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INTRODUCTION: BUILDING A PSYCHOLOGICALLY HEALTHY WORKPLACE

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Management gurus and employee relations advocates have long recognized that employees are the essential building blocks of any organization, although each group tends to take a slightly different approach to leveraging those key resources. The traditional management perspective has emphasized the need to develop effective organizational processes and structures to ensure results. The goal is to create mechanisms (e.g., performance management systems, production processes) that maximize important organizational outcomes.

On the other hand, the employee relations perspective focuses on the people side of the organization. The general premise is that if employees are satisfied with their jobs, they will be more productive workers. The goal from this perspective is often to develop mechanisms (e.g., benefits, vacation time, positive work environment) that maximize employee attitudes toward work (e.g., job satisfaction).

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Both approaches provide important guiding principles that must be integrated if one is to take a collection of individuals (the employees) and somehow motivate those individuals to (a) engage in activities that are aligned with organizational goals and (b) put forth the necessary effort in pursuing those activities so that expected outcomes are realized. Faced with often-competing life demands, employees have a limited amount of time and energy to respond to these demands; thus, the organization's goal should be to optimize the amount of resources that employees choose to invest in their work role. Notice that we choose the term *optimize* over *maximize* when discussing the interplay between employees and the organization. This is an intentional choice of words. Although an employer could maximize production in the short term by requiring employees to work 80 hours per week, if there is a lack of fit between work demands and employee preferences, employees may suffer fatigue and burnout (Grawitch, Barber, & Justice, 2010; Van den Broeck, Vansteenkiste, De Witte, & Lens, 2008). In addition, these increased job demands can lead to negative health consequences (Hakanen, Schaufeli, & Ahola, 2008) as well as increased absenteeism (Somers, 2009) and turnover intentions (Podsakoff, LePine, & LePine, 2007).

The phenomenon just described exemplifies the symbiotic nature of employee well-being and organizational effectiveness. Focusing on maximizing organizational outcomes at the expense of employee well-being may result in short-term gains for the organization, but it will likely have long-term negative consequences. For example, it has been widely documented that Enron focused almost exclusively on maximizing short-term profits, which led to the development of a culture that was psychologically unhealthy, to say the least (Cruver, 2002). On the other hand, attempting to maximize employee outcomes at the expense of organizational effectiveness is likely to result in long-term negative consequences for the organization. Companies like General Motors have provided employees with lucrative benefits—such as lifetime pensions—that have resulted in long-term negative consequences for the organization's bottom line (Elliott, 2009). Neither approach is viable in the long run.

The true path to sustainability for contemporary organizations rests in a business philosophy that focuses on optimizing the interplay between employee and organizational outcomes (Griffin, Hart, & Wilson-Evered, 2000). This approach allows employees to achieve high levels of both performance and well-being (Quick, 1999). Though many organizations view health through a narrow lens and rely on measures such as health care claims, biometric data from health screenings, and the number of health risks identified in the company's Health Risk Assessment, the World Health

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Organization (1948) defined *health* as the alignment of physical, mental, and social well-being. This broader definition of health suggests numerous strategies that can benefit organizations and employees.

This more comprehensive approach to health is heavily emphasized in the psychologically healthy workplace perspective, a concept introduced and promoted by the American Psychological Association (APA; 2015). At its core, this perspective promotes the idea that an effective organization is one that possesses a culture that (a) establishes trust and respect among members of the organization, (b) views employees as assets and values their contributions, (c) communicates regularly with employees, and (d) takes employee needs into consideration when designing new initiatives (Grawitch, Ledford, Ballard, & Barber, 2009). Hence, a psychologically healthy workplace is one in which an organization's culture emphasizes the development of long-term win–win scenarios (optimizing stakeholder value), not one in which the culture emphasizes the maximization of short-term profit (maximizing shareholder value).

KEY COMPONENTS OF A PSYCHOLOGICALLY HEALTHY WORKPLACE

Grawitch, Gottschalk, and Munz (2006), working as research consultants for the APA, provided a multidisciplinary review of research related to the psychologically healthy workplace. Their conclusion was that five types of practices emerge within a psychologically healthy workplace (see Figure 1):

- Employee involvement, which focuses on providing employees with a greater level of autonomy in their work as well as opportunities to be involved in organizational decision making. Examples include participative decision making, self-managed work groups, continuous improvement teams, and multirater performance evaluation systems.
- Work–life balance, which focuses on providing employees with greater flexibility in when, where, or how often they work, as well as benefits to assist them in managing nonwork demands. Examples include telecommuting, flexible shifts, compressed work weeks, job sharing, adequate time off, child care and elder care resources, flexible leave options beyond the minimum required by law, and life management resources such as onsite banking, concierge services, and dry cleaning.

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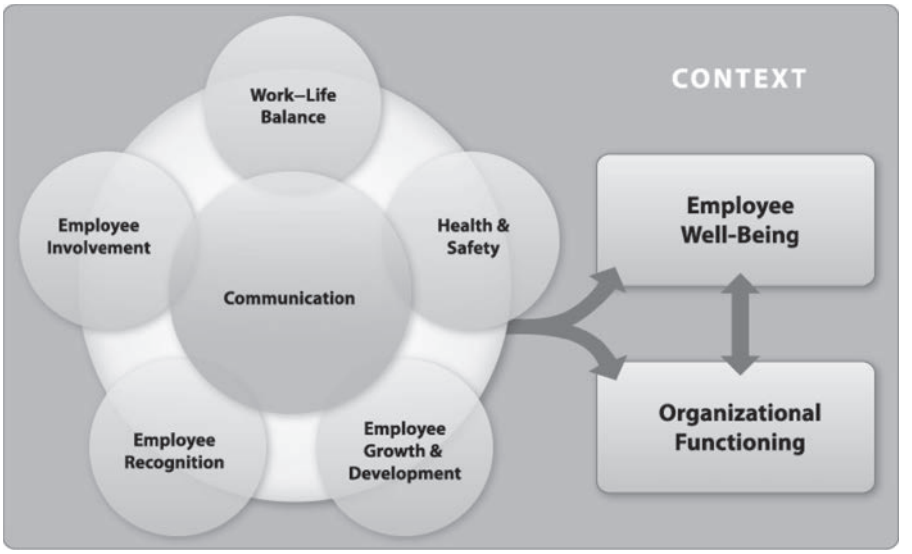


Figure 1. The psychologically healthy workplace.

- Employee growth and development, which focuses on issues related to improving employee competencies and career development. Examples include continuing education courses, skills training provided in house and/or through external training centers, tuition reimbursement, coaching and mentoring, job enlargement and enrichment efforts, and career counseling.
- Employee recognition, which focuses on demonstrating appreciation for employee contributions and includes both monetary and nonmonetary rewards. Examples include fair monetary compensation, performance-based bonuses, employee awards for exceptional performance, recognition events, verbal acknowledgment from managers and supervisors, celebration of accomplishments and major life events, and formalized peer recognition programs.
- Health and safety, which focuses on prevention, assessment, and treatment of potential health risks and problems and encouraging and supporting healthy lifestyle and behavior choices. Examples of health and safety practices include the provision of high-quality health insurance that includes adequate mental health coverage, smoking cessation resources, healthy food options in vending machines and cafeterias, exercise classes, safety and ergonomic assessments, and onsite fitness facilities.

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In their review of the literature, Grawitch et al. (2006) provided supporting evidence that when implemented effectively, these five types of psychologically healthy workplace practices could result in improvements in employee well-being (e.g., stress, health, engagement, satisfaction) and in organizational performance (e.g., productivity, turnover, absenteeism, health care costs). In addition, organizations that have been recognized for their efforts to create a psychologically healthy workplace have demonstrated benefits for employees and the organization (APA, 2014). For example, the four organizations that received the APA's 2014 Psychologically Healthy Workplace Award for their comprehensive efforts to promote well-being and performance reported an average turnover rate of just 7% in 2013—significantly less than the national average of 38%, as estimated by the U.S. Department of Labor, Bureau of Labor Statistics (2014). In addition, only 15% of their employees said they intended to seek employment elsewhere within the next year, compared with almost double that number (27%) nationally in the United States. In these winning organizations, an average of 83% of employees said they are motivated to do their very best on the job, compared with just 70% nationally in the United States, and almost three quarters (74%) said they would recommend their organization to others as a good place to work compared with just 57% in the U.S. workforce.

The five workplace practice areas do not exist in isolation from each other. Rather, elements of the five areas can be combined (e.g., recognizing employees who participate in health and safety initiatives) to create more robust and holistic programs within organizations. In addition, numerous authors (e.g., Batt & Valcour, 2003; Gibson, Porath, Benson, & Lawler, 2007; Gravenkemper, 2007; Grawitch et al., 2009; Grawitch, Trares, & Kohler, 2007; Shadur, Kienzle, & Rodwell, 1999; Vandenberg, Richardson, & Eastman, 1999) have argued that employee involvement may be a critical practice that influences the success of various other initiatives. This effect likely stems from its ability to be integrated into each of the other four practice areas, which allows an organization to use employee involvement in identifying, designing, implementing, and evaluating initiatives that meet the needs of the organization and its workforce.

Of course, because each organization is unique, creating a psychologically healthy workplace is not a prescriptive process (Grawitch et al., 2006). There is no one-size-fits-all approach, and the success of any workplace effort is based, in part, on (a) addressing the challenges unique to the particular organization, (b) tailoring programs and policies to meet the specific needs of the organization's workforce, and (c) using effective communication to ensure support and coordination up and down the hierarchy. In addition, building a psychologically healthy workplace is not an end-state that is achieved. Rather, it is a dynamic process whereby the organization assesses its needs,

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develops and implements evidence-based practices that meet those needs, and evaluates its efforts in an ongoing manner, which provides feedback that is used for continuous improvement. Embedding psychologically healthy workplace principles in the culture of an organization requires far more than simply offering a wellness program, conducting an annual employee survey, allowing telecommuting, facilitating the occasional team-building exercise, or giving employees awards for years of service. Each workplace practice functions in relation to other programs and policies the organization has in place as well as to a variety of internal and external environmental factors. The complex nature of these relationships highlights the importance of taking a comprehensive approach to creating a work environment where both employees and the organization can thrive.

ORGANIZATION OF THIS BOOK

This book is organized around the five types of practices included in APA's Psychologically Healthy Workplace model. To that end, we have brought together experts, both scientists and practitioners, to share their insights on each of the five practice areas. For each practice area, there are two chapters. The first chapter provides a scholarly review of previous research on that practice, and the second chapter provides a perspective from the field, in which the practical implications of each type of practice are discussed.

Chapters 1 and 2 focus on the first of the five categories of psychologically healthy workplace practices: employee involvement. Because employee involvement practices are often linked to the success of other workplace practices (e.g., Grawitch et al., 2009), this provides a starting point from which to consider each of the other four categories of practices. In Chapter 1, Benson and Lawler review the research foundation for involvement practices, provide a context for current application of involvement practices, and discuss the future of involvement research. In Chapter 2, Gravenkemper brings a practitioner perspective to involvement practices, providing specific examples from organizations that have embraced the use of employee involvement as a way to develop a positive workplace culture and improve organizational effectiveness. Exploring a variety of involvement initiatives and participative management approaches, he explores key factors that can facilitate or inhibit involvement and discusses practical considerations for increasing employee involvement.

Chapters 3 and 4 shift the focus to employee growth and development initiatives. In Chapter 3, Salas and Weaver discuss the importance of training and development in contemporary organizations, including the theoretical and empirical underpinnings as well as a list of factors that contribute to the

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effectiveness of growth and development initiatives. In Chapter 4, Stone provides a framework for considering several categories of growth and development approaches and the practical issues that must be addressed with each. He also reviews the roles and responsibilities of trainer, trainee, supervisor, and senior management and discusses transfer of learning and a long-term strategy for talent development.

Chapters 5 and 6 highlight the role of work–life balance, an issue that has begun to take on much more prominence in contemporary research and practice. In Chapter 5, Barber, Grawitch, and Maloney provide an overview of important empirical research on the topic and explore key barriers that can influence the effectiveness of work–life balance initiatives for employees and the organization. With a broad view of the work–life interface that includes both flexibility and nonwork support, the authors address assessment, development, implementation, utilization, feedback, and refinement of work–life initiatives. In Chapter 6, Yost, Miller, and Spigner focus on how to make work–life balance initiatives achievable and effective for employees and the organization, suggesting a strategic framework that can move organizations toward a more flexible approach to work.

Chapters 7 and 8 emphasize the importance of employee recognition within the context of a psychologically healthy workplace. In Chapter 7, Nelson reviews some of the previous recognition research, the practice category that has received the least amount of directed empirical attention in the past. He reviews some fundamentals of motivation and key aspects of effective recognition practices and discusses individual versus group recognition and implications for managers, human resources professionals, and consultants. In Chapter 8, Saunderson focuses on practical issues related to employee recognition, emphasizing the best practices specified by the Recognition Management Institute. He discusses the reward–recognition continuum, offers tips for getting leadership commitment, and provides case examples of effective recognition practices.

Chapters 9 and 10 highlight the broadest of the five categories of workplace practices: health and safety. In Chapter 9, Tetrick and Peiró provide an overview of contemporary psychology theory and research in the areas of health and safety, emphasizing the importance of climate and leadership. They explore key variables that facilitate or inhibit the effectiveness of health and safety interventions and highlight both the positive and negative effects the work environment can have on employee well-being. In Chapter 10, Kelly and Carter discuss ways in which health and safety practices can be implemented within contemporary organizations, providing practical examples from the University of Alabama and a discussion of some of the challenges that are likely to be encountered when attempting to design, implement, and evaluate health and safety initiatives. The authors

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include tips for organizations and managers as well as sample tools for planning, delivering, and evaluating health and safety programs.

Finally, in the Concluding Remarks, we integrate key points made in the previous chapters. We briefly discuss the ways in which various types of practices can work together before identifying future research issues that must be addressed within the study of the psychologically healthy workplace. We also suggest a framework for considering the different practices within a psychologically healthy workplace through the lens of the specific functions they serve for employees and organizations. Our hope is that this book will broaden the healthy workplace discussion for researchers, practitioners, and employers alike, provide them with an overarching framework that expands the concept of organizational health, and stimulate new innovations in research and practice.

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