Review Article

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

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Abstract

Sporting Recovery is a community-focused not-for-profit in London, delivering programs of physical exercise for mental rehabilitation in local settings. Likewise, Mind Charity is an independent organisation that offers talking therapies, such as Cognitive Behavioural Therapy (CBT) and Rational Emotive Behavioural Therapy (REBT), to NHS clients diagnosed as having symptoms of an acute or severe mental health condition. In this paper, these two organisations are analysed using the author's neo-pluralist perspective on human resource management. Through the work of Sporting Recovery, Mind Charity, and *similar* organisations, respectively, the paper makes two key assessments. Firstly, it finds that the value of *action* connects the coached physical exercise experience of employee assistance programs (EAPs) to action-oriented sporting therapies. Secondly, the paper then augments the fundamental premise of both the traditional transtheoretical and "*forward*-oriented solutions" frameworks, which in contrast to traditional CBT approaches to recovery, focuses on *actionable* objectives to "put things right", in 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 whilst 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 by citizen, specifically for the purpose of mental health treatment and care, has more than doubled in magnitude from 30% in 1960 to upwards of 70% more recently, since legislative acts of Congress were passed making treatment more widely available to the public. The aforementioned article finds that *rules-based* incentives still figure as an underlying feature of the mental health system in the United States (2016:551) elaborating that policy developments that have occurred in the US at a remarkable rate since 1960, have allowed a new form of behavioural health '*carve out*' programs to also become widely available (Grazier and Eselius, 1999) where private sector insurance payers delegate specific mental health services to subcontracted third-parties (Donohue and Frank, 2000). In the United Kingdom however, Mind Charity is one of several charitable organisations, which to the same end as US carve outs, offer selected non-emergency specialist mental health services such as talking therapies; namely, CBT or depending on suitability, a newer treatment called REBT, to those referred by NHS practitioners.

To this end, the author of this article presents the findings of a partial systemic review, critically evaluating 1) the observed trade-offs and uniformities between both *affirmative* action (which predicates the penultimate stage of the transtheoretical model, and the solutions-focused model of coaching, respectively) and 2) the health consumption effects of workers at risk, as measured by average uptake in employee assistance programs (EAPs). The paper will be pursuing a pronounced

gap in 'health *and* motivation' research highlighted by Karanika-Murray and Biron (2020:250).

The article also evaluates the premise of these trade-offs and uniformities which one might call *exogenous*, but distinct, factors previously highlighted in the literature on the behaviour of rational agents when faced with decisions regarding presenteeism (Karanika-Murray and Cooper, 2018). Applying these evaluations to evidence on the value of health and wellbeing in HR practice as per the important work of Fox, Park and Lang (2007) who studied a topic which bridges presenteeism, mental health and HR: secondary task reaction times (STRTs), in the context of psychology and communications, has allowed this review paper to conclude with a reasonable level of certainty that the incentives of employee assistance programs and the consultative structure of independent service providers (ISPs) need to be reassessed, more generally. Specifically, regarding client engagement. The author also reviews the findings of several studies conducted on the workplace environment and STRTs (Sewell, Santhosh, and O'Sullivan, 2020). Importantly, and in response, the article includes a null hypothesis of no significant correlated relationship between low STRTs and a type of presenteeism known as therapeutic presence (Krogh, Langer and Schmidt, 2019).

An integrated element which governs both the transtheoretical *and* solution-focused frameworks is the *healthcare consumer* approach of Karanika-Murray and Biron (2020). The paper therefore frames physical exercise programs entirely as structural.

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

Dysfunctional presenteeism can vary in motive and context and is defined as a type of presenteeism that can occur when an employee remains active in work despite being clinically unwell (Bryan, Bryce, and Roberts, 2022; Henderson and Smith, 2022). What academics and scholars know about presenteeism is very little, particularly in instances of flexible or wholly remote work (Schmitz, Bauer, and Niehaus, 2023). What HRM scholars do know is dysfunctional presenteeism is frequently framed through the lens of 'surface acting' (Correia Leal, *et. al.*, 2023; Patel, *et. al.*, 2023:842). A recent survey published by People Management magazine has estimated that UK employees spend roughly two weeks per annum actively working whilst being clinically unwell, which is a significant amount of time.

How do STRTs fit into this equation? Well, such a hypothesis asserts that low secondary responses are a clear indicator of the risk of presenteeism at work. This article's author argues that when participants perform primary and secondary tasks within what some refer to as the STRT 'paradigm', primary and secondary tasks should be clearly defined. Now, although the predominant focus of much of the literature on cognitive load emerges as research that is based on secondary task responses (Lang, *et. al.*, 2006, Sewell, Santhosh, and O'Sullivan, 2020:1133), the significance of STRTs to cognitive load is insurmountable, as evidence from Lang *et. al.* (2006:370) claims to support this argument.

The paper shall now explain what this implies for a model of worker utility under conditions of employment uncertainty. In such a model, consider EAPs as a form of healthcare consumption. Take the average worker's behaviour as economically rational. Conventional circular flow models would stipulate that workers who primarily make saving and expenditure decisions about income may also engage in leisure at their own discretion. Unlike the circular flow model of economics, research in HRM tends not to apply such reasoning to healthcare consumption choices for workers in employment, particularly where workers are strictly disincentivised against dysfunctional presenteeism.

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. Necessarily, the higher this integer becomes the lower firm productivity converges to. Likewise, in order to produce upward shifts in the value of motivation and wellbeing as variables, this integer must remain at the very least, strictly positive. As the agent model is set in discrete time, workers may choose either to earn a contractual wage, one can refer to this as w^*, which we explain the repercussions for in previous literature, or abstain from employment intermittently at given intervals, until a future point in time at the cost c to their employer. In-line with Bryan, Bryce and Roberts (2022), this article formulates the view that 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 rehabilitation programs such as Sporting Recovery is indeed quite complex and multi-faceted. What occurs is usually a high degree of interactive coaching across a range of activities. Academic research already goes to great lengths to highlight that physical exercise is a valuable form of therapeutic rehabilitation (Spencer and Adams, 2006). Hence the author accepts conclusions which imply that coaching can heighten this relationship. This chapter of the article therefore links the psychology of rehabilitation to coaching targets and outcomes. The psychological discipline model of Di Clemente and Prochaska (1983), otherwise known as the transtheoretical model of behavioural change,

unifies the prominent coaching model of McKergow and Jackson (2002), otherwise known as the *OSKAR* model to an outcome known as *graded* activity. This comparison also reveals to us the value of the solution-focused approach (Passmore and Sinclair, 2000). Action is the overlap, which reinforces the view that constructive actions in place of exercise can indeed be a useful companion to recovery. Defining these actions is central to the object of our model.

To successfully augment the transtheoretical perspective, a focus on a prevalent action framework, known as the *OSKAR* model is required. The central model provision found in *OSKAR* is like unto that which is found in other similar frameworks (i.e. *GROW* or *STRIDE*) and is attributable to what this article shall refer to as '*progressive action*' theories, i.e. these two staged models which intersect (where 'action' is choreographed) occur to progress the user 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 of the worker (Deans *et. al.*, 2006). Take for example, Passmore and Sinclair (2000), who establish the conclusion that a coached model of therapy can influence the "generation of…*action* steps", build specifically on a form of progressive action, a transtheoretical, and a solutions-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

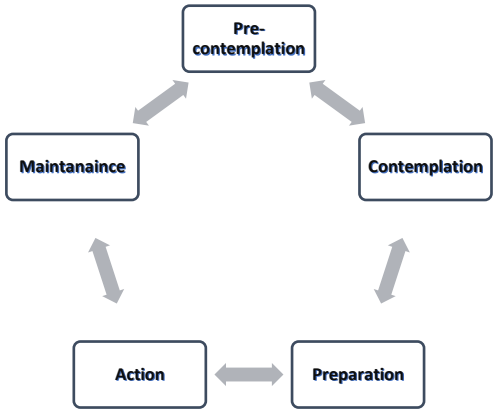
2. *How the Sporting Recovery Community Rehabilitation model can operate more efficiently*

Here, the article proposes a question: from a human resource perspective, what can be borrowed from existing models of community rehabilitation at the point of delivery and just how effective are programs such as Sporting Recovery in coercing service users into long-term engagement, comparative to other such programs? It is apparent that any sort of in-work coaching intervention for users who score below an arbitrarily low STRT threshold may be overwhelming for users at risk and in-work to adhere to. Yet by the same token, the last 10 years have proven that coaching programs conducted on a repetitive basis by ISPs may prove to be of interest to community service users in local settings, given the steepness of an initial action curve depending on respective exercise needs. However, where this action curve levels off is where practitioners must aim to ensure referrals are re-evaluated or activities amended to suit performance and maintain to healthy levels of attendance.

More focus ought to be placed on the consultative structure of such activities with clients. This paper agrees that coaching frameworks hold action-oriented value. By this, the paper suggests that coached exercise should not be replaced with spuriously designed repetitive routine. Sporting Recovery in and of itself is not a strategy and may require a more formalised consultative structure. What should occur from the outset is that a progress report must be monitored for each referred user.

Action targets should be set to each referred service user and ongoing supervision of these targets should be communicated to engaged service users at the point of delivery. Monitoring of progress reports must be the undertaking of Sporting Recovery community coaches, general practitioners, NHS psychiatrists, occupational therapists and mental health professionals.

Figure 2: The Stages of Change Model



Source: Di Clemente and Prochaska (1983)

Many in the academic community praise rational emotive behaviour therapy (REBT) as a leading *action*-oriented counselling approach used in sports and exercise (Turner and Bennett, 2018). REBT is a widely applied form of CBT. Taking inspiration from the importance of *'action'* to 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 arrive at an intuition that informs what long-term actions human resource professionals must necessarily aim to take in order to promote wellbeing in the workplace.

The author of this paper is acutely aware of REBT's perceived limitations (Kaldo, *et. al*, 2018). What has been proposed to remedy these limitations in the literature is a revolutionary AI powered system capable of identifying relevant "segments" of intervention with up to 85% accuracy. Ironically, this

percentage figure is in respect to the *GROW* model of coaching (Jelodari, *et. al.*, 2023).

Conclusion

The conclusion of this article concerns itself with the accurate design of 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.

Chima (1997) cites the percentage share of healthcare benefits as a proportion of executive compensation being offered to consumers as having 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 Godrey, 2023) or to similar equivalence. 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 EAP marketplace dynamics and negative externalities which accompany freedom of choice, which should be avoided. This paper suggests a view in agreement with that which assumes an HR perspective. What seems to be most interesting point is how forward-oriented solutions which involve coaching can be both complimented and undermined by this transient aspect concerning medical tourism.

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