Summary of Discussion within Seminar 1: Examining the Relationship between IT working Practices and ill-health.

This seminar primarily focussed on what IT related behaviours might be considered unhealthy but the discussion also examined wider issues.

Some of the unhealthy IT related work practices identified included:

- Work extension (long hours) – or outside of ones' usual work hours
- Use of work-based systems when on leave/during weekends
- High amount of email traffic and carbon copying
- Bypassing security procedures
- Working for long periods remotely from others

However, it was acknowledged that whether these were unhealthy or not would depend on the employee's reaction to these behaviours.

Other thoughts related to examining healthy organisational cultures – e.g., there is a high level of co-design or choice related to technology use, and where there are not strict expectations or norms about being constantly available, fast response times etc.

When considering the types of indicators that might be found in digital data/Big Data the discussion considered a range of things including:

- Work hours data
- Use of work-based systems when
- Organisational diary data (i.e., times of meetings – whether at family friendly times)
- Location of employees – e.g., sensor data, swipe card data, parking data, vending machine data – to identify the extent that employees are in the main workplace.
- Sick data/absenteeism/fitbit data – to indicate health and wellbeing
- Turnover/searching job websites – e.g., high turnover might indicate toxic work environment
- Response times to emails, email traffic data
- Content of communications (e.g., whether managerial communications prioritise health and safety – which might indicate the health/safety climate of the organisation; transparency of decisions/the way employees are informed about these)
- Patterns of exclusion/belonging to social networks/support networks
- Organisational Survey data (e.g., low satisfaction reported)

Discussion considered the extent to which such data might be already gathered by organisations and the extent to which some new data or analysis techniques might be used (e.g., sentiment analysis, the use of apps where employees could feedback their satisfaction/wellbeing).

Lessons Learned.

The participants identified 5 key lessons learned from this first seminar:

1) Multi-method studies are required for both research and practice – that combine the coarse level Big Data with more qualitative understandings of what these high level indicators mean for the individuals within the organisation.
2) Context is important and individual perception – so it is important not to 'paint everyone with the same brush' there is unlikely to be a 'one size fits all' solution.
3) Need to consider the different stakeholders involved with all their different biases and power relations within organisations. For this sort of investigation and use of Big Data to work the views of these different stakeholders need to coincide regarding the purpose of these investigations and their ethics.
4) Many organisations still don't really know what data and what analytical techniques are available or useful for Big Data analysis. So there is a need for technical experts to help organisations become more aware of the possibilities.
5) We need to be clearer about the questions we can ask of the data. Whilst we have an understanding of what constitutes a healthy organisation at a general level, the specific behaviours may mean something different for different people in different contexts – so we need to be clearer about what constitutes a healthy or unhealthy organisation within a particular context.