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# Workplace policy and management practices to improve the health and wellbeing of employees: Draft review protocol for review question 1 and 2

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V5 21 October 2013

## Review Team

The review is being conducted by the Institute for Employment Studies (IES) in partnership with the Work Foundation (TWF) and Lancaster University. The review team is led by Jim Hillage, the Director of Research at IES and includes Stephen Bevan from TWF and Sue Cartwright and Bruce Hollingsworth from Lancaster University. The full team and their roles on the project is set out in Table 1.

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**Table 1 Overview of project team**

Team member	Organisation	Role
Jim Hillage (JH)	IES	Project Director, main contact point with client, assist in drafting protocol, oversee data extraction and synthesis, quality control, report writing, presentation of findings, attend PHAC meetings
Sally Wilson (SWi)	IES	Full paper screening, data extraction and synthesis, report writing
Stefan Speckesser (SSP)	IES	Economic modelling
Jenny Holmes (JHo)	IES	Full paper screening, data extraction and synthesis
Stephen Bevan (SBn)	TWF	Data extraction and synthesis, report writing, presentation of findings, attend PHAC meetings
Tyna Taskila (TT)	TWF	Project Manager Main contact point at TWF, assist full paper screening, data extraction and synthesis, report writing, attend PHAC meetings
Charles Levy (CL)	TWF	Economic modelling
Zofia Bajorek (ZB)	TWF	Full paper screening, report writing
Susan Cartwright (SC)	LU	Access to grey literature. Quality control: data extraction and synthesis
Bruce Hollingsworth (BH)	LU	Adviser, overseeing economic modelling

Team member	Organisation	Role
Jenny Brine (JB)	LU	Initial search and sifting, citation searching

Source: IES/TWF/LU, 2013

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## Summary of the Scope

The aim of this review is to identify, appraise and summarise research evidence to support the development of guidance for employers on effective management practices to improve the health of employees, with particular focus on the role of line managers. The guidance will cover support for managers, their training, and awareness of employee health issues including managing sickness absence, as well as policies and the organisational context.

### Groups that will be covered

- a) Employers in micro, small, medium and large organisations. This includes all employees, including those undertaking unpaid work and volunteers.

### Groups that will not be covered

- a) Self-employed people and those of working age not in employment.

### Activities

The guidance will look at organisational culture and context, and its role in promoting the wellbeing of employees through proactive and supportive leadership style and management practices. Depending on the evidence available, these may include:

- a) Organisational structure and policies in relation to workplace health.
- b) Role of occupational health services.
- c) Policies on the recruitment, selection, training and development of line managers.
- d) Promoting a management style that encourages participation, staff engagement, good working relationships, delegation, constructive feedback, workload planning, problem solving, managing conflict, mentoring and coaching.
- e) Managers' knowledge and application of workplace law, policies and best practice to develop, support and improve healthy workplaces (including the physical work environment) and workforce health.
- f) Supporting and training line managers in:

- understanding and promoting health and wellbeing, and emotional resilience
  - understanding the psychosocial impacts of different management styles
  - developing communication skills, including the ability to assess and control the emotions of both line managers and employees
  - making adjustments to the design of jobs, the order of tasks, the pace of work and the intensity of workloads in a way which prevents the onset or exacerbation of health conditions or facilitates job retention or phased/partial return to work among employees with existing health conditions
  - preventing and managing conflict, including bullying, equity and fairness
  - developing the understanding and the skills to implement policies or prevent and reduce stress at work
  - managing workloads including flexible working, maternity and other types of leave, such as bereavement leave
  - managing change and performance
  - finding sources of help and support, for example employee assistance programmes and occupational health services
  - identifying potential risks and hazards and supporting people who have, or are at risk of developing, health conditions
  - managing sickness absence and return to work.
- g) Motivation of employees by line managers, and the provision of training and support to employees to develop their performance, where appropriate, their own health and wellbeing and job satisfaction. This support may also include workload management, and adjusting or adapting working practices, patterns or job roles.

### Activities/measures that will not be covered

- a) Intervention or support that an employee accesses on their own, without input from the employer organisation or line manager.
- b) Statutory provision to employees.
- c) The effectiveness of specific interventions to promote physical activity, mental wellbeing and smoking cessation in the workplace, and to manage sickness absence and the return to work of those who have been on long-term sick leave. (as these are the subject of separate NICE guidance).

## Review questions

The review considers two primary research questions.

### Review Question 1

*What workplace policies, practices or interventions implemented by line managers in employing organisations are effective and cost effective in enhancing the wellbeing of the people they manage.*

### Review Question 2

*What workplace interventions, policies or practices implemented by employing organisations, are effective and cost effective in supporting line managers to enhance the wellbeing of the people they manage? Such interventions could include organisational culture, leadership styles, management practices and support from occupational health departments which affect the ability of line managers to identify employees' health and well-being support needs and provide them directly or indirectly with the support to meet those needs.*

## Secondary questions

- Are there actions or activities by line managers which discourage or hinder the health and wellbeing of employees?

## Outcomes

Outcomes may include the following:

- **Organisation:** employee health and wellbeing and engagement; levels of employee recruitment and retention; absenteeism; presenteeism; organisational measures of productivity; uptake of support services; back-to-work rates. Also business outcomes such as labour turnover, productivity; customer service; profitability.
- **Line managers:** employee engagement, knowledge, awareness and implementation of workplace law, policies and best practice; identification of risks, hazards and causes of health conditions and accidents; levels of health awareness; awareness, availability and use of training and support services; workplace performance; stress and job satisfaction.
- **Employee:** individual levels of health and wellbeing, motivation, workplace performance, stress and job satisfaction; engagement with employer; awareness, availability and use of training and support services.

# Methods

## Inclusion criteria

### Populations to be included:

- all adults over age 16 in full or part-time employment, both paid and unpaid
- all employers in the public, private and 'not for profit' sectors who employ at least one employee.

### Interventions and policies to be included:

- What is the role of the organisational culture and context in supporting line managers, and in turn their employees? What is the role of organisational policy and processes? *[Covered by Review 2]*
- How can line managers promote the health and wellbeing of employees? Which interventions or policies are most effective and cost effective? *[Covered by Review 1]*
- Are there actions or activities by line managers that discourage or hinder the health and wellbeing of employees? How can line managers support and motivate employees? *[Covered by Reviews 1 and 3]*
- How can line managers be best equipped to identify any employee health and wellbeing issues? How can line managers identify and support distressed employees? *[Covered by Reviews 1, 2 and 3]*
- How can high-level management promote a positive line management style that is open and fair, that rewards and promotes positive behaviours and that promotes good working conditions and employee health and wellbeing? *[Covered by Review 2]*
- How can line managers be best supported and provided with good line management themselves? *[Covered by Reviews 1 and 2]*
- Which types of support and training for line managers are effective and cost effective? *[Covered by Review 1]*
- What is the role and value of occupational health services in supporting line managers? Are these services effective and cost effective? *[Covered by Reviews 1 and 2]*
- What is the business or economic case for strengthening the role of line managers in promoting the health and wellbeing of employees? *[Covered by Reviews 1 and 2]*

**Locations to be included:**

- Developed/OECD countries
- Workplace settings

**Time period considered:**

- 2000 onwards for effectiveness and cost-effectiveness primary studies and reviews

**Study types included:**

- Experimental quantitative studies including:
  - Before and after studies
  - Non-randomised controlled trials (RCT)
  - Randomised control trials (RCT)
- Observational quantitative studies:
  - Before-and-after studies
  - Case-control studies
  - Cohort studies
  - Correlation studies
  - Cross-sectional studies
  - Interrupted time studies
- Economic studies
  - Cost-benefit analyses
  - Cost-effectiveness analyses

**Exclusion criteria****Excluded population groups**

- self-employed individuals
- sole traders
- unemployed individuals

## **Interventions and policies that are excluded**

- Intervention or support that employees access on their own, without input from the employer, organisation or line manager.
- Statutory provision to employees.
- The effectiveness of specific interventions to promote physical activity, mental wellbeing and smoking cessation in the workplace, and to manage sickness absence and the return to work of those who have been on long-term sick leave

## **Locations to be excluded:**

- Developing or non-OECD countries

## **Study types excluded:**

- Non English language studies
- Qualitative studies

## **Search Strategy**

Searches will be done of key databases in health and medicine, social studies and business management. A separate search for theses and dissertations will be undertaken.

As the timescale for the project is tight it is important to focus on the databases most likely to produce results and not duplicate each other.

## **Databases to search**

### General

- Academic Search Complete (via EBSCO)
- Web of Science (Thompson ISI)

### Health and Medicine

- DoPHER (Database of promoting health effectiveness reviews) (from EPPI Centre)
- EMBASE (via OVID)
- MEDLINE (via OVID)
- NHS Economic Evaluation Database (HEED) (via Cochrane)
- PSYCINFO (via EBSCO)

## Social studies

- Social Care Online
- Social policy and practice

## Business studies and economics

- ABI INFORM COMPLETE (via Proquest)
- Business Source Premier (via EBSCO)
- EconLit (via EBSCO)

## Dissertations and theses

- Dissertations and Theses (via Proquest)
- Index to Theses

The strategy will be designed to cover (a) The workplace #11; (b) the role of line managers and supervisors #12; (c) health and well-being #17; (d) organisational culture and management style#23.

## **Additional sources**

In addition we will:

- search the websites of relevant organisations (see Appendix 3)
- conduct citation and reference search of included material
- review material submitted through the NICE call for evidence
- write to known researchers and experts in the field not already contacted during the Call for Evidence to ask for relevant material
- search HR databases such as XpertHR.

Papers identified through these sources will be sifted and screened in the same way as those identified through the database search.

An example of the search strategy is contained in Appendix 4.

## **Documenting the search**

Results of the literature searches will be imported into EndNote. A copy of the de-duplicated database will be provided to NICE, along with a Microsoft Word document detailing results that could not be added to the file



As outlined in Appendix C of the methods manual, the following information will be provided to document the search and study selection processes:

For each database/source searched:

- Database name
- Database host
- Database coverage dates
- Searcher
- Search date
- Search strategy checked by
- Number of records retrieved
- Name of library
- Number of records loaded
- Reference numbers of records
- Number of records after de-duplication

## **Initial sift**

The titles and abstracts of the papers identified through the initial search will be downloaded into EndNote and screened for relevance using the inclusion and exclusion criteria. Papers identified as relevant, or possibly relevant, will be tagged for full paper retrieval and the review question(s), including the economics review, for which they are relevant indicated.

The first 200 papers identified through the initial search will be screened by a second member of the team to ensure that the inclusion/exclusion criteria are being applied consistently. If serious discrepancies are identified at this stage then a further 200 will be double screened. This process of double-screening will continue until no discrepancies are identified.

The list of papers initially selected for full paper retrieval will be further screened by the review team.

## **Full paper screening**

The full papers of all the studies that come through the initial screening process will be retrieved and appraised. We will use a checklist based on the Public Health

Guidance Methods Manual (NICE, 2012) to assess the content of the articles and whether they should be included in the review.

## Data extraction

We will develop data extraction sheets to summarise the evidence from the papers included in each of the reviews and the economics review.

To facilitate analysis, the evidence to be evaluated will be organised under headings corresponding to research questions. A data extraction form will be used which will document:

- the key research aims and questions
- the research design and methodology
- the intervention (if applicable) and focus of the study
- the findings that contribute to each of our research questions
- limitations and gaps
- the study quality rating
- summary information about authors, publication etc.

Data extracted from included papers will be summarised in an evidence table following the format set out in Public Health Guidance Methods Manual (NICE, 2012).

## Synthesis

We propose to adopt a narrative approach to the data synthesis, which is a reflexive and critical methodology and involves a combination of inductive and deductive analysis. This will enable us to work from the evidence gathered to build up a summary of crucial findings under each of the research questions organised into common themes, as appropriate.

## Quality assurance

### Searching stage

The team will identify ten key papers in advance, based on their knowledge of the subject. The results from each database will be checked to confirm whether (a) the article is included in that database and (b) if so, whether it has been retrieved as expected. The first 200 papers identified through the search will be double screened.

## **Screening stage**

The list of papers identified for full paper retrieval will be double screened.

## **Evidence review stage**

Each full paper will be assessed by one reviewer and the assessment and data extraction checked for accuracy by another. Where there is a disagreement the senior reviewer will provide an additional assessment.

## **Economic analysis**

It is likely that the economic analysis will be compromised by the absence of data in a format that allows a formal meta-analysis approach, for example some studies may say they contain economic evidence, but the quality may not be sufficient to base valid estimates upon.

In view of this we will make an initial review of the available data from the literature to establish the criteria for how we will undertake the economic modelling and then, if meta-analysis is feasible, proceed with further analysis.

It is anticipated that we would need to analyse the data from a societal (ie public) perspective as well as an employer perspective, rather than a purely health perspective and that much of the literature will not provide the data that will allow a full economic analysis using Quality Adjusted Life Years (QALYs) and the standard NICE approach. This would require evidence on the economic benefits of the impact of workplace culture or specific interventions on the management of employee well-being. Benefits could be measured in terms of reduced absence or increased productivity. Wider measures could include employee satisfaction. There is a growing literature that links levels of employee engagement, motivation and satisfaction with business performance (eg from the Employee Engagement Task Force such as Rayton et al, 2012) and we could use assumptions of such monetary benefits that potentially accrue to an employer, based in the literature to build a model.

Given that a significant amount of the data are likely to be partial, much of the analysis will have to be brought together from multiple sources which adds to the complexity of the process. It will also be necessary to insert a flag into the sifting process indicating potentially useful, if partial, data in the papers and reports reviewed.

## **Timetable and deliverables**

See Appendix 2

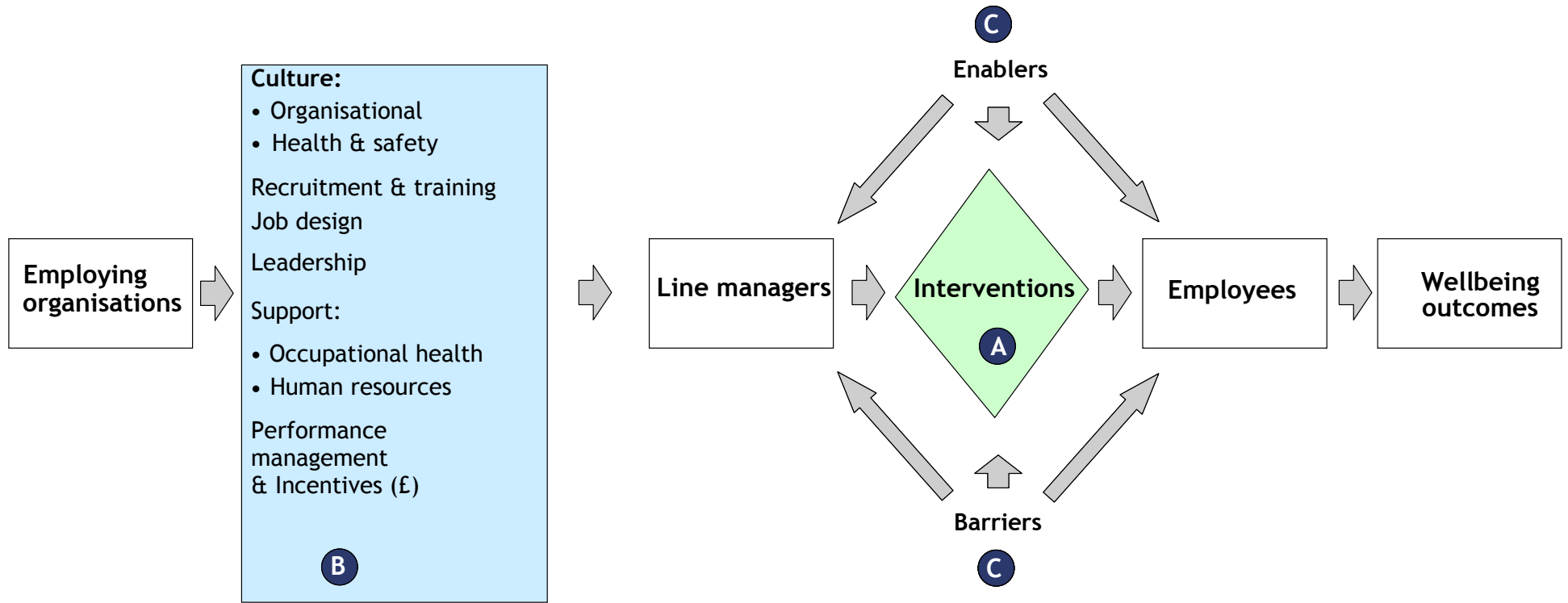


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# Appendices

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Appendix 1: Workplace policy and management practices to improve the health and wellbeing of employees: Logic model



A = Review 1

B = Review 2

C = Review 3

Source: IES/TWF/LU, 2013

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## Appendix 2: Workplace policy and management practices to improve the health and wellbeing of employees: Key dates

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Task	Date to be completed
Contract start	12 September 2013
Start-up meeting (NICE to organise)	6 September 2013
Contractor to submit draft protocols for the evidence reviews and literature searches to NICE for comment	12 September 2013
Call for evidence	16 September - 14 October 2013
NICE returns comments on the draft protocols to the Contractor	20 September 2013
Contractor submits final protocols for sign-off by NICE	27 September 2013
This should include written responses to all comments from NICE to show how these comments have been incorporated	
NICE to sign-off final review protocols	2 October 2013
Searches for Q1 completed	25 October 2013
Submission of draft evidence review 1 to NICE team	7 January 2014
NICE provide comments on draft review 1	15 January 2014
Teleconference with NICE team	17 January 2014
Submission of revised draft review 1 to NICE	24 January 2014
Review 1 mailed to PHAC members	27 January 2014
Submission of final slides for presentation of review 1 to PHAC	30 January 2014
Presentation of draft review 1 at PHAC meeting	6 February 2014
Final amendments to be made to review 1 post PHAC meeting	21 February 2014
Submission of draft evidence review 2 to NICE team	7 February 2014
NICE provide comments on draft review 2	17 February 2014
Teleconference with NICE team	19 February 2014
Submission of revised draft review 2 to NICE	5 March 2014
Review 2 mailed to PHAC members	10 February 2014
Submission of final slides for presentation of review 2 to PHAC	13 March 2014
Presentation of draft review 2 at PHAC meeting	20 March 2014
Final amendments to be made to review 2 post PHAC meeting	4 April 2014
Submission of draft evidence review 3 to NICE team	21 March 2014
NICE provide comments on draft review 3	31 March 2014
Teleconference with NICE team	2 April 2014

Submission of revised draft review 3 to NICE	16 April 2014
Review 3 mailed to PHAC members	23 April 2014
Submission of final slides for presentation of review 3 to PHAC	24 April 2014
Presentation of draft review 3 at PHAC meeting	2 May 2014
Final amendments to be made to review 3 post PHAC meeting	19 May 2014
Submission of draft economic modelling report to NICE team	5 May 2014
NICE provide comments on draft economic modelling report	13 May 2014
Teleconference with NICE team	14 May 2014
Submission of revised draft economic modelling report to NICE	29 May 2014
Economic modelling report mailed to PHAC members	2 June 2014
Submission of final slides for presentation of economic modelling report to PHAC	5 June 2014
Presentation of evidence economic modelling report at PHAC meeting	13 June 2014
Final amendments to be made to economic modelling report post PHAC meeting	23 June 2014
Contractor to update the reviews in response to any further comments made by PHAC members or NICE team	1 September - 12 September 2014
Contractor to submit updated reviews for consultation to NICE	12 September 2014
This should include written responses to all comments received and a list of changes that have been made since NICE's last review	
Public consultation on the draft guidance, evidence reviews and economic model and report	24 September - 5 November 2014
Contractor to assist NICE in providing responses to comments received at public consultation and updating the reviews as necessary	November - March 2014 ( <i>ad hoc</i> as required)
Contractor to submit amended reviews incorporating any changes required by the consultation	31 March 2015
Publication of final guidance	April 2015



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## Appendix 3: Websites to search

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### UK

- Acas
- British Chambers of Commerce (BCC)
- British Psychological Society
- Centre for Employment Studies Research
- Centre for Mental Health
- Chartered Institute of Environmental Health
- Chartered Institute for Personnel and Development
- Chartered Institute of Management
- Department for Work and Pensions
- Engineering Employers Federation
- Health and Safety Executive
- Institute for Occupational Safety and Health
- London Health Commission
- NICE (including former Health Development Agency document search) and NICE Evidence
- Oxford Health Alliance
- Public Health Observatories
- Scottish Government
- UK Commission for Employment and Skills / Investors in People
- Welsh Government

### International:

- EU-OSHA
- Eurofound

- EuroHealthNet (Drivers project)
- European Commission
- Finnish Institute of Occupational Health (FIOH)
- Institute for Work and Health (IWH) (Canada)
- International Commission of Occupational Health (ICOH)
- Liberty Mutual Research Institute for Safety (USA)
- OECD
- The National Institute for Occupational Safety and Health (NIOSH)
- WHO

## Appendix 4: Example Search Strategy

MEDLINE 1996 to present - OVID SP – 19 October 2013		
Set number	Search term	Number of hits
1	exp Workplace/	11927
2	workplace.ti,ab	15016
3	worksite.mp.	1238
4	("work place*" or "work site*" or "work location*" or "work setting*").ti,ab	2485
5	((job* or employment) adj2 (place* or site* or setting* or location*)).ti,ab	592
6	(office* or factory or factories or shop* or business*).ti,ab	56948
7	(company or companies).ti,ab	25150
8	(worker* or employee* or staff*). ti,ab	141756
9	exp Employment/	33888
10	exp Work/	6463
11	employer*. ti,ab	8290
12	1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9 or 10 or 11	245392
13	("line manager*" or manager* or supervisor* ). ti,ab	25025
14	"Quality of Life"/ or "quality of life". ti,ab	145082
15	health/ or men's health/ or mental health/ or occupational health/ or women's health/	55742
16	exp Job Satisfaction/	12574
17	(wellbeing or well-being or "well being" or wellness). ti,ab	34165
18	happiness/	1937
19	((mental or physical or general) adj1 health). ti,ab	65109
20	((employee* or staff) adj2 health). ti,ab	3444
21	((work or job) adj1 (contentment or happiness or fulfilment or engagement or satisfaction)). ti,ab	3776

22	14 or 15 or 16 or 17 or 18 or 19 or 20 or 21	279301
23	12 and 13 and 22	2827
24	limit 23 to (english language and yr="2000 -Current")	1998
	<b>Note: / means MESH term.</b>	
	<b>Note: ti, ab = title, abstract</b>	

This strategy has been designed to cover (a) The workplace #12; (b) the role of line managers and supervisors #13; (c) health and well-being #22. It has been limited to publications after 2000 and in English #24.