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The Impact of COVID-19 on **Psychological Wellbeing** in Occupational Contexts

Executive summary

The need to address the relationship between psychological wellbeing and safety in the workplace is well established. The COVID-19 pandemic has intensified this need across the majority of sectors because of the unique and myriad challenges it has presented, including multiple lockdowns, changing working practices and social isolation amongst employees.

This report reviews and analyses how the wellbeing agenda has changed in relation to safety issues during the pandemic and what the future prospects are in this area. This was achieved by interviewing thought leaders and expert practitioners and reviewing published industry reports and emerging research literature. Whilst this report covers multiple sectors, maritime is a particular focus because of the ways this sector exemplifies the complexity and challenges around wellbeing in unique and powerful ways.

Prior to the pandemic, the wellbeing agenda was well established across a large number of sectors. The agenda was informed by five differing conceptual approaches which modelled the relationship between psychological wellbeing and safety in diverse ways: safety climate, job demands and resources, psychological capital, psychological contracts, psychological safety. Whilst there is a good evidence for merits of each individual approach, taken together they did not provide a common definition of the problem and had not ensured a parity between physical and psychological aspects of safety. The complexity of the relationships between key factors was often under-estimated, particularly around issues of context and culture. As a consequence, interventions in this area have often not achieved a holistic framing of the problem and have tended to be reactive rather than proactive.

During the pandemic, organizations have typically felt the need to intensify their focus on wellbeing, with line managers playing a particularly critical role. Key issues included the impact of remote working, uncertainty, the role of fatigue and stress and the need for joined-up action between employers, mental health organizations and government. Psychosocial factors, including gender, age and relative seniority were particularly important. There was an increased recognition that psychosocial factors tended to have an indirect but strong impact on psychological wellbeing that compounded workload and work environment issues.

Whilst the stigma around mental health and wellbeing has been significantly addressed, there was evidence that it not only persisted during the pandemic, but may in fact have become further entrenched due to fears around disclosure and job security during a time of economic uncertainty. Line managers also reported problems with recognising mental health issues due to the novel conditions of remote working.

Approaches to wellbeing changed during the pandemic, with a greater focus in social relationships being reported. The need for more empathic forms of leadership was widely recognised, but this also required balancing with more collaborative approaches around wellbeing. The ongoing lack of a single, overarching framework for workplace wellbeing

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has strengthened the case for sustained and more holistic approaches, with a recognition that reactive approaches based on sign-posting may have reached something of a saturation point. Initiatives were seen to require meaningful employee engagement based around continuous genuine feedback, rather than framing mental health issues as matters of individual responsibility.

Psychological wellbeing was thought to be best addressed by building and maintaining a supportive work culture, rather than relying entirely on outsourced programmes. There is a particular need for this in relation to specific groups, such as essential workers, who have been disproportionately challenged and underserved during the pandemic. Preserving the gains made in relation to wellbeing into the future will be critical.

Workplaces are unlikely to return to the conditions they experienced prior to the pandemic and the changing nature of the labour market will complicate the future wellbeing agenda. The need to shift the balance towards more proactive interventions is clearly acknowledged in order to build upon the increased prominence of 'wellbeing conversations' across multiple sectors. The central role of local conversations between line managers and employees provides a key area of focus in order to ensure that wellbeing does not become a 'check box' activity in the future.

One of the key changes during the pandemic has been a widespread reconsideration of how the relationship between how work, wellbeing and safety is perceived. This can be framed as 'long psychological COVID' – a different and as-yet indeterminate shift in how employees think about their own health and safety in relation to the workplace, based on their experiences of the pandemic. To address this, new cross-professional dialogues and ways of working around the wellbeing agenda are required between Occupational Safety & Health and Human Resource Management practitioners, along with other stakeholders. This is likely to be intensified by an expansion of the wellbeing and safety agenda in the future as overlaps begin to become more prominent with the Equality, Diversity and Inclusion (EDI) and Sustainability agendas. We provide two toolkits to support these cross-professional conversations.

1. Introduction

The importance of maintaining a focus on psychological wellbeing within the workplace has long been established[1]. Seminal works such as the Farmer and Stevenson review have clearly outlined the significant costs associated with psychological challenges within work environments and negative impacts on employee wellbeing, along with the broad range of challenges associated with addressing this[2]. The 'good work' agenda emphasised by Farmer & Stevenson demonstrated what might be achieved in terms of raising mental health awareness over decade to come.

However, in early 2020, the COVID-19 global pandemic struck, resulting in some of the most far-reaching changes to working conditions experienced since the mid-twentieth century. Significantly the pandemic brought increased attention around psychological wellbeing, as individuals and organizations had to respond to a myriad of challenges as a result of multiple lockdowns, changing working practices, social isolation and other impacts of the pandemic. Attention within many sectors, at least in the early stages, appears to have been on improving employee's wellbeing.

This report considers some of the consequences which have emerged from the COVID-19 pandemic, what this means for the psychological wellbeing agenda and what the likely future prospects may be. Specifically this report focuses on the relationship between psychological wellbeing and safety, drawing upon an extensive body of evidence linking mental health to safety culture and practices across a wide range of sectors[3]. It builds on our previous

research for Lloyds' Register Foundation, where we conducted a Rapid Evidence Assessment of research and practice in the area across five safety critical infrastructure sectors (Maritime; Construction, Engineering, Food and Digital)[4]. We concluded that psychosocial factors were key to understanding how psychological wellbeing was linked to safety practices and that context was central to analysing the specific relationships between these factors in any given workplace. We continue this theme within this report. As a global pandemic, COVID-19 is highly unusual in that it has led to a near-universal change in the nature of work (e.g. use of personal protective equipment, testing for infection, working from home where possible). But it has also had some very specific effects in particular sectors, such as the 'crew change crisis' within maritime and high levels of exposure to the virus in retail, care and education sectors. Context is, once again, critical to understanding these differential impacts.

The overall picture, prior to the COVID-19 pandemic, was that the wellbeing agenda was becoming better established across many sectors, but with a divergence between the mental health and physical health elements[5]. Whilst employers' responsibilities in relation to physical health and safety are well defined, they have been less concrete around psychological wellbeing, giving rise to diverse strategies and initiatives which have often been difficult to evaluate properly. So how

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has this changed during the COVID-19 pandemic? There has been widespread talk of a 'mental health crisis' brought about by public health measures such as social distancing, remote working and lockdowns[6]. The early promises of a rapid return to pre-pandemic ways of working have been replaced by speculation of irreversible changes to workplaces, resulting in a 'new normal'[7] and a changed labour market brought about by 'the great resignation'[8]. However, these claims often fail to capture the highly differentiated impacts of the pandemic across individual sectors and with particular groups of employees. They also fail to acknowledge the extent to which the pandemic has, in certain sectors, exacerbated existing issues rather than created entirely novel ones. Finally, claims like this do not really help with appreciating the complex and complicated nature of the workplace changes that have arisen and how they are likely to shape the wellbeing agenda in the future.

This report was commissioned by Lloyds' Register Foundation to take an evidence-based approach to understanding how COVID-19 has impacted the relationship between psychological wellbeing and safety. We have gathered evidence by interviewing thought leaders and expert practitioners across Occupational Safety and Health (OSH) and Human Resource Management (HRM) portfolios. We conducted 15 interviews with practitioners responsible for wellbeing, academics and policy-makers to understand the strategies, practices and organizational context in which wellbeing initiatives operated within. Furthermore, to examine the most up to date evidence in the field we collated a wide range of published industry reports and guidance and have assessed the published research which is currently available (see appendix 1 for further details). In the report we initially explore the ways in which the wellbeing agenda was framed prior to the pandemic and the thinking which

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underpinned the design of interventions (section 2). We then offer a snapshot of how organizations addressed emergent and longstanding issues around psychological wellbeing and safety as the pandemic unfolded (section 3). In the final section, we identify future challenges for the wellbeing agenda and the kinds of ways of working that will be required. As one starting point for addressing these challenges, we provide a framework and a toolkit that practitioners may use to develop conversations and strategies across different stakeholder groups within an organization (see appendix 2 and 3).

2. The wellbeing and safety agenda leading up to the COVID-19 pandemic

The relationship between wellbeing and safety is both complicated and complex. It is complicated because it involves a considerable number of variables or 'moving parts' which need to be understood, including things as diverse as working conditions, personal feelings, line management relationships and organizational cultures (amongst many others). It is also complex because the ways those moving parts fit together and interact is not immediately obvious and often depends on the specific context of a particular organization and sector.

This has led some commentators to argue that wellbeing is a 'wicked problem' – something that is incredibly difficult to solve because information about the problem is nearly always incomplete and the specific circumstances which are being addressed are continuously changing[9].

When faced with challenges like this, one strategy is to model part of the problem and generalize that to the whole situation. Within the wellbeing and safety literature this has been done in at least two different general ways. Some approaches use the model of physical health as the basis to understand how safety relates to psychological wellbeing. At the heart of this approach is the metaphor that mental health is subject to a kind of 'wear and tear' produced by the demands of the work environment, which leads in turn to diminished safety behaviours. Whilst different employees may be able to resist these stresses for longer than others, the solution is to identify the points of friction in the workplace and attempt to manage these better through either reactive (e.g. stress management) or proactive means (e.g. job redesign). Other approaches start by modelling individual psychological resources such as personality, resilience, commitment or trust. By doing this, it becomes possible to think about the organization as a mosaic of individual experiences which can be aggregated or 'summed up' in relation to safety (e.g. the problem is the need to build increased resilience amongst employees or a lack of organizational commitment in some areas). From this perspective, the relationship between safety and psychological wellbeing is firmly rooted in how individual employees think and behave. These two different starting points are shared by the majority of approaches to psychological wellbeing and safety, including the five we discuss below.

Theoretical approaches to wellbeing

Our review of the safety and wellbeing literature suggests there are at least five dominant approaches that have emerged to address these issues: safety climate, job demands and resources, psychological capital, psychological contract and psychological safety. Each approach tries to understand the 'moving parts' involved in wellbeing and safety in a particular way, emphasising specific kinds of factors and relationships, with implications for the design and implementation of interventions:

Safety Climate

Safety climate is defined as the shared perception of the importance of safety between employees within an organisation[10]. Some studies have claimed that safety climate is directly related to wellbeing[11], whilst others have suggested that relationship is moderated by other factors, such as jobs demands and/or resources[12]. There is general agreement that the safety climate approach needs to include factors such as management priority and commitment, group behaviour and organisation communication, but it is not always clear in the literature precisely how these factors might be best conceptualised and measured[13]. One of the key merits of the approach is that it includes both physiological and psychological aspects of safety across multiple organizational levels[14].

Job Demands and Resources

The job demands and resources approach sees safety and wellbeing as outcomes of balancing specific physical and psychological aspects of tasks with the capabilities of the individual worker. Factors typically considered to be demands include physical aspects such as shift patterns and quantitative overload, along with more qualitative factors such as risk, complexity as well as emotional and psychological pressure[15]. Resources include factors such as support, autonomy and knowledge[16]. The relationships between job demands, resources, safety and wellbeing are typically considered to be moderated by yet further factors, rather than direct[17]. Key to this framework is the idea that the balance between demands and resources may have positive as well as negative outcomes for the individual, shifting away from a purely harm reduction approach.

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Psychological Capital

Psychological capital (PsyCap) is the collective name for a range of constructs derived from positive psychology, such as hope, efficacy, resilience, and optimism[18]. These terms all refer to aspects of the person that are associated with a positive state of psychological development[19]. Psychological capital is thought to moderate the relationship between safety climate and safety outcomes, since these positive attributes facilitate perseverance in the face of challenges, a tendency to make positive contributions and the ability to 'bounce back' after setbacks[20]. Supporting and reinforcing psychological capital through organizational processes such as authentic leadership and perceived management commitment may then enhance both safety participation and psychological wellbeing[21]. However, there is again no clear agreement whether this relationship between psychological capital and wellbeing is direct or indirect[22].

Psychological Contract

The concept of a psychological contract derives from the work of Denise Rousseau, where it is defined as the employee's perception of the mutual obligations that are present in the workplace between employers and employees[23]. Trust and commitment is strengthened when employees believe that the psychological contract is being respected and is correspondingly eroded when they believe it has been violated[24]. Distinct 'psychological contracts of safety' have been conceptualised which cover the informal perceived reciprocal obligations that employees maintain specifically in relation to safety practices[25]. Management behaviours which reinforce the sense that reciprocal obligations are being fulfilled have been shown to positively impact on safety climate[26]. In particular, employees tend to reciprocate positive safety behaviours on the part of employers[27]. Research also indicates that secure psychological contracts of safety are associated with enhanced wellbeing, suggesting that perceived obligations are the common root of both safety outcomes and psychological wellbeing[28].

Psychological Safety

The term psychological safety originated in organizational research where it was used to describe the reduction in perceived threats arising from change and a context where failure is understood to be tolerated[29]. It has come to prominence in Amy Edmondson's work where it is understood as perceptions of the consequences of taking interpersonal risks in the workplace[30]. This is treated as both and individual and group level factor that moderates the relationship between leadership behaviours and engagement, learning and creativity[31]. Employees who are unafraid to 'speak up' and offer creative ideas will contribute positively to the overall performance of the organization[32]. The role of leaders is critical in building psychological safety, along with peer support and work design, to a lesser extent[33]. The relationship between psychological safety and actual safety behaviours is likely to that of enabling employees to 'speak out' and feel confident in reporting safety incidents, with the term 'psychological safety climate' being sometimes used[34]. It is then assumed that the wellbeing benefits which arise more generally from this kind of supportive context also hold in the OSH space.

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Within these five approaches, there is a shift from a focus on the demands placed upon the individual by task design and job demands, towards the resources and the broader attributes that employees bring to safety-related aspects of their work. Across several approaches, leaders and line managers play an important role in facilitating and maintaining a culture of reciprocal obligations and relations of trust and security. However, none of these approaches delivers a clear model in which the multiple factors involved in safety and wellbeing are definitively mapped. There is a specific issue here with being able to distinguish direct from indirect effects (for example, whether work conditions directly impact on psychological wellbeing and safety or are moderated by personal differences, such as resilience or perceptions).

Psychological safety applied to occupational safety & health

The term psychological safety has been in use for some time. It typically refers to the reduction of anxieties amongst employees about fear of failure. Organizations or teams which can empower employees to take risks are likely to facilitate more innovative practices. Recent work, such as that by Amy Edmondson, has emphasised how creativity can be promoted by specific leadership behaviours. There is a promising link here to safety behaviours and safety climate. The National Safety Council in the USA has promoted the idea that psychological safety is linked to a psychosocial variables and equalities issues – the range of characteristics that make up a person. The ability to speak up, to be open and identify risks is important here. Psychological safety may then be understood as the foundation on which wellbeing at work is based, which is then systematically linked to broader occupational safety.

There is also a broader dilemma here about using part of the problem to make the whole less complicated. For instance, in the UK, physical health has long been the default basis for approaches to psychological wellbeing and safety, enshrined in the 1999 legislation around 'safe systems of work'[35]. However, in practice this modelling of mental health on physical health is very difficult to implement[36]. Mental health covers a huge range of emotions and experiences, from transient to severe and enduring conditions. A significant part of the daily experience of mental health does not correspond well with a disease or physical health model, and in the UK recovery-led and trauma-informed approaches to mental health emphasise instead the importance of social relationships and life events[37]. In the workplace, reliable indicators and measures that cover physical aspects of safety have been established, but there is a lack of common agreement around what and how to measure the psychological dimensions of safety[38]. Part of the problem is that until comparatively recently, physical safety practices were predominantly approached in terms of statutory and regulatory compliance, whilst mental health has tended to be approached in terms of awareness and stigma reduction[39]. In many sectors, these different aspects of safety have been owned and managed by different groups of professionals, with Occupational Safety and Health (OSH) dealing with physical safety, and Human Resource Management (HRM) typically leading on psychological wellbeing and safety. Relatively few organizations have managed to design and implement an entirely holistic and integrated wellbeing approach that encompasses both the psychological and physical dimensions of safety.

Psychological wellbeing and safety in maritime

As a sector characterised by a strong hierarchy on board, literature on seafarers' safety pays attention to the role of leaders. In particular, Sandhåland et al. (2017) have identified that situation awareness and ultimately willingness to take risks were highly influenced by the style of leadership, in particular active leadership ('authentic') or passive one ('laissez-faire'). Furthermore, the authors point out that slightly different results were found between workers in the deck department and workers in the machine department, thus highlighting the heterogeneity of sea workers and their different needs. In another study, Yuen, Bai, et al. (2020) highlight that seafarers' psychological capital was directly impacted by the support of their teammates and their leaders, ultimately influencing workers' tendency to be burnt out and their safety behaviours.

The importance of context and complexity for understanding wellbeing

Understanding wellbeing as something that is complex as well as complicated is essential. For instance, the structure of an organization can change the wellbeing focus considerably. Existing research shows that those sectors with strong hierarchies tend to conceptualise psychological wellbeing and safety around the role of leaders, such as through leadership style[40] or leader-member exchange[41]. Sectors where hierarchy is flatter tend instead to conceptualise psychological wellbeing and safety around the role of co-workers and teams, such as group and organisational climate[42], the support and behaviour of others[43]. It is important to note that more hierarchical sectors also tend to have more resources and that the attention paid to leadership processes may reflect a greater capacity to invest in leadership and organizational development training.

Culture provides another key source of complexity. Only a small number of studies take into account the role and importance of cultural differences in relation to safety[44]. Those studies indicate that national culture dimensions (e.g. power distance, uncertainty avoidance, collectivism, and long-term orientation) can have a positive impact of safety behaviours, while other dimensions (e.g. masculinity) can be detrimental to safety attitudes[45]. There is no agreement on whether national cultures play a central or peripheral role in safety. Some authors claim that the number and range of nationalities on vessels within the maritime sector can influence safety issues[46], while others have proposed that national values only have a secondary role to play in safety, behind management commitment and efficacy of safety measures[47]. However, there is also a significant body of work that avoids these disagreements altogether by treating culture as a secondary variable that is peripheral to broader issues of safety and wellbeing[48].

Another challenge is that the meaning of 'psychological wellbeing' varies enormously across national and cultural contexts. For example, the idea of psychological health as being the mental or emotional counterpart to physical health is culturally very much located in Europe and North America[49]. In much of the rest of the world, psychological wellbeing and distress is understood to include not only mind and body, but also relationships to others. It may also involve relationships to communities, environments and spirituality that do not translate well into Euro-American categories of mental health. For example, the term 'ataque de nervios' (literally 'attack of nerves') is used by persons of Caribbean

and South American heritage to refer to an overwhelming emotional and physical state that resembles a 'panic attack'[50]. However, an ataque de nervios can be brought about by the stress induced by family members and may involve the indirect intervention of others – it is sometimes causally linked by sufferers to 'mal de ojo' ('evil eye')[51]. Modelling the complex relationship between these kinds of experiences and safety practices is clearly challenging. A good starting point might be with the approach suggested by one interviewee to elaborate the corresponding roles of the individual and the community in understandings of wellbeing:

> *There are different aspects when we think about wellbeing in New Zealand. There is the traditional European view, which I find is very much an I or a Me based thing, but then if you look at the Māori concepts around health and wellbeing, it's much more a family community spiritual wellbeing, and I don't necessary mean rigid, but it's a different way of looking at things, and it's fascinating, and that does spread into the rest of the community.*

Chair in Health and Safety, education sector

Interventions in practice

Despite the difficulties of disentangling the complications and complexities of psychological wellbeing and mental health, many European and North American organizations have established workplace intervention strategies. Many of these focus on reducing the stigma around mental health by providing training for workplace 'advocates' or 'buddies'. For example, in the UK around 500,000 employees had received Mental Health First Aid (MHFA) training prior to the pandemic – equating to 1 in every 100 adults[52]. As one interviewee notes, interventions like MHFA have been the most widely adopted strategies to address workplace mental health issues:

> *it's a growing area in terms of organisations, in terms of how to better manage mental health in the organisation by training first aiders. And if I look at our report it's really gone up, so this year when we ask 'what actions have you taken to manage mental health at work?', the top, it's the fifth most popular approach, this year 56% said they've done that, trained mental health first aiders, that's gone up from 19% in 2018*

Policy Advisor, professional body

Despite their popularity, interventions based around mental health advocates or champions do pose significant challenges. Champions need to be representative of the whole workforce, rather than self-selected, and typically outside expertise is required for provision of training[53]. There is also currently a limited evidence base on the effectiveness of interventions like MHFA[54], particularly around the extent to which first-aiders are used by employees and whether a sign-posting approach is sufficient. Interventions of this type tend to be structured as reactive approaches which aim at dealing with mental health issues as they arise, rather than as *proactive* efforts at addressing the structural workplace factors which may negatively affect psychological wellbeing. One interviewee captures the difference between these approaches succinctly:

" *As a society we need to start looking at the root cause of what's causing this as opposed to putting plasters on it, because it's not working … I think it's heading in the right direction, but there's still a tendency to stick plasters on things without tackling the root cause. It's really easy to kind of find a guest speaker and do a teleconference about something, and have everyone be really engaged in something for 30 minutes, but there's less of an appetite to say, actually, the way our business is functioning is making people sick and we need to do something about that, and I think that's the challenge we're all going to have in the next 18 months or so, is going to be, yes, we've done all of these great things, but actually it's more systemic than that. We need to go to a much deep level and actually build a workplace that doesn't make people unwell, as opposed to making people unwell and then reacting to it.* "

Mental health lead, financial services

Comparatively few organizations have developed a holistic wellbeing strategy which addresses both psychological and physical health in relation to safety[55] Estimates by leading practitioners typically put this at around 10% of employers, mostly large corporates and public sector employers who could be described as 'high reliability organizations'[56] (see appendix 1 for a 'maturity framework' which maps how organizations might move towards developing holistic strategies). However, scale and complexity are not the only issues preventing adoption of holistic wellbeing strategies. Safety involves both physical and psychological aspects which are often considered to be fundamentally intertwined[57]. Disentangling this relationship is complicated by the number of factors that are potentially involved, the extent to which any given factor exerts direct or indirect effects, and the status of factors as causes, mediators or outcomes[58].

Summary: The state of the wellbeing agenda prior to the pandemic

Before the pandemic, thinking around wellbeing faced many, interconnected problems. The central problem was the lack of shared conceptualisation of wellbeing that included both physical and psychological dimensions within a holistic approach. This lack of consensus amongst existing frameworks within the occupational wellbeing agenda, along with the diversity of local ways of understanding psychological health and distress, has resulted in approaches with a very wide focus. The fact that each of the five approaches described above starts from a different position in modelling wellbeing can make it difficult to ensure parity between physical health and mental health in relation to safety. Very different strategies might be adopted if the initial conceptualisation was grounded in the idea of psychological contracts rather than psychological capital, for instance. Furthermore, a focus on work design and organizational culture is not necessarily compatible with fostering a sense of psychological safety. Knowing how to initiate a conversation with stakeholders around psychological wellbeing and safety and recognising how the terminology initially adopted shapes the direction of travel, is then critical.

In the case of the maritime sector, one interviewee described how this has led to their organization avoiding the use of the terms mental health and psychological altogether as potentially alienating or exclusionary, in favour of the more neutral and inclusive term 'wellbeing':

> *The terminology is incredibly important. So what we're finding is that it's also very culturally linked. And Maritime is incredibly diverse. So coming up with common terminology, understanding, and ways to communicate exactly what we mean by a lot of the stuff we're talking about is incredibly difficult.*

Consultant, charity sector

In summary, the wellbeing agenda prior to the COVID-19 pandemic can be characterised as rapidly evolving but competing frameworks around the relationship between wellbeing and safety, a lack of common terminology shared across stakeholders, a wide variability in awareness and action along with a tendency towards reactive rather than proactive approaches.

In appendix 1 we have provided a 'maturity framework' based on a review of the existing literature. This framework describes a range of different dimensions through which wellbeing and safety might be considered. It outlines what organizations at basic, mid and top levels might be expected to do in relation to wellbeing initiatives. This framework can be used develop priorities depending on the relative starting points of different organizations and their overall direction of travel.

3. The impact of COVID-19 on psychological wellbeing and safety

COVID-19 has intensified questions about psychological wellbeing and safety. Lockdowns, working from home and continual changes in rules and regulations have brought with them a series of individual and organizational challenges that directly impact upon psychological wellbeing and safety, meaning that many line managers and organizations have felt the need and responsibility to offer support of greater intensity than was offered prior to the pandemic.

In this section, we review how the pandemic has affected organizational approaches to psychological wellbeing across a broad range of sectors. We draw examples from many sectors, but focus particularly on the maritime sector because of the complexity and challenges around wellbeing that this sector exemplifies in unique and powerful ways.

The central observation which was repeated across these diverse sources was the way in which the pandemic had generated conversations within organizations around mental health, and how these might restructure the wellbeing agenda in the years to come. One interviewee summarises this clearly:

> *The impact of this global health pandemic is really important in a sense that everybody now is talking about mental health. It's something that's going to impact the public health system widely, especially as a lot of focus of the health system went to battling a communicable disease, and a lot of these chronic non-communicable diseases were left unsupervised.*
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> **Senior Occupational Safety and Health Specialist, Global Standards Agency**

A range of distinct factors were repeatedly mentioned across the interviews and documents we reviewed. These ranged from the shifts in working conditions, such as the impact of remote working and the isolation which might result amongst employee groups, through to wider uncertainty created by the pandemic. Psychosocial factors, such as the role of gender, age and relative seniority appeared, with a particular concern around how shifting home/work responsibilities intersected. Occupational groups designated as key workers were identified as having higher risks, particularly in sectors where this status was decided as the pandemic unfolded. The general role of fatigue, stress and burnout was considered along with a range of workplace wellbeing interventions and measurements. The need for joined-up action between employers, mental health organizations and governments was widely discussed. The following key practices emerged as shared concerns across sectors: safety practices, preventing accidents, awareness of mental health risks and conditions, risk assessment and the role of supervisors. We will discuss these factors as they appeared across a number of key themes.

The increased recognition of the role of psychosocial factors in employees' psychological wellbeing

The International Labour Organization (ILO) Centenary Declaration for the Future of Work adopted in June 2019 declared that 'safe and healthy working conditions are fundamental to decent work'[59]. Prior to the pandemic, these conditions tended to be understood in terms of the direct impact of workplace stress as a risk factor for safety and performance[60]. During the pandemic, attention shifted to the indirect and longer-term effects of stress on employee mental wellbeing and burnout[61]. In particular, psychosocial risks such as job insecurity, economic loss and unemployment have been of concern, all of which may have severe impacts on the mental health of workers[62]. Psychosocial risks tend to complicate more direct physical factors, such as sleep or fatigue. One interviewee describes this in relation to shift work, where the capacity of an employee to manage a particular working arrangement needs to understood within the broader psychosocial relations that make up their life:

> *Sleep is a big driver of lots of things. And shift work. And obviously there's good evidence about effective shift patterns in terms of accidents. But then that's complicated, isn't it? If you ask someone, what shift patterns work for you? They might say, well, I'd like a 16 hour day. And then they go off and do another job. And pick up the kids and have two hours sleep.*

CEO, professional body

Awareness of the role that psychosocial and demographic factors play in moderating more direct physical effects transforms the way issues like worker fatigue might be approached. Prior to 2020, the link between worker fatigue and higher incidences of workplace accidents and human errors was well established[63]. In particular, there was a concern with the negative impact of shift work on employee performance, wellbeing, and safety[64].

However, during the pandemic, it became apparent that particular groups of employees were experiencing a rise in irregular working patterns and long hours or higher workload[65], resulting in specific impacts on safety[66]. Workers in some sectors have been under excessive pressure during this time[67], such as seafarers faced with a crew change crisis[68]. These increased pressures have given rise to specific psychosocial impacts, such as isolation from families and conflicts with other employees, creating indirect effects on wellbeing and safety. For example, as one interviewee describes, recognising that seafarers engaged in the same working conditions were actually experiencing very different psychosocial impacts provided crucial insight into variations in psychological wellbeing amongst maritime crews:

> *It turned out that there was high percentage of people who were more worried about problems at home than actually the workload on the ship. The amount of people as well, there was another 25% that were more worried about on board conflict with someone. Things that you didn't really see from inside, you just thought it was hard work and away from home. But it was those sort of personal things that came into it as well.*

Director, shipping industry

The lesson to be drawn here is that a single 'one size fits all' intervention would not have addressed wellbeing issues for those seafarers who were more concerned with family issues and interpersonal conflicts than the day-to-day challenges of workload (as it would usually be considered within a Job Demands and Resources approach, for example). These kinds of broader patterns of indirect psychosocial impacts, where diffuse worries and anxieties related to work have affected wellbeing during the pandemic, were documented in a recent report by the Mental Health Foundation[69] which found that:

70% *of UK adults feel unemployment or job loss has a negative effect on mental health*

45% *of UK adults associated unemployment or job loss with 'loss' and...*

25% *with 'trauma'*

More than **1 in 4** *adults who had experienced job loss or unemployment felt unsupported at the time*

The Foundation made a number of policy recommendations aimed at enabling stronger support for those who face redundancy and job loss, including support for calls from Citizens Advice to make Universal Credit uplifts permanent, for benefits to keep pace with the cost of living; and the need for the UK government to build upon existing support and help prevent low-income households falling into debt with their energy provider[70].

Indirect psychosocial impacts of the pandemic in the maritime sector

The pandemic and the closure of national borders have shed light on seafarers' issues related to their specific work. Crew changeover and repatriation meant facing a lot of quarantine time; new restriction and regulations were implemented with little chance to get new training and certification; being away from family for even longer periods of times with still little communication available; sick or shore leaves not always being respected[71]. Seafarers have reported being particularly subject to not feeling safe doing their job during the pandemic, with some feeling that not everything had been done to ensure their health at work[72]. Furthermore, insomnia and depression also increased for many seafarers during those times, both for workers stuck offshore, as well as for workers stuck (sometimes unpaid) at home[73]. As one interviewee observes, the actual conditions experienced and being addressed within the maritime sector were not widely discussed, at least within the early stages of the pandemic:

No one thought about the maritime industry, no one thought about the close to two million people on the sea not being able to go home, being scared because their families might've been taken ill. Some of their contracts were extended up to 11 months and they had absolutely no control over it. If they were allowed into a country or if they were allowed onshore, a lot of them were literally limited to a hotel room for months. There was no interaction, no possibility to go outside, no possibility to interact with other seafarers because everyone was stuck to their own room...

Psychologist, maritime industry

The rapid changes to working conditions during the pandemic, brought about by the shift to remote working, has had demonstrable impacts in some areas such as low productivity, heightened stress, and reduced creativity[74]. In their report exploring organizational climate, opportunities, challenges and psychological wellbeing of the remote working employees during COVID-19 pandemic, Prasad et al. present the results from a survey on remote working. Employees working in IT and E-Commerce completed the survey between March and April 2020, during the early phase of the pandemic. The results indicate that communication, organization climate, organizational policies, job satisfaction and psychological factors all significantly influenced the psychological wellbeing of employees in the IT/digital services sector during the survey period[75].

Among the issues found were:

- Overworking
- Lack of human interaction and loneliness
- Balancing multiple shifts and covering different working zones
- Bad health habits (lack of exercise etc.)
- Isolation and lack of support from colleagues

In addition, a misconception was found within company culture that suggested that employees were 'not reaching their full potential' and may 'work only to the targeted tasks which are considered important', whilst the rest of the time they were thought to 'relax'[76]. Though the quantification of a service and intangible benefit is complex, the survey highlights the role that leaders and managers need to take in shaping a psychologically safe environment and facilitating positive mental health.

The stigma around mental health remains prevalent

There has been recognition over last 24 months of the need to focus on mental health as well as physical health[77]. Increased support for mental health requires a holistic understanding of wellbeing, which encompasses both physical and mental health, and is sensitive to the role of psychosocial factors. However, as demonstrated in the previous section, the relationship between mental and physical health can be conceptualised through a variety of approaches which establish different and sometimes conflicting priorities. Mental health can often be viewed as something that is more difficult to manage and as involving more work around awareness raising and intervention, due to its often-stigmatised status, compared with physical health, which can be seen as amenable to a relatively more straightforward compliance-based approach. One interviewee suggests that the source of this lack of parity between mental and physical health was around the anxieties of both employers and employees about the potential consequences of either getting mental health support 'wrong' or of disclosing mental health issues during times of economic uncertainty:

We found that when employers talk about managing mental health issues, they portray them as more difficult to manage. They present them differently as requiring the person managing them to be more knowledgeable about what they can and can't say, and they definitely talked about themselves and other people having less sympathy for mental health issues than for physical health issues, and that was a very, very clear finding…there was a memorable interview I did with a health and safety guy, actually, and he said that he felt that although more people were struggling, fewer people were coming forward to tell their employer that they were struggling, because at that time, they anticipated that a fall out of the pandemic would be contraction of the company and that they would be first out of the door because they had disclosed that they had a mental health issue, and that this would make them appear weak. So, he felt very much that people were job protecting by not disclosing their mental health issues. So, that would suggest that the stigma persists.

Senior Researcher – workplace mental health, national organisation

The stigma around mental health in organisations appears to have remained an issue during the pandemic[78]. Prior to the outbreak of COVID-19, organisational data and reporting were highlighted as key to overcoming stigma and as the basis for improving workplace health and safety[79]. This became more complicated due to demands of remote working, where the lack of physical co-presence potentially made it more difficult for managers to pick up on signs of decreased wellbeing amongst employees. Disclosures of mental health issues are in any case difficult for many employees due to social stigma; placing the onus upon colleagues and line managers to actively identify the significance of behavioural changes. The ability to do so has been considerably impaired by the lack of immediate proximity. Mental health issues are often identified because of internal conversations provoked by colleagues or line managers noticing behaviour changes, in the way described by the interviewee below:

> *The big issue that came up about mental health during the pandemic was that because of remote working, and because of social distancing, it was much more difficult for people to identify mental health issues in colleagues. And because of what we were saying before about how people are sometimes very wary of disclosing a mental health issue, quite often, we know from our own research, and other research, that a mental health issue in the workplace can often be picked up by a close colleague or a line manager, and they do that by noticing behaviour changes in people. So, they will say, well, so and so seems quieter, or seems more garrulous, or seems a bit down, or just seems different, and that will provoke a conversation, and that's how the mental health issue will come to light. So, if you're in the workplace with social distancing it's more difficult to do that, and if you're working remotely, it's very, very much more difficult to pick up on these issues.*

Senior Researcher, national organisation

Earlier studies have shown that there can be 'systemic barriers in place that discourage self-care and help-seeking behaviours'[80]. Among those barriers are both a 'culture-wide stigma' and a shortage of access to qualified providers within many industries, including healthcare. Despite an increase in the acknowledgement of the importance of mental health, stigma remains a significant challenge which can prevent individuals from coming forward and discussing their own mental health issues. A study of psychological wellbeing of medical workers within a fever clinic of a hospital in Beijing during the COVID-19 outbreak, for example, found that better psychological support helped buffer the negative impact of stress[81]. However, medical doctors themselves are often reluctant to take up the formal support that is available to them[82].

Changing approaches to wellbeing during the pandemic

The impact of technology on employee wellbeing was discussed prior to the pandemic in terms of the links to stress and fatigue[83]. With remote working becoming the default norm for many during COVID-19, this conversation has broadened into the impact of technology on working arrangements and work-life balance[84]. The social aspects of wellbeing have come more to the fore as a result of social distancing, with recognition of the negative impact of isolation on mental health[85]. Whilst the models of recovery that have been widely adopted within mental health care place significant emphasis on the role of social relationships, the pandemic has now also brought this to the fore in discussions of workplace wellbeing, as the following interviewee describes:

> *we also ask about collective social relationships and now there's quite a good focus for a lot of organisations and I think interestingly the pandemic has reinforced that element for a lot of people and organisations. I think there's more recognition that for people who have been working from home, for example, the risk of isolation and the impact on their wellbeing.*

Policy lead, global professional body

Awareness of the barriers that remote working creates around identifying mental health issues amongst staff has led to more discussion on the importance of communication and information from employers[86]. In addition, teams have faced the challenge of maintaining a sense of purpose and connection while working remotely. This impacts directly on the wellbeing of individual employees and may have further knock-on impacts on teams, clients and the organization as a whole. Creative solutions around communicating with team members through the use of technology, such as the those discussed by one interviewee, may go some way towards addressing this problem:

A lot of the interventions are around creating links between people, between teams. So, building on the inter-team ratings, building on inter-team communication, understanding, you know, it's building leadership that's empathic. It's being able to talk personally, you know, the concept of stories. So, being able to be good story tellers and being able to listen. So, doing a lot of work around listening, which is so important, which gets missed in the hurly burly rush of these online worlds that we all began.

Director, business transformation specialist organisation

Authentic and empathic leadership have also become increasingly important in demonstrating an understanding of the wellbeing challenges people have been experiencing and building a climate of support through open communication and transparency. This may give rise to a need for leaders to show vulnerability and to share their own experiences of mental health issues as a means to generate both empathy and contribute toward de-stigmatisation[87].

Some professional bodies have suggested a range of support measures in order to improve working environments and facilitate better engagement with employees to provide the support they need during the pandemic[88]. This includes enabling employees to regain an effective work-life balance and address fears around returning to the workplace. Particular support measures are also required for those experiencing ongoing mental health conditions[89]. These kinds of strategies are aligned with the broader good work agenda, structured around the established evidence of the benefits of flexible working on mental health[90]. Organisations may engage employees via workplace consultation at company-level in order to understand concerns. However, it is important to ensure that this is done in a manner which allows employees to voice their concerns at individual- and group-level without fear of reprisal. It is also important that line managers understand those specific concerns in order to best support their team members' mental wellbeing and demonstrate that such exercises are meaningfully applied rather than something which may be viewed as tokenistic. One interviewee captures the range of issues involved around collaboration and the co-creation of mental health and workplace wellbeing strategies:

'if you go in with a really top-heavy message, you know, that will have been well thought out in most instances by a collective of people it will still be skewed by their own experiences…. So it has to be highly collaborative. That said you always get passionate individuals in this space that if you don't put a bit of a framework around what you do, you know, you're just throwing everything at the wall and seeing what sticks really…. The co-created strategy with the staff is needed and then it being supported by an executive sponsor.

Director, national mental health organisation

The need for sustained interventions around wellbeing

The wellbeing agenda was sufficiently well-advanced prior to the pandemic, to the degree that the need to intervene around psychological wellbeing issues was already apparent to many employers. However, established interventions can often be characterised as reactive, rather than proactive, in the sense that they are targeted towards emerging wellbeing issues, rather than addressing the underlying conditions which give rise to these issues[91]. For some stakeholders, their experience of the pandemic reinforced an understanding that sustained interventions aimed at employee groups over time ultimately produce more benefits than providing training and awareness-raising around wellbeing alone. The different elements around wellbeing are interconnected and need to be considered in this way rather than separately in organizational strategies. At this level, the business case for more demonstrable benefits and the moral case for developing more human-centred and relatable strategies intersect. A crucial consideration here is with allowing time to develop interventions that are meaningful to employees, as one interviewee reflects:

" It's very much kind of changed from a 'deliver the training and leave things be' model to 'how do we actually nurture and encourage that grass roots movement?', because I think you can have all the commitment you need at the top level, but if nothing is changing at the grass roots level, nothing is going to happen. And I think we've learned that through COVID that if you nurture that process you are going to start reaping the rewards through that and start seeing the cultural change come out on the back end of it as well. "

Mental health lead, financial services

One of the obstacles to maintaining this kind of sustained approach is the tendency for the wellbeing agenda to be held with a particular professional group, such as HR or Occupational Health, rather than shared across the whole organization. This can create problems when initiatives are perceived as associated within 'one-off' events, rather than integrated into day-to-day work and normalised over time. Employees' level of trust in the agenda are diminished when it is either siloed within the organization, or seen as limited and time-bound. This can be a particular problem in large organizations where different parts of the business may have slightly different and potentially conflicting messaging around wellbeing. Whilst centralisation is clearly required, there also needs to be flexibility for tailoring messages within business divisions. At the same time, links back to the purpose and values of the organization are essential in order to ensure cultural change. One interview describes how mental health needs to be the subject of a continuous, ongoing conversation within an organization:

" There are more organisations now who are realising that you can't just do a mental health first aid or a mental health for managers and then the thing is resolved. It is about the constant drumbeat of the conversation that you have to have… So we have got World Mental Health day on Sunday actually … some people will talk about mental health on Sunday, probably Monday, and then the next time we'll do it will be in May for men's health awareness week. And we like to get hold of those people and we like to just, you know, make sure that they have got a full calendar worth of conversation. Because, you know, it doesn't just disappear again after that awareness day has happened. So, I don't think it's detrimental to people's health, but I think it is detrimental to the reputation and yeah, perceived competency around the conversation. "

Director, national mental health organisation

The need for a sustained approach needs to be coupled with management of expectations on what can be accomplished around mental health and psychological wellbeing. There is no solid evidence for a single approach or 'silver bullet' that can ground workplace interventions. Employers may help to create and foster an environment for positive mental health but cannot address mental ill-health completely.

In organizations which have an established approach to wellbeing, there is awareness of a variety of approaches which can produce positive outcomes and the ways in which these might be targeted at different employee groups, but there is no clear evidence base around 'what works' across all contexts. The pandemic has further complicated the organizational wellbeing agenda, since it has interrupted existing work and shifted priorities in other directions[92]. For example, it has created the need to respond to a fast-moving situation, where ways of working have changed suddenly and sometimes without prior precedent.

One interviewee characterises this as a situation where the problem created by physical separation of employees is clear, but the specific effects are not obvious because it becomes difficult to genuinely connect across digital media. Interventions which attempt to address this are likely to be hit and miss:

because you don't know what goes on behind closed doors and when people are working from home you do need to be able to be identifying how people are, because when you're in the physical presence of the office everybody has got their work life and their home life and the separation is there, but it doesn't happen when you're working from home, it really doesn't. You don't have them engaged in discussions. You don't see people's body language. You don't see people's demeanour. You just see this façade across Microsoft Teams or Zoom or whatever that may be, but I think being able to elicit people's feelings through proper employee voice channels, identifying what works and what doesn't because at the minute we do a whole range of different stuff, but we don't know what's effective.

HR specialist, shipping industry

Gaining regular feedback on interventions is critical for organizations to understand how they can drive successful outcomes and overcome a fear of failure in applying new interventions. It is important that this feedback is led bottom-up by the views and experiences of employees; with established requests for feedback and measures which are genuinely meaningful to them. The challenge is that this can result in a significant amount of information to process, creating a barrier to understanding how to interpret the right data to make informed decisions. This can be overcome by adopting the kind of iterative approach to feedback, decision making and shared ownership described by this interviewee:

we have a call with them once a month where we kind of get guest speakers in and talk to them. We talk to them, but we also ask them to talk to us. So, we have the chat, and we just say, tell us what's going on, tell us how you're feeling, tell us anything you've done, or what's went well, what's not gone well, and we just get an absolute flurry of information, and what we have to do is download it after the call, and go away, and read through that. So, we try to make it as democratic as possible, and that kind of links us into what's going on, on the ground, but every now and then we need to do a deeper dive, and we kind of dedicate that call to getting their feedback in, using that kind of steer the ship from the top.

Mental health lead, financial services

In order to be effective in the long-term, any strategies should avoid being seen simply as 'something nice to have', and overall, that wellbeing does not become a 'sign-posting' or 'tick-box exercise'. Empowering employees can be a solution here, by providing autonomy in decision-making and ensuring that interventions are inclusive of all voices. It is clearly important to show that the input and concerns raised have contributed to meaningful change[93]. In this way, employees may come to recognise themselves as one of the main actors in their own wellbeing and safety. Organizations are generally advised to ensure effective communications are in place, with staff able to voice their concerns (particularly around safety and health) and feel consulted when strategies to manage wellbeing and safety are developed and implemented. Doing so ensures that organizations meet their responsibilities around health and wellbeing through employee engagement, rather than framing mental health as a matter of individual responsibility. Nonetheless, measuring the outcomes of interventions continues to be problematic, and more work is needed to consider ways in which this may be addressed[94]. One interviewee describes this in terms of overcoming a dissociation between members of an organization brought about by pandemic working conditions:

"There's a disassociation of people with an organisation. There's disassociation and subsequent disengagement. So, people are working in silence more and more, you know, because if you're meeting people at work, you pick up on signals which people are missing. I've just done several calls over the last couple of hours where nobody put their camera on. Now, how disassociating is that when you're talking to a blank space in a world where people are used to interacting. We're all social beings, and it's very damaging… It's being able to, well, increase communication, increase the engagement, and different sorts of engagement. So, not just talking at people. Being able to come up with different ways of doing things online, you know, doing one to one sessions online is a way of dealing with it, but there isn't anything that's going to eventually beat the face-to-face engagement.

Director, business transformation specialist organisation

An example of the key considerations for a sustained approach to wellbeing arising from the pandemic is contained within a report by BITC (Business in the community)[95]. This identifies a number of actions which employers can take to transform wellbeing at work and suggests several ways business leaders may create an environment in which employees feel supported, including sustainable positive mental health outcomes. These include goals to:

- Achieve parity between the management of physical health and safety, and mental health and safety with an open and accountable culture.
- Enable employees to co-create their own 'good jobs' that are supported by managers and aligned with organizational practices and policies.

These goals are underpinned by the six standards of mental health at work commitments:

- Prioritise mental health in the workplace by developing and delivering a systematic programme of activity
- Proactively ensure that work design and organizational culture drive positive mental health outcomes
- Promote an open culture around mental health
- Increase organizational confidence and capability
- Provide mental health tools and support
- Increase transparency and accountability through internal and external reporting.

The report suggests a proactive approach, in that rather than continuing to deal with risks as they occur, organizations should utilise the focus on mental health granted during the COVID-19 outbreak to address the systemic causes of mental ill-health at work. This can be driven by primarily by focusing on prevention and creating working conditions that are 'good for wellbeing'.

A supportive culture is the basis for preventative measures around psychological wellbeing

The negative effects of workplace bullying and discrimination against women on psychological wellbeing are well established[96]. The HSE Management Standards approach to workplace stress deals with this under the management of relationships as a key area. But whilst Equity, Diversity and Inclusion (EDI) issues and the wellbeing agenda are typically both held by HRM professionals, the two areas are often considered separately. This is reinforced by a tendency within approaches such as Stress Management Training to focus on individual responses and coping strategies around workplace challenges rather than working conditions themselves[97], and by the use of outsourced Employee Assistance Programmes (EAPs) that stand outside of the organization. One interviewee remarks on drawbacks of using this form of outsourced expertise:

> *I think a lot of companies see that sort of thing as a nice to have, and/or a necessary evil. So, for example, EAP programmes, a lot of companies pay an absolute fortune for, which is great on the one hand, but the reality therefore is, it's like, well, so we don't need to change our culture, we don't need to change our attitude towards mental health and wellbeing, because guess what, we pay 2% of our annual budget towards EAP, so they should just fix it.*
>
> **CEO, psychological health and consultancy organisation**

The conversation around EDI issues and psychological wellbeing has shifted during the pandemic, with increased prominence of the term 'psychological safety'[98]. There has been focus on key workforce groups at risk of health, wellbeing and safety issues during COVID-19, such as those in the retail and healthcare industries, as well as ethnic minority groups[99]. With higher incidences of mental health conditions reported during the crisis[100], the discourse around wellbeing has become more oriented towards providing employee health and wellbeing support and protection[101], including stress prevention and 'psychological PPE'[102]. With a post-COVID economic crisis looming, financial wellbeing has also become a key topic of concern[103]. In this context, psychological safety can be viewed as enabling better understanding of the specific range of factors which may result in groups of employees being disadvantaged during the pandemic, and identifying appropriate measures to address these.

Employee psychological wellbeing during COVID-19: Perspectives on the role of gender from Germany

In a longitudinal study on 'employee psychological well-being during the COVID-19 pandemic in Germany' researchers proposed that the demands which stemmed from the pandemic (e.g., having to work from home, closing of schools and childcare facilities, uncertainty around job retention etc.) together with some 'personal- and job-related resources' (such as social and professional support networks, job security, and self-efficacy in regards to health) may interact in their effect on employee exhaustion[104]. This hypothesis was tested via a three-wave mixed sample of nearly 5000 of workers across Germany. The findings indicated the existence of a 'curvilinear effect of pandemic duration' on working women's exhaustion, with an unequal distribution of family and household duties present within the sample. The authors therefore suggest that, throughout the pandemic in Germany, women had fewer resources to deal with the psychological consequences of the pandemic. This resulted in resource losses being experienced to a stronger degree than that of men. Furthermore, the introduction and easing of lock-down measures was also found to have impacted exhaustion levels. In particular, it effected women who also had children, and were tasked with working from home (while childcare was still unavailable) disproportionately. Although partner support, together with work autonomy helped mitigated some effects, it was nonetheless found that, overall women's psychological health was more strongly affected by the pandemic than that of men, and it was therefore suggested that it would be beneficial for the focus of any interventions mitigating the psychological consequences of the COVID-19 pandemic to recognise the unequal impact on women.

Examining issues of psychological safety can include groups whose terms and conditions of employment have rendered them particularly vulnerable during the pandemic. In this sense, economic precarity has been compounded by a changing status which has placed these employees into the status of 'essential workers'. Here, one interviewee points to the ways in which some employee groups who became essential workers by default were not necessarily accorded the same benefits awarded to other groups (e.g. medical workers or teachers):

we still acknowledge that many people have not been as lucky as we have and they've had many challenges psychologically. I do think one group in particular – and this is a group that's been classified as an essential worker group but I think has not really been afforded the same benefit in that sense – is the frontline retail industry worker or hospitality worker. Those are the folks who have, particularly in the retail side, exposed themselves to a tremendous amount of risk and are chronically underserved I think in a way that we didn't recognise… Folks who working in the contracted temporary worker space or contingent workers in the start-up realm here, the Uber and Lyft drivers, the folks who deliver food on Door Dash. These are folks who are again putting themselves at tremendous levels of risk exposure compared to what they would've been and the types of risks that we were looking at were very different when we considered them.

Director, Public Service Organisation

In the transport industry, from the outset of the pandemic, unions prioritised both the physical safety and the mental health of workers. In the case of London buses, Unite had reported 'damning' observations from workers over the lack of support in implementing adequate safety measures. This was said to make workers feel employers were 'playing Russian roulette' with their lives[105]. Indeed, in the early phases of the pandemic, it had initially become the role of union reps in some sectors to act as both physical and mental health first aiders, and to playing a leading role in calling for safety measures that were eventually introduced by employers[106]. It is important that any gains in terms of addressing worker wellbeing and increasing a sense of psychological safety are preserved into the future, particularly given the sense of 'pandemic fatigue' that has arisen as workplace restrictions stretched over two years[107]. Taking the learning from the pandemic forward is especially important in sectors such as maritime where there is a tendency to default back to assumptions made about the resilience of employees based on a traditional conception of the kinds of attributes that seafarers hold as part of the nature of the work itself[108]: One interviewee summarises the issues in this sector well:

Some of the other industries are maybe better at having addressed this problem but the shipping industry is quite traditional, sometimes old fashioned, so there's a lot of hurdles that we have in making this a problem that everyone is aware of and that everyone proactively wants to take on… I think a lot of was because of the stigma, because people don't really want to talk about it. On the one hand ships are technically extremely advanced, they're constantly advancing in technical terms and there's lots of machines and technology, but there's also a huge, huge stigma attached to mental health because seafarers just have that kind of resilience. It's just expected of them to be out at sea for months on end, to have no need for nature or family or social interactions. It is a harsh lifestyle and it has been that way from 300, 400, 500 years ago. I think unfortunately that's still a big problem that we're facing today. People are expected to be strong, resilient, mostly men.

Senior Consultant, Mental Health Services

Building a supportive culture needs to be seen a long-term project, rather than as just a short-term response to the pandemic. In this sense, any scaling back of initiatives risks itself contributing to a diminished sense of psychological safety, as the following interviewee notes:

> *I found that those companies that typically didn't have the sort of culture of meaningfully supporting wellbeing, and I mean that in the physical way, and in the mental, so in the broader sense, they immediately took that budget away during lockdown because they were like, this is not needed anymore, and I found that there was a strong correlation between teams that were functional, and individuals that were functional, you know, like we're getting on very well. The toxicity increased dramatically, and there was very little focus on emotional and mental wellbeing. So, you could see that in lack of support for parental care. They are the ones where they said, yes, you're working from home, but we want you to be at your desk all the time…*

CEO, psychological health and consultancy organisation

Summary

- The pandemic has driven increased recognition of the impact of psychosocial factors on employee health and wellbeing, since pressures and changes around working patterns, job demands, and remote work have heightened this impact.

- While there has been more discourse on employers' responsibility to protect workers' mental as well as physical health, stigma remains an issue in workplaces.

- Approaches to wellbeing changed during the pandemic, with a greater focus on social relationships and acknowledgement of the need for a collaborative approach with employees.

- In line with the shift towards a longer-term view of the importance of employee wellbeing, there is evidence to suggest interventions that take a more sustained (and tailored) approach are more effective.

- There is more awareness of the need for organisations to create a supportive culture for wellbeing and embed preventative measures, such as providing training to help employees manage stress, and for any wellbeing gains during the pandemic to be preserved in the future.

4. Future directions for the wellbeing agenda

Predicting the future direction of the wellbeing agenda in relation to safety in the immediate aftermath of the COVID-19 pandemic is clearly difficult to do with a strong degree of certainty. Nevertheless, based on the views of key stakeholders and extrapolating from the diverse experiences of organizations across sectors, a number of key challenges do seem to be clear.

It is highly unlikely that there will be a complete return to the ways of thinking and approaches that shaped the agenda prior to the pandemic, thanks to the widespread changes in both the nature of working conditions across sectors, and the ways in which employee's understanding of their and others' psychological wellbeing has shifted. Moreover, the meaning of safety itself for many organizations has been subject to considerable revision, placing OSH professionals in a more central role. There has been significant work around improving and adapting the role of OSH professionals or 'job crafting' during the pandemic which mirrors the similar work around wellbeing initiatives undertaken by HR professionals[109]. This is likely to result in the need for new ways of joint and collaborative working around psychological wellbeing and safety across professional groups who are simultaneously redefining their own individual activities. One interviewee reflects on the challenges this will present:

"I think professionals need to keep driving the conversation, because that's one of the things we saw, that suddenly everybody in New Zealand knew about epidemiology. Everybody suddenly knew what PPE was, and it was kind of like we need to keep building this, guys, you know, we really do need to keep pushing this agenda, and I think it's something we're seeing from the professional groups in New Zealand. So, we're actually starting now to think a bit, well, how do you design Better Work. So, whether that's going to be job crafting, or whether that's going to be job design… So, it's teaching them, you know, this organisational development stuff too, which I think is really important. We don't expect them to be able to go and, you know, make a complete change in an organisation, but they've got to understand within each organisation there are different levers, the right people to talk to, and how they move forward in the roles they have."

Chair, Health and Safety Organisation

A commonly expressed view amongst the stakeholders we consulted was that reactive interventions, such as the kind of awareness-raising model associated with Mental Health First Aid, have reached something of a saturation point. Whilst the COVID-19 pandemic has apparently done little to shift the stigma around severe and enduring mental health conditions (and has, if anything, stretched the public services available in this area beyond their already fragile state), it has increased the visibility of psychological wellbeing as a legitimate concern for employers and employees. However, the increased prominence of 'wellbeing conversations' across sectors needs to be seen in the context of many sectors continuing to rely upon established strategies, including the use of outsourced third-party service providers.

The single most common message which runs through the mass of policies and guidance document issued during the pandemic is around the central importance of direct communication between employees and line managers. Strengthening this particular relationship within organizations appears to have been more significant in supporting employees than more general health and wellbeing promotional work.

The effects of the pandemic have been unequally experienced across sectors, with maritime perhaps being the most extreme case where the full range of pandemic-related factors interlocked – ranging from increased workload, problems around protective measures against COVID exposure, social isolation, job insecurity and significant impact on the work environment. Despite the presence of this range of challenges, the actual impact on psychological wellbeing appears to have been indirect and mediated strongly by psychosocial factors. Being confined to a ship that is unable to dock, for instance, is incredibly stressful for crew members, but the impact on wellbeing is typically driven by anxieties due to absence from families and interpersonal conflicts, rather than onboard conditions per se. Psychosocial factors are therefore central to the relationship between psychological wellbeing and safety, even under the most difficult physical working conditions, as the following interviewee describes in a striking anecdote:

We had a call on the helpline maybe two or three weeks ago from a first officer who was located on the vessel, and he was so frustrated because they were in Korea and he said, "I'm literally standing on the ship, we're in Korea, I'm from Korea, I can see the shore, that's where my family is and I cannot see them". And this has been going on for two months. It's almost like dangling a carrot in front of someone but they're not allowed to eat it. Terribly frustrating and I think that maybe some of us have gone into some kind of understanding now because of COVID, because all of us maybe weren't able to see our families but imagine that 100 times worse and then being on a ship, you can't go out in the forest, you can't go to the gym, you can't go out to a restaurant. Sometimes there's even limited international connection so you might not even be able to call your family over WhatsApp.

Senior Consultant, Mental Health Services

Many sectors have experienced significant changes in patterns of working during the pandemic, with the use of furlough schemes and remote working being amongst the most high-profile. The ongoing uncertainty around the shape of the emerging 'new normal' and the future conditions of work has already had demonstrable impacts on psychological wellbeing. For example, self-reported pressures to be present at work, even during periods of illness (i.e. 'presenteeism'), increased dramatically during the pandemic[110]. When this is coupled with increased levels of absenteeism due to COVID-19 infection and self-isolation requirements, the outcome is a reshaping of the ways in which employees make sense of health and wellbeing in relation to work. Recent research suggests that it may be necessary to rethink how presenteeism and absenteeism function in the context of a broader picture of increased withdrawal of workers from the labour market (the 'Great Resignation')[111]. The relationship between this new set of meanings around workplace wellbeing and safety climate will require detailed examination in the immediate future.

We propose the idea of 'Long Psychological COVID' as a shorthand for this shifting landscape around workplace wellbeing. In physical terms, 'Long COVID' refers to the as-yet-unknown long-term effects of coronavirus infection. 'Long Psychological COVID' refers to currently indeterminate long-term changes in how employees perceive wellbeing and safety in the wake of the pandemic, and the ways in which this may affect their plans around working life and employment. For example, the social isolation experienced through remote working may result in a strong desire to return to in-person working, or, on the contrary, if employees no longer see work as the primary source of social connection, it may lead to significant future difficulties around team- and community-building. Relatedly, those employers who are seen by employees as having violated the psychological contract by downsizing or restructuring during the pandemic may find it difficult to restore informal trust in the organization and its management, with corresponding impacts on safety climate.

Violations to psychological safety contracts are particularly important here. A perceived failure to have provided staff with appropriate protective equipment during the pandemic, or lapses in ensuring a COVID-safe working environment, are likely to have longer-term consequences. The idea of psychological safety can be re-interpreted here to refer to employee perceptions of the extent to which employers have managed potential psychosocial threats within the workplace. For instance, provision of inadequate personal protective equipment is likely to be experienced as a direct threat to physical safety, but at a psychosocial level it symbolically operates as a sign of lack of care on the part of the employer. The

majority of stakeholders we consulted pointed to this psychosocial aspect of wellbeing – the ways in which employees' mental health is impacted by the way they interpret the work they are contracted to do and their relationship to their employer.

Psychological safety, conceptualised in this particular way, points towards a potential expansion in how employees perceive threats to their wellbeing in the workplace. For example, in the retail, care and education sectors, safety at work during the pandemic has required employees to treat customers, clients and students as both requiring care and as representing potential sources of infection. Perceived failures on the part of employers and regulators to adequately manage these expanding threats may result in a changing dynamic around safety climate, where the boundaries of what employees consider as legitimate employer responsibilities may become more fluid. By the same token, the crew crisis within maritime and the dilemmas faced by care workers during the pandemic raise the question of how the requirement for continuity of operation within critical infrastructure and social welfare sectors clashes with the specific safety needs of employees. Safety is no longer a sole concern around the immediate demands of the work itself but may expand to include the physical and psychological cost of participating in the work of keeping others and the social and economic structure 'safe'.

The expansion in what constitutes safety may come to include issues that would traditionally be treated under the remit of 'values' on the part of employees and organizations. For example, EDI issues are clearly mandatory and essential for all employers, but not typically seen to touch upon the

work of OSH professionals. However, if psychosocial factors around gender, ethnicity, sexuality, age etc all shape how threats to wellbeing are perceived, then it would appear to be difficult to meaningfully maintain a separation between these two areas in many organizations. Similarly, if climate change continues to develop as one of the central existential challenges for younger generations of employees, then the sustainability agenda within many sectors must relate at numerous points to the wellbeing agenda. The shifting boundaries around safety set in motion by the pandemic may well lead to a whole series of intersections around wellbeing and other agendas owned by a range of professional groups. One interviewee points towards the kind of changing roles that this might involve:

The occupational health and safety profession has been on a journey for about the last two and a half years. This phrase that you've heard many times about we scream about safety and we whisper about health, that's been around for about three years as a buzzy catchphrase but it's really only in the last year that we have actually started to openly talk about my role as a leader, I was hired five and a half years go to stop major injury and major accidents and actually that role has really changed to say no, your role is also to look after wellbeing. You need to work with HR and that is pretty much the safety profession.

Director, Maritime professional services

At present, the key stakeholders responsible for the wellbeing agenda are HRM and OSH professionals. However, the approaches to psychological wellbeing and safety that were typically used prior to the pandemic did not necessarily provide a common language shared across these groups. Meanwhile, the expansion of the wellbeing agenda following the pandemic is likely to draw in even more stakeholders, not least line managers who have been often been the first point of call for dealing with employee wellbeing issues during the pandemic, despite often lacking expertise. This raises questions about whether a particular group needs to assert principal ownership of the agenda, or whether forms of shared ownership are possible. But this itself requires a terminology in which the differing concerns and professional frameworks of the relevant groups can be compared and discussed. Research and literature on multi-disciplinary and cross-professional working indicates that where such a language does not exist, it needs to be invented as part of the process of developing ways of working[112]. There are existing frameworks, such as the Change Laboratory method within Activity Theory, and methods within Communities of Practice approaches, which are specifically designed to help facilitate the development of common languages across professional groups[113]. In appendix 2, we provide a toolkit and an outline of how this might be implemented for building this kind of conversation around psychological wellbeing and safety.
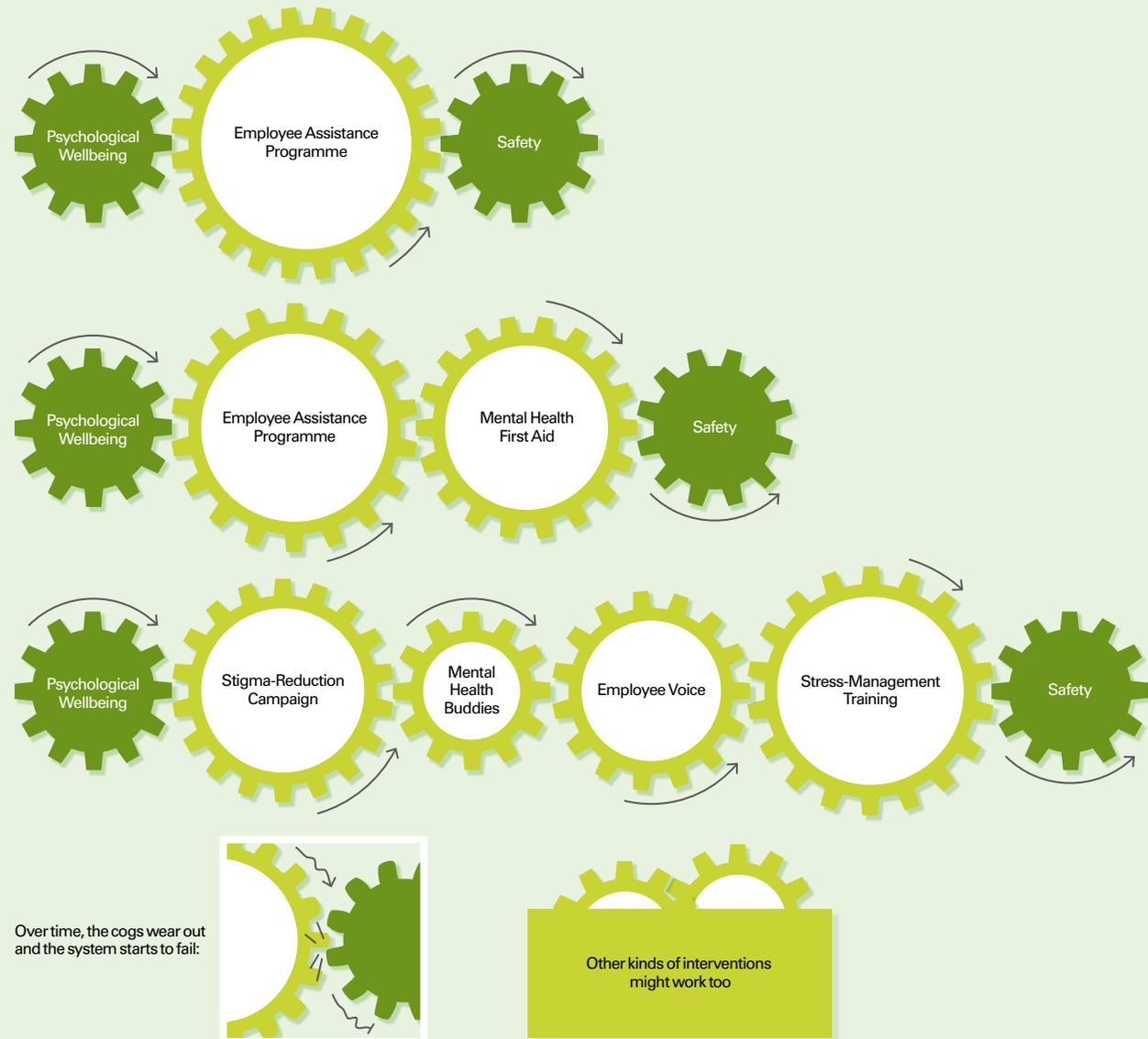
> *Meanwhile, the expansion of the wellbeing agenda following the pandemic is likely to draw in even more stakeholders, not least line managers who have been often been the first point of call for dealing with employee wellbeing issues during the pandemic, despite often lacking expertise.*

The toolkit describes a number of key terms which might be used as starting points for conversations between stakeholders. It outlines the background to each term, the key assumptions that are made in work using term and some of the possibilities and challenges of applying these in practice. Choosing different terms as starting points allows stakeholders to consider how different perspective and priorities may be developed by working through a particular common language. It may be that the limitations of using a specific term can be discovered, provoking stakeholders to consider what common language they may need to develop together to manage their shared and divergent concerns.

The future agenda around wellbeing will need to build upon the existing frameworks we have described in section 2. But these need to be considered as 'jumping off' points for cross-professional conversations, rather than as clearly mapping a direction of travel. Those conversations can build on the working assumption that simply developing awareness of mental health and wellbeing in organizations is no longer the primary concern. What seems to matter more is developing a shared sense of the ways in which mental health can be discussed within a given specific workplace context, and the diverse ways in which employees and employers might communicate perceived threats to wellbeing and the different forms of distress which they give rise to.

The current absence of a clear evidence base around 'what works' for psychological wellbeing and safety across a wide range of context should not detract from the broad range of knowledge that HRM, OSH and other professionals have built up within individual sectors. We suggest that the problem is not a lack of awareness around interventions, but rather that of how to bring together initiatives in a way that addresses specific issues and contexts within an organization and maintains momentum over time. In particular, overcoming the tendency for 'fatigue' around wellbeing initiatives to undermine their effectiveness appears to be critical. The following model outlines this challenge:

Gearing model

Psychological Wellbeing → Employee Assistance Programme → Safety

Psychological Wellbeing → Employee Assistance Programme → Mental Health First Aid → Safety

Psychological Wellbeing → Stigma-Reduction Campaign → Mental Health Buddies → Employee Voice → Stress-Management Training → Safety

Over time, the cogs wear out and the system starts to fail:

Other kinds of interventions might work too

In this model, the individual cogs represent different wellbeing initiatives. The size of each cog depicts the relative scale of the activity and the reach in terms of the organization. For example, the use of an Employee Assistance Programme by itself, or training Mental Health First Aiders, will provide broad coverage and will most likely incur significant cost implications. However, any given initiative is likely to be time-bound in terms of its efficacy and the benefits it delivers in the medium- and long-term. Moreover, the breadth of an initiative will inevitably mean that there are specific contexts and particular groups within the organization that are not as well served as others. This is depicted as the wearing out of the cogs over time, which will begin to fail to connect at key points. The alternative to implementing a single broad initiative is to consider a range of more focused interventions. These will then need to be calibrated with one another with regard to the overall context of the organization. As with the single intervention approach, each initiative is likely to have its own particular longevity, such that it will need to be replaced within the sequence.

The expansion of the wellbeing agenda in the future is likely to encounter a number of risks. One of the principal issues from an employee and line management perspective is that of wellbeing being treated as another target to be evaluated through an appraisal or similar mechanism. This would locate responsibility for wellbeing with the individual employee in ways that might be counter-productive. For example, it would encourage a 'check box' mentality, where taking steps to demonstrate that one has engaged with authorised wellbeing initiatives is prioritised over meaningful reflection on the relationship between workplace conditions and mental health. This might lead to an undermining of employee voice overall.

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From an employer perspective, a key challenge is around collecting data that provides sufficient insight into psychological wellbeing and safety to identify key areas of concern. Pulse surveys and similar techniques may be limited by the reticence of employees to signal that they are experiencing difficulties, and by a failure to use language that engages with employees' own understandings of psychological wellbeing. The pivotal role of line managers as holding knowledge around the organizational contexts is central here.

Finally, there may be a risk in knowing how to contain the wellbeing agenda. If wellbeing does increasingly appear to be related to the sustainability and EDI agendas, then it may prove difficult to conceptualise the specific ways in which to think through the issues that arise, and to communicate between the expanding range of stakeholders who may be involved. Terms like psychological safety may be useful in developing the conversations which are required, but they might also be best seen as points of departure rather than as the ultimate goal to be reached.

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Appendices: Appendix 1.
Maturity Framework

Dimension	Basic Level	Mid-Level	Top Level	Factors to include
Physical	Established protocols for worker health and safety e.g. safe working conditions; occupational risk assessments are carried out regularly; physical workplace environment ensures health and safety	Understanding of the links between physical and psychological health and safety	Total worker health? Two-way psych/physical health approach. Data on health & safety risks is used to make evidence-based decisions	Risk management; working environment
Psychological	Baseline policies to protect psychological wellbeing e.g. anti-harassment, stress prevention	Shared climate of psychological safety; employees' psychological capital (positive motivational state) is developed through training, education and leadership interventions	Employees are provided with the tools to build strong resilience and have an active voice in the organisation that is heard	Stress;
Leadership	Trust-based leadership	Strong LMX; leaders act as coach or mentor	Transformational leadership style (includes idealised influence, inspirational motivation, intellectual stimulation, individualised consideration)	Styles, behaviour, support
Strategy	Set of wellbeing initiatives is in place	Standalone wellbeing strategy	Wellbeing strategy is embedded across the whole organisation	

Dimension	Basic Level	Mid-Level	Top Level	Factors to include
Communication	Top management provides wellbeing and safety information to all staff (about the org's policies, procedures and practices); supervisors provide employees with relevant safety information about their job	Supervisors are highly visible; feedback loops are in place; employees feel comfortable discussing wellbeing and safety issues in the workplace	Employees actively raise concerns about wellbeing and safety issues, and contribute suggestions for improvements to workplace wellbeing and safety; managers explain organisational decisions to help provide certainty about potential change	Safety communication; supervisory communication; communication-focused interventions; top-down and bottom-up communication; communication between employees
Stakeholders/ Ownership	Responsibility for wellbeing sits within one individual/team/ department (e.g. Occupational Health)		Responsibility for wellbeing is shared across the whole organisation and employees understand their role as active participants within that	
Culture	Employees have a shared perception of organisation's safety policies, procedures and practices	Strong safety climate; co-workers provide support to one another; organisational values reflect commitment to health and wellbeing	Inclusive culture	Support and behaviour of others; inclusion; values
Workplace relationships	Interpersonal conflict, in particular bullying and harassment, is managed and resolved	Employees have strong working relationships with colleagues, supervisors and management; regular team-building exercises	Strong team cohesion	
Line management	Supervisors are equipped with capabilities to support staff	Supervisors regularly check-in and communicate with their team members to ensure wellbeing	Supervisors constantly monitor staff wellbeing; understand how to spot signs of risk and what action to take	Behaviour

Dimension	Basic Level	Mid-Level	Top Level	Factors to include
Psychosocial/ structural factors (how work is organised)	Working arrangements and job design reduce stress and promote sufficient rest; workers are empowered to complete tasks without compromising safety; fair and reasonable compensation and benefits package is provided; communication services are provided to enable communications between workers and their social support network	Organisation proactively combats discrimination and stigma; flexible work arrangements are provided; job autonomy; work overloads are actively reduced	Jobs are designed to promote work-life balance and equality; job security is promoted through clear career paths	JD-R; sleep; time management; WLB; autonomy; workload; top priority: supportive work environment Job design, feedback, training, recruitment, compensation, performance evaluation, career development (Yuen, Loh, Zhou, & Wong, 2018)
Interventions	Safety interventions e.g. Protective equipment and training on how to use it; team-building exercises		Holistic interventions; tailored to workforce groups; employees participate in whole process from design to implementation; interventions are clearly framed	
Technology/ Measurement	Fatigue levels are monitored; technological improvements aid in reduction of workplace incidents and accidents		Technology is embedded to monitor wellbeing and drive continuous improvement	

Appendices: Appendix 2.
Key concepts toolkit – safety, mental health and wellbeing in the workplace

The COVID-19 pandemic has brought conversations around mental health and wellbeing to the fore in many sectors. Yet, there is still considerable disagreement on what key terms mean and how to establish focus on the most relevant aspects of wellbeing. Knowing what language to use to initiate the right kinds of conversations between multiple stakeholders is critical to addressing psychological wellbeing and safety.

The present document provides a toolkit for companies interested in understanding and addressing their employees' mental health. In particular, the document defines a variety of terms related to physical and mental health, wellbeing and safety, and presents how they can best be addressed, and by whom. By doing so, the document provides a practical guide based on academic literature to help addressing mental health and safety in the workplace.

From this literature, it is clear that *health* and *being healthy* are conceptualised very differently in different streams of literature and by different practitioners, going from the absence of handicap, disorder or illness (e.g., in mental hygiene and wellness), to being about feeling good with one's health and life (e.g., in wellbeing).

> *From this literature, it is clear that* health *and* being healthy *are conceptualised very differently in different streams of literature and by different practitioners*

When discussing safety, wellbeing and/or mental health, it is essential to highlight what is meant by 'health'. Since health is the outcome sought, it is important to specify which type of health is being targeted: physical, mental, economic (especially in corporate settings) or else? And how does such health relate to the safety of individuals, groups, and organisations in general? Only then will it be possible to (1) decide which concept is more adequate and so adapt the language and discourses accordingly and (2) which practices need to be put in place and by whom.

Concept	Definition	Historical overview	Main themes, keys ideas	Best practices
Mental hygiene[114] Originally from the psychiatry and disability literature. Now found in the more general health and health care literature	Mental hygiene is about maintaining mental health, i.e., it is about *measures* that preserve and promote mental health. Mental health in this case is understood as the lack of mental disorders (e.g., psychosis, neurosis, anxiety, depression). Mental hygiene is thus about measures preventing the development of mental disorders and mental illness. Mental hygiene is considered as a condition of the *individual*, in relation to their social and environmental contexts.	The term has been used since the 19th century, but really became a movement in the early 20th century. It was originally developed in the context of mental deficiency and mental 'handicap' for the development of appropriate structures and support for people in psychiatric asylums. Then the movement focused also on prevention and treatment of mental problems in the name of public interest and new health measures. Especially after WW1, it became part of a wider movement of psychologization of society. Yet, after WW2, the concept mostly lost its momentum.	The mental hygiene movement approached mental health in terms of: **(1) emotionality** • Mentally healthy people were considered as people who understand and manage their emotions, reflecting a rational mind • The emotional lives of people defined as 'mentally deficient' were considered 'primitive', simple, and largely instinctive • Attention was paid to family relationships as the place where the rational and civilised adult emerges and becomes mentally 'adjusted' **(2) intellect** • Intellect remained central • Beneath a certain level, emotions and relationships in the home were valueless, as intellect overruled them • People deemed deficient intellectually were considered incapable of developing adequate emotional maturity • Intellectual 'deficiency' was used to dismiss the relevance of emotional life and experience	Concept used mostly as a clinical term in psychiatry and psychology. **Examples of good practices:** • Going beyond physical hygiene, namely individual, emotional support (rather than group support) • Building strong relationships, family-like relationships **Individual mental hygiene practices to support wellbeing (and ultimately assist in preventing mental health issues):** • Meditation • Positive psychological intervention • Cognitive-behavioural therapy exercises • Positive journaling • Nature exposure • Pro-social prayers • Physical exercise • Counselling

Concept	Definition	Historical overview	Main themes, keys ideas	Best practices
Wellbeing[115] Wellbeing and wellness are often used interchangeably, and while they are complementary, they still differ from each other. Concept mostly found in the psychology and organisational literature.	Wellbeing is about *positivity* and adopts a holistic approach to health that includes the body and the mind. There is no consensus around a single definition, but wellbeing focuses on different kinds of health, through health protection and health promotion. Wellbeing suggests that people with mental or physical disorders or handicap can still have high level of wellbeing by feeling positive and good about their lives. Wellbeing is an umbrella concept that encompasses wellness.	Wellbeing (understood as what constitutes 'the good life') can be traced back to philosophers of the Ancient Greece, and went through different conceptualisations from medieval religious thinking, the rise of science during the Enlightenment, to more recent approaches namely from sociologists, philosophers, and psychologists. The 20th century saw the maturation of wellbeing in the fields of psychology and economics, with recent attention being paid to its measurement.	Wellbeing approaches health from a holistic approach and focuses on: **(1) positivity** • Feeling good, flourishing • Positive emotions, positive state of mind • Feeling complete **(2) different types of wellbeing** • Physical • Mental • Emotional • Psychological • Economic, financial • Social	**Good practices:** • Address employees' basic needs • Going beyond physical health; considering emotional and mental health • Develop a workplace culture around health and an environment of wellbeing (e.g., places and availability to seek help) • Health strategy needs to be in line with the rest of the company strategy (health embedded within the workplace culture) • Address the barriers (e.g., stigma) and consider long-term changes to implement **Corporate measures to enhance workers' health and organisational performance:** • Improved pay • Employment security • Effective voice

Concept	Definition	Historical overview	Main themes, keys ideas	Best practices
Wellness[116] Mostly from the organisational literature	Wellness is about *health promotion*, understood as the absence of illness. Wellness mostly focuses on the physical aspect of health and so relates to the notion of *fitness*. The common message is one of being, or becoming more 'well' and, by implication, fitter, happier, and more productive. Notion of *corporate wellness*: about avoiding economic illness and attaining financial performance through the intensification of wellness measures (aligning workers health with economic objectives)	Wellness practices (in the sense of recreational activities) in the workplace have been present for the last 200 years, especially from the 19th century industrial capitalist boom, to keep employees away from alcohol and drug consumption. From the 1970s though there was a clear focus and intensification on keeping employees fit and healthy with the objective of productivity gains. From the 1980s, wellness programs increased further and included improvement of employees' lifestyle behaviours (i.e., also beyond the workplace), again in the name of productivity gains and to minimize healthcare costs.	Wellness approaches health in terms of the absence of illness and disorder, especially physical. It is about constructing a *productive subject through fitness and a working body*. **Limitation of wellness approach:** • Stigmatisation of the unfit, unhealthy, and those with disabilities; elitist and discriminatory • One size does not fit all: wellness initiatives are here to enhance productivity but not all employees are receptive or positive receivers of such measures • Questionable whether wellness leads to fitter, happier and more productive employees as by pushing for fitness, wellness can reduce employees' wellbeing and increase both employee and corporate illness (known as wellness antagonism) • Individualisation of wellness obscures the role of workplace context and managerial agency	**Wellness good practices:** • Adequate health and safety measures • Reduction of smoking and drinking • Promotion of healthy eating habits • Promotion of exercise Wellness practices are mostly related to physical health.

Concept	Definition	Historical overview	Main themes, keys ideas	Best practices
Safety climate[117] Safety climate and safety culture are often used interchangeably but still differ from each other. Originally developed in the psychology literature by Zohar (1980), the concept is now also found in the safety literature.	Safety climate refers to employees' *perceptions* about the relative importance of safe conduct in their occupational behaviour (Zohar 1980) and includes perception of their organization's policies, procedures, and practices related to safety. It is about employees' perceptions of the way in which the organization manages and prioritizes safety compared with other competing priorities such as profits and production costs. Safety climate is still largely related to physical safety. Safety climate is a facet of the overall organisation climate. Safety climate is a snapshot at a particular moment in time of safety culture.	The concept of safety climate was put to the forefront mostly since Zohar's article (1980). Since then, it has been researched at different levels of analysis and conceptualised through different types.	Safety climate has been addressed through different perspectives and authors now talk about different kinds of safety climate: **(1) Psychological vs. group safety climate** • psychological SC relates to *individual* perception of measures in place • group SC relates to *shared* perception of measures in place within a group or an organisation Safety climate can be a matter of the individual, group, or organisation. Different measurements are thus possible, depending on what is sought after. **(2) Physical vs. psychosocial safety climate** • physical SC relates to physical safety, as developed by Zohar (1980) • psychosocial SC relates to psychological health and safety, sometimes related to wellbeing. It includes the support provided to employees	Concept used by health and safety practitioners mostly. Literature encourages senior managers to adopt the concept as well. **Best practices to support employees:** • senior management is supportive and committed to safety • safety is part of management priority • organisation communicates about safety • organisation participates and is involved in safety Employees would then be more likely to report errors and accidents. Organisations would then be able to measure and address accidents.

Concept	Definition	Historical overview	Main themes, keys ideas	Best practices
Safety culture[118] Mostly in the safety literature.	A lot of confusion about the term, no accepted definition: very broad, many definitions, questionable scientific utility. Very often research on safety culture reflects safety climate instead. Safety culture is here understood as a shared set of safety-related *attitudes, behaviours, values,* and ingrained assumptions that orient organisational action pertaining to safety. It is about individual, job and organisational features that affect and influence health and safety, and how people think and behave in relation to safety. Safety culture is built over time. It is a facet of the overall corporate culture.	Safety culture first appeared in the late 1980s in the context of the Chernobyl disaster. The term was used to describe the failures at the company level towards safety that were to be blamed for the tragedy. The concept grew throughout the 1990s and is now part of the workplace safety vocabulary, both by academics and practitioners.	Safety culture can focus on different aspects: **(1) personal, individual aspects** • Values • Beliefs • Attitudes **(2) behavioural aspects** • Competencies • Pattern of behaviour **(3) situational aspects** • Organisational systems and sub-systems As such, safety culture can be examined at the individual, group, or organisational level, as well as a combination of all three levels. Safety culture is built over time and so is best reflected in employees' efforts to improve safety. Safety culture is still mostly about physical safety.	**Creation of a safety culture:** • Ensuring that safety issues receive adequate attention (e.g., goal to reduce accidents and injuries) • Ensuring that organisational members share the same ideas and beliefs about risks, accidents, and ill-health • Increasing people's commitment to safety • Determining the style and proficiency of an organisation's health and safety programmes **Good practices from employees:** • Space to confront others about unsafe acts • Degree to which members can report unsafe conditions • Speed with which members implement actions • Degree to which members give priority to safety (over other aspects, such as production) Safety culture is about a *degree of effort* towards safety

Concept	Definition	Historical overview	Main themes, keys ideas	Best practices
Psychological safety[119] Came from the organisational literature, now found in both organisational and safety literature. Occasionally in the leadership literature.	Psychological safety relates to shared belief among employees that it is safe to engage in interpersonal risk taking. Psychological safety goes beyond trust and is characterised by mutual respect, *feeling of being secure about exposing problems*. Psychological safety is about candour. The concept is used at the individual and group levels and reflects the overall work climate of an organisation.	While the concept was originally developed in the 1960s, it became prominent through the work of Edmondson (1999) in the context of health care workers. The term was prominent in the 2010s and is now extended to a variety of context.	Psychological safety evolves around the notions of respect, trust and being interested in others. It is about employee engagement and feeling safe enough to ask questions (*learn*), raise issues (*contribute*) and ultimately *innovate* within a team and an organisation. The concept relates to topics like employee voice, employee engagement but also constructive feedback and leader-member exchange. Research have shown that psychological safety improves: • Leadership • Innovation • Performance	Psychological safety can be improved by HR practitioners, managers, and leaders **Behavioural:** leaders showing their mistakes **Structural:** setting meetings to give and receive feedback **Practical recommendations:** • develop space for employee voice • invite engagement and respond productively (to invite further engagement) • replace blame with curiosity • approach conflict as a chance for collaboration • measure psychological safety regularly

Concept	Definition	Historical overview	Main themes, keys ideas	Best practices
Workplace Health Promotion (WHP) **Health Promotion Programme**[120]	Workplace health programs focus on the promotion of healthy lifestyle and involves 'the process of enabling employees to increase control over their health and its determinants' (WHO, 2005). Hence, WHP concerns employees' abilities of self-controlling their lifestyles. Furthermore, 'self-control' is not only seen as an instrument that leads to health; it is seen as an expression of health (…) All other things equal, the self-controlling individual is seen to be healthier than the individual that lacks self-control (Maravelias, 2018, p.337).	Born out of the healthism movement (1960s) – namely medicalisation of the everyday life, but also individuals going from being passive patients to active actors of their own health. About holistic health and self-care but also about the value of hard work. Healthism potentially justifies stigma (of those you cannot be/become healthy) and decreased social support of the ill.	Promotes *health through self-control* and finding the balance between work and private life (for which individuals are responsible). Healthy lifestyle includes healthy diet, physical exercise, avoiding risk. Employees' situation at work should be approached holistically (incl. personal lifestyle, beyond workplace). **Limitations:** • unobstructive form of control • no more work/life barriers • discriminatory towards people who do not achieve a 'healthy lifestyle'; can victimise people with unhealthy status • Health programmes not directed towards those who are ill or injured but towards those who are not suffering and who are seen to have the potential to improve themselves • Tend to personalise health issues, ignoring occupational and organisational factors (i.e. employees more responsible; employers less responsible)	Programmes characterised by a *'lifestyle' approach to management*: • Family-like relationships and atmosphere at work • Employees encouraged to be 'plain and true', to be themselves **Main actors:** • HR manager • Health professionals (often independent), such as therapists, psychologists, health pedagogues Because health promotion programmes mostly focus on 'core employees', the issues to solve often revolve around stress and burnout (seen as a failure to maintain work life balance) **Ethical good practice:** • Employees should be free to volunteer in wellness programs (free will), without any form of incentive • Provide multiple alternative options rather than 1 single programme • Option to opt out of the programme • Involve employee in the development of the programme (rather than employer only, too paternalistic approach)

Methodology: Literature review

The literature review was split into two phases between the research team and building on an evidence base which consisting of relevant material drawn from a previous REA with a wider focus (Brown et al., 2020). Phase involved a scoping study which covered a wide search of materials relating to psychological wellbeing and safety with a primary focus on peer reviewed articles.

1. Snowballing based on the references in Yaris et al 2020 and reports for references on psychological and physical safety models

2. Scoping on Scopus and PubMed for the following terms:

   - seafarers + COVID
   - psychological wellbeing + safety
   - workplace stress + safety
   - safety + model + psychology (excluding patient safety as safety should be related to workers) since 2016

3. Additional articles sent by practitioner and academic leads.

Total work read (does not cover all the papers found online following the above criteria):

- 115 articles
- 5 book chapters
- 9 reports

Initial literature focused on papers with a model / diagram on psychological and/or physical safety. Further literature focused on critical perspective. Move from 'safety' to more 'health' literature.

This was then supplemented with a short rapid search (REA) of the grey literature, including project reports, industry/policy papers, event publications and online media articles. The long list of sources was prioritised according to the following criteria:

Critical Appraisal:

Cat A	Cat B	Cat C	Cat D
Academic/ lead reports	Case study	Other industry reports	Opinion pieces
Cross sectional	Small scale/ snapshot	Guide documents	Media/blog entries
In depth/ longitudinal	Conference paper	Works in progress	Thesis

The REA then proceeded via repetitive refining of search terms, logging the procedure at each step. A concept table was then created (see below), with evaluation and appraisal of the material guided by AACODS (REF). Authority – Who is the author/source; Accuracy – Are the facts/figures, dates cited, and quality of evidence reliable and valid; Coverage – what are the parameters/are the limits clearly defined; Objectivity – Is there bias; Date – How up to date is the information; Significance – applying a value judgement based on what the material can give to the research). As per the critical appraisal criteria, Cat A consisted of mostly academic or institution lead reports with rigor (cross sectional, in depth, and other such material) Cat B (consisted of case study, small scale, snapshot, conference papers etc.) Cat C (material that may be either outdated or open to bias such as certain industry reports and safety guides) Cat D (less substantiated sources – opinion pieces, media/blog entries and so on).

Search terms

Free text terms – An initial concept table was established (see below). This was then refined as the primary search progressed.

Bridging Terms	Concept 1	Concept 2	Concept 3
Impact of COVID 19/or COVID-19/or COVID/or the COVID Pandemic/ or the Pandemic *on*	Psychological/ mental wellbeing/well-being/wellness	Safety in the workplace	Maritime/ maritime industry
COVID 19/or COVID-19/or COVID/or the COVID Pandemic/ or the Pandemic *and*	Mental health	Occupational health	Seafarers/ mariners
COVID-19 and Repatriation	Psychosocial factors	Worker safety	Cargo/passenger Ships/shipping
	Stress/stress factors	Accidents at work	Fishing industry
	Anxiety	Occupational safety and health (OSH)	Ferry industry
	Mental strain	Safety risks	Docks/ports/port workers
	Job fatigue	Safety conditions	Oil rigs
	Stressors/stress factors		Rig workers
	WRS (Work Related Stress)		crew change
COVID* or pandemic	Psychological or mental	Wellbeing or well-being or well being or wellness or health	Remote work or virtual work or telework or work from home

"NTU Onesearch Pro – which includes ProQuest Central, ABI/ INFORM Trade & Industry, Sociology Database"

Work context filter: 'work*' or 'organi*' or 'compa*' or 'employ*'

Exclusions: Whilst a grey material search includes most material types relevant to the topic, considerations were made to ensure standards were maintained. For example – material outside of the last 10 years were deemed outdated. However, it should be noted that any pieces which thought to be seminal works and those which could bring added value to the research (but did not meet/fit within the criteria) were still put forward for consideration in a separate table within the matrix.

Additional limitations include only English language material. Decisions were made to restrict searches to English language text for pragmatic purposes and for reasons pertaining to the possibilities of making meaningful comparisons between the pieces reviewed.

The search was spread across the following search engines, platforms and databases:

- Google Scholar
- NTU Onesearch pro
- Wiley Online
- JSTOR
- EBSCO – which includes Business Source Corporate Plus, the Directory of Open Access Journals, ETHoS, and the British Library's electronic thesis database

The primary search drew on combination clusters from the concept table and explored until the a point at which no further relevant material was forthcoming.

Search dates: The search was conducted between the 18th March 2021 and the 14th July 2021

The search terms and subsequent hit counts yielded are as follows:

1.1 "The impact of COVID-19 on psychological wellbeing in occupational context"

- NTU Onesearch pro – 870
- Wiley Online – 54
- JSTOR – 18

1.2 "The impact of COVID-19 on psychological wellbeing in occupational context at sea"

- NTU Onesearch pro – 101
- Wiley Online – 9
- JSTOR -5

1.3 "COVID-19 affect maritime+psychological wellbeing"

- NTU Onesearch pro – 142
- Wiley Online – 9
- JSTOR – 4

1.4 "COVID-19+Psychological wellbeing+accidents at work+shipping industry"

- NTU Onesearch pro – 16,863
- Wiley Online – 10
- JSTOR – 3

1.5 "COVID-19 and the impact on wellbeing and accidents at work"

- NTU Onesearch pro
- Wiley Online
- JSTOR

1.6 (psychological or mental) AND (wellbeing or well-being or well being or wellness or health) AND (covid* or pandemic) AND (remote work or virtual work or telework or work from home)

- EBSCO – 2,156

1.7 (psychological or mental) AND (wellbeing or well-being or well being or wellness or health) AND (occupational health or safety) AND oil

- EBSCO – 698

1.8 psychological or mental) AND (wellbeing or well-being or well being or wellness or health) AND (occupational health or safety) AND fishing industry

- EBSCO – 213,785

1.9 (stress or burnout or anxiety or emotional exhaustion or psychological stress) AND accidents AND work*

- EBSCO – 1,078

Footnotes

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