.1.1 Positive Health

Seligman and Csikszentmihalyi (2000) have led psychology towards a more positive future with their call for positive psychology as the science of positive subjective experience. Included in positive psychology’s mission is the need to focus on both human strengths and positive institutions. This mission of positive psychology compliments the other two missions of psychology, which are to prevent problems and to repair damage. The latter mission is manifest in therapy and therapeutic intervention. Nelson and Cooper (2007)
extend this new science of positive psychology with their inclusive view of positive organizational behaviour (POB), a concept first framed by Luthans and set forth by him in their collected volume (Luthans, Youssef & Avolio 2007). Their view includes states, traits and processes. Positive health and positive psychology are making their way into work environments through their extensions in positive organizational behaviour, thus reshaping work and health psychology.

21.1.2 Positive Leadership

Leadership itself can be a positive and constructive force in work environments, with health leaders serving as primary prevention agents for tens, hundreds and thousands of employees in organizations. These positive leaders display integrity and courage while making a positive impact on the work done within their domains of influence (Quick, Macik-Frey & Cooper, 2007). This is authentic and emotionally competent leadership that lifts and leads rather than driving and abusing. Authentic leaders express their true selves while displaying hope, optimism and confidence. Great leaders move us and they devote themselves in compassionate ways to the well-being, development and advancement of their followers. This stands in contrast to the Neanderthal leaders who exploit workers, are ultimately self-centred and focus only on self-serving personal gain and blind ambition.

21.1.3 Positive Emotions

Nelson and Cooper (2007) include several chapters that address emotions and psychological well-being in their work. It is not possible to come to work without bringing one’s hopes, dreams, aspirations and deep emotions as well. Positively healthy work environments harness human emotion in ways to fulfil the individual and move the organization forward for productive gain. Even emotions that are sometimes identified as negative, such as anger, can be turned to positive gain at work. There are times and places when justifiable anger and outrage warrant appropriate and targeted action to right wrongs and correct injustices. The failure to act in those times and places is a failure of integrity, a failure of courage and a failure of heart. However, anger is one of those emotions that may alternatively be harmful and do damage in the workplace. Therefore, it is most appropriate to experience compassion, have the ability to seek and offer forgiveness when wrongs have been done, and aim to bring out the very best in the persons with whom we work. Rather
than focusing exclusively on their actions and behaviours, our call should be
to seek to know their intentions and what is truly in their hearts. Only when
we truly know the person can we act in constructive and positive ways that
bring out the best in them, and in ourselves.

21.2 PSYCHOLOGICALLY HEALTHY WORKPLACES

Macik-Frey, Quick and Nelson (2007) suggest that occupational health psy-
chology emerged from preventive medicine, psychology and engineering
with the aim of either preventing health problems in organizations or helping
to repair the damage, some of which inevitably occurs. As we have noted
above, prevention and treatment (i.e., repairing damage) are only two of the
missions of psychology. The emergent third mission of psychology is to build
upon strength factors, which is the domain of positive psychology as we have
traced it in the positive advances noted in Section 21.1. In this vein the psy-
chologically healthy workplace initiatives in the United States emerged from
the cooperative agreement between the National Institute for Occupational
Safety and Health and the American Psychological Association. Macik-Frey
et al. (2009) present a framework for psychologically healthy workplaces
based on a critical review of the research literature. The key issues within
this framework are health workplace practices, employee well-being and
organizational improvements. Underpinning this framework is a set of four
guiding principles of organizational health that were originally set forth by
Adkins, Quick and Moe (2000). These principles are:

1. Health exists on a continuum of mortality to vibrant well-being.
2. Organizational health is a continuous process, not an obtainable state.
3. Health is systemic in nature and results from interconnections of multiple
   factors.
4. Organizational health relies on fulfilling relationships that are achieved
   through communication, collaboration and relationship-building actions.

The PATH (Practices for Achievement of Total Health) model is briefly
summarized below. The PATH model originates in healthy workplace prac-
tices, which are proposed to positively impact both employee well-being and
organizational improvements. Please see Macik-Frey et al. (2009) for a full
set of original references and details on the development and presentation of
the model. The model provides for the interaction of employee well-being
and organizational improvements, the two outcome variables.
21.2.1 Healthy Workplace Practices

The PATH model identifies five categories of healthy workplace practices: work–life balance, employee growth and development, health and safety, recognition, and employee involvement. The authors briefly explore each of these categories of practices, which are designed to have specific and varied positive impacts upon employee well-being and organizational improvement.

21.2.2 Employee Well-Being

Employee well-being represents the physical, mental and emotional facets of employee health, though there is no general agreement on the best indicators of it. The authors provide an array of indicators in their PATH model, which are: physical health, mental health, stress, motivation, commitment, job satisfaction, morale and climate.

21.2.3 Organizational Improvements

The PATH model proposes specific organizational improvement outcomes that result from healthy organizations. The authors note eight illustrative organizational improvements in this statement of the model. They are: competitive advantage, performance and productivity, reduced absenteeism and turnover, reduced accident and injury rates, increased cost savings, hiring selectivity, improved service and product quality, and better customer service and satisfaction.

21.3 INTERVENTIONS

Lest we paint an overly positive picture of work and health psychology, a caveat is in order. Over the years, the editors of the Journal of Occupational Health Psychology and others have called for intervention studies to validate the theories and practices in our disciplinary domain. We continue to be concerned with the relatively few research studies that have emerged despite these calls for well-designed intervention studies. The narrower field of health psychology alone does have a set of individual intervention studies that cover a range of specific and individual therapeutic interventions. However, we need more and different studies. The notion of organizational therapy which Edgar Schein and Manfred Ketz de Vries talked about in the late 1990s never
caught on. So, maybe we need to create more of a bridge between the domains of work and health psychology with that of organizational development.

True, there has been considerable knowledge accumulated concerning risk factors in organizations, along with their connections to occupational illnesses and injuries, but comparably less is known about effective interventions for reducing the risk factors. Reviews of the intervention literature have produced disappointing results. Health promotion programmes, along with other occupational health and safety interventions as a whole, have not demonstrated sustained changes in employee behaviours. It should be recognized that researchers face challenges in studying interventions, and that control group designs and randomization are not often possible. And, interventions are often guided by practical considerations, rather than being informed by theory.

Additionally, it is true that interventions evolve and change once they are implemented. Consider, for example, the history of health circles used in Germany which were adapted from quality circles and other employee participation approaches. Health circles operate on the assumption that employees are in the best position to improve their own job conditions (Macik-Frey, Quick & Nelson, 2007). They evolved from simple research projects focused on changing work conditions (risk factors) to comprehensive programmes that are now commonly used to enhance employees’ health. A typical health circle process takes 15 months to complete, including a health report and survey, multiple health circle meetings and evaluation. Originally health circles only included employees, but some companies now use separate health circles for managers.

To end on a positive note, we do need to build on the emergence of the positive science of strength factors and well-being. There is now an accumulating body of research evidence about such individual strength factors as self-reliance, resilience, vigour, engagement and hope. These strength factors have been linked to individual health outcomes. The natural next step is to go into workplaces and design and then test and examine ways to enhance these strengths for collective health and well-being. These interventions should then be evaluated, well-designed, scientific studies. We need both great practical science and great scientific practice – they go together like a hand in a glove. Care should be taken to address the level of change intended (individual and/or organizational). As just mentioned, many studies have focused on the individual as the target of change, and have shown that individual-level interventions alone may not enhance health if the organization does not change too. The concept of healthy organizations means that along with profits and productivity, the collective well-being of employees is an important outcome.
REFERENCES


