

The International Journal of Human Resource Management

An HR Perspective on the OSKAR Coaching Framework, and the Forward-Oriented Solution Approach: The Example of CBT, and Sporting Recovery Activity Sessions

Submission ID	248097859
Article Type	Research Paper
Keywords	HRM, stages of change, solution-focused coaching, cognitive behavioural therapies, wellbeing
Authors	Alfred Anate Mayaki

For any queries please contact:

RIJH-peerreview@journals.tandf.co.uk

Note for Reviewers:

To submit your review please visit <https://mc.manuscriptcentral.com/RIJH>

Research Article

An HR Perspective on the OSKAR Coaching Framework, and the Forward-Oriented Solution Approach: The Example of CBT, and Sporting Recovery Activity Sessions

Mayaki, Alfred A.¹

¹**Institution:** Open University Business School, The Open University, United Kingdom

Correspondence Address: Walton Hall, Milton Keynes, MK7 6AA

Email: alfred.mayaki@ou.ac.uk

Office: +44 (0) 203 745 5372

Created 30 May 2024

Published 6 June 2024

Abstract

Sporting Recovery is a UK-based community-focused not-for-profit organization, operating across London, that delivers physical exercise programs aimed at mental recovery and rehabilitation in local settings. This paper presents findings that talking therapies, such as Cognitive Behavioural Therapy (CBT) and Rational Emotive Behavioural Therapy (REBT), when offered to NHS clients diagnosed with symptoms of an acute or severe mental health condition, are highly effective. The paper analyses the program structure through the author's neopluralist perspective on human resource management. It highlights two key findings through the work of Sporting Recovery and similar service providers. Firstly, it establishes that action links the coached physical exercise experience of employee assistance programs (EAPs) to action-oriented sporting therapies. Secondly, the paper enhances the fundamental premise of both the transtheoretical model and the forward-oriented solution approach. In contrast to traditional CBT methods of recovery, it emphasizes actionable objectives to "put things right" within a "collaborative environment" (Passmore and Sinclair, 2000).

Keywords: HRM, stages of change, solution-focused coaching, wellbeing, cognitive behavioural therapies

Introduction

According to Kinman and Grant (2021), there is an estimated cost of approximately £4,000 per UK employee lost due to time spent at work while being clinically unfit to work (Patel et al., 2023). Research by Gilead and Frank (2016) in the United States also shows that the number of Medicaid users, specifically for mental health treatment and care, has more than doubled from 30% in 1960 to over 70% more recently. This increase followed legislative acts of Congress that made treatment more widely available to the public. The aforementioned article finds that *rules-based* incentives continue to be a feature of the mental health system in the United States (2016:551), noting that policy developments since 1960 have led to the widespread availability of

behavioural health independent service provider (ISP) programs (Grazier and Eselius, 1999). These programs involve private sector insurance payers delegating specific mental health services to subcontracted third parties (Donohue and Frank, 2000). In the United Kingdom, Sporting Recovery is one of several tertiary organizations that offer selected non-emergency specialist mental health services, such as sports-related activities and, depending on suitability, a newer treatment called REBT (O'Connor, 2017), to those referred by NHS practitioners.

To this end, the author presents the findings of a partial systematic review, critically evaluating: 1) the observed trade-offs and uniformities between affirmative action (which predicates the penultimate stage of the transtheoretical model) and the solution-focused model of coaching, respectively; and

2) the health consumption effects on workers at risk, as measured by conceptual observations made to Employee Assistance Programs (EAPs). This paper addresses a pronounced gap in 'health and motivation' research, highlighted by Karanika-Murray and Biron (2020:250).

Furthermore, the article assesses the premise of trade-offs and uniformities, which while exogenous and distinct, are also previously noted in literature concerning the behavior of rational agents when faced with decisions regarding presenteeism (Karanika-Murray and Cooper, 2018). By applying these assessments to evidence on the value of health and wellbeing in HR practice, as per the seminal work of Fox, Park, and Lang (2007)—who examined a subject that intersects presenteeism, mental health, and HR, namely secondary task reaction times (STRTs), within the realms of psychology and communications—this paper can assert with a reasonable degree of certainty that the incentives of employee assistance programs and the consultative structure of independent service providers (ISPs) warrant a broader re-evaluation, particularly concerning client engagement. The author also revisits the findings of a study on the workplace environment and STRTs (Sewell, Santhosh, and O'Sullivan, 2020). Crucially, in response, the article proposes that further research be conducted based on a null hypothesis of no significant correlation between low STRTs and a form of presenteeism termed therapeutic presence (Krogh, Langer, and Schmidt, 2019).

Evaluating 'Dysfunctional' Presenteeism alongside Secondary Task Reaction Times (STRTs)

Dysfunctional presenteeism, which occurs when employees work while medically unfit, varies in its reasons and contexts. It is a phenomenon not well understood by scholars, especially in the realm of flexible or remote work environments, as noted by Bryan, Bryce, and Roberts (2022), and Henderson and Smith (2022). HRM experts recognize that such presenteeism often involves 'surface acting', as discussed by Correia Leal and colleagues (2023), and Patel and others (2023:842). Surveys suggest that UK workers may spend up to two weeks each year working while sick, leading to considerable productivity losses. The role of Secondary Task Reaction Times (STRTs) is hypothesized to be a critical indicator of presenteeism risk. The literature suggests that defining primary and secondary tasks within the STRT framework is essential. While cognitive load research has traditionally focused on secondary task responses, as per Lang and colleagues (2006) and Sewell, Santhosh, and O'Sullivan (2020:1133), the importance of STRTs in measuring cognitive load is substantial, supported by Lang *et al.* (2006:370). This discussion will segue into the implications for a worker utility model under job uncertainty, as proposed by Bozer and Delegach (2019). Here, Employee Assistance Programs

(EAPs) are viewed as healthcare consumption, and the average worker's behavior is considered economically rational. The circular flow model illustrates how workers weigh income against leisure, showcasing their economic freedom. However, this model's principles are often overlooked in HRM research concerning healthcare choices for employees, especially in contexts where presenteeism is discouraged, despite its potential insights into employee behavior and well-being.

The author therefore develops a new explanatory model, where the average worker's lifetime utility from healthcare consumption is assumed to be non-negative and constant. The higher this variable becomes the lower firm productivity converges to. Similarly, to produce upward shifts in motivation and wellbeing, this variable must remain at the very least, strictly positive. In discrete time, workers may choose either to earn a contractual wage, or abstain from employment intermittently at given intervals, until a future point in time at a discretionary cost to the employer. In-line with Bryan, Bryce and Roberts (2022), this article formulates the view that firms operate with incomplete information and workers are encouraged to disengage in work-related absence and have strict preferences to avoid returning to work whilst being unwell.

1. *How the Community Rehabilitation model aligns with Exercise Coaching and Wellbeing in HRM*

The objective of community programs such as Sporting Recovery is indeed quite complex and multifaceted. What occurs in an activity session is typically a high degree of interactive coaching across a variety of activities. Academic research has gone to great lengths to highlight that physical exercise is a valuable form of therapeutic rehabilitation (Spencer and Adams, 2006). Consequently, the author concurs with the conclusion that coaching can enhance this relationship. This subsection aims to connect the psychology of rehabilitation with coaching targets and outcomes. The psychological discipline model of Di Clemente and Prochaska (1983), also known as the transtheoretical model of behavioral change, integrates with the prominent coaching model of McKergow and Jackson (2002), also known as the OSKAR model of coaching, to produce an outcome referred to as graded activity. This comparison further illuminates the value of the solution-focused approach (Passmore and Sinclair, 2000). Action therefore becomes the intersection (Kinman and Clements, 2023), which reinforces the notion that constructive actions, which supplement exercise, can indeed be a beneficial adjunct to recovery. Defining these actions is a central purpose of this HRM perspective.

To successfully augment the transtheoretical perspective, a focus on a prevalent action framework known as OSKAR is

required. The central model provision found in OSKAR is akin to that found in other similar frameworks (e.g. GROW or STRIDE) and is attributable to what this article shall refer to as 'progressive action' theories. These are multi-stage models that intersect where action is choreographed to progress the client's itinerary. A graded activity is seen as penultimate to most specified models of this nature and is particularly important to community wellbeing, rather than the wellbeing in a corporate environment (Deans et al., 2006). For example, Passmore and Sinclair (2000) establish that a model of therapy can influence the generation of action steps built specifically on a form of progressive action, a transtheoretical, and a solution-focused framework.

Figure 1: The OSKAR Model of McKergow & Jackson (2002)

Component	What Is Described ?
O – Outcome	Objective and Target
S – Scaling	Current Scenarios Mapping 0-10 (n)
K – Know How	Assessment of Capabilities
A – Action	Success and Future Scenarios (n+1)
R – Review	Changes to Target

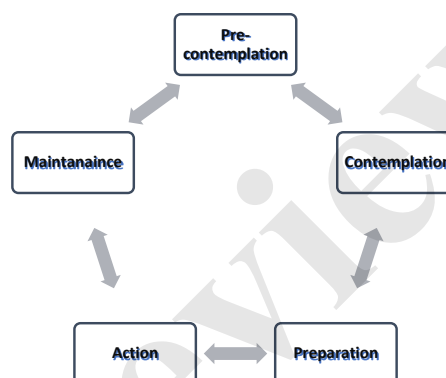
2. How the Sporting Recovery Community Rehabilitation model can operate more efficiently

From a human resources perspective, we can garner valuable insights from existing models of community rehabilitation to enhance the delivery of EAP services. Specifically, the manner in which effective ISP programs are organized and managed externally, and how long-term participation is encouraged among clients. This paper also encourages research on similar comparative programs on an international scale. In-work coaching interventions for clients with low STRT scores may be overwhelming, thus making adherence a challenge. However, the past decade has demonstrated to its authors how repetitive coaching programs can effectively engage community service users in the immediate to short-term, particularly when tailored to specific physical and mental needs. Above all, practitioners must proceed to reassess referrals and adjust activities to ensure sustained participation and healthy attendance levels should an initial steep learning curve be experienced.

Therefore, more focus ought to be placed on the consultative structure of such an exercise program. This paper agrees that coaching frameworks indeed hold widely observed, action-oriented value. By this, the paper suggests that badly designed non-consultative repetitive routine be replaced with short-term coached exercise and CBT or REBT engagement. Sporting Recovery in and of itself may require a more formalised, interrelated structure. What should occur from the outset is that progress is tracked: a progress report must be monitored for each referred client. Action targets, whether

sporting related or otherwise, should be set to each referred service user and ongoing supervision of these targets must be communicated to service users. Monitoring of progress reports must be the undertaking of Sporting Recovery community coaches, general practitioners, NHS psychiatrists, occupational therapists, and qualified mental health nurses.

Figure 2: The Stages of Change Model



Source: Di Clemente and Prochaska (1983)

The Value of REBT and its Limitations

Many in the academic community commend REBT as a leading action-oriented counselling approach used in sports and exercise (Turner and Bennett, 2018; Tóth, *et al.*, 2023). REBT is also a widely applied form of CBT (O'Connor, 2017). Drawing inspiration from the importance of action in both the transtheoretical (Di Clemente and Prochaska, 1983) and the solution-focused (McKergow and Jackson, 2002) models of rehabilitation and coaching respectively, it may be possible to develop an intuition that informs the long-term actions human resource professionals must aim to take to promote well-being in the workplace. The author of this paper is acutely aware of REBT's perceived limitations in practice (Kaldo et al., 2018). To address these limitations, some have even gone as far as to propose a revolutionary AI-powered system, capable of identifying relevant "segments" of intervention with up to 85% accuracy, in respect to the GROW model of coaching (Jelodari et al., 2023). While Generative AI may be useful as an application, the issue of mood, depression, lack of motivation and anxiety may still occupy large amounts of time and effort in countering.

Consumer Approaches to Innovating EAP Delivery

The final subsection of this article concerns itself with the accurate design of ISP physical exercise engagement program *incentives*. This article has established that employees are slowly being thought of as internal consumers of mental health and physical healthcare. Some have established that consumer

approaches to healthcare may involve *solution*-focused EAP counselling methods (Sharar, 2008) whereby such counselling methods are mostly delivered online by an ‘affiliate network’ consisting of thousands of on-call public health affiliates and general practitioners at relatively-low expense to registered employers, however as Chima (1997) cites, the percentage share of healthcare benefits as a proportion of executive compensation being offered to consumers has been steadily increasing fractionally for decades. New research has even attempted to frame granular perceptions around the emergence of private-sector medical tourism as *burgeoning* (Saxena and Godfrey, 2023) or to similar parallels.

Firm specific program incentives ought to cascade to workers in-line with company loyalty i.e. time spent with a firm, where possible. It may be appropriate in certain circumstances to also restrict marketplace dynamics and such negative externalities, which should be prevented. This paper suggests a view in agreement with that which assumes an HR perspective. What seems to be most interesting is how forward-oriented solutions which involve coaching can be both complimented and undermined by the transient aspect of medical tourism.

References

- Bozer, G. and Delegach, M. (2019) “Bringing Context to Workplace Coaching: A Theoretical Framework Based on Uncertainty Avoidance and Regulatory Focus”, *Human Resource Development Review*, 18 (3), pp. 376–402
- Byran, M. L., Bryce, A. M. and Roberts, J. (2022) “Dysfunctional presenteeism: Effects of physical and mental health on work performance”, *The Manchester School*, 90(4), pp. 409–438
- Chima, F. O. (1997) “Managed Mental Health Care”, *Employee Assistance Quarterly*, 13(2), pp. 69–82
- Correia Leal, C., Ferreria, A. I. and Carvalho, H. (2023) “Hide your sickness and put on a happy face: The effects of supervision distrust, surface acting, and sickness surface acting on hotel employees’ emotional exhaustion”, *Journal of Organisational Behaviour*, 44(1), pp. 871–887
- Deans, F. and Oakley, L., James, R. and Wrigley, R. (2006) “Coaching and Mentoring for Leadership Development in Civil Society”, *Praxis Paper*, 14, pp. 1–37
- Donohue, J. M., & Frank, R. G. (2000) “Medicaid Behavioural Health Carve-Outs: A New Generation of Privatization Decisions”, *Harvard Review of Psychiatry*, 8(5), pp. 231–241
- Di Clemente, C. and Prochaska, J. O. (1983) ‘Stages and processes of self-change of smoking: Towards an integrative model of change’, *Journal of Consulting and Clinical Psychology*, 51(3), pp. 390–395
- Fox, J. R., Park, B., and Lang, A. (2007) “When Available Resources Become Negative Resources: The Effects of Cognitive Overload on Memory Sensitivity and Criterion Bias”, *Communication Research*, 34(3), pp. 277–296
- Gilead, S. and Frank, R. G. (2016) “Economics and the Transformation of the Mental Health System”, *Journal of Health Politics, Policy, and Law*, 41(4), pp. 541–558
- Grazier, K. L., & Eselius, L. L. (1999). Mental health carve-outs: effects and implications. *Medical Care Research and Review: MCRR*, 56(2), pp. 37–59
- Henderson, A.A. and Smith, C.E. (2022) “When does presenteeism harm productivity the most? Employee motives as a key moderator of the presenteeism–productivity relationship,” *Journal of Managerial Psychology*, 37(6), pp. 513–526
- Jelodari, M., Amirhosseini, M. H. and Giraldez-Hayes, A. (2023) “An AI powered system to enhance self-reflection practice in coaching”, *Cognitive Computation & Systems*, 5(4), pp. 243–254
- Kaldo, V., lundin, A., Hallgren, et. al. (2018) “Effects of internet-based cognitive behavioural therapy and physical exercise on sick leave and employment in primary care patients with depression: two subgroup analyses”, *Occupational Environmental Medicine*, 75, pp. 52–58
- Karanika-Murray, M. and Biron, C. (2020) “The health-performance framework of presenteeism: Towards understanding of adaptive behaviour”, *Human Relations*, 73(2), pp. 242–261
- Karanika-Murray, M. and Cooper, C. (2018) “*Presenteeism: An introduction to a prevailing global phenomenon*”, Ch. In ‘Lu, L. and Cooper, C.L. (eds) *The Cambridge Companion to Presenteeism at Work*’, Cambridge: Cambridge University Press
- Kinman, G. and Clements, A. J. (2023) “Presenteeism: the case or action”, *Occupational Medicine*, 73(4), pp. 181–182
- Kinman, G. and Grant, C. (2021) “Presenteeism during the COVID-19 pandemic: Risk factors and solutions for employers”, *Society of Occupational Medicine*
- Krogh, E. Langer, Á. Schmidt, C. (2019) “Therapeutic Presence: Its Contribution to the Doctor-Patient Encounter”, *Journal of Continuing Education in the Health Professions* 39(1), pp. 49–53
- Lang, A., Bradley, S. D., Park, B., Shin, M. and Chung, Y. (2006) “Parsing the Resource Pie: Using STRTs to Measure Attention to Mediated Messages”, *Media Psychology*, 8(1), pp. 369–394
- Mayaki A. A. (2015) “Pareto-Nash Reversion Strategies: Three Period Dynamic Co-operative Signalling with Sticky Efficiency Wages”
- McKergow, M. and Jackson, P. (2002) “The solutions focus: The simple way to positive change”. London: Nicholas Brealey
- O’Connor, H. (2017) “Anxiety, unhealthy jealousy, and exercise avoidance” Ch. 4 in ‘Turner and Bennett (2018) *Rational Emotive Behaviour Therapy in Sport and Exercise*’, London: Taylor and Francis
- Passmore, J. and Sinclair, T. (2000) ‘*Solutions Focused Approach and the OSKAR Model*’ Chapter In ‘*Becoming a Coach*’, Springer
- Patel, C., Biron, M., Sir Cooper, C. and Budhwar, P. S. (2023) “Sick and Working: Current challenges and emerging directions for

- future presenteeism research”, *Journal of Organizational Behaviour*, 44(1), pp. 839-852
- Saxena, S. G. & Godfrey, T. (2023) “India’s Opportunity to Address Human Resource Challenges in Healthcare”, *Curēus* (Palo Alto), 15(6)
- Schmitz, H., Bauer, J. F. and Niehaus, M. (2023). Working Anytime and Anywhere - Even When Feeling Ill? A Cross-sectional Study on Presenteeism in Remote Work, *Safety and Health at Work*, 14(4), 375–383
- Sewell, J.L., Santhosh, L. and O’Sullivan, P.S. (2020) “How do attending physicians describe cognitive overload among their workplace learners?”, *Medical Education*, 54(12), pp. 1129
- Spencer, L., Adams, T. B., Malone, S., Roy, L. and Yost, E. (2006) “Applying the Transtheoretical Model to Exercise: A Systematic and Comprehensive Review of the Literature”, *Health Promotion Practice*, 7(4), pp. 428-443
- Tóth, R., Turner, M.J., Mannion, J. *et al.* (2023) “The effectiveness of rational emotive behavior therapy (REBT) and mindfulness-based intervention (MBI) on psychological, physiological and executive functions as a proxy for sports performance.”, *BMC Psychol*, 11(1), 442
- Turner, M. and Bennett, R. (2018) *‘Rational Emotive Behaviour Therapy in Sport and Exercise’*, London: Taylor and Francis

Competing Interests: The author is the CEO of an HR and executive search firm, based in London, England.

Acknowledgments: Thank you to Francesco Squintani, Pierre Regibeau, Melvyn Coles and Eric Smith for your valued discussions and contributions over the years.

The Open University Business School: Faculty of Business and Law, *The Open University*, Walton Hall, Milton Keynes, MK7 6AA, United Kingdom.

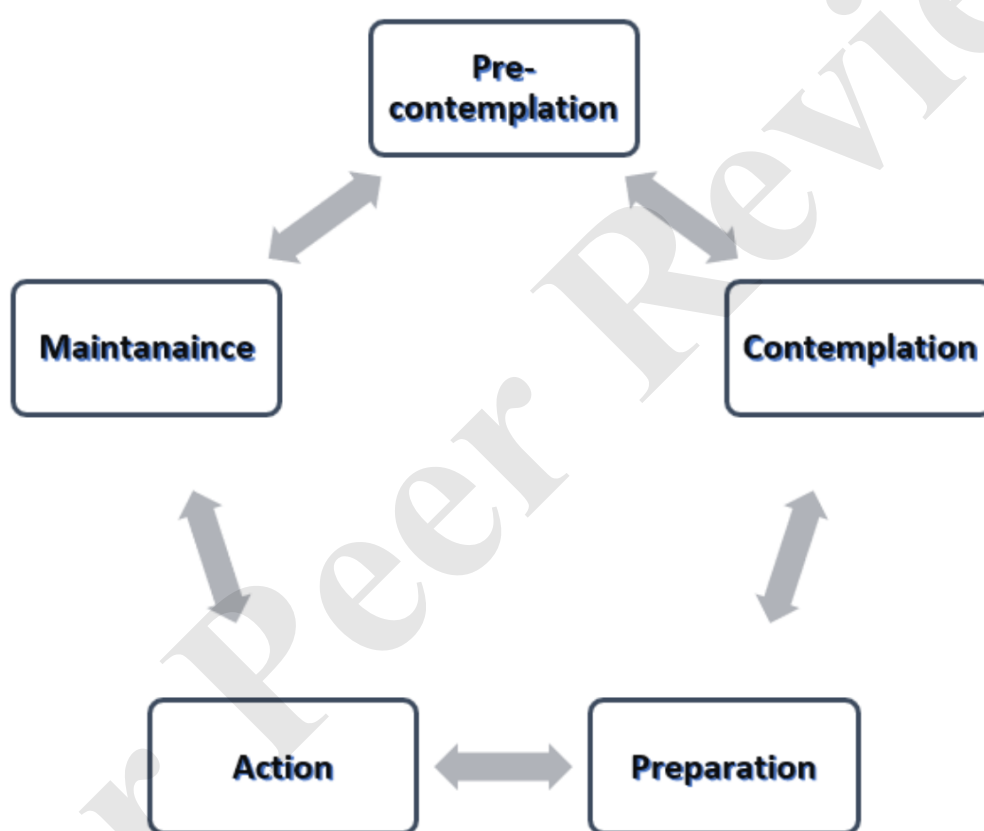
Email: alfred.mayaki@ou.ac.uk | Office: +44 (0) 203 745 5372

© Copyright 2024

Figure 1: The OSKAR Model of McKergow & Jackson (2002)

<i>Component</i>	<i>What Is Described ?</i>
O – Outcome	Objective and Target
S – Scaling	Current Scenarios Mapping 0-10 (n)
K – Know How	Assessment of Capabilites
A – Action	Success and Future Scenarios (n+1)
R – Review	Changes to Target

Figure 2: The Stages of Change Model



Source: Di Clemente and Prochaska (1983)