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Position Paper Special Issue Frontiers of Psychology:

Healthy Healthcare: Lessons learned and a new research agenda for  
occupational health psychology

Annet H. de Lange<sup>1,2,3,4</sup>,

Lise Løvseth<sup>5</sup>,

Kevin Teoh<sup>6</sup>

Marit Christensen<sup>3</sup>

1 Open University, Department of Work and Organizational Psychology, Heerlen, the Netherlands;

2 HAN University of Applied Sciences, Department of Human Resource Management, Arnhem and Nijmegen, the Netherlands;

3 Norwegian University of Science and Technology (NTNU), Department of Psychology, Trondheim, Norway.

4 University of Stavanger, Hotel School of Management, Stavanger, Norway

5. St Olavs University Hospital, Trondheim, Norway

6. Birkbeck, University of London, London, UK

Correspondence address: [annet.delange@ou.nl](mailto:annet.delange@ou.nl)

## **Healthy Healthcare: Lessons learned and a new research agenda for occupational health psychology**

Many countries within the European Union report significant difficulties in retaining and recruiting healthcare workers and are facing increasing levels of predicted staff shortages over the long term (European Commission, 2020). There is substantial scientific research from the past few decades that point to the importance of organizational practices and the psychosocial design of jobs for the promotion of the occupational health of healthcare workers (Løvseth & De Lange, 2020); such practices, along with healthy job design, can help sustain the availability and continuity of appropriate levels of quality of healthcare delivery (Løvseth & De Lange, 2020). Despite these suggestions, recurrent data shows that occupational health-related disorders such as burnout and depression are continually increasing among healthcare workers worldwide (Greenberg, Docherty, Gnanapragasam, & Wessely, 2020; Herkes, Churrua, Ellis, Pomare, & Braithwaite, 2019; Schot, Tummers, & Noordegraaf, 2019; Teoh, Hassard, & Cox, 2020; Wang, Zhou, & Liu, 2020).

The challenge, therefore, lies in translating important knowledge from occupational health psychology into healthy practices and the job designs within healthcare organizations. Contemporary occupational health psychology researchers are making strides in generating new knowledge that has the potential to improve the health and well-being of both healthcare workers and patients (Robert et al., 2011; Teoh et al., 2019). However, this knowledge typically focuses on the work-related predictors and outcomes of healthcare workers but may not reach its full potential or be perceived as relevant problems by clinicians, leaders or patients. This is because it often ignores indicators of patient care and, or, excludes the influence of organizational practices and the wider system. As a discipline, occupational health psychology can do more to recognize the complexity of organizations, synergies,

processes and the relevance of context when developing knowledge related to healthcare organizations.

Current developments and challenges in healthcare create the need to develop a new research agenda for occupational health psychology that emphasizes the investigation of integrative perspectives linking worker health and well-being to concepts of quality of patient care and the organization of healthcare services. The aim of this special issue, on the topic “*Healthy Healthcare*”, was to call for new occupational health psychology to develop research approaches and transfer evidence-based knowledge and practice to the healthcare settings and its management (Løvseth & De Lange, 2020). Approaching occupational health psychology from a *Healthy Healthcare* perspective is important to generate new knowledge on the necessary pathways or interventions to retain healthcare workers at work, and to maintain or positively influence the quality of healthcare service delivery.

The current position paper, therefore, aims to: (i) introduce the concept of *Healthy Healthcare* and how it relates to occupational health psychology; (ii) summarize the accepted papers in this special issue and discuss how they relate to the concept of *Healthy Healthcare*; and (iii) to present a new research agenda, drawing on occupational health psychology research to further advance our understanding of the concept of *Healthy Healthcare*.

<Figure 1 here>

*Healthy Healthcare: A new paradigm.*

‘*Healthy Healthcare*’ refers to a new interdisciplinary system-based perspective of healthcare practices encompassing three main pillars: (1) quality of patient care; (2) worker health and well-being; and (3) the organization and practices of healthcare organizations. It recognizes that healthcare systems must be organized, managed and financed in balance with the health and performance of available workers (Løvseth & De Lange, 2020). Moreover, it

emphasizes the importance of a contingent perspective where one size does not fit all contexts and the heterogeneous workforce. This means that knowledge production within a *Healthy Healthcare* perspective should be sensitive to contextual factors and the continuous adaptation and changes in healthcare to meet societal developments. It also realizes that benefits in one pillar (e.g., patient care, health workers, organizational practice) can potentially disadvantage another pillar. Ultimately a system-based perspective considering the dynamics between the patient(s), the worker(s) and the complex healthcare system will lead to a more resource-efficient delivery of high-quality healthcare services.

Within this position paper, we focus on occupational health psychology as a discipline from which research and practice are crucial to inform and advance *Healthy Healthcare*. The inter-disciplinary nature of *Healthy Healthcare* aligns well with the discipline of occupational health psychology given that the latter is also inherently multidisciplinary and draws on occupational health and psychology as well as being inclusive of public health, human factors, organizational studies, economics, industrial engineering and more (Houdmont & Leka, 2010). Crucially, the general principles of occupational health psychology (Cox et al., 2000) as being (a) an applied science, (b) evidence-driven, (c) oriented towards problem-solving, (d) multidisciplinary, (e) participatory, and (f) focused on intervention, with an emphasis on primary prevention, all resonate strongly with the concept of *Healthy Healthcare*.

### **The current issue**

The complexity of a system-based perspective of *Healthy Healthcare* requires a continuously interdisciplinary focus sensitive to contextual differences in healthcare practice. It also requires a variety of methodologies to study system components, their interrelatedness, the uniqueness of those relations and their potential effects on each *Healthy Healthcare* pillar. To facilitate knowledge development about *Healthy Healthcare* from an occupational health psychology perspective, this special issue called for new empirical as well as review studies in

different contexts of healthcare that helped bridge understanding across the three *Healthy Healthcare* pillars: (i) the organization of healthcare; (ii) workers health and well-being; and (iii) the quality of care provided.

In total, six papers were accepted. The special issue includes a systematic review examining the influence of psychosocial work characteristics in explaining mental health of nursing staff (Broetje, Jenny, & Bauer, 2020); two different two-wave longitudinal panel studies examining age-related factors among ageing healthcare workers (De Lange, Pak, Osagie, Van Dam, Christensen, Løvseth, Detaille, Furunes, 2020; Van der Heijden, Houkes, Van den Broeck, Czabanowska, 2020); a cross-sectional study investigating the relationship between job autonomy, self-leadership, work engagement and health among healthcare workers (Dorssen-Boog, de Jong, Veld, & Van Vuuren (2020); a process-evaluation qualitative study among hospital executives about the key process factors in implementing health-related work design interventions (Genrich, Worringer, Angerer, Müller, 2020); and a qualitative study exploring the emerging psychosocial risks of healthcare accreditation in workplaces (Alshami Thomson, & Santos, 2020).

Together, these six papers offer important contributions to the relationship between each of *Health Healthcare* pillar (such as relations between organizational practices, job design and worker well-being) for different types of healthcare practices and contexts among a variety of healthcare workers, but also include knowledge about the interrelatedness with concepts within and between the main pillars of the current system perspective. This includes healthcare assistants, nursing workers, upper and middle managers within a hospital, different levels of seniority as well as different levels of organizational practices. Moreover, the research questions of these papers address the diverse issues related to *Healthy Healthcare* through different theoretical frameworks such as the JD-R Model and theory (Bakker & Demerouti, 2017), the Self-Determination Theory (Deci, Olafsen & Ryan, 2017), Ajzen's

Theory of Planned Behavior (Ajzen, 1991), the Selection Optimization and Compensation Theory (Baltes & Baltes, 1990) and the Socio-emotional Selectivity Theory (Carstensen, 2019).

Also, the papers contribute to *Healthy Healthcare* by using different methodological approaches, including qualitative and quantitative, cross-sectional and longitudinal, as well as a meta-analytical review approach. As a result, using these different methodologies the papers provide valuable new in-depth insights into the mechanisms and processes within different aspects of *Healthy Healthcare*, including the importance of supportive work environments as well as healthy job design to create resourceful and healthy healthcare workers. In other words, these papers individually provide us with new relevant insights, but we can further summarize the lessons learned and also discuss unresolved issues of the published papers to the *Healthy Healthcare* concept.

#### *Lessons learned and unresolved issues.*

Congruent with the majority of studies within occupational health psychology that focus on the healthcare sector, most articles in this special issue focus on only two out of the three pillars in the system perspective of *Healthy Healthcare*. That is the relationship between the organization of healthcare and workers efficiency and health or well-being. The effect on patient outcomes such as indicators of patient safety, satisfaction or other relevant patient-based outcomes is less frequent investigated. Also, existing research efforts would benefit from a stronger emphasis on positive outcomes like work engagement or meaning of work, or the simultaneous interplay between positive and negative factors and outcomes in the different pillars of *Healthy Healthcare*, than the current main focus of existing research on negative concepts of work demands and unhealthy consequences for the workforce. Similarly,

there is a need for more team-based or organizational level outcomes and not only on the individual-level data outcomes that dominate the research to date.

Even more scarce are studies that examine the relationship between all three *Healthy Healthcare* pillars that are facilitated by an interdisciplinary focus between occupational health psychology and for instance health economics, technology or medicine. These are all contributing factors that hinder the uptake and implementation of knowledge gained from occupational health psychology into healthcare practices by administrators and policymakers. As these stakeholders are typically tasked with the delivery of resource-efficient and quality of healthcare delivery, concepts related to technology in healthcare (Iyer, Stein, & Franklin, 2020), capacity planning (Gheasi & De Lange, 2020), and clinical and economical concepts (Gheasi & De Lange, 2020) are particularly salient to them. All these alternative perspective and research approaches will help facilitate the uptake of evidence-based knowledge and practices from occupational health psychology into *Healthy Healthcare* practices that are fundamentally important for the development of a resource-efficient delivery of high-quality healthcare services by a competent, motivated and healthy workforce.

### **Healthy Healthcare: Research Agenda**

One of the most important conclusions of the current issue is that the included studies recognize the importance of sharing insights related to creating a *Healthy Healthcare* concept. They identify and provide knowledge on concepts within each pillar and their interrelatedness with concepts within and between the main pillars of the current system perspective.

Based on the system-based perspective of *Healthy Healthcare* (Løvseth & De Lange, 2020) we present an updated integrative research model that can be used in future research of occupational health psychology (Figure 2). The model includes the current investigated pathways among occupational health psychology-related concepts and their outcomes at a

micro, meso and macro level. The model demonstrates the contextual sensitivity of this system-perspective at the individual level as well as within a wider societal, national, governmental and macro context that influences all factors and relationships within the model (Gheasi & De Lange, 2020; Teoh & Hassard, 2020).

<Figure 2 here>

Based on the important contributions from the studies in this special issue, the *Healthy Healthcare* system perspective and the model (Figure 2) we recommend that future research initiatives in occupational health psychology should consider:

1. *Developing studies and new overarching theories based on the system-perspective of Healthy Healthcare.* Although the included topics in the current issue investigated one or two relevant pillars of *Healthy Healthcare* (e.g., mostly healthcare worker and organization), the full concept of *Healthy Healthcare* remains theoretically as well as empirically untested and further theoretical and empirical research is needed to develop and examine the core concepts postulated by it. Emphasis needs to be placed on linking different antecedents of its three core pillars, including the mechanisms that explain these relationships to possible outcomes among patients, healthcare workers and organizations. These will contribute to the development and refining the overarching theoretical model presented in Figure 2 above.
2. *Multilevel study designs.* Occupational health researchers typically neglect the fact that relationships are situated within a wider context, with important factors at the organisational, sectoral, societal and national level all influencing the three *Healthy Healthcare* pillars (Teoh & Hassard, 2020). Also, factors at the individual level can influence macro-level outcomes (e.g., mortality and infection rates, patient satisfaction). The proliferation of more advanced multilevel analysis techniques and the collection of data across different levels and sources provide opportunities for

researchers to capture the complexity of this system perspective within their study designs (Teoh et al., 2020). The input of large-scale datasets on a regional as well as a national level on healthcare data also offers new research directions.

3. *Capturing the diversity of the healthcare workforce.* Much of the existing research focuses on healthcare professionals, neglecting a large proportion of other workers in healthcare such as healthcare assistants, paramedics, administrators, porters and in particular unpaid workers (Clancy et al., 2019; see for exception De Lange et al., 2020 including supportive staff).

Besides, studies of diversity in terms of age (Van der Heijden et al., 2020; De Lange et al., 2020), gender, ethnicity, and immigrants (Mackert et al., 2011) and studies of healthcare workers in developing and third-world countries (McCoy et al., 2008) are also less common. This is concerning as unpaid workers are a large part of healthcare service delivery worldwide (Taylor, 2004) and an ageing workforce implies demographic changes that affect healthcare practice substantially. Equally, ethnic minorities are more likely to experience poorer working conditions (Kinman, Teoh & Harris, 2020) and that the gendered nature of healthcare work has implications for work-life boundaries among healthcare workers (Halford, Kukarenko, Lotherington, & Obstfelder, 2015). A more inclusive and sustainable view of the workforce is needed to more accurately, and fairly, represent those working in the healthcare sector.

- 4 *Situating leadership within Healthy Healthcare.* The importance of leadership in creating healthy workplaces was highlighted in earlier research (Furunes, 2018, 2020), but a concept like health-promoting leadership has not yet been well established in occupational health research and models and therefore warrants further exploration and new research. With critical questions being posed on the how we can better understand the influence leadership has on the three *Healthy Healthcare* pillars -

workers well-being (Nielsen & Taris, 2019), patient safety and care (Sfantau et al., 2017), and organisational systems and strategy (Bonardi et al., 2018) – developments here will have direct relevance for *Healthy Healthcare*, particularly where research looks at more than one pillar.

- 5 *Positive well-being.* The more detailed and holistic examination of what well-being is in the field of occupational health psychology has not yet caught on within much of the research involving the health services (Bakker et al., 2008; Scheepers et al., 2015). Here, the emphasis still is on ill-health and, in particular, burnout. However, well-being exists as a much broader construct (Teoh et al., 2020), and the narrative within the related-healthcare research needs to shift to include more positive manifestations of well-being, including prevalence, their processes and nomological networks, and interventions. Crucially, this encompasses patient care as well, with quality of care not merely being about the absence of disease or infirmity, but facilitating conditions that allow patients and society to thrive and flourish as well.
- 6 *Primary-interventions.* Within occupational health psychology, there has recently been a focus on the need for identifying resources at multiple levels and called for interventions to strengthen resources at four levels within the organization: the Individual, the Group, the Leader and the Organisational level (IGLO model) to develop interventions to ensure employee health and well-being (Day & Nielsen, 2017; Nielsen et al., 2017). The systems perspective embraced by *Healthy Healthcare* necessitates organisational-level participatory interventions. Much of the intervention research within healthcare has typically been at the individual level in the form of well-being (Regehr et al., 2014) or skills and competency-based training (Ginsburg et al., 2005). Where organisational-level interventions are carried out (Dixon-Wood et al., 2013; Weigl et al., 2013), these focus only on two of the three Healthy Healthcare

pillars. It is here that occupational health psychology, which has seen exponential growth in our understanding of primary and organisational type interventions, could contribute. Principles such as risk assessments, participation, manager support and a continuous learning cycle are essential in this process, and more research is needed to support primary and multilevel interventions that seek to change the larger healthcare system (Nielsen & Noblet, 2018).

**7** *Embrace different research methodologies and paradigms.* For all that a positivist paradigm can provide in establishing patterns and relationships, what are the work experience and processes that underpin *Healthy Healthcare*? While qualitative methods can give explore some of these experiences, specific in-depth approaches (e.g., Interpretative Phenomenological Analysis) can give voice and provide insight on how individuals make sense of the healthcare system (Peat et al., 2019). Equally, realist evaluation (such as the Context-Mechanism-Outcome framework) and process evaluation (Salter & Kothari, 2014; Nielsen & Miraglia, 2017) are pivotal to understand what worked for who and in what circumstances when it comes to knowledge transfer and interventions. Consequently, it is here that researchers need to embrace a wider range of paradigms and methods to better examine the concept of *Healthy Healthcare*.

## **Conclusion**

In the present position paper, we argued that a system-based perspective is needed to address the challenges faced in healthcare and to increase the uptake of knowledge from occupational health psychology into healthcare. The *Healthy Healthcare* perspective provides a framework to do so by advocating examination and linking of the three pillars of organisational practices, workers' health and well-being and quality of patient care. Here, occupational health

psychology is not only well placed to embrace *Healthy Healthcare*, but equally offers considerable expertise and insights to advance the concept further. While the papers in this Special Issue shed important light in our understanding and concepts of occupational health psychology to *Healthy Healthcare*, we outline seven points within a new future research agenda, namely: (i) develop an overarching theory and concepts of *Healthy Healthcare* (see the suggested framework in Figure 2); (ii) embrace more multi-level study designs; (iii) capture the diversity of the healthcare workforce; (iv) situate leadership within *Healthy Healthcare*; (v) expand our focus of well-being to include more positive manifestations; (vi) focus on primary and organisational-level interventions; and (vii) to embrace different research methodologies and paradigms.

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Figure 2

