Paradigm shift in organizational health management

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Paradigm shifts are often due to new, unusual issues or questions raised in a given discipline. The Ottawa Charter (1986) became a basic document for health promotion in the world, resulting in the wake of reform strategies that considered (among others) factors determining health, environmental protection, labor market situation and equal opportunities. The essence of the shift is to cross from a pathogenic approach towards researching the resources of health. Antonovsky, as one of the most important representatives of the salutogenetic approach, was a major contributor to the shift. In a salutogenetic approach organizations focus on the potentials of healthy working conditions. The idea that lies behind is the assumption that the investment in human capital in advanced economies contribute to a greater efficiency and a sustainable development. Psychological well-being, which focuses on the experience with other people, is a part of health, in which security, trust or giving a reason are recurring concepts in literature. The aim of this paper is to give an overview on these topics.

Keywords: health promotion, workplace, salutogenesis

1. Introduction

Paradigm shifts are often due to new, unusual issues or questions raised in a given discipline. The *Ottawa Charter* (1986)[1] became a basic document for health promotion in the world, resulting in the wake of reform strategies that considered (among others) factors determining health, environmental protection, labor market situation and equal opportunities. "The essence of the change is to cross the line between pathogenetic orientation and health resources research" (*Varga* et al 2008, p. 9.). Aaron Antonovsky, who was one of the most important representatives of the salutogenezis approach, significantly contributed to this turnaround. Medicine mustered up a number of accurate scientific research results about what makes people ill. However, the question of how some people preserve or restore their health in an increasingly unhealthy environment became more and more interesting.

The importance of health-related behavior is also increased by the fact that today's most common diseases (chronic degenerative diseases) are closely related to the individual's lifestyle and environment, meaning that the individual's role has become more important in the preservation of health and the development of disease processes. This trend is reinforced by a constant rise in health care costs.

According to the above the topic of health is now becoming increasingly interesting to more and more people and economists consider health-related innovations as fundamental importance in the future of the global economy. A growing number of industries get in contact with medicine and social trends increasingly affect people's health behavior, as a result of which health protection in organizations is enriched by new features and the concept of health promotion appears gaining even bigger ground. Dealing with health promotion can be considered as an investment, as there is a connection between the physical and psychological health and the job performance, morale and staying at the actual workplace, as argued in the Healthy Workforce 2010 Report (*Partnership for Prevention* 2010).

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[1] http://www.who.int/healthpromotion/conferences/previous/ottawa/en/index.html [Accessed 15 May 2012].

Moreover, the definition of health by the WHO (World Health Organization) is no longer limited to the biomedical determination of health status[2].

The effect of the above-described changes in the approach to organizational health policy appears in the literature, as well. Reviewing the basic research in health policies of the past two decades, two concepts and fields of use can be identified:

- risk prevention,
- the development of health potentials.

The differences arising from these two approaches are shown in Figure 1.

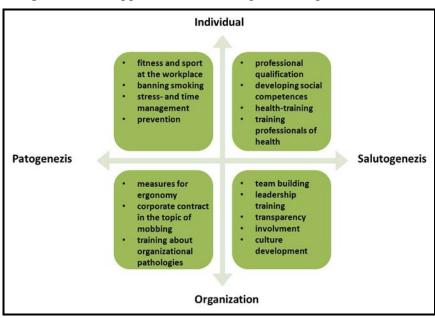*Figure 1.* Two approaches in health policies: problems raised

Source: Badura et al (2003, p. 42.)

The essence of the salutogenezis approach is that the organization focuses on the potentials of health and working conditions, both in relation to the individual and the organization. The ideas behind this assumption is that investing in health potential and human capital in developed economies contribute to a greater efficiency and to sustainable development. Besides the old question "What makes us ill?", the question "Why do we stay healthy?" is becoming increasingly important. Psychological well-being, which is based on the experience we gained in our relationships with other people, is a part of health. Security, trust and providing a meaning are all concepts that characterize health promoting life- and working conditions and are recurring in literature (*Seligman* 2003). Figure 2 shows the actual options for action.

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[2] According to the WHO's definition of health, it is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity (*WHO* 1946).

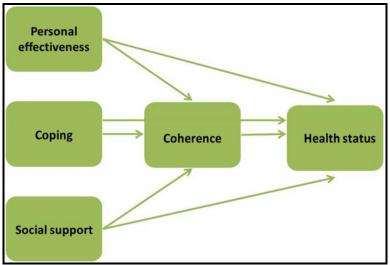*Figure 2.* Two approaches in health policies: options for action

In *Antonovsky*'s (1993) model of salutogenezis, the sense of coherence plays a central role. An important message of the salutogenezis model is that health can be interpreted in a system-theoretical framework, in which the sense of coherence between the individual and his environment provides the balance even in difficult conditions, amid constant changes and challenges. Antonovsky's answer to his question is: the sense of coherence. "The sense of coherence is a global orientation that expresses the degree of one's comprehensive and durable – although dynamically flexible – confidence in the feeling for that:

  – either internal or external stimuli and effects during his lifetime are structured, predictable and can be interpreted,
  – he has enough resources to comply with the requirements of these stimuli and effects,
  – these requirements can be interpreted as challenges and therefore it makes sense to commit resources to deal with them (*Varga* et al 2008, p.10.).

Antonovsky and his colleagues prepared psychometric tests for this model and both them and several researchers worldwide have examined whether those people with a high sense of coherence tend to be healthier than those who have lower results in their tests. The sense of coherence – test (SOC) has been found to be consistently and significantly linked to any positive health-related factors and to be negatively correlated with the disease data. These results were confirmed by Hungarian researchers in Hungarian samples, as well (*Varga* et al 2008, *Skrabski* et al 2004). *Skrabski* et al (2004) have shown a strong relationship between the sense of coherence and personal efficacy (the concept of Bandura), and the coping strategies and the social support. These relationships are shown in Figure 3.
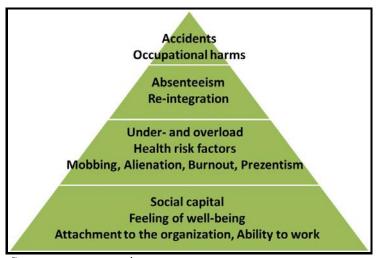
Figure 3. The relationship of coherence and health status with personal effectiveness, coping strategies and social support

Source: own construction on the basis of *Varga* et al (2008) and *Skrabski* et al (2004, p. 3.)

The areas of organizational health policy and their effectiveness according to Badura (2010) is depicted in Figure 4.

Figure 4. Tasks of organizational health policy

Source: own construction

As can be seen above, the literature on organizational health policy and management can be characterized by a very complex, strategic approach which is summarized in Figure 5. Transposing this approach into practice requires a comprehensive and incremental organizational change during which not only driving forces, but also major barriers can be expected, as well. The figures above show that the new conception of organizational health management affects nearly all operational areas of the organizations. Within the framework of this study only certain areas can be discussed – we have chosen those of leadership and work-related stress.

Figure 5. The integration of health-related tasks

2. Management and health

Nowadays more and more research takes place in the topic of how leadership behavior influences employees' health. These are based on different approaches and there has not yet been a clear result of the above relationship. It is obvious that leadership affects the health of the employees and it is not clear, however, what the extent of this effect is, and what the leader can do to support his employees' health and well-being. We attempt to answer this question by the following literature summary. Papers published in German or English language in the last 15 years in the topic of leadership and health have shown proof of the existence of the relationship described above, in several areas of scientific studies. In their "four factor" model, *Spiess* and *Stadler* (2007) summarize the possibilities of a health promoting leadership, described as follows:

- goal-and task-oriented leadership,
- employee-oriented leadership,
- work processes and organizational design,
- the development of organizational culture.

Zimber and *Gregersen* (2007) formulate similar thoughts when defining the health-related duties of the leaders:

- raising the issue of health and safety, discussing them and forming into goals,
- caring for health and safety,
- forming health-promoting work activities,
- motivating employees and participative leadership.

Sparks et al (2001) argue that health-promoting leadership can be developed by leadership skills training courses, which enhance the management's conscious behavior at the workplace.

Stadler et al (2000) call the attention to the fact that leaders underestimate their influence on the welfare of their employees. Those leaders who evaluated the work-creation and the impact of leadership behavior higher were more interested in workplace health promotion. *Wilde* et al (2009) found that two important factors of the health-promoting leadership are the awareness that the management impacts health, and the knowledge on how to manage in a healthy manner.

The HAPA (Health Action Process Approach) model of *Schulte* and *Bamberg* (2002), which explains individual health behavior, was used in an organizational context. According to the results the following factors affect whether the leader promotes health-promoting measures:

– how he evaluates the health of the employees and the organization,
– whether he knows health-promotion methods which he considers effective,
– whether he considers these methods as possible for introduction in the organization,
– how he implements the organizational health development intentions into concrete action.

Nowaday's popular science that links natural and social science research results is neurobiology. One of the most important results of the research on the neurobiological basis of motivation was to prove that humans are social beings who seek co-operation and support. To achieve this (to create such social relationships) there is a need to develop the ability of mutual understanding (understanding the other person in a spontaneous and unconscious way and responding with a social resonance). The social resonance and social embeddedness is rooted in biology, based on a mirror neuron system. (*Badura* et al 2003). The mirror neuron system is the base of empathy and sympathy, which are the essential conditions of social competences that can be acquired during socialization. The neurobiological research has confirmed that the exclusion of the individual from the area of social mirror and resonance are both psychologically and biologically harmful.

Organizations are social systems where the successful co-operation of their members is required. Common beliefs, values, rules, trust, support and recognition are the conditions of achieving organizational goals. All these contribute to the social wealth of the organization, which is an important factor in the motivation of human capital and a major contributor to corporate success and the members' better health, as well.

The studies in the topic of leadership and health are heterogeneous from the point of view of their theoretical basis, methodology and research plan, which limits the comparability and the explanatory power of their results. The research traditions of various disciplines (work history, organizational psychology) differ from each other, but the results draw attention to some important relationships, even if their systematic scientific revision is necessary.

3. Worksite stress

In the recent decades work-related stress is a major topic of scientific research, for instance, there are comprehensive longitudinal studies using objective health indicators, resulting that there is no doubt today about the existence of a causal relationship between psychosocial workload and health (*Belkic* et al 2004, *van Vegchel* et al 2005). It can be regarded as proven that psychosocial strains are more closely related to back pain than to heart and vascular diseases, and to emotional disorders than to physical workloads. High work intensity, low job security and the lack of social recognition are significantly related to depressive symptoms (*Hasselhorn–Portuné* 2010). The question in this context is how and to what extent psycho-social pressures and their negative effects can be reduced at the workplace.

Stress can be defined in various ways, for which there is good reason, but this paper does not intend to discuss this issue. For organizational health management a clear definition of worksite stress is needed. Today's internationally accepted definition considers stress as an active and reciprocal interaction between individuals and their environment, that is, as a transactional process (*Cox* et al 2000). According to the work of the Ad Hoc Group on Work-Related Stress of the European Union (1996), stress is:

– the process of emotional, cognitive, behavioral and physiological reactions,
– that is caused by an unpleasant working and organizational environment,
– and this process includes strong negative emotions and the perception of excessive requirements.

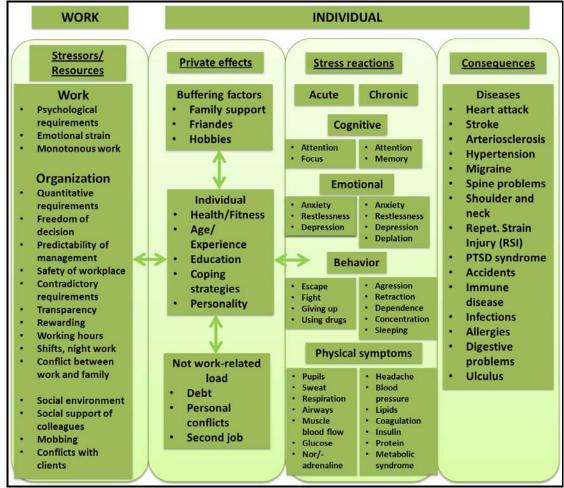Figure 6 illustrates the complex model of transactional work stress.

Figure 6. The complex model of transactional work stress

Source: Hasselhorn–Portuné (2010, p. 364.)

The model in Figure 6 shows that available resources play an important role in managing stress and affect whether one considers the situation as a threat or a challenge. Coping skills, the field of action and social support are important resources. In addition to social support, it is mainly the quality of leadership that the scientific literature draws the attention to. It was demonstrated in an experimental way, as well, that positive feedback given by the superiors triggers positive emotions and corresponding action tendencies which function as protective factors.

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With an increased workload, stress-related job resources (e.g. the freedom of action and the observed level of social support) are reduced, which results that the chances of coping with stressful situations further decreases. Stressful situations are especially risky in the cases where they are not controllable, less predictable and new for those affected. The longer and the more intense such stressful processes are, the more likely that there will be negative consequences. In this case, it is likely that medium-term disease processes arise (see Figure 6, column 3, right side), and there is a serious chance for the development of long-term ones, as well (see Figure 6, column 4). The chronic stress response requires constant effort and attention, spreads to other areas of life, as well, and finally, those affected will have reduced psychological and physical resources, although they would increasingly need these (*Hasselhorn–Portuné* 2010).

In the literature, both behavioral based (stress training) and condition-based (changes in organizational terms) stress-related measures are recommended; according to the efficiency measurements, the combination of these two methods seems to be the most effective solution.

4. Conclusions

In our study we intended to present the most important factors of the new approach of organizational health management. The health management paradigm shift is based on the salutogenezis approach which seeks the answer to the question of how to keep one healthy. The response has appeared in the management sciences for decades and it draws the attention to the humanistic approach which is supported by tens of thousands of published research papers. In this school, one of the most important factors refers to social relations, the leader – subordinate relationship, and to participations. As it turns out these have an effect on improving and maintaining health, on disease courses and the healing process, as well. Basically, both pathogenic and salutogenic potentials are involved in social relationships, however, it is primarily their positive health promotion side that is inherent. Humans are social beings, whose genetic make-up allows the construction of empathic social relationships by the aid of mirror neurons (*Rizolatti–Sinigaglia* 2008). Social relationships can be considered as the resources of generalized resistance resources, against pathogenic effects of the social and physical environment (*Bengel* et al 1999). These findings, of course, concern social relationships at the workplace, as well, the development of which can be an important source of organizational health promotion. According to *House* et al (1988), on the basis of salutogenetic and pathogenic processes, three fundamental phenomena of social relationships can be distinguished:

- social support is a positive relationship which has the potential for health promotion and reducing stress,
- social requirements and social conflicts (also called social loads) are potentially harmful to the health and increase stress,
- social control and influence behavior and both can have positive and negative effects on health.

In the rapidly changing world of organizations social relationships have a growing significance (*Weber–Hörmann* 2007, *Badura* et al 2010). There are social loads of work such as conflicts with management, colleagues, or customers; organizational justice issues; lack of information; lack of social support; isolation and behaviors that can be considered as socio-pathological, such as mobbing (*Holz* 2006).

Social support at the workplace does not only help in the prevention and treatment of social load, but enhances coping with many other workplace problems, as well, such as

overload, time pressure, role overload, role conflicts, low level of participation, high control, an uncertain future or organizational changes.

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