

Reshaping work and workplaces: Learnings from the pandemic for workplace health management

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The employment and social measures related to the COVID-19 pandemic have had substantial impacts on individuals, families, organizations, and societies worldwide (WHO, 2020). The way we work has been affected, including the negative impact from working from home for prolonged periods of time, difficulties in balancing work and family demands, isolation and reduced social support because of social distancing, and disruptions in normal working patterns and in teamwork (Ipsen et al., 2021; O'Connor et al., 2020), while many of the benefits of work to health have been compromised (Modini et al., 2016; Waddell & Burton, 2016). When work frameworks and boundaries break down, work-life balance can be harder to achieve, a tendency comes in to work more hours, providing support and visible leadership can be more difficult, and social interaction weakens (Hesketh & Cooper, 2019; Kelliher & Anderson, 2010). However, these dramatic changes have also had positive impacts, such as the majority of people working from home welcoming the change and some reporting higher efficiency and productivity (Ipsen et al., 2021). Thus, posttraumatic growth, or “transformative positive change that can occur as a result of a struggle with great adversity” (Maitlis, 2020) has been experienced in many fields, including the workplace. The pandemic impacted on work-related health and well-being, by both compromising our (employees, managers, and professionals’) ability to support individuals and organisations but at the same time providing new opportunities for growth in workplace health, well-being and performance.

However, workers, employees, and organisations have adjusted to these challenges with remarkable initiative. Individuals and organisations are not only adapting well but are also emerging more resilient. Emerging research, anecdotal evidence, and reports in the online and printed Media, show that by imposing a shared learning experience, the COVID-19 pandemic is also bringing an unprecedented potential for gains in how we live and work. These include, for example, the benefits of more flexible work schedules, better individual and firm resilience (Bai, Brynjolfsson, Jin, Steffen & Wan, 2020), better work-family balance (Eurofound, 2020), better gender equality (Alon, Doepke, Olmstead-Rumsey & Tertilt, 2020), a clearer manager prioritisation of worker mental health, more distributed leadership, increased initiative, higher productivity (Ipsen et al., 2021), and better teamwork (Grapsa, 2020). The available literature on flexible working, telework, and the intensification of work has offered only some glimpses of these negative experiences (Hertel et al., 2005; Cooper & Kurland, 2002) and benefits (Bailey & Kurland, 2002; Kelliher & Anderson, 2010; Biron & vanVeldhoven, 2016), which the pandemic measures have accelerated and intensified. For the advancement of workplace health management, it is an imperative to learn from this experience.

This special issue integrates new of evidence on learnings from the pandemic for work, health and well-being, and the management of workplace health. It brings together some of the latest research in workplace health management to develop a better understanding of the gains and learnings from the pandemic for individuals and explore how these benefits can be embedded into how we design jobs, how we support and manage work, and how we build/manage organizations.

The papers in the special issue highlight the dual need for (1) a person-centred approach and (2) a coordinated organisation-wide approach. Together, this dual focus -sketches the

priority for workplace health management to be an advocate for both the health of the individual and the healthiness of the workplace. Thus, aiming to validate individuals' experience while also making mental health and well-being a priority in workplace health management emerge as two sides of the same coin. Mental health and performance are inseparable in their origins and operations (Ipsen et al., 2019).

Highlighting the need for an enhanced person-focus approach, Denise Cumberland (Paper 9) talks about the power of empowerment for frontline workers; where Fruzsina Pataki-Bittó (Paper 4) talk about the impact of the lack of boundaries on groups that are rendered more vulnerable. Sarah Parry and colleagues' study (Paper 3) reminds us that different groups will have different needs, such as younger workers will be impacted different by the changes than others; where the paper by Mehta Prashant (Paper 2) states that the loss of identity due to home isolation and work alienation have been exacerbated by the pandemic restrictions and changes in work methods, increasing vulnerability of certain groups. Post-pandemic Jenny Lunt et al. talk about the importance of a flexible approach to return to work with enhanced support for those with post-COVID-19 symptoms and the importance of a considerate and person-centred approach regardless of the health condition (Paper 6). Following this concern, Keisuke Kokubun and colleagues highlight the core role of psychological resources and advocate for organizations to provide ways to these in order to reduce negative individual outcomes (Paper 1).

The changes that the pandemic imposed have exacerbated specific difficulties for different groups within the workforce. Across the papers we see, in line with other COVID-19 pandemic studies (Aragon de León et al., 2021; Babapour et al., 2022; Platts et al., 2022), that working from home (WFH) implies a risk of increasing feelings of loneliness, in particular young adults (Paper 3) whilst WFH has a risk of challenging one's identity (Paper 2). Mental

health challenges have increased specifically for women, young adults, people from socially disadvantaged backgrounds, and those with pre-existing mental health difficulties during the pandemic (Paper 2 & 3). Not surprisingly, having to attend to dependants' needs (i.e., home-schooling children) affects people's subjective wellbeing (Paper 4), similarly to other international studies (Aragon de León et al., 2021; Babapour et al., 2022; Platts et al., 2022). However, WFH over longer periods poses different challenges, from being unable to WFH to being exposed to different risks in the workplace.

The presented studies can inform ways for workplace health management professionals and organisations to develop in order to shield individuals and address exposure to higher risks. One example is Mayers's study (Paper 5) that points at the contact with patients or customers, such as in the case of healthcare or retail workers. As Mayer (Paper 5) and Cumberland (Paper 9) demonstrate, when employees perceive that their employers provide sufficient workplace protection, enforce safety measures, and ensure the consistent application of policies, then their mental health issues are reduced significantly. Similarly, training can support worker empowerment and the development of personal coping mechanisms that can reduce mental health distress among frontline employees (Paper 9).

Illustrating the needs for coordinated and organisation-wide approaches (2), Cumberland (Paper 9) talks about communication during crisis and turmoil being as important as during organizational change where Fruzsina (Paper 4) points at about how shared experiences can facilitate rapport and support among colleagues. Mayer et al. (Paper 5) acknowledge importance of communication, but extend the concern to include trust, and joint action and the importance of worker empowerment. Debora Jeske (Paper 8) highlights that although monitoring can exacerbate the erosion of trust that come with changes in work due to the pandemic, increasing

worker autonomy on how monitoring is used can and turn monitoring tools into tools to support well-being and performance. The aim of Axe's study was to adjust work processes continuously to meet the employees' needs depending on the challenges enforced by the pandemic: employers responded to increased employee stress by providing flexible and supportive work environments, adapting communication methods, and using a variety of strategies to coordinate effectively and retain connection with employees (Paper 7). With the role of workplace community on employee wellbeing taking centre stage, employees felt that they were being supported and their ability to adapt to the changing work-related pressures.

As the field of workplace health management is evolving, it is important to make this evolution reflective, intentional, considered, and therefore impactful. The studies in this SI reiterate the need for workplace health management solutions aimed at creating mentally healthy workplaces. In practice, when an organization embarks on hybrid/remote work it is placed in a unique position for a unique opportunity to create these essential psychosocial resources. For example, facilitating positive social interactions for young people (Paper 3) and focusing on the effect on people's identity when their work tasks change (Paper 2), but also considering the role the household structure and needs according to individuals' age or gender (Paper 3). As Mayer et al. showed, employee's perceptions of being safe at work that they are provided with sufficient workplace protections significantly reduced mental health (Paper 5). Beyond the issue of where work is carried out (from home, in the office) and the needs of different sectors (in retail or health care), employees/workers call for presence and a supportive management (Paper 3, 5, 7 & 9). Workplaces should thus consider carefully how to create opportunities for and high-quality social interactions and experiential learning with the support of senior colleagues. Ensuring that

workplaces offer meaningful opportunities for positive social interactions is particularly important as we rebuild the workplace following this pandemic.

As always, the roles of the leader and manager are key, but they are also in a state of evolution. Thus, managers who understand their new role requirements (as a result of the pandemic experience), go beyond supporting their employees to act in line with the change itself (Ipsen et al., 2018). However, not all leaders can be ready to work in line with intervention and implement appropriate and aligned change. Jeske et al. show how workplace monitoring is a common practice in telework and thus can be expected to be a new way to management hybrid workplaces, at least as the role of the leader and manager evolve post-pandemic (Paper 8).

Understanding how to empower and safeguard employees' mental health and well-being while at the same time facilitating the development of healthy workplaces is a priority for employers and a core managerial task. The action research study by Jo Axe and colleagues shows elegantly how managers approached prevention proactively, not just by targeting the individual but also by focusing on the work and work processes (Paper 7). Focusing on frontline health care workers, the paper shows smartly how managers ask for input and knowledge to be supportive and present during a large-scale change. The management team wanted insight with the aim to help the organization where to action and the employers responded to increased employee stress by providing flexible and supportive work environments, adapting communication methods, and using a variety of strategies to coordinate effectively and retain connection with employees. To unite the person-centred and organisation-wide approaches, Jo Axe et al. describe a model of how adaptation and recovery can be supported (communication, coordination, connection, and community).

Reactive initiatives have no place in a joined-up human-centred and coordinated/organisation-wide approach. Rather, there is a need for primary and proactive initiatives and a focus on the whole organization. Preventative approaches are future-focused and require a mentality that places people as a priority. Reactive approaches are not appropriate for developing the foundations of healthy workplaces by design in an up-stream way. The discussion on the importance and value of primary and preventative approaches to developing healthy organisations and supporting individual health and performance is long-standing but has been exacerbated by the issues created by the pandemic. Importantly, when a large group of individual employees experience the same issues, which then become shared experiences, the appropriate response is by action at the shared and organisational level, rather than by developing ad-hoc individual interventions and support. The pandemic ensured that there is a critical mass of individuals with similar experiences and similar impacts on their health and work. As such, we can now talk about shared, *en masse* experiences that, by their very nature, require workplace health management to be coordinated at the organisational level.

These papers also remind us of how inseparable our orientation on the future is from looking at the present. Although we live and work in the present tense, we are future-orientated and tend to act in proactive and often precautionary ways to achieve our goals, reach our potential, build healthiness in our work, and protect the sustainability of our working lives. To this end, workplace health management takes has a central role in generating positive outcomes for our work, organizational performance (Ipsen et al., 2020). The COVID-19 crisis has nudged or sometimes forced us to reflect on the meaning and methods of work. What was ‘a given’ is no longer and by no means given, in all domains of life. The unprecedented space that workplaces experienced in the last two years to explore and adopt new ways of working, has led to freedom

to discuss working life more sincerely. In the post-pandemic recovery phase, as workplaces rediscover or reinvent themselves, maintaining these learnings is essential and a focus on workplace health management is essential for this.

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