

CPH News and Views

A semi-monthly column on emerging topics related to healthy workplaces

Issue # 36: Can TWH™ Benefit from Considering the Positive Side of the Health Continuum?

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Antonovsky (1996) observed that most workplace interventions focus on reducing exposures or behaviors that place an individuals' health at risk rather than on interventions to promote general health and wellbeing. He advocated instead for thinking of health along a continuum, with disease and ill health at one end and positive health and wellbeing at the other. Intervention activities to *promote health in a positive way* are thus not limited to *removing the risks*.

This "salutogenic" model of health suggests that some or even many health promotion programs may in fact fall short of promoting the positive aspects of health that Antonovsky referred to. The NIOSH concept of Total Worker Health™ (TWH) raises the possibility of a broader scope for the health promotion component of the integrated health protection/promotion interventions that TWH seeks to implement and evaluate.

Initially, Antonovsky was interested in explaining why some individuals were able to survive challenging conditions while others floundered. He concluded that a key factor was the individual's ability to gather and utilize internal and external resources to manage stressful or challenging situations by perceiving and experiencing these situations as meaningful, manageable, and comprehensible (Antonovsky, 1987). He then introduced the idea of a "sense of coherence" (SOC), based on these three components. While there are a number of related concepts in the mainstream literature, such as "job engagement" and individual "resilience," none of these appears to have as far-reaching implications as SOC in determining overall health and wellbeing. In essence, the more individuals are able to perceive challenging life events as meaningful, manageable and comprehensible, the healthier they will tend to be.

With this in mind, CPH-NEW researchers have been exploring possible relationships between SOC and worker health issues such as burnout in a population of prison correction officers. Despite best efforts to improve the working conditions of correction officers and to encourage them to adopt healthier lifestyles, the life-threatening safety and health risks inherent to prison settings are likely to remain high. It therefore seems plausible that a correction officer's health and wellbeing may depend, in part, on his/her SOC to buffer the sustained level of risk found in this difficult and dangerous job.

Antonovsky (1979) originally theorized that SOC is relatively stable after the age of 30 but later acknowledged that an individual's first work experiences could be key factors in shaping his or her SOC. Thus he later included the influence of the working environment in his model of how a strong SOC is developed (Antonovsky, 1987). However, his way of assessing SOC applied to everything in a person's life, which has diluted our ability to identify workplace factors that may be particularly salient in the development or maintenance of SOC.

In order to measure SOC in a way that more specifically examines relevant workplace features, we have been collaborating with Georg Bauer, a CPH-NEW Research Affiliate at the University of Zurich. Professor Bauer and his research team have developed a survey scale to assess aspects of SOC closely tied to the workplace, which they refer to as Work-SOC (Vogt, Jenny & Bauer, 2013). The Work-SOC survey scale has been administered by CPH-NEW to correction officers at two prison sites, and there are plans to collaborate on validation efforts.

In a separate effort, CPH-NEW researchers have outlined how SOC considerations can be systematically addressed when planning and implementing workplace interventions (Henning & Reeves, 2013). Front-line employees are already actively involved in designing workplace interventions when using the CPH-NEW Intervention Design and Analysis Scorecard (Robertson, Henning, Warren, Nobrega, Dove-Steinkamp, Tibirica, & Bizarro, 2013). As part of this step-by-step participatory design process, support for individual SOC can be considered in addition to the four key performance indicators that are already used to guide intervention planning efforts: scope/impact, resources/cost, benefits/effectiveness, and obstacles/barriers. Employee involvement on a regular basis in these participatory design efforts also helps make the workplace more meaningful, manageable, and comprehensible (Henning & Reeves, 2013).

Robert Henning, PhD, CPE, Associate Professor, specializes in research on teamwork and macroergonomics and played a lead role in developing the CPH-NEW Healthy Workplace Participatory Program Toolkit. Andrea Bizarro, MA, and Diana Tubbs, BA, are doctoral students in Industrial/Organizational Psychology at the University of Connecticut.

Resources

CPH-NEW Research-to-Practice Toolkit:

www.uml.edu/cphnewtoolkit

Intervention Design and Analysis Scorecard (IDEAS) tool:

<http://www.uml.edu/Research/Centers/CPH-NEW/Healthy-Work-Participatory-Program/generate-solutions/default.aspx>

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consensus among all Center personnel. We welcome your responses and discussion. Please send all questions and comments to CPHNEW@uml.edu.

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