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EMPLOYEE WELLBEING FOR BETTER BUSINESS RESULTS

CONNECTING WELLBEING TO BUSINESS PERFORMANCE: AN INTEGRATED APPROACH

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Summary

- The conceptualization and measurement of employee wellbeing has a wide and deep evidence base.
- An under-developed area is the connection between employee wellbeing and business value.
- The field needs to consolidate knowledge and help users of existing measurement tools understand when and why those tools might be useful.
- Employers have some control over factors affecting employee wellbeing including organizational work hazards, work-related stressors, value-based benefit design, targeted disease management, comprehensive health promotion and employee assistance programs.
- As the adage goes “we only manage what we measure”. Therefore, broader outcomes measurement that ties employee wellbeing to work-related outcomes and business value will help support sound human capital investments.

Introduction

Two forces are converging in the management of employer-based health and related benefits. As benefits professionals recognize the need to treat workforce health as something more than simply healthcare costs, they are expanding their focus to include dimensions such as absence from work, disability, employee performance and productivity. This broader view is influencing how these professionals are designing and measuring the impact of benefits plans, programs and interventions.

At the same time, a growing number of employers understand that health is only part of a human capital management strategy that can influence broader “health-as-business-value” outcomes. Organizational dimensions such as employee wellbeing, corporate culture and employee engagement are being seen as opportunities to create a more integrated and holistic strategy in managing workforce health and human capital, and to more broadly influence their impacts on business performance. In this newest IBI study, we examine the evidence on connecting employee wellbeing and business value.

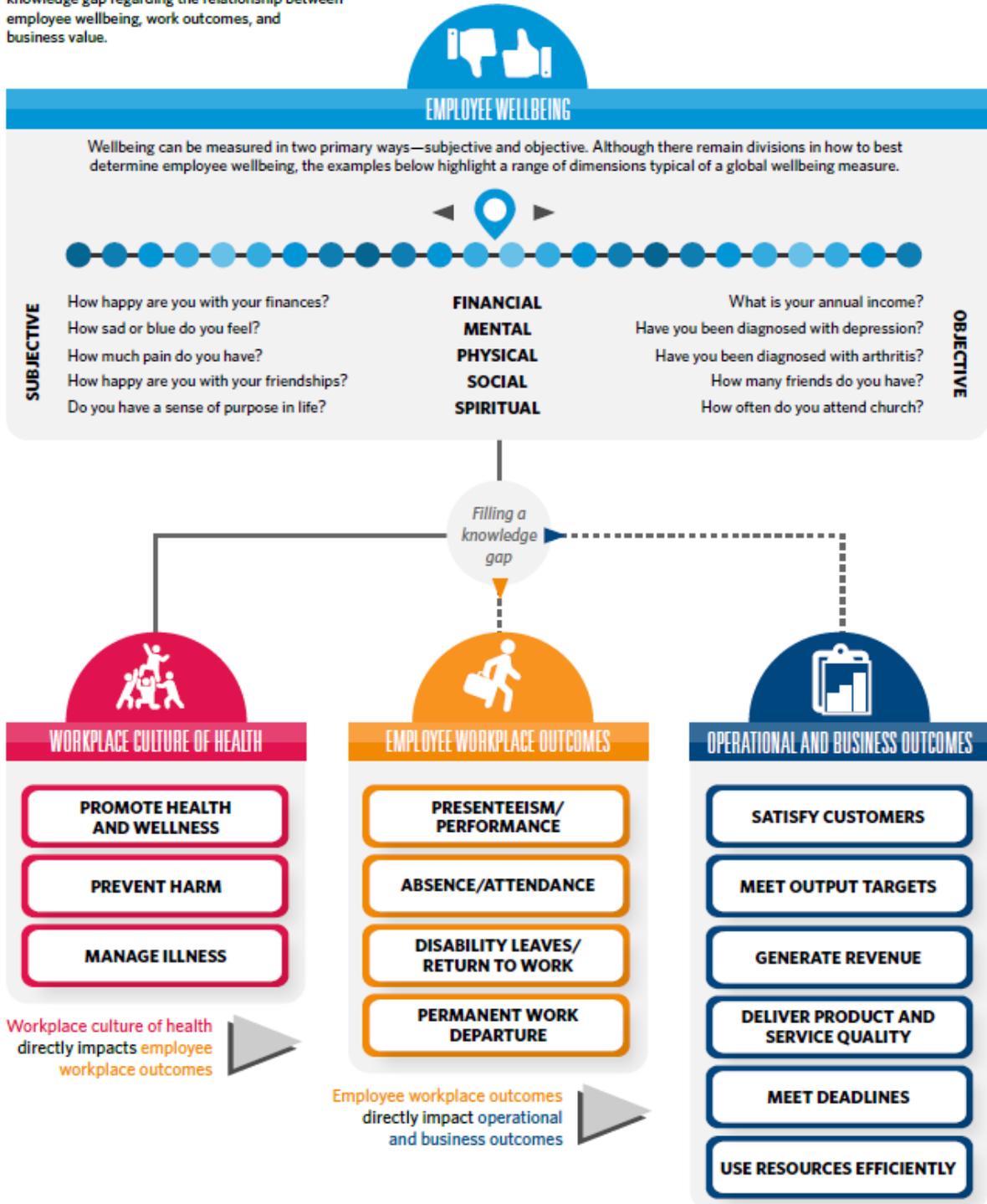
Connecting Wellbeing to Business Performance: An Integrated Approach

In this report we review the evidence that connects employee wellbeing to business performance. The *Connecting Employee Wellbeing to Business Performance* framework organizes the existing evidence in four categories: A. employee wellbeing, B. workplace culture of health, C. employee workplace outcomes and D. operational and business outcomes. As is clear from the framework, there is an unclear connection between employee wellbeing, work outcomes and business value. This report presents some reasons for this lack of clarity and suggests next steps for achieving greater clarity on how employee wellbeing is good for business.

Rather than include all research on employee wellbeing and how it is related to the different framework dimensions, we have instead selected the best examples of the most recent literature that is specific to employee wellbeing and business outcomes. An alpha list of those selected articles appears at the end of this report. It should also be noted that this report is not intended to specify how wellbeing should be measured. The examples in the *Wellbeing to Business Performance* framework regarding subjective and objective measurement are illustrative only. The reader is referred to a detailed analysis of 99 self-report measures for assessing wellbeing in adults. An excerpt from that study is also presented in this report. Likewise, the additional dimensions in the *Wellbeing to Business Performance* framework capture the broad categories of measures that should be considered as employers invest in efforts to improve employee health and wellbeing. The challenge for the field is one of integration. Each separate area has strong measurement, but the connections between the dimensions require better explanation and targeted evidence to support their efforts to improve employee health and productivity for better business results.

CONNECTING EMPLOYEE WELLBEING TO BUSINESS PERFORMANCE

The framework below organizes the existing evidence into four interconnected categories: **employee wellbeing**, **workplace culture of health**, **employee work outcomes** and operational and business outcomes. Our framework seeks to inform the knowledge gap regarding the relationship between employee wellbeing, work outcomes, and business value.

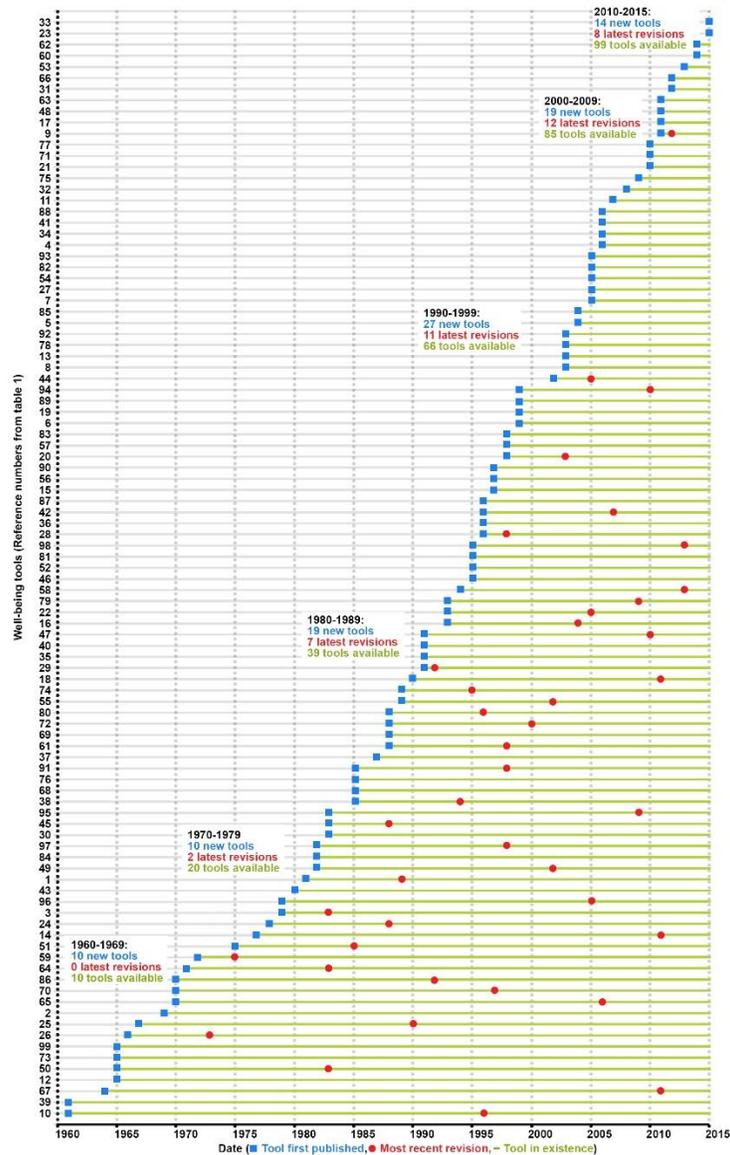


Existing Evidence on Wellbeing is Wide and Deep

Since at least the 1960s, wellbeing has been scientifically studied, its measurement further refined and its importance to healthy and stable societies documented. In one of the most recent comprehensive reviews of wellbeing published in 2016, Linton and colleagues reviewed 99 self-report measures for assessing well-being in adults introduced over the past six decades. As described in the figure below, there is no shortage of evidence on various ways to measure wellbeing in a population. What is less in evidence is how wellbeing among employees might relate to business performance. Piece-by-piece, we lay-out the reasons for this lack of connection and some next steps forward. We begin with the measurement of employee wellbeing.

Developmental Timeline of Wellbeing Measures

Reproduced from Review of 99 self-report measures for assessing well-being in adults: exploring dimensions of well-being and developments over time, Linton, M-J, Dieppe, P., Medina-Lara, A., p. 11, 2016 with permission from BMJ Publishing Group Ltd.



Employee Wellbeing

There are two primary ways to measure wellbeing – subjective and objective. Subjective measurement includes self-reported surveys that ask individuals to rate various dimensions of their feelings about their life and their relationships with others. These measures include life satisfaction, flourishing, positive and negative emotions, personality, self-efficacy and achievement orientation. Self-reported surveys can also be used to ask about dimensions that aren't as subjective or feeling-oriented, but are more related to objective measures such as relationships with coworkers, socio-economic circumstances and activity levels of the individual completing the survey. Such objective measures may also include levels of trust or hostility with a manager or coworker, income level of the surveyed individual or whether the individual engages in social activities. Beyond surveys, there are objective measures to typify the wellbeing of individuals based on observational or administrative measures reflecting individual circumstances such as poverty or aggregate community circumstances such as the number of broken windows or the rate of infant mortality in a neighborhood.

There remain divisions in the wellbeing research field around the best ways to measure wellbeing. For some, particularly psychologists, the best way to measure wellbeing is by directly asking individuals about their emotions and feelings. For others, particularly sociologists, the contribution of environmental and social circumstances cannot be easily separated from sound measurement of employee wellbeing. An emerging approach across disciplines is to create an integrated measure of wellbeing that takes into account subjective and objective dimensions.

Some wellbeing tool developers roll up these various measures into overarching dimensions such as financial, mental, physical, social and spiritual wellbeing. Others go further and create a single global wellbeing measure from various subscales. Individual items that make up these dimensions can vary significantly in terms of recall period and observed timeframe.



There are almost as many ways to measure wellbeing as there are tool developers in the

market. We previously described a review of 99 such tools and many more exist in the marketplace. Some are homegrown tools developed by individual employers, communities or countries. If we are to compare wellbeing measurement across employers, for example, we'll need to begin to agree on the key dimensions that should be included in such measurement. IBI is currently involved as advisors in a NIOSH effort with RAND to generate employee wellbeing measures that could be used nationally for such comparisons and we will be updating IBI members on this project's progress.

Workplace Culture of Health

In addition to the wealth of information available on employee wellbeing measurement, there is also a wealth of information on what employers can do to affect a workplace culture of health.



Employers have three general strategies for supporting worker health and wellbeing including: managing illness, promoting health and wellness, and preventing harm.

Efforts under the *manage illness* category include traditional health care services and disease management options typically covered through health insurance plans. Employers might also have specialized occupational medicine staff, nurse case managers or targeted programs aimed at specific diseases or illnesses with a focus on stay-at-work and return-to-work activities. Efforts under the *promote health and wellness* category include resilience training, behavior change to prevent the onset of illness, and biometric screening to

identify employees that may need illness management services. Finally, efforts under the *prevent harm* category include preventive measures aimed at physical hazards typical of workers' compensation-related safety efforts such as chemical exposure and injury hazards, but also non-physical hazards in the workplace such as socio-emotional stress and work climate.

By promoting programs and policies that support a workplace culture of health, employers are supporting the health and wellbeing of their workers. To the extent employers do not support a strong culture of health, we might expect employee health and wellbeing to suffer and related work outcomes such as attendance and performance to decline.

Employee Workplace Outcomes

Employers need to understand whether the efforts they engage in to improve worker wellbeing matter for their business if they are to successfully make the case to their senior finance executives for continuing investment in these efforts. Key to making this argument

is the measurement of employee work outcomes that act as a bridge between the employee and business performance.



When an employee is not well they experience more absence and presenteeism (underperformance at work) and a higher risk of a work disability (extended time away from work due to illness or injury). Likewise, when an employee is healthy they attend work more regularly, perform their job at a higher level and are more engaged in their day-to-day work. How productive an employee is on the job is directly related to their ability to attend work and perform well when at work. This health-related productivity is what links employee health to business value.

IBI recently conducted a review of the health and productivity literature and found hundreds of articles connecting the health of employees to their productivity at work (see *The Health and Productivity Hall of Fame*).

Linking “employee wellbeing” as opposed to “employee health” to productivity at work has been more problematic. Part of the problem is that sick leave, work function and other employee work outcomes are incorporated into several existing worker wellbeing measures.

We believe that these intermediate time and performance outcomes – employee work outcomes – form the basis of the connection between employee wellbeing and business value and therefore should be measured separately from employee wellbeing if employee productivity remains an important interest of the business. An alternative perspective that often bypasses any measurement of these time and performance outcomes is a focus on employee job satisfaction. But, again, we see that job satisfaction metrics are incorporated into many of the wellbeing measures since items such as coworker relations, hostility, trust and intention to quit are often rolled up into job satisfaction scales.

If we think wellbeing influences job satisfaction or absence or performance and those in turn affect key operational outcomes of relevance to the business, such as customer satisfaction, then collapsing job satisfaction, absence and performance measures into a wellbeing measure will not help us understand why wellbeing matters for business performance. From the business literature, we know that job satisfaction and intention to quit are powerful predictors of employee engagement and organizational commitment. At the extreme, *permanent work departure* can be caused by many factors including health reasons, bad management and poor fit between employee skills and job requirements. Being able to separately account for these factors will allow better solutions for improved employee health and wellbeing and productivity-related results that tie to business value.

Operational and Business Outcomes



What do employers care about?

IBI knows from our four CFO surveys and many employer research efforts that employers care about key operational and business outcomes that matter to their organization's success (<https://ibiweb.org/research-resources/make-the-business-case/talking-to-leadership/>).

Depending on the organization's industry and nature of products or services delivered, these outcomes can include the ability to satisfy customers, meet output targets, use resources efficiently, deliver products and services of high quality, meet deadlines and generate revenue. While there have been some studies connecting parts of the employee health and wellbeing framework to these operational and business outcomes, the field would benefit from having more evidence on the impact of employee health on these types of outcomes. IBI continues to pursue this type of research with IBI members and their supplier partners.

Implications and Next Steps

While there is more work to be done to connect employee wellbeing to these business outcomes, the good news is that several datasets are available to tackle this next frontier of research. For example, the recently released 2016 Wellbeing and Daily Life study is a supplement to the Panel Study of Income Dynamics (PSID), a longitudinal study of a nationally representative sample of U.S. individuals and the families in which they reside. Since 1968, the PSID has collected information on family composition changes, expenditures, marriage and fertility histories, employment, income, time spent in housework, health, wealth, and more (<http://www.psidonline.isr.umich.edu/Guide/documents.aspx>).

A number of scales may be constructed from various items in the Wellbeing and Daily Life Study (PSID-WB). The PSID-WB questionnaire was designed as a relatively brief (20-30 minute) self-administered instrument that could be completed via the internet or paper. The questionnaire collects information on three main topics of interest – wellbeing, personality traits and everyday skills – that are highly relevant to the wellbeing to business value framework.

The PSID special module on wellbeing includes the following measures:

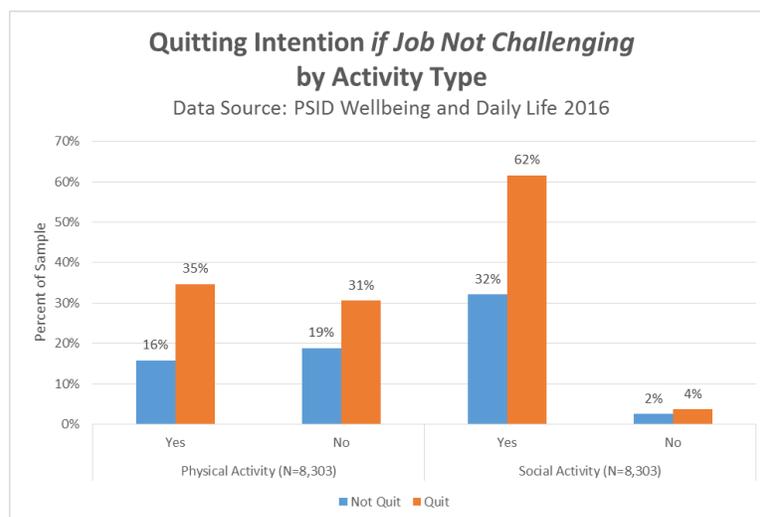
- **Life satisfaction and flourishing.** Questions about satisfaction with life as a whole, as well as satisfaction with different parts of life including health, work, and family.
- **Positive and negative emotions.** Questions about how often the respondent felt positive and negative emotions in the past 30 days.
- **Activities and experienced wellbeing.** Questions about experience on the prior day including time at work, time pressure on the prior day and whether the prior day was typical.
- **Personality and Self-efficacy.** Questions about major personality types (extraversion, agreeableness, conscientiousness, neuroticism, and openness to experience).
- **Trust-Hostility.** Questions about how trusting respondents are of other people
- **Achievement orientation.** Questions about how focused respondents are on achievement.
- **Verbal and Quantitative Aptitude.** Questions measuring verbal and quantitative reasoning.
- **Health and Financial Literacy.** Questions about how well respondents understand health care and financial materials.

Exploratory Findings

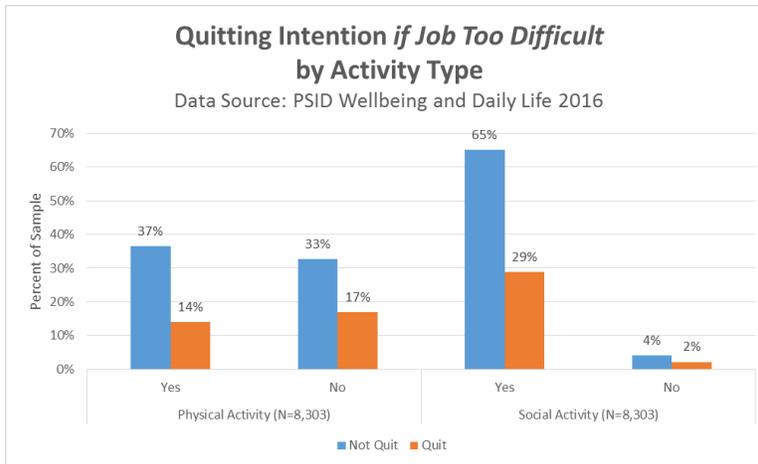
IBI will use these and other data to explore how the framework dimensions are related to each other and make some recommendations about further research and action in this area.

For example, since we know that quitting intention is highly related to employee engagement and commitment, we conducted exploratory analyses testing the relationship between physical and social activity (*these are two measured dimensions of wellbeing*) with

intention to quit across two categories: intend to quit *if job not challenging* and intend to quit *if job too difficult*.



What we found suggests that social activity is highly related to quitting intention if a job is not challenging. Of those who were socially active, 62% would quit a non-challenging job whereas 29% of the same socially active group would quit a job that was too difficult.



However, the relationship between social activity and intent to quit is related to the individual’s job orientation. That is, individuals who would quit when a job is too difficult are fundamentally different than individuals who would quit when a job is not challenging. To a lesser degree, but still statistically significant, we see a reverse relationship for the physically active as well.

These findings suggest that rolled-up aggregate measures may be useful for tracking overall levels of wellbeing, but they will not help employers determine what will move the needle on employee wellbeing. For that, employers need to connect the measurement as outlined in the *Wellbeing to Business Performance* framework.

Conclusion

Employers, whether they pay directly or not for health care benefits, will always benefit from having healthy and high performing workers. Indeed, only the first bullet below references an employer as the provider of health benefits. Employers intuitively know that employee health and wellbeing matter for the success of their business. Some employers aren’t certain whether they can influence employee health and wellbeing and in what ways such influence might lead to business success. To start, we need to help employers see that while their role might include the provision of health care benefits, it also extends well beyond the provision of benefits to include the following roles:

- As Value-based Benefits Architect and Purchaser
- As Place/Space for Strong Culture of Health
- As Engine for Value of Work to Individual & Public Health
- As Leader in Health Promotion & Wellness
- As Key Partner in Supporting Healthier, Longer and Meaningful Working Lives over the Lifespan

When employers can connect the value of healthy human capital in their workplace to business results, they will want to be even more involved in a wide-range of strategies to support worker wellbeing in their organizations. IBI strongly believes that the only way such forward movement will happen is through the measurement of healthy human capital, such as worker wellbeing, and its connection to important operational metrics for the business, such as customer satisfaction scores.

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