

# Healthy Workplaces

## Journey to Excellence: The Complete Guide

## **Chapter 1**

**WHAT HEALTH AND SAFETY SOLUTIONS ARE WE SEEKING?**

## HEALTHY WORKPLACES: JOURNEY TO EXCELLENCE

### The Complete Guide

Welcome to Chapter 1 in our Healthy Workplace: Journey to Excellence ‘The Complete Guide’ Series! This chapter is the first of six chapters in our series:

- Chapter 1: What Health and Safety Problems are We Solving?
- Chapter 2: What do We Mean by a Healthy Workplace?
- Chapter 3: Why Should Management and Other Key Stakeholders Care?
- Chapter 4: What Proof is There That the Savings Outweigh the Costs?
- Chapter 5: How Can an Organization Get Started?
- Chapter 6: How WSPS Can Help

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## Chapter 1

### WHAT HEALTH AND SAFETY SOLUTIONS ARE WE SEEKING?

#### Introduction

Many businesses struggle with fundamental issues of compliance when it comes to health and safety. And those businesses that meet the minimum standards of compliance, often find themselves grappling with workers who are hesitant to contribute pro-actively to the company's continuous improvement efforts, their accident/incident investigations and their early and safe return to work strategies.

Efforts to resolve issues of compliance and/or lack of contributions are often subject to additional training, policies and punitive measures. Although training and progressive discipline procedures are important, when a company sees unexplainable trends in injuries or a collective trend of disengagement in the health and safety processes, it is time for a company to reflect critically on other aspects of their business, such as their organizational culture and employees' lifestyles, both of which contribute to health and safety outcomes.

This chapter of WSPS's healthy workplace series reviews some of the evidence supporting the need to address health and safety issues through a comprehensive healthy workplace strategy.

#### Health and Safety – Compliance

When it comes to compliance, which works best – a carrot or a stick? An organization can choose to persuade employees into compliance with rewards or scare employees into compliance with fear of punishment, but it is how workers behave when no one is watching that matters most.

The carrot and the stick are both 'external' motivators. Organizations tend to focus on these motivators because they are easier to see, measure, write policies about, enforce and reward. Researchers tend to look at these influencers of human behaviour according to three factors: (1) the magnitude of external reward, (2) the probability of being caught, (3) the magnitude of punishment. People's behaviours, however, are not driven merely by external motivators. It is the internal factors – people's values and norms – that can have the greatest impact on behaviour. People are socialized into certain norms, and compliance with these norms offer an internal reward that is often the most powerful motivator and influencer of behaviour.<sup>1</sup>



How does this relate to health and safety? The organizational culture – the shared values and assumptions of those within an organization – acts as a psychological influencer of behaviour. Thus, when an organization finds their external motivation and punishment system is not achieving the desired result, they can look at whether the reward or punishment is adequate or look to their organizational culture for the answer.

For example:

### **Equipment Maintenance**

Maintenance procedures might call for each member of a team to be responsible for inspecting equipment before and after use, cleaning equipment after use, reporting malfunctions, etc. Yet, if team members frequently start a shift only to find a piece of equipment hasn't been cleaned properly or that it is malfunctioning, and all staff have been trained on the expectations of their maintenance and care, it is likely that organizational culture is the issue.

Looking more closely at the team, it might become evident there is no sense of team. An effective team operates with mutual respect and open communication, has a unified purpose, and a sense of shared responsibility. Having, or not having, these characteristics are part of organizational culture. In this instance, the organizational culture might be one of individualism.

### **Personal Protective Equipment**

A business provides personal protective equipment (PPE), trains staff on its use, ensures staff are fitted properly, and writes clear procedures, but still finds less than 30% of employees use their PPE consistently and appropriately. Re-training and testing indicates employees know what to do, but consistently they still chose not to comply. Why?

Investigating further, one may find pervasive attitudes such as:

- the belief 'it's my life, I can take the risk if I want to', and
- the belief that 'although the company says they want us to work safely, at the end of the day what matters most is how fast we've worked and how much we've produced'.

The root cause of the PPE problem may not be the procedures or training, but the collective attitudes and beliefs of the employees. Again, this is a reflection of the organizational culture.



Anecdotally, the link between culture and health and safety makes sense. But does the research support the hypothesis? The answer, in short, is yes. Research, over and over has validated the link between the culture of a workplace and the safety behaviours of its employees. Although there is lack of consensus in the literature on what aspects of culture to measure, the link between culture and safety behaviour is strong. For example: Larsson, et al. (2008) found that in the construction industry, the psychological climate has a direct and indirect affect on safety behaviour, safety motivation and even safety knowledge.<sup>2</sup> And, Fernandez-Muniz, et al. (2007)<sup>3</sup>, Otoole (2002)<sup>4</sup> and other researchers have demonstrated that, in particular, the attitudes and behaviour of managers had significant impact on the health and safety culture of an organization.

Although the drivers of a non-compliant culture may be different from organization to organization, the critical thing to note is that it is a culture issue, and addressing organizational culture is part of taking a comprehensive approach to workplace health.

## Health and Safety – Beyond Compliance

An effective health and safety program does not occur merely through compliance. To excel in health and safety a company must have employees and managers who are pro-active and willing to contribute to investigations, problem-solving, reporting and continuous improvement efforts.



However, culture can, once again, impact these pro-active behaviours. For example, in an organization where employees experience high levels of work-life conflict (an aspect of culture), a 2005 study found decreased compliance with safety rules and less willingness to participate in discretionary safety meetings. The study concluded that in order to see a return on their investment in terms of a safer workplace, businesses need to establish healthy performance norms and ensure the organizational culture supports a workers ability to effectively manage family responsibilities.<sup>5</sup>

Similarly, one can see how employees would not be motivated to go beyond compliance if they work in a culture where there is a lack of trust, a feeling of ‘us versus them’ between workers and management, poor organizational communication, or if employees feel they lack control over (input into) their work or work processes. All of these factors are linked to organizational culture and subsequently linked to health and safety performance.

One of the challenges organizations can face is the thought that ‘health and safety is someone else’s responsibility’. Employees may be willing to comply with the minimum standards, but it is a challenge to engrain the true philosophy of the internal responsibility system across the culture of an organization if not established from the beginning.

For example:



### Investigation

Following a health and safety violation, a company may implement an incident investigation process. When investigators start speaking with witnesses, or asking for recommendations from those who worked on the team in which the incident occurred, they might encounter resistance and a lack of willingness to share any ideas about what happened, or what needed to be changed to prevent it from happening again.



There are a number of reasons this lack of cooperation might occur. Employees might not contribute because they fear retribution. Or, they may not believe their ideas will be acted upon. Or, there might be a prevailing attitude of ‘it’s none of my business, I’ll keep my mouth shut.’



Whatever values or beliefs exist as barriers to employee ownership over health and safety, it can be changed. Take a General Electric (GE) Navy and Small Engine facility in the United States as an example. It struggled with a prevailing attitude that health and safety was the exclusive responsibility of environmental and health and safety professionals; until it underwent a cultural revolution. The company organized into grassroots and leadership teams, trained new skills and empowered employees through voluntary participation. Everyone got involved: workers managed safety teams, health and safety professionals provided technical guidance, management supplied resources and role modelling, and union leaders expressed their support. In the beginning, at any one time at least 50 people were active members of four teams that met every two weeks. And, over time the

culture and attitudes changed. Everyone was contributing and within four years of beginning the revolution the plant's injury rate dropped 77% and the lost-workday case rate decreased 76%.<sup>6</sup>

Similar to non-compliance, the drivers of a minimalist health and safety culture will be different from organization to organization. But, once again, the thing to note is that it is a culture issue, and addressing organizational culture is part of taking a comprehensive approach to workplace health.

### **Health and Safety – Injuries and Return to Work**

Although there are many indicators of health and safety compliance and performance, at the end of the day, for most companies it is about minimizing injuries and accelerating safe return to work times. The question remains, do the components of a healthy workplace strategy affect injury rates and return to work?

#### **Organizational Culture**

Statistics that differentiate injury rates based upon organizational culture are difficult to establish. Most companies only report superficial causes (e.g., lack of machine guarding) and do not report on the true root cause (e.g., if there is an organizational culture factor that is contributing to why workers refrain from using machine guards). Workplace safety researcher Dr. William Selkirk estimates greater than 90% of workplace injuries are rooted in attitude, behaviour, and culture, rather than unsafe working conditions.<sup>7</sup>

When it comes to organizational culture and injury rates/health and safety performance, there are two key perspectives to consider:

- 1) those indicators of a healthy and safety culture that are specifically linked to health and safety outcomes; and
- 2) those indicators of culture that are linked to employee engagement, which, thus, in turn affects health and safety outcomes.

Researchers Pidgeon and O'Leary suggest that there are four key health and safety culture factors which they have linked to injury outcomes:<sup>8</sup>

- senior management commitment to safety;
- realistic and flexible customs and practices for handling both well-defined and ill-defined hazards;
- continuous organizational learning through practices such as feedback systems, monitoring and analyzing; and
- a care and concern for hazards which is shared across the workforce.

It is also logical that employee disengagement, and hence factors that indicate disengagement, would be linked to poor health and safety outcomes. For example, Thompson, 1998, reported that management communication and how fairly workers feel they are treated by supervisors was linked to injury rates.<sup>9</sup> Other factors related to employee engagement include 'feeling that their manager cares about them', 'feeling they have close friends at work', and 'feeling their opinions count'.

Organizational culture and the psychosocial work environment also impact return to work times. A 2008 report showed that a positive work culture and having meaningful/satisfactory work experiences were two of three significant factors impacting long-term return to work from back injury. Similarly, psychosocial stressors on the job acted as a barrier to workers resuming their normal worker roles.<sup>10</sup>

Consider:

- Intuitively this makes sense: if one were working in a job that was too demanding or not demanding enough, or they felt they had no control over how their work was done, or they didn't have a very supportive boss, or they didn't get along with their colleagues, why would they want to get back to work?

It is clear that when it comes to injury and return to work rates, organizational culture plays a significant role. It is furthermore interesting to note that the data also shows that a negative culture has a 34% higher rate of under reporting of injury.<sup>11</sup> What this suggests is that injury rates within psychosocially unsupportive workplaces are even more problematic than standard company injury records show.

### Personal Health Resources

The focus of this chapter has primarily been on the link between two aspects of a healthy workplace strategy: organizational culture and health and safety (physical working environment). That is not to say that the third aspect of a healthy workplace strategy is any less significant. When it comes to health and safety performance there is a definite link between workers' personal health practices and health and safety outcomes. Listed below are examples of such data from various studies.

- Various studies have linked smoking to low back injuries. For example, a Johns Hopkins University study followed participants for over 50 years and found that development of lower back pain was significantly associated with smoking history and hypertension.<sup>12</sup>
- Various studies have linked Body Mass Index (BMI) and rates of obesity to injury and absenteeism at work. For example, a 2007 study found a clear linear relationship between BMI and rate of claims with obese workers having 11.65 claims per 100 full time equivalents, while recommended-weight employees had 5.80.<sup>13</sup>
- The Alberta Centre for Active Living reports that physically fit workers have fewer injuries, and those injuries tend to heal faster and cost less. They also report that physical activity programs can reduce the number of injuries in the workplace by 25 per cent.<sup>14</sup>
- Recreational use of alcohol and other drugs are also linked to health and safety performance. Wadsworth, et. Al (2006) also showed that employees who use cannabis have significantly higher rates of accident and injury than those who do not.<sup>15</sup> And, the odds of injury among workers with an indicator of problem substance use was shown to be 1.35 times greater than the odds among workers without an indicator of substance use problems.<sup>16</sup>



- Stress often leads to poor safety compliance. The decline in mental focus associated with on-going stress impairs the ability to attend properly to tasks at hand, including routine actions and mechanics of motion. According to the International Labor Office, “of all the personal factors related to the causation of accidents, only one emerged as a common denominator: a high level of stress at the time the accident occurred.”<sup>17</sup>

Data supporting the link between lifestyle factors (personal health resources) and health and safety outcomes is significant. The conclusions drawn by these factors is consistent: there is a business imperative for organizations to take interest in helping employees make positive lifestyle changes in terms of injury rates and workers compensation costs.

### Concluding Remarks



If an organization is seeking to improve their health and safety performance, there is evidence to support adoption of a healthy workplace strategy which integrates efforts focused on:

- physical work environment (traditional health and safety);
- personal health resources (enabling healthy worker lifestyle practices); and
- organizational culture (creating a positive work environment that enables employee engagement and the integration of health and safety behaviours).

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## **Chapter 2**

### **WHAT DO WE MEAN BY A HEALTHY WORKPLACE?**

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## Chapter 2

### WHAT DO WE MEAN BY A HEALTHY WORKPLACE?

#### Introduction

In chapter 1, the link between health and safety performance and a healthy workplace strategy was discussed. This chapter provides a more detailed explanation of what makes a workplace a ‘healthy workplace’, the key elements of a healthy workplace strategy and what types of activities can occur under each element.

First, it is important to understand what the term ‘healthy workplace’ means. Generally, a healthy workplace is defined by what it does; a healthy workplace is one that enables physical, mental and social well-being of employees by engaging employees in a meaningful way to create healthy, supportive working conditions. The working conditions addressed by a healthy workplace include three key elements:

- conditions of the physical work environment;
- conditions that support and enable positive personal health practices; and
- conditions that foster a supportive organizational culture.

These three elements cross over one another, as Figure 1 shows. For a healthy workplace strategy to be most effective, each sphere must be addressed in an integrated, comprehensive manner.

Why are these elements critical to creating a healthy workplace? These are the elements that can help employees be healthy; and an organization is its employees. An organization without employees is merely a building, some machines, equipment, and material. It is the people who make up an organization; the biological cells that ‘make it work’. If an organization’s ‘cells’ are not healthy, the organization cannot be healthy. It may be surviving, but it is not going to be optimally productive. Health is not merely the absence of disease; it is about physical, mental and social well-being<sup>1</sup>, which is why all three elements of a healthy workplace are critical. These three elements help an organization move beyond a minimum ‘do no harm’ perspective to an ‘enabling health’ perspective.

#### Physical Work Environment

##### What is it?

When it comes to a healthy workplace, the physical work environment includes two primary considerations:

- a) addressing ‘traditional’ health and safety issues/concerns; and
- b) addressing those aspects of the physical work environment that influence the other two healthy workplace elements.

Typically, the primary focus of this element is that of the ‘traditional’ health and safety issues/ concerns related to chemical agents, physical agents (e.g., noise, radiation), biological agents, musculoskeletal hazards (e.g., posture, force, repetition), machine safety, driving safety, electrical safety, falls, cuts, eye injuries, etc. These are the types of health and safety hazards and issues that are typically addressed in legislation like Ontario’s *Occupational Health and Safety Act*, its accompanying regulations and the Workplace Safety and Insurance Act.



The physical environment also plays a role in affecting personal health resources (see below for explanation/ definition), as well as organizational culture. The physical attributes of a workplace can have a direct impact on either limiting or supporting employees’ healthy lifestyle choices and can also contribute to the culture of the organization, helping make it more or less conducive to positive working relationships, open communication, and health and safety role-modelling.

### Why it matters?



The importance of the physical work environment as it relates to health and safety is fairly self-evident. Consequences for workers as a result of hazards in the physical work environment include: pain and suffering, inability to perform job responsibilities, financial loss, and family distress. For employers, consequences include: loss of employees (and their knowledge and skill-sets), potential increases in Workplace Safety and Insurance Board (WSIB) premiums, impact on production or quality, and potential fines or charges from jurisdictional agencies.

#### Take Note:

- People often assume that in Canada, because there is so much legislation related to ensuring that employers provide a safe physical environment, there is no longer much of a problem in this area. It is true that injury and illness rates in Canada are much lower than in many parts of the world, but the fact remains that over 1,000 Canadians die on the job each year, and close to 320,000 lose work time because of a work-related injury or illness.<sup>2</sup> It is clear that the physical environment still needs to be a central focus of any healthy workplace strategy.

The physical work environment can either help or hinder workers’ efforts to make healthy lifestyle choices. For example, providing a refrigerator for employees to store their lunches increases the likelihood they will bring homemade, healthier lunch choices. A workplace with paths leading to and from the building, bike racks out front and showers inside will be more effective in encouraging employees to choose active ways of getting to and from work. If one agrees that making it easier for employees to make healthier lifestyle choices is important, then the physical work environment can also be an important part of personal health resource solutions.



Similarly, there is research that links improvements in the physical design of the workplace to improvements in working relationships, communication, creativity, and job satisfaction. For example, a well designed break room can help create friendlier working relationships between colleagues and can remove barriers when breaking down the ‘manager-employee’ divide. More about organizational culture is explained below, and if one agrees

that a positive organizational culture is important, then, as with personal health resources, the physical work environment can also be an important part of organizational culture solutions.

### **How can workplaces measure it?**

When it comes to assessing how well an organization is doing in terms of the physical work environment, the focus is on health and safety. An organization would not typically seek to measure how well the physical work environment is supporting lifestyle practices or organizational culture. Most commonly an organization would complete a culture assessment or assessment related to lifestyle practices (see below for more on these measurements) and identify priority issues. For those priority issues an organization would further assess/problem-solve what might be hindering or what could help the issue. Through such a problem-solving process the organization might find that physical work environment is a contributing factor.



Health and safety is a different issue. With health and safety, hazards of the physical environment are things that can:

- be seen with the eyes, or detected with other human senses; or
- be measured with mechanical or electronic tools; and
- result in physical damage to people including traumatic injury, short- or long-term illness, or death.

Organizations have a legal responsibility to implement a health and safety program through which they seek to:

- recognize hazards in the workplace;
- assess hazards in the workplace; and
- control those hazards.

It is beyond the scope of this document to detail all the different types of hazards and health and safety assessments that can occur within the workplace. Monthly workplace inspections are required by law and there are many courses and information available through the health and safety sector. For more information contact us at 1 877 494 WSPS (877 494 9777) or go online to [www.wsps.ca](http://www.wsps.ca).

### **How can workplaces influence it/what does it look like?**

Organizations can have a healthy physical work environment by creating a managed health and safety system that ensures compliance with both prescriptive and performance-based legislated requirements and best-practice guidelines.

One can gain an initial snapshot of an organization's effort to establish a health and safety program (their efforts to manage the physical hazards) by:

- observing the physical work environment and seeing if machines are guarded, good housekeeping practices are followed, workstations are set up using good ergonomic principles, etc.;

- checking out the health and safety board to see if a policy statement, copy of the occupational health and safety act, list of joint health and safety committee members, list and location of first aid providers, and copies of the workplace inspection results are posted;
- reviewing records regarding equipment maintenance, employee training, monthly workplace inspections, accident records, incident investigation reports;
- reviewing health and safety standards/procedures; and
- sitting in on the organization's orientation session to observe how the organization orients staff to hazards within the workplace.

### Personal Health Resources

#### What is it?

Personal health resources is the element most commonly addressed by traditional workplace wellness programs. It includes addressing ways to help enable employees with such lifestyle issues as:

- healthy eating;
- physical activity;
- smoke-free living;
- sun safety;
- harm reduction strategies for alcohol and other drug use;
- regular and adequate sleep;
- regular health screening/check-ups;
- adherence to prescription drug or other medically prescribed therapy; and
- stress management.



#### Why it matters?

All of the factors listed above have a direct impact on employee health.

For more information on why employers have a vested interest in trying to enable employee health, refer to chapters 3 and 4.

#### How can workplaces measure it?

Some organizations may elect to first look for outcomes of 'unhealthy' lifestyle practices that might point to areas of greatest concern for the organization. This means looking at their illness, injury, attendance and benefits use reports.

Beyond looking for trends in reports, when seeking to narrow the scope of lifestyle issues to focus on, there are typically three different types of assessments that organizations can choose to use.

- **Health risk assessment** – collects clinical measures of health status (e.g., body mass index, cholesterol, nutritional analysis, heart rate response to exercise, etc.).
- **Current practice survey** – collects individual responses from employees about their current behaviours (e.g., how much they sleep, how often they eat vegetables, their current levels of physical activity, etc.).
- **Interest and/or needs survey** – collects information from individual employees about the types of programs and services they are interested in – and/or – what they believe they need to focus on, or what support they need in terms of their own health.<sup>3</sup>

In using any, or a combination, of the above assessment methods an organization can start to prioritize the areas in which they can provide employees with support for their personal health resources.

## How can workplaces influence it/what does it look like?

Organizational support for personal health resources can vary dramatically from organization to organization. No two organizations are alike in either their needs or their capacity to respond to needs. Although there are different ways to categorize efforts, often they will fall into four key categories.

### 1. Awareness raising

An organization provides information to increase knowledge and interest in improving a particular lifestyle behaviour.

- Example: distributing brochures about healthy eating or smoking cessation, displaying posters with sun safety information, sending out email notices with active living tips.



### 2. Education and skill building

An organization implements sessions or programs that help build knowledge and confidence that a positive lifestyle change can be made and sustained.

- Example: running classes on healthy food preparation, providing coaching on stress management techniques, implementing a well-designed walking program that teaches lifelong physical activity practices, implementing a best-practices smoking cessation program.



### 3. Creating supportive environments

An organization creates supportive physical and social workplace environments that encourage and support healthy lifestyles.

- Example: providing bicycle racks and showers that encourage people to cycle to work, ensuring easy access to healthy food options in the cafeteria and vending machines, providing a fitness facility or stretching room onsite, providing picnic tables with umbrellas for sun protection, providing a room for breast-feeding or expressing breast milk, and a refrigerator to store breast milk during working hours.



#### 4. Policy

An organization, through written policies, ensures that organizational decisions, practices, and social and physical environments support healthy lifestyles.<sup>4</sup>

- Example: having written policies that mandate such things as subsidization of fitness programs or equipment, subsidization of healthy food options in the cafeteria, minimum amount of healthy food options provided in cafeteria, types of food provided at company meetings, maintenance of walking paths on company grounds, reimbursement of weight loss program costs that yield results, or provision of annual influenza vaccination programs.

There is no end to the variety and scope of employer-sponsored wellness programs. Employers with more resources may be able to focus more on policy and environmental supports. For those with fewer resources, awareness raising or some education/skill building may be more reasonable actions. Whatever approach an employer takes to support this area of need, it is important that employees are meaningfully engaged in the decisions about what supports are accessed/provided.

### Organizational Culture

#### What is it?

Of the three elements, organizational culture is certainly the most complex to understand and to influence. It is also the element that binds all three elements of a healthy workplace strategy together. Organizational culture is made up of the systems, routines, values and beliefs that are learned, re-learned and passed on to new employees.



In simple terms, organizational culture is ‘the way things are done around here’. It includes the unwritten rules of how people operate and interact, leadership styles, and patterns of communication within the organization; otherwise referred to as the psychosocial environment. On the more formal side, organizational culture can be both observed and influenced by an organization’s stated vision or values, their policies and procedures, and the behaviours they recognize and reinforce through performance criteria.

More specifically, when considering organizational culture in the context of how it impacts health, there are four key organizational culture considerations, described below.

#### 1. How Culture Can Foster or Minimize Psychosocial Hazards

- Work overload and time pressure.
- Lack of control over work.
- Little reward or recognition for work accomplished.
- Violence or bullying in the workplace.
- Lack of trust.
- Perceptions of unfairness.



### **2. How Culture Can Foster or Seek to Reduce Work-life Conflict**

- The work environment, policies and/or degree of support from supervisors/managers make it difficult for employees to balance both work demands and external life situations such as family or personal responsibilities.



### **3. How Culture May or May Not Encourage Good Management Practices**

- Degree of role clarity and understanding of job expectations.
- Training and professional development, and their ability to manage workload.
- Perception of respect within the workplace and trust in management.
- Feelings of appreciation/recognition of effort.
- Experiences of discrimination or harassment.
- Perception of quality of organizational communication.
- Degree of social support from supervisors or coworkers.

### **4. How Culture May or May Not Show Commitment to Social Responsibility**

- Operate in a way that fosters respect and commitment from employees.
- Provide employees with volunteer or paid opportunities to contribute to activities that meet their psychological need to contribute to a greater social good.

### **Why it matters?**

Chapters 3 and 4 go into more depth on the legal and financial imperative for addressing workplace culture. From a health perspective, the bottom line is organizational culture impacts employee health.

How?

First, there is the link between organizational culture and the other two elements. In chapter 1, the link between health and safety outcomes and organizational culture was reviewed. A company can have all the right training and programs regarding health and safety, but if the culture is one that lacks a sense of team, or people have an ‘everyone for themselves’ mindset, or a collective belief that cutting corners is an acceptable way of working, then the culture will not support success in terms of a work environment’s physical health and safety.

The link to personal health resources is similar. An organization can have lots of great programs or policies to support healthy lifestyle practices, but if the culture does not foster an employees’ ability to engage in those programs or if they are so overworked or stressed that they do not feel able to put energy into healthy lifestyle efforts then an organization’s efforts to support healthy lifestyle choices (personal health resources) will not be successful.

For example:

- An organization that provides fitness/wellness facilities will see them underutilized if there is an unwritten expectation that employees work late, or managers are seen to be working long days, setting the expectation that others should too.
- An organization can have flextime policies, or other types of support in place to encourage employees to fit physical activity into their schedule in a way that works best for them, but if employees ‘give an evil eye’ to colleagues who come in at 10 or leave at 4 then the culture will not support the policy.
- An organization can have lots of healthy options in the cafeteria, but if ordering in fast food, bringing high fat/sugar snacks to meetings, having boxes of Timbits® out every day in the lunchroom is part of the ‘high pace culture’ of the organization, then the culture will not support healthy eating efforts.



In addition to the role organizational culture plays on the success of personal health resources and physical work environment efforts, organizational culture in and of itself has an impact on employee health.

“Ambiguity, inconsistency, uncertainty, in-security, arbitrariness, bad decision-making, self-centredness, rewarding the wrong things in the office, the fostering of office politics, and rewarding political behaviour – that’s the ear-mark of weak leadership. And if you are a lousy leader, you are making people sick.” — *Bill Wilkerson, 2001, IAPA Conference*

This quote summarizes in a nutshell some of the key organizational culture issues that impact employee health. If these management issues exist within a workplace, it is without a doubt having a negative impact on employee health. These are aspects of culture and to break it down into its simplest form, culture primarily affects health through the creation of feelings of overstress (distress). Distress affects employee mental and physical health.

Typical culture factors that can cause distress:

- high job demands – having too much to do with constant imposed deadlines;
- high job effort – requiring high mental or physical energy expended to achieve organizational goals;
- low job control – having too little influence over the day-to-day organization of one’s own work; and
- low rewards – low compensation, little acknowledgement or respect for effort.

Combinations of the above factors are what can have the most significant impact on health. The figure below (Figure 6), from “*Best Advice on Stress Risk Management in the Workplace*”<sup>5</sup>, summarizes all the negative health and safety effects that research has shown result from constant exposure to high demands and low control, or high effort and low rewards in the workplace. Figure 7 shows the resulting impact on the workplace.

Figure 6



Figure 7



The physical and mental health impacts of low control, low reward, high demand, high effort circumstances are amplified in cultures where employees do not perceive themselves to be treated fairly, where they have low degrees of trust within the workplace and where they lack a feeling of social support from supervisors and colleagues.



Collectively these psychosocial hazards in the workplace are sometime also referred to as mental injury hazards because their first impact is on the thoughts and emotions – or mental processes – of workers. Research shows that organizational factors are seen as playing a catalytic if not causal role in the precipitation of mental health/mental injury and addiction problems at work.<sup>6</sup> Psychosocial hazards increase, by two to three times, the risk of various mental disorders, especially depression, anxiety and substance abuse, in addition to decreased mental functions, such as innovation and creativity.<sup>7</sup>

Work-life conflict is another potential psychosocial hazard and information in this area is growing. Studies show that work-life balance has deteriorated significantly in Canada in the past 10 years.<sup>8</sup>

The implications for employers are serious. High levels of role overload and work-life interference result in employees who are significantly less committed to the organization, less satisfied with their jobs, and experiencing higher levels of job stress, absenteeism, Employee Assistance Programs (EAP) use, prescription drug use and intent to turnover. Data also show that employees with high work-life conflict have greater amounts of depression, burnout and absenteeism, make more trips to their doctor and hospitals, and have overall poorer level of health.

Since many identified psychosocial risk factors, such as the balance between demands and control or between effort and rewards, treating employees fairly, fostering open communication, supporting work-life balance, etc. are well within the control of the employer. There is a clear moral imperative, if not an implied legal duty, to address these issues.

### How can workplaces measure it?

- Review
  - Read absenteeism, turn over, exit interviews, etc. reports to identify potential issues/trends.
- Observe
  - Use intuition and powers of observation to pinpoint culture issues.
- Ask
  - Survey, interview or conduct focus groups with workers. Identify the right method to solicit honest respectful feedback into characteristics of the culture and employees' perceived priorities.

Some typical question 'areas' when seeking employee input into culture include whether or not they:

- feel they are treated fairly;
- believe their workload to be manageable;
- feel they are given everything they need to be able to do their job;
- feel they have input into how their job is done;
- feel they have a supportive boss;
- believe they have been harassed or discriminated against within the workplace;
- believe they are able to balance their work and family responsibilities well;
- believe they are adequately recognized/appreciated for the work they do;
- feel they have friends at work;
- feel the work expectations/structure supports them in living a healthy lifestyle;
- feel management communicates well with them;
- feel they can provide input/feedback to management; and
- feel a sense of trust in management.

Sample survey tools:

- the 'Business Health Culture Index' (BHCI) developed by Dr. Martin Shain provides a quick glance at how well the organization is balancing demands and efforts versus control and reward. This index consists of 4 questions and yields a numeric culture index. and
- 'Guarding Minds at Work' designed by the Consortium for Organizational Mental Healthcare includes as part of its process a free online survey tool that organizations can use to assess where the organization stands in terms of psychological health, civility and respect. (Click here for more information on Guarding Minds at Work <http://www.guardingmindsatwork.ca/>).

### How can workplaces influence it?

The literature clearly suggests that there are many changes in organizational culture and management practices/style that can eliminate or reduce the exposure to, and effects of, these psychosocial hazards. Some examples are:

- encouraging workers to participate in decision-making related to their jobs;
- encouraging workers to voice concerns and make suggestions – and then listening!;
- improving workers’ trust in the company, and managers’ trust of workers;
- demonstrating fairness in management style and application of policies;
- improving supervisors’ communication effectiveness and “people skills” (emotional intelligence);
- training and evaluating supervisors in giving rewards and appreciation appropriately;
- instituting 360° feedback for performance measurement;
- instituting flexible work options;
- supporting work-life balance with policies, practices and culture;
- consistently demonstrating respect for all workers and the work they do; and
- measuring employee stressors and satisfaction regularly, and then acting on the results in consultation with the employees.

Training and encouraging managers to be ‘supportive managers’, ones who:

- give positive feedback to employees;
- practice two-way communication (good listeners);
- show respect for employees;
- focus on output, not hours;
- demonstrate consistency;
- coach and mentor employees; and
- role model the behaviours and attitudes the organization wants employees to emulate.

Seek to reduce high work-life conflict by:

- making work demands and expectations realistic;
- providing flexibility around work;
- increasing employees’ sense of control; and
- focusing on creating a more psychosocially supportive work environment.

## Concluding Remarks

A healthy workplace is one that enables physical, mental and social well-being of employees by engaging employees in a meaningful way to create healthy, supportive working conditions. The working conditions addressed by a healthy workplace fall under three key elements:

1. conditions of the physical work environment;
2. conditions that support and enable positive personal health practices; and
3. conditions that foster a supportive organizational culture.

The three elements of a healthy workplace intersect one another. All three elements need to be addressed to achieve a truly healthy workplace.



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## **Chapter 3**

### **WHY SHOULD MANAGEMENT AND OTHER KEY STAKEHOLDERS CARE?**

## HEALTHY WORKPLACES: JOURNEY TO EXCELLENCE The Complete Guide

Welcome to Chapter 3 in our Healthy Workplace: Journey to Excellence ‘The Complete Guide’ Series! This chapter is the third of six chapters in our series:

- Chapter 1: What Health and Safety Problems are We Solving?
- Chapter 2: What do We Mean by a Healthy Workplace?
- Chapter 3: Why Should Management and Other Key Stakeholders Care?
- Chapter 4: What Proof is There That the Savings Outweigh the Costs?
- Chapter 5: How Can an Organization Get Started?
- Chapter 6: How WSPS Can Help

We are pleased to provide you this information and invite that you call us with questions or requests for help as you continue on your own healthy workplace journey – to excellence!



## Chapter 3

### WHY SHOULD MANAGEMENT AND OTHER KEY STAKEHOLDERS CARE?

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***A healthy workplace is good business. There are financial, legal and, most importantly, strategic business reasons for committing to a healthy workplace strategy.***

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#### Introduction

Why should management and other key stakeholders care about whether or not their organization has a healthy workplace strategy? A moral argument can be made that ‘wanting employees to be physically and psychosocially healthy is simply the right thing to do’. And it is. But there are business reasons as well. Simply put, it is a driver of organizational success. There is a strong connection between health and finances. For workers to be healthy they need a financially healthy organization. For an organization to be as financially healthy as possible it needs healthy workers; productive and healthy employees are an organization’s greatest asset.

In chapter 1, the link between a healthy workplace strategy and health and safety outcomes was outlined. It was made clear that for an organization to keep injury and illness rates low, and ensure injured workers get back to work as quickly as possible, a healthy workplace strategy is essential.

A healthy workplace strategy, however, can affect more than injury and illness rates. Some of these outcomes were briefly touched upon in chapter 2, which described each of the three elements of a healthy workplace strategy. Taking the moral obligation out of the equation, an organization’s bottom line is ultimately what drives most organizations’ decision to implement a healthy workplace strategy. Chapter 4 details the actual return on investment achieved through a healthy workplace strategy. This chapter, however, reviews the mechanisms by which such gains are made. Detailed data are presented that demonstrates the impact a healthy workplace strategy (or an unhealthy workplace) can have on various drivers of business success:

- employee engagement;
- employee absenteeism and presenteeism<sup>1</sup>;
- employee productivity;
- employee recruitment and retention;
- customer satisfaction;
- organizational liability;
- organizational reputation; and
- organizational costs.

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<sup>1</sup>Presenteeism is a major financial issue. Presenteeism describes situations in which employees, while still at work, are not fully engaged in their jobs due to illness or other reasons. When employees aren’t fully present at work, costs go up. Presenteeism affects the quality of work and puts employee safety and productivity at risk which can cause work-related accidents, equipment breakage, errors in judgment and in action, reduced quality of work, conflicts and interpersonal problems.

## Impacts on The Workplace

It is important to understand how employee health affects the workplace. Just as the performance of an athlete is determined by their physical and mental condition, so too is an employee's performance. An employee's ability to fully contribute to the organization is impacted by their own wellness, as well as the psychosocial work environment (organizational culture) which can either enable them or create a barrier to optimal performance.

### Personal Health Practice Impacts

An employee's ability to be present, productive and engaged at work, and to remain injury and illness free is linked to their personal health resources. When considering employee performance holistically, and weighing the value of a healthy workplace strategy, organizations should consider what it costs them to not support their employees in leading healthier lives.

For example:

- Excess body weight has been found to increase the risk of developing chronic conditions, such as diabetes, hypertension, heart disease, and osteoarthritis, as well as psychological distress and injuries to the back and knees.<sup>1</sup>
- Medications used for illnesses associated with obesity, such as diabetes, have been shown to be linked to an increased risk of workplace injuries.<sup>2</sup>
- Workers who both smoke and have regular consumption of alcohol have been found to have an elevated risk of occupational accidents.<sup>3</sup>
- Sedentary lifestyle is linked to increased work absenteeism due to psychological complaints, risk of depression, emotional exhaustion; and overall poor general health.<sup>4</sup>
- The negative impact of poor health outcomes to the employee include workplace injuries, back pain, substance abuse, risk of heart problems, conflicts, mental health issues, infections and certain cancers.<sup>5</sup>
- Employees who are unhealthy cost the employer through indirect costs associated with poor health: absenteeism, disability and presenteeism, which are 2 to 3 times higher than direct medical costs.<sup>6</sup>
- Employees with 3 or more risk factors (e.g., sedentary lifestyle, smoker, overweight, etc.) cost employers 3x those without such risk factors.<sup>7 & 8</sup>
- Unhealthy employees often have higher sick leave time and absenteeism rates, causing rising disability premiums, premiums for workers' compensation, disability case management costs, return to work costs, replacement worker costs, benefits costs, sick leave costs, loss of intellectual capital, work overload for colleagues, and indirect harm to their work team.<sup>9</sup>



## Psychosocial Impacts – Employee Engagement



Employees may be at work but are they engaged? The Conference Board of Canada defines employee engagement as ‘a heightened emotional connection that an employee feels for his or her organization, that influences him or her to exert greater discretionary effort to his or her work’.<sup>10</sup> High levels of engagement influences employee retention, productivity, customer service and loyalty. Highly engaged employees outperform their disengaged counterparts by 20 to 28 percent.<sup>11</sup>

When workers feel mentally and emotionally connected to their jobs, they are willing to apply discretionary effort to help their company succeed. Engaged employees are also less likely to leave, therefore decreasing recruitment, hiring and training costs.<sup>12</sup>

Towers Perrin (2007) found that the top employee engagement driver was the perception that senior management is sincerely interested in the well-being of the employee.<sup>13</sup> How can management show interest in the well-being of employees? Through organizational culture, effective management practices, effective health and safety programs and being supportive of positive personal health practices; all components of a healthy workplace strategy.

## Psychosocial Impacts – Employee Satisfaction

Employee engagement and employee satisfaction are strongly linked. They are both influenced by the same psychosocial/organizational culture factors and can be improved through an effective healthy workplace strategy. Research shows that assigning realistic expectations on employees and aptly and fairly rewarding their work are important predictors of employee satisfaction.<sup>14</sup> Dissatisfaction is a major cause of turnover and can have detrimental cost and performance effects on the organization.<sup>15</sup>

## Psychosocial Impacts – Reduced Stress

Employee stress costs Canadian businesses approximately \$12 billion a year.<sup>16</sup> According to the 2007/2008 Watson Wyatt Staying @ Work Survey, 48% of employers say that the stress created by long hours and doing more with fewer resources is negatively impacting business performance to a great extent. Yet, only 5% of organizations are taking any action to address these areas.<sup>17</sup>



There is a vast amount of evidence demonstrating individuals experience the greatest impact of stress, and many physical effects, when the psychosocial workplace environment is negative. A negative work environment, for an employee, occurs when demands of a job are high, their degree of control is low, they are not able to participate in decision-making that affects their job, workload is excessive, they lack social support, and they lack management support for balancing home and work responsibilities.

Psychosocial conditions strongly influence illness and injury in the workplace including musculoskeletal disorders.<sup>18</sup> Stress can increase not only rates of injury and illness, but the incidence (or severity) of depression and other mental health issues within the workplace. At any one time, 1 in 20 employees may be experiencing depression.<sup>19</sup> Indirect costs associated with employees with undiagnosed depression include poorer quality service delivery and possible customer dissatisfaction, decreased productivity and increased employment costs due to presenteeism.<sup>20</sup>

Management and other stakeholders should be concerned about stressors caused by a ‘negative environment’ because of the associated costs: increased WSIB rates, increased benefits costs, legal expenses, compromised profits due to error, and costs associated with training replacement workers, decreased productivity, increased absenteeism. Work stress can also impact other parts of an employee’s life, for instance, tension at home. Tension at home can in turn, exacerbate work problems.<sup>21</sup>

The bottom line is, excessive and prolonged degrees of stress is bad for business. A healthy workplace strategy can help address the organizational culture issues that may be the root cause of excessive stress, and, through the personal health resources element provide employees with increased capacity to deal with/respond to stress.

### **Psychosocial Impacts – Improved Work-life Balance**

Work-life balance is essentially a subset of the key points made previously about stress within the workplace. If employees are feeling a great degree of work-life conflict, the impact for the organization is similar: increased errors, decreased productivity, decreased employee engagement and satisfaction.

The psychosocial work environment has a profound affect on work-life. According to a Work-life Balance Study conducted by Duxbury and Higgins (2003), workplace culture was the single strongest predictor of role overload, work to family interference and family to work interference for both men and women.

For example:

- A workplace that says it encourages work-life balance among their staff but in-turn reinforces and rewards the opposite behaviour such as staying late, working outside core hours, e-mailing on evenings/week-ends or taking on extra work will start to see employees who are dissatisfied and less productive – and will see increased incidence of turnover. The culture of such a workplace is fostering the creation of work-life conflict.

A healthy workplace strategy can help identify organizational practices that may be creating high degrees of work-life conflict and put resolutions in place that will reduce the organizational risks associated with having employees who do not feel they have work-life balance.

### **Psychosocial Impacts – Respectful Workplace**

On the extreme end of the negative workplace culture, harassment and bullying in the workplace have significant impacts on employee health and performance. Research shows bullied employees waste between 10 and 52 per cent of their time at work. They spend time defending themselves and networking for support, thinking about the situation, being demotivated and stressed, not to mention taking sick leave due to stress-related illnesses.<sup>22</sup>





More commonly occurring within a workplace culture are circumstances where employees do not feel heard, supported or respected for their ideas and contributions. A review of Gallup studies showed that these factors, along with having learning and growth opportunities, as well as appropriate job fit, were the leading factors linked to organizational profitability.<sup>23</sup> The work of Dr. John Yardley also shows significant links between poor organizational performance and the concept of ‘incivility’ within the workplace.<sup>24</sup>

### **Psychosocial Impacts – An Overall Mentally Healthy Workplace**

Overall, a mentally healthy workplace is good for business. It is a workplace where employees feel a sense of clarity, security, support, and accomplishment. Such workplaces cultivate a culture of security for employees so that they might speak up about any needs or concerns that they may have, without fear of consequences.<sup>25</sup> Mentally healthy workplaces experience higher rates of employee retention and satisfaction and lower rates of absence due to sickness and stress.

### **Employee Recruitment and Retention**

Tightly linked to all of the psychosocial and personal health impacts cited above is employee recruitment and retention. It makes sense that an organization which fosters a culture of respect, trust, good communication, clear job responsibilities, opportunities for growth, realistic job demands, employee control over their work, employee recognition, healthy lifestyles and work-life balance is one that would retain employees better than an organization with a less attractive corporate culture. These are also critical factors in employee recruitment strategies.

How employees are treated is a part of a company’s reputation. In 2007, a study conducted by Towers Perrin showed that, aside from pay scale, recognition for work and reputation of the company were two key elements ranked high on recruitment.<sup>26</sup>

Employment expectations have changed. When seeking employment, employees are giving consideration to their physical and mental health along with financial compensation they will receive in a job. This is true especially for younger workers coming into the workforce – they want reasonable wages, meaningful work and the opportunity to maintain work-life balance. Older workers who stay in the workplace are looking for more flexibility and respect. The workforce is aging and with increased percentages of employees retiring, there will be a labour shortage in the future, making employee retention a challenge for employers. With the exit of seasoned employees also goes the organization’s intellectual capital. Attracting and retaining good employees is a key business driver.

### Corporate Social Responsibility



Employees increasingly want to work for organizations that are socially conscious. Employees are looking to work for organizations that (as part of their healthy workplace strategy) provide opportunities for employees to get involved in the community, volunteer or participate in fundraising – an aspect of corporate social responsibility (CSR).

In addition to the employee satisfaction, retention and recruitment efforts that a CSR strategy can impact, it also improves the organization's public profile. Although there is no universally accepted definition of corporate social responsibility, in general terms it is how an organization seeks to have positive impacts and minimize negative impacts on society, from a social, economic and environmental perspective. Investors and customers alike are taking notice of how an organization meets this expectation. CSR commitments and activities typically involve aspects of a firm's behaviour (including its policies and practices) including; health and safety, environmental protection, human rights, human resource management practices, corporate governance, community development, and consumer protection, labour protection, supplier relations, business ethics, and stakeholder rights.<sup>27</sup>

### The Legal Impact

Another business concern related to a healthy workplace strategy is legal issues. Now more than ever, workplaces have a legal responsibility to provide a physically and psychologically safe workplace. Currently, workplaces rely on health and safety legislation to dictate how the physical working environment should perform and operate. The legal requirements for employers and employees regarding organizational culture (psychosocial work environment) and personal health resources are ambiguous and unclear. Today, more legal cases are arising that address the employers' responsibility to provide a healthy workplace, focusing on all three elements of the workplace health model. In less than five years, Canada has seen an enormous increase in legal settlements due to psychological issues in the workplace, a rise from \$15,000 to \$950,000.<sup>28</sup>

As discussed above, an unhealthy work environment can cause psychological harm. If there is a probability that an organization's psychosocial environment could cause mental or physical harm, then legal and financial ramifications can follow. It is the employer's increasing responsibility, or due diligence, to 'do no harm' to workers by taking preemptive steps in recognizing, assessing, controlling psychosocial hazards in the workplace.

## Consider This

Dr. Martin Shain, leader of workplace health promotion, also has a background in law. He has developed a model that outlines three zones of psychosocial action in the workplace: liability, responsibility and discretionary.

- **Liability Zone**
  - Hazards: Harassment, discrimination, and bullying.
  - Impact: This zone has the biggest financial impact on the employer. The employer has a legal and moral obligation to protect employees from these hazards. Protecting employees and addressing issues in this area before they start will reduce further costs resulting from legal action.
- **Responsibility Zone**
  - Hazards: Employees feel they are treated unfairly and/or in an uncivil way.
  - Impact: This is the grey area between legal liability and discretionary practices. Employees who feel they are not being respected or have low job satisfaction, put themselves and the company at risk through lost productivity and absenteeism.
- **Discretionary Zone**
  - Hazards: Psychosocial issues that may not pose a direct legal threat.
  - Impact: If left unchecked, these psychosocial issues can lead to an organization losing or disengaging good employees, as well as increasing turnover rates and recruitment costs.



The message is clear. Ignoring psychologically harmful behaviours condones their prevalence in the workplace; employees see this and so do the courts. Employers who fail to set standards to establish and deliver civil, respectful workplaces risk leaving the company vulnerable to legal action. Management should realize that investing in a psychologically safe workplace is just as important as investing in a physically safe one. A psychologically safe workplace reduces the incidence of liability claims and improves the working environment, which ultimately affects the bottom line.

### Concluding Remarks

The lesson here is that good employees are an organization's greatest asset. To have optimal performance, an organization needs to make a conscious effort to create the culture and work environment that will best enable employees to work safely, while creating high quality outputs in efficient timelines. When employees feel respected, valued and satisfied in their jobs and the physical work environment is safe, they are likely to be more committed and productive in their work.

By creating healthy work environments and making health a top business priority, an organization can benefit from increased employee satisfaction, motivation and productivity, and in-turn decrease employee turn-over, absenteeism and insurance costs. In addition, such efforts can make it easier to attract and retain the best and the brightest talent.

For employers, a healthy workplace strategy is imperative to ensure a foothold in a competitive market place. If employers desire a productive and profitable business with increased levels of employee retention and satisfaction, they need to commit to improving their workplace health promotion efforts.

The question is no longer whether companies should invest in comprehensive workplace health promotion, but how best to design, implement and evaluate these programs for optimal results. Interventions don't need to be large to make a difference.

When the workplace environment is unsafe, stressful or unhealthy both the organization and the employees are negatively affected. This gives real cause for concern, not only because of the direct and indirect health costs involved but also because of the impact on customer service, service delivery, the individual employee and the reputation of the company. The cost of doing nothing to support a healthy workplace is enormous.

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***People want to stay with organizations that have a demonstrated ability – and an ongoing process – to retain good people. The moment individual contributors who have the respect of their peers walk out the door, others are more inclined to follow.”***  
***Towers Perrin Global Workforce Study – Canada 2005***

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## **Chapter 4**

**WHAT PROOF IS THERE THAT THE SAVINGS OUTWEIGH THE COSTS?**

## HEALTHY WORKPLACES: JOURNEY TO EXCELLENCE The Complete Guide

Welcome to Chapter 4 in our Healthy Workplace: Journey to Excellence ‘The Complete Guide’ Series! This chapter is the fourth of six chapters in our series:

- Chapter 1: What Health and Safety Problems are We Solving?
- Chapter 2: What do We Mean by a Healthy Workplace?
- Chapter 3: Why Should Management and Other Key Stakeholders Care?
- Chapter 4: What Proof is There That the Savings Outweigh the Costs?
- Chapter 5: How Can an Organization Get Started?
- Chapter 6: How WSPS Can Help

We are pleased to provide you this information and invite that you call us with questions or requests for help as you continue on your own healthy workplace journey – to excellence!



## Chapter 4

### WHAT PROOF IS THERE THAT THE SAVINGS OUTWEIGH THE COSTS?

#### Introduction

To invest in a healthy workplace strategy or not to invest; that is the question.

In chapter 3, various reasons for investing in a healthy workplace strategy were outlined. Still, for many organizations, the decision ultimately comes down to how such a strategy affects the bottom line; do those business choices result in a net gain for the organization?

In this chapter, evidence of positive return on investment is reviewed, along with considerations for questioning the strategic reasons for focusing on return on investment as the primary indicator of success.

#### Return on Investment

Whether looking to affect the bottom line through cost savings, or increased productivity/profit, it is first important to understand the return on investment formula. Return on investment (ROI) is used to determine the success of an investment using a financial indicator as the performance criteria. A rudimentary ROI calculation exists by subtracting the investment costs (expenses) from the savings earned plus any increases in revenue – divided by the total by the expense (see Figure 1).

Figure 1

$$\frac{\left( \begin{array}{c} \$ \text{ cost} \\ \text{savings} \end{array} + \begin{array}{c} \$ \text{ due to increased} \\ \text{productivity} \end{array} \right) - \begin{array}{c} \$ \text{ Expenses/} \\ \text{Investment} \end{array}}{\begin{array}{c} \$ \text{ Expenses/Investment} \end{array}} = \text{ROI}$$

Consider this example:

- Senior leadership of a business commits to an investment of \$45,000 a year over three years (\$135,000 total investment) into a healthy workplace strategy, the costs included:
  - operating costs of a healthy workplace committee;
  - 0.25 FTE (full time equivalent) for an HR employee to work as a healthy workplace coordinator;

- implementation and analysis of a situational assessment;
  - implementation of physical activity and nutrition programming;
  - implementation of a smoking cessation program;
  - development of four new workplace policies;
  - training and coaching for managers on communication, leadership and group dynamics; and
  - training for all employees on taking ownership.
- The business observes the following cost savings:
    - an 8%, 20% and 26% drop in benefit/health related costs (compared to baseline) in years 1,2,3 respectively (with baseline costs of \$224,000/year this represents a total savings of \$121,000 over 3 years); and
    - a 15%, 18% and 34% drop in absenteeism related costs (compared to baseline) in years 1,2,3 respectively (with baseline costs of \$347,000/year this represents a total savings of \$232,000 over 3 years).
  - Although the business saw a 2%,3% and 5.5% increase in profit, they could not isolate the cause/link it directly to the healthy workplace strategy and hence did not include productivity/profit increases in their formula.

In this scenario, even without a productivity measure, the organization was able to demonstrate a 161% ROI, (See figure 2).

Figure 2

$$\frac{(\$353,000 + \$n/a) - \$135,000}{\$135,000} = \mathbf{161\% \text{ ROI}}$$

More complex ROI formulas provide different weights for savings versus increased profit. Each dollar saved, in terms of net gain, is actually worth more than each extra dollar earned. However, for the sake of simple estimations regarding whether or not a return on investment exists, the formula above is effective.

It is important to recognize, however that workplaces who do calculate ROI spend years gathering and analyzing data; a measurable outcome within any of the components of the formula is not typically simple to delineate. Calculating ROI takes time for the data collected to be meaningful. Changes do not happen quickly and it is common for financial return-on-investment expectations to be unrealistic. Reduced costs and expenditures evolve slowly and quantitative improvements in health care costs can take up to three years and beyond to be observed. However, short-term benefits come in the form of increased employee participation and satisfaction, and can provide the foundation for financial return-on-investment later on.<sup>1</sup>

## Evidence of Return on Investment (ROI)

There are published data showing healthy workplace strategies have a positive return on investment through various outcomes.

### Decreased

- Absenteeism and turnover
- Litigation
- Accidents, illness, levels of stress and depression
- Insurance claims and costs
- Use of short and long-term disability

### Increased

- Health and safety performance
- Employee satisfaction
- Employee engagement
- Productivity
- Profit

For example, in a 2005 meta-analysis that reviewed 56 published studies, researchers found the following average gains:

- 27% reduction in sick leave absenteeism;
- 26% reduction in health costs; and
- 32% reduction in workers' compensation & disability management claims costs.<sup>2</sup>

The average cost savings was \$5.81 saved for every \$1 invested.

In 2008, another meta-analysis looking at a total of ten different reviews dealing with the economic benefit of workplace health promotion found that all of the studies concluded that workplaces, in the long term, financially profited from implementing workplace health promotion. The factors most impacted were absenteeism and medical costs. On average, the reviews showed for every \$1 spent workplaces can save a minimum of \$2.50 due to reduced absenteeism and an additional (minimum of) \$2.30 due to reduced medical costs.<sup>3</sup>

Canadian exclusive data have also shown consistent positive ROI results. Consider:

- in Canada, investment in a healthy workplace strategy has shown range from \$1.50 to \$6.15 return for every dollar invested;<sup>4</sup>
- a 2005 review of 73 published studies on workplace health efforts reviewed absenteeism and health care costs and found a range of \$3.50 \$1.00 savings-to-cost ratio;<sup>5</sup> and
- BC Hydro, Canada Life Insurance and Telus BC found an average ROI of \$3 saved for every \$1 spent.



And, more broadly, according to the 2007/2008 Staying@Work Report by Watson Wyatt, companies with the most effective health and productivity programs experienced superior performance in three significant areas:

- 20% more revenue per employee;
- 16.1% higher market value; and
- 57% higher shareholder returns.<sup>6</sup>

## Contributing to ROI

Although there are ROI statistics that provide a strong business case for workplace health promotion, there are other indicators that some businesses choose to use. Organizations can measure the success of their healthy workplace efforts by what they consider strategically important to the company. In chapter 1, various examples/statistics demonstrated the impact that a healthy workplace program can have on injury/safety/return-to-work metrics. The following provides examples of workplace health promotion initiatives organizations have chosen to measure through various key organizational outcomes such as absenteeism rates, short term and long-term disability costs, productivity, and total health care costs.

Consider:

- In 2007, Dofasco (a steel plant in Hamilton, Ontario, that was taken over by AcelorMittal) had to present the financial value of their healthy workplace program to their parent company. Their data showed that by supporting worker healthy lifestyle practices, there was opportunity to reduce lost time injury by 46%.<sup>7</sup>
- MDS Nordion reduced sick day usage to 4 days per year, compared to 7.4 days on average.<sup>8</sup>
- Delta Hotels decreased turnover to 19-22% compared to 40-60% in their sector.<sup>9</sup>
- Irving Paper decreased their short-term disability costs by over 50% between 1995 and 2000, with a savings of over \$80,000.<sup>10</sup>

Although the cost factors are different in the United States, due to the lack of universal health care, the evidence of positive gains is still valuable. Consider the outcomes below realized through healthy workplace programs.

- Prudential Insurance showed a 46% decrease in benefit expenses.<sup>11</sup>
- Coors Brewing Company showed an 18% drop in absenteeism.<sup>12</sup>
- At one manufacturing company implementing an obesity management campaign, over the course of a year, they decreased 7 out of 10 health risks, reduced health care expenditures by \$184,582 and saw productivity improvements of \$127,173.<sup>13</sup>



## Non-Financial Metrics

Although using absenteeism and health care costs as a measure of success are not in and of themselves return on investment numbers, they are still examples of financial indicators. However, as alluded to above, the success of a workplace health program is not always measured in financial return. A Buffett and Company report showed that for 87.4% of businesses surveyed in Ontario the number one and two considerations respectively, that demonstrated success of their healthy workplace strategy, was 'positive feedback' and 'improved employee morale'. This suggests that the driver for a healthy workplace for many organizations is beyond direct financial measures and more strongly linked to employee engagement and/or satisfaction. In fact, only 5% of businesses indicated positive return on investment was one of their considerations for success of their program.<sup>14</sup> A study conducted by Downey and Sharp in 2007, confirmed that among Canadian senior general managers and human resource managers in the manufacturing sector, one of the most important drivers to invest in workplace health promotion programs was their belief that the programs would impact morale.<sup>15</sup>

For those companies focused on improving employee engagement, satisfaction or morale metrics, there is also evidence to support this link. Consider the following examples.

- A UK study showed that within one year of implementation of a workplace health promotion program, employees' perception of the division's desire to improve service increased by 16%, their perception of opportunities to expand their skills increased by 17%, their perception of their own involvement in work decisions increased by 25%, and their belief that the institution had an interest in employee well-being increased by 17%. All of these factors contributed to a significant increase in employee satisfaction and levels of discretionary effort.<sup>16</sup>
- In a 2001 review, researchers cited three significant studies that demonstrate workplace health promotion positively affecting levels of employee mental alertness, job satisfaction, morale and productivity.<sup>17</sup>
- A study of over 2,500 randomly employed personnel showed that those who self-rated their work environments as healthy had higher job satisfaction, commitment and morale, as well as lower absenteeism and intent to quit.<sup>18</sup>
- Another study of the effects of a health promotion program within a financial organization demonstrated significant improvements in self-assessment of high stress inside and outside the workplace, stress signs, and feelings of depression. The organization also saw a 54% reduction in turnover.<sup>19</sup>

### Reality Check

There are a lot of examples, numbers and statistics presented within this chapter that link healthy workplace initiatives to positive organizational outcomes. Many more examples could also be included. Organizations should, however, be cautious in how they interpret these data. It is important for organizations to recognize that across these examples/data there is no consistency to what is being measured, nor what sort of interventions/programs are being put in place. It is a complex task to accurately calculate true impacts/outcomes. It is even more complex to identify a causal relationship with metrics impacting productivity or profit. Various studies also show the results of some workplace health promotion efforts to be inconclusive. It is equally important to recognize that the examples that exist (and are published/accessible) are still an insignificant number relative to the number of workplaces that exist. And most organizations do not evaluate their health promotion efforts. Even for those organizations that self-identify as an organization actively implementing a workplace health promotion program, a Buffet & Company National Wellness Survey reports that:

- fewer than 33% have a budget;
- only 15% have an operating plan; and
- less than 30% are evaluating their efforts.<sup>20</sup>



What does all of this mean? It means not all health promotion efforts are created equal.

There is a lot of inconsistency in workplace health promotion. For workplace health promotion programs to have an impact, they must be needs-based, well designed and well implemented. Conclusive research shows that some of the most important factors in having an effective workplace health promotion program includes a focus on aspects of the job itself (e.g. degree of control), along with employee participation in the planning of the program and supportive management. A study

that compared organizations implementing workplace health promotion best-practices to those implementing common practices found outcomes 1.08-2.35 times better with those implementing best practices.<sup>21</sup> And, according to the Conference Board of Canada, organizations that align their workplace health and wellness programs with their vision, mission, and values are more likely to include initiatives related to the psychosocial and physical work environments and more likely to have higher degrees of success.<sup>22</sup>

It is also critical that an organization be realistic about its expectations regarding what a healthy workplace strategy can do for them. A healthy workplace strategy will not solve all of a business' problems, nor is it necessarily the right solution for all businesses. What is important is for employers to consider carefully what they want to achieve from a healthy workplace strategy. As previously mentioned, for many, the number one and two considerations respectively, is 'positive feedback from participants' and 'improved employee morale'.<sup>23</sup> Often, when evaluating the success of a program, employee psychosocial outcomes seem to be higher on the priority list. As discussed in chapter 3, organizations may also want to also consider their reputation, as well as their legal, moral and other strategic reasons for engaging in a healthy workplace strategy. Whatever an organization deems to be the goal/intent of a healthy workplace strategy, it is important they are strategic in their programming decisions and that they clearly identify how they will measure the success of their program.

### The Need

Defining success for a healthy workplace program starts with a need. The need may be pro-active and strategically driven. Or, the need may be reactive, responding to a problem or concern the business has. Businesses that are not sure of the scope or cost of some problems they may be facing should consider the following statistics that suggest healthy workplace strategies are needed.

#### Lifestyle/Personal Health Resources

- The Conference Board of Canada reports that each worker who smokes costs a company an additional \$2,500/year.<sup>24</sup>
- Employees who smoke are absent almost twice as much as their non-smoking colleagues.<sup>25</sup>
- Recent studies show obese workers have twice as many compensation claims, seven times the medical claim costs and 13 times as many lost work days as those in their recommended weight class.<sup>26</sup>
- Medical care costs for employees who are not physically active are 5% higher than for those who are active a mere one day per week.<sup>27</sup>
- Telus Mobility estimates that each health risk factor (e.g. poor nutrition, obesity, smoking, etc.) costs their organization about \$2,000 per employee per year.<sup>28</sup>
- Employees with five health risks or more, on average, incur over \$3,000 more per year in medical costs and are 12% less productive at work than those with two or less risk factors.<sup>29</sup>



## Psychosocial/Organizational Culture

- According to Jana Raver of Queen's University, 5-15% of workers in Canada, experience bullying.<sup>30</sup>
- The Workplace Bullying Institute Report indicates it can cost an organization up to \$20,000 annually per worker targeted by physical or psychological harassment.<sup>31</sup>
- Frequent conflicts with supervisors or colleagues, and high psychological and emotional job demands more than double the risk of being injured in an occupational accident.<sup>32</sup>
- Warren Shepell reported a greater than 30% increase in the number of employees seeking help for work-related conflict from 1999-2001.<sup>33</sup>
- Employees reporting high role overload are 13x more likely to be thinking of leaving their employer, 12x more likely to report burnout, 6x more likely to experience high levels of stress, and 4x more likely to have high levels of absenteeism.<sup>34</sup>
- Employees who report their managers as 'insensitive' miss 68% more days of work than colleagues who report their managers as 'sensitive'.<sup>35</sup>
- The rate of presenteeism is estimated to be as much as three times higher than absenteeism.<sup>36</sup>
- The Mood Disorders Society of Canada estimates that 75% of short-term and 79% of long-term disability claims are related to mental health in Canada.<sup>37</sup>
- Total annual estimated cost for a depressed Canadian employee:
  - \$14,579.74 in reduced efficiency/productivity while at work; and
  - \$20,335.56 in absenteeism.<sup>38</sup>



As with the financial return on investment data, the above examples, along with those presented in chapter 3, are merely a few of the statistics that suggest why there is a need for workplace health promotion. A need that, if addressed can become an opportunity for an organization.

## Concluding Remarks

Whatever issues, concerns or opportunities an organization is facing, critical strategic consideration should be given to whether or not a workplace health promotion strategy makes sense for them. It is not to be suggested that a healthy workplace strategy is a 'silver bullet' that can target all issues, but it is an option that has been shown to be effective when done well. It should be part of a strategic discussion held by the senior leaders and stakeholders of any organization that believes they can benefit from having physically and psychologically healthy employees.

For organizations seeking to implement a workplace health promotion strategy, it is important they clearly identify their goals and metrics, and that they implement best-practices such as those summarized in Health Canada's seven-step model outlined in chapter 5.

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## **Chapter 5**

### **HOW CAN AN ORGANIZATION GET STARTED?**

## HEALTHY WORKPLACES: JOURNEY TO EXCELLENCE The Complete Guide

Welcome to Chapter 5 in our Healthy Workplace: Journey to Excellence ‘The Complete Guide’ Series! This chapter is the fifth of six chapters in our series:

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- Chapter 3: Why Should Management and Other Key Stakeholders Care?
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- Chapter 5: How Can an Organization Get Started?
- Chapter 6: How WSPS Can Help

We are pleased to provide you this information and invite that you call us with questions or requests for help as you continue on your own healthy workplace journey – to excellence!



## Chapter 5

### HOW CAN AN ORGANIZATION GET STARTED?

#### Introduction

As mentioned in chapter 4, not all healthy workplace strategies are effective in achieving their goals. Those that are most effective follow best practices, and best practices are about the process used when identifying, developing and implementing a healthy workplace strategy. By using a best practice approach, an organization is inherently being responsive to the priority needs of the organization and engaging employees in the planning process – two critical factors for success.

There are various best practice models for workplace health promotion that generally have between six and eight steps. The differences between the models are minor and all of the models are consistent with project management and change management principles that:

- engage key stakeholders and assign leaders/owners;
- assess the situation and prioritize needs; and
- plan, implement and evaluate action plans.

In this chapter, details are provided on the specifics of one particular best practice model. This model was developed by Health Canada and involves seven steps. Like other models, the first step – the key to getting started successfully – is to get support from senior management and other key stakeholders.

#### An Overview of Health Canada's Model<sup>1</sup>

##### Step One: Gain commitment

- To ensure there is buy-in from senior leadership, unions, and other key stakeholders.

##### Step Two: Form a committee

- To plan and implement a healthy workplace strategy.

##### Step Three: Do a needs assessment

- To determine key organizational issues, as well as the needs and wants of employees and management.

### **Step Four: Analyze the results**

- To prioritize issues identified by the needs assessment and problem-solve solutions.

### **Step Five: Develop a workplace health plan**

- To have a 3 to 5 year healthy workplace strategy, and to identify a clear vision of the intended outcome.

### **Step Six: Develop program action plans**

- To choose evidence-based activities and assign responsibilities/actions that logically align with the vision/strategy.

### **Step Seven: Review and evaluate**

- To recognize success and identify opportunities for improvement.

## **Step One: Gain Commitment**

An organization that has a successful healthy workplace strategy in place, with support from management, will have employees answering yes to the following questions, developed by the National Quality Institute and Health Canada.<sup>2</sup>

- Do your leaders demonstrate, through their comments and action, a commitment to the management of a healthy workplace?
- Does your organization acknowledge and value their people within the vision and/or mission statement?
- Is there an overall health policy in place stating your organization's intent to protect and promote the health of all employees by providing as healthy of an environment as possible?
- Do you have a mechanism in place to review relevant occupational health and safety legislation and are you in compliance with such legislation/regulations?
- Do you have a shared leadership structure in regard to healthy workplace issues, for example, through a Healthy Workplace Committee?

Such examples of observable stakeholder commitment to a healthy workplace are great indicators of success. They are, however, not the type of commitment an organization can typically seek to achieve from key stakeholders when they are initiating a healthy workplace strategy.

## Initial Commitment

In the beginning, ‘gaining commitment’ means that key stakeholders:

- engage in discussions and develop a common understanding of the purpose/vision of a healthy workplace strategy’;
- allocate human and/or financial resources to, at a minimum:
  - the development and operation of a healthy workplace committee; and
  - the implementation and interpretation of a needs assessment;
- state their commitment to assigning ‘some degree’ of human and financial resource support to address recommendations that come out of the needs assessment;
- agree to have representatives from each key stakeholder group participate on the healthy workplace committee; and
- agree to share existing organizational information that will inform the needs assessment.



## Methods

How an organization goes about gaining commitment from key stakeholders will vary from organization to organization. The methods used to obtain commitment need to be planned and well thought out, based upon the specific dynamics of the organization. Examples of common methods used include:

- individual networking meetings/discussions;
- strategic identification and engagement of ‘key influencers’ to host individual networking meetings/discussions;
- presentations to key stakeholder groups; and
- development of a written business case or business impact analysis.

Whatever method (or combination of methods) is deemed best, it is important that the messaging used in discussions, presentations and written reports be customized to the specific issues of the organization. What does this mean? It means that, although there are examples of healthy workplace strategies impacting a wide range of issues including health care costs, turnover, absenteeism, employee satisfaction, organizational recruitment/reputation, etc., it is important to focus on the examples/data that are a priority to the organization. In other words, if a healthy workplace strategy is positioned as a potential solution to an unrealistic range of issues it is likely to be met with a high degree of skepticism and scorn.

It is critical that whoever is trying to ‘gain commitment’ already has an understanding of:

- (a) who the key stakeholders and decision-makers are; and
- (b) what the priorities of the key stakeholders and decision-makers are.

The person or team seeking to ‘gain commitment’ must customize their message to the priorities/needs of their stakeholders. If they are not certain what the priorities are (and they will likely be different for different stakeholders), then research is their true starting point. They need to view the key stakeholders as their client and work first to understand the needs/issues of their client. If their client has true needs/issues that can be addressed by a healthy workplace strategy, it makes sense to proceed with meetings, presentations or reports to seek to obtain commitment. If the priority issues of the client are not likely to be addressed through a healthy workplace strategy, it does not make strategic sense to ‘push’ a healthy workplace agenda.

### **Limitations**

As much as possible, when discussing/presenting the idea of a healthy workplace strategy to key stakeholders, the information should be customized to the company and/or industry. This is often the catch-22 to obtaining commitment. Many key stakeholders do not want to commit until they see the type of data/evidence that would come out of a needs assessment. However, commitment is needed to proceed with a needs assessment. For some organizations this means adjusting their expectation of what commitment, in the early stages, looks like. They may need to set their sights on first obtaining commitment to the needs assessment. Obtaining philosophical buy-in to the need and coming to a consensus on the vision of the strategy may need to occur after the needs assessment results are in.

It is critical, however, that if the needs assessment involves an active method of gaining employee input (e.g., survey), key stakeholders need to commit to acting on whatever results are obtained. It can erode trust in an organization if questions are asked of employees and no action is taken by management in response. Consequently, a survey should only explore those areas/issues of the organization that the organization would be willing to address/respond to. As such, during the ‘gain commitment’ phase, potential scenarios/outcomes need to be posed to the stakeholders to gauge their willingness to respond to results. It is ill-advised to proceed with an employee component of a needs assessment if key stakeholders will not, in the least, commit to addressing some of the issues and/or opportunities identified.

### **Step Two: Form a Committee**

One of the signs of key stakeholder commitment is the allocation of human and financial resources to the development and operations of a healthy workplace committee. Ideally, a healthy workplace committee should consist of:

- representatives of the key stakeholder groups (including senior management);
- representatives of various departments/roles across the organization;
- individuals who have bought-in to the idea of a healthy workplace strategy and are keen to see it be successful; and
- at least one worker and one senior management representative.



Typically, there are two different types of approaches that organizations take to committee recruitment. The first approach is an open call for interest. In this scenario members identify their interest in participating on the committee. This increases the likelihood of having committee members who are aligned with and interested in a healthy workplace approach. It does, however, decrease the likelihood of having appropriate representation from the various key stakeholder groups, departments, etc. The second approach is systematic strategic recruitment, which can ensure appropriate representation but may result in committee members who are not truly bought-in to the cause. Both approaches have their up and downsides, and the literature does not conclusively point to one approach over the other. The best approach is likely a combination of the two, where a call for volunteers is made and then strategic recruitment occurs to fill any representation or skills (see below) gap that may exist.

### **Committee Knowledge/Skills**

As with other committees, it is important the healthy workplace committee has:

- certain knowledge of workplace health promotion principles and approaches that is understood by all members;
- certain knowledge and skills that are represented on the committee; and
- at least one member with a more advanced understanding of healthy workplace practices and/or organizational development principles.

In terms of the knowledge that should be common across all members, this is typically assured through a member training/orientation that covers such fundamental principles as:

- the definitions and explanations of all three elements of workplace health promotion;
- the seven steps of the workplace health promotion planning model;
- principles of employee participatory planning;
- how to recognize psychosocial hazards and barriers to application of positive personal health practices;
- a review of the goals, roles and responsibilities (terms of reference) of the committee; and
- clarification of the role of the healthy workplace committee versus the joint health and safety committee and how the two committees will interact.

In terms of skills that should exist/be represented within the committee, the following are good to include:

- facilitation and meeting management;
- data collection and analysis;
- program planning; and
- communication planning/development.

It is also important that at least one member of the committee have a more advanced understanding of health promotion best practices and/or organizational development practices. It is common for organizations to engage an external expert on the committee in an advisory capacity to fill this role.

### Committee Terms of Reference

It is important the committee's work is formalized through the development of a terms of reference (or project charter). Listed below are key concepts to include within the terms of reference.

- *Statements of purpose:* Clearly state both the goal of the healthy workplace strategy and the goal of the healthy workplace committee (e.g., the goal of the healthy workplace initiative is to create a working environment and culture that is supportive of employees physical and emotional health. The purpose of the healthy workplace committee is to monitor the healthy workplace initiative, identify priority issues and make recommendations to management regarding opportunities for improvement.),
- *Composition of committee:* Identify the minimum requirements regarding representation on the committee (e.g., at least one senior management, at least one representative from human resources, at least one member with expertise in evaluation, etc.).
- *Term:* Define the length of time members are committed to the committee and/or how often the committee membership will be reviewed and updated (e.g., Committee members are committed for one year terms which can be renewed indefinitely. The terms of reference and the makeup of this committee will be reviewed on an annual basis.).
- *Roles & responsibilities:* Describe the specific roles that exist on the committee and their subsequent duties (e.g., committee chair, secretary, communications coordinator, etc.).
- *Decision making:* Identify what decisions can be made by the committee and what needs to be passed up for approval, along with what decision-making process will be used (e.g., consensus versus majority, etc.).
- *Quorum:* State the number (or percentage) of members who need to be in attendance at a meeting for business to be conducted/decisions to be made.
- *Minutes and record keeping:* Specify how the committee will document its work and the decisions that are made.
- *Frequency of meetings:* Outline how often the committee meetings will occur (e.g. the first Monday of each month).
- *Reporting:* Define what, when, and how often the committee will be required to submit reports to management or other identified key stakeholders.

### Step Three: Do a Needs Assessment

The third step involves conducting a needs assessment. A needs assessment is a process of gathering information to obtain a clear understanding of key organizational issues, as well as the needs and wants of both employees and management. The idea is that by conducting a needs assessment an organization gains an accurate and thorough understanding of the working environment. Through data analysis an organization will be able to identify the gap between the current and desired state, prioritize areas of action and develop recommendations for improvement.

It is recommended that the assessment start with a review of existing information such as:

- joint health and safety committee reports;
- illness, absenteeism, injury, grievance or exit interview reports; and
- past employee survey results (e.g., satisfaction, engagement, interest, etc.)

Too often organizations jump to conducting an employee survey before looking at the data they already have on hand. It is possible that the information already on hand (if it includes some type of employee input) may already be adequate to identify organizational priorities. Or, the existing data can be used to narrow down/identify what information gaps need to be addressed. Once the information gaps are identified, interviews, focus groups or employee surveys can be implemented to gather data about perceptions of all three avenues of workplace health (from key stakeholders and employees).

If an organization implements an employee survey, there are a few considerations/options to keep in mind. One of the most important considerations is whether or not it will be managed internally or externally. Typically employee surveys are implemented externally to reassure respondents of confidentiality and anonymity of responses. Other considerations pertain to customization and cost. An organization can either choose to use a standard assessment tool 'as is', or customize an existing tool.

Consider the examples below.

- a) Company A chooses to use an existing tool 'as is'; the free Guarding Minds at Work: PSR-12 Employee Survey (available online at: <http://www.guardingmindsatwork.ca/Index.aspx>).<sup>3</sup> The data are collected and compiled through an online database system and a copy of the results are provided to Company A.
- b) Company B chooses to use an existing propriety tool, the NQI Healthy Workplace Check Up because they are interested in achieving an NQI healthy workplace award (more information on the assessment tool can be found at: [http://www.nqi.ca/nqistore/product\\_details.aspx?ID=240](http://www.nqi.ca/nqistore/product_details.aspx?ID=240)).<sup>4</sup>
- c) Company C chooses to modify a free existing tool called Health at Work Needs Assessment Questionnaire that is in the public domain developed by the Haldimand Norfolk Health Unit (available online at: [http://www.thcu.ca/workplace/sat/tool\\_details.cfm?toolID=81](http://www.thcu.ca/workplace/sat/tool_details.cfm?toolID=81)).<sup>5</sup>
- d) Company D chooses to work with an external partner, the Workplace Health Research laboratory at Brock University, to customize that partner's Employee Feedback System survey tool (more information available at: [http://butler.brocku.ca/buwi/tools/pdf/WHRL\\_EFS\\_Fact\\_Sheet.pdf](http://butler.brocku.ca/buwi/tools/pdf/WHRL_EFS_Fact_Sheet.pdf)).<sup>6</sup>
- e) Company E chooses to research various tools and questions and develop their own customized tool using an online survey development and implementation tool called Survey Monkey (online at: <http://www.surveymonkey.com/>).<sup>7</sup>

There are many different tools and many different ways to approach the implementation of a needs assessment. Some companies opt to use interviews or focus groups instead of surveys. In fact, a focus group can be a quick and cost effective way of gaining valuable insights from employees into the issues the organization is facing. Careful consideration should be given to creating a sense of trust so that employees feel able to share their insights without fear of repercussions.

Each company must determine for themselves what approach, tool or external assessment service/partner is best for their company. When working with clients, WSPS has a few different assessment tools they use. For more information on WSPS's approach, refer to chapter 6.

For those looking for more information on survey tools, The Health Communication Unit at the University of Toronto has a database of information on healthy workplace situational assessment tools available at: <http://www.thcu.ca/workplace/sat/index.cfm>. They divide assessment tools into six categories:



1. employees' needs;
2. employees' interests;
3. employees' current lifestyle practices;
4. employees' health risk assessment;
5. organizational culture; and
6. workplace audit (of existing programs, supports, etc).

Whatever tool or method of gathering information is used it is important that it is a valid/credible method of gathering information and that all three avenues of workplace health are considered during the assessment: physical environment, personal health resources and organizational culture.

As mentioned under step one it is also important that, before inviting input from employees, the scope of changes management is willing to entertain is explored. It is unwise to ask questions that might invoke responses management is clearly not willing to respond to/deal with. Similarly, the data collected may be highly personal/sensitive and it is important that appropriate data collection and management strategies are put in place.

### **Step Four: Analyze the Results**

Once the data have been compiled and cleaned up, analysis of healthy workplace survey results is typically focused on finding trends in:

- participant high or low rankings/responses to particular questions;
- participant open-ended comments about issues within the working environment;
- unique responses from particular departments or sub-populations (e.g., gender, ethnic groups, age groups); and
- management versus employee responses.

The depth and degree of analysis can vary significantly depending upon the number of respondents and the degree to which an organization wishes to explore the possibility of relationships between multiple variables. It is beyond the scope of this document to discuss qualitative and quantitative statistical analysis techniques.

What should be emphasized is that an analysis does not need to be complex. It is important that organizations remember the purpose of the analysis: to identify the priority issues within the organization. Most organizations

are not looking to implement a survey with the rigor applied in an academic context. Ideally, analysis should be completed with a continuous improvement philosophy in mind. Meaning, an organization seeking to adopt a healthy workplace strategy is not undergoing a one-time only assessment and intervention. Nor is it realistic to expect they address all issues identified. Typically, an organization establishes a needs assessment technique that they expect to implement every 3-4 years to identify the evolving/remaining priority issues.

Once an organization has identified the priority issues, they should communicate the results to employees and seek to confirm the identified priorities. Once priorities are confirmed, further analysis is required to confirm and/or identify the root/contributing cause of the issues. It is the root cause analysis that enables recommendations for change/improvement to be made.

Best practices emphasize the importance of employee participation in the problem-solving process. One approach seen to work is conducting a focus group with select employees during which the key results are shared, their input on the results is gathered, and they are engaged in root cause analysis and problem-solving discussions.

The most important outcome of the analysis step is that there is an adequate understanding of key issues and the ability to make recommendations for action.

### **Step Five: Develop a Workplace Health Plan**

This is the step where the overall healthy workplace strategy is defined. Based upon the results of the needs assessment, a 3 to 5 year strategy should be developed to provide a clear vision of what the organization is working towards.

Ideally, in step one an overall goal/vision for the healthy workplace strategy was identified. At step five it is important to revisit the original healthy workplace goal and determine whether it is still suitable, or if it needs to be updated based on new information/insights gained through the needs assessment.

The goal for a strategy should be a broad direction setting statement. For example:

- to provide supportive management and a working environment that enables employees to be safe on the job, to be psychosocially healthy and to make healthy lifestyle choices.

Based upon the goal and the outcomes of the needs assessment, strategy objectives should be set and key approaches identified.

### **Outcome Objectives**

Outcome objectives are broken into short and long-term objectives. Objectives should be ‘SMART’ objectives (specific, measurable, attainable, realistic and time-limited), and need to align with both the strategic goal and the vision/mission and values of the organization.

Examples of healthy workplace objectives include:

- to decrease the number of employees who smoke by 20%, by the year 2012;

- to improve employee satisfaction scores by 12 points, by the year 2011;
- to decrease the percentage of employees reporting high levels of work-life conflict, by March 2011;
- to have at least 60% of employees rank their manager as ‘highly supportive’, by the year 2012; and
- to decrease the frequency and severity of musculoskeletal injuries in the workplace, by March 2012.

It is important to emphasize that at this level of the strategy, the objectives are outcome focused. These types of objectives clearly identify what the intended results of the strategy are.

### Approaches

Based on the outcome objectives that are identified, the plan should clearly identify what type of approaches the organization intends to take to achieve the set objectives. Approaches are broad categories and can be drawn from the following standard list below.

- Create supportive environments
  - Consider how both the physical and social environment might be changed to make it easier for the desired outcome/choices to occur.
- Implement organizational policy
  - Consider what policies or procedures can help ensure practices occur that are aligned with the objectives.
- Raise awareness
  - Consider what general knowledge people need to increase the likelihood of openness to changes.
- Educate and build skills
  - Consider what people actually need to be able to do differently that will require skill building.

At the end of step five, a multi-year plan should be developed that identifies the broad goal, outcome objectives and approaches to be used within the healthy workplace strategy. This plan is then achieved through the activities identified during the development of program action plans in step six.



### Step Six: Develop Program Action Plans

The plan identified in step five is typically a multi-year plan/strategy. The action plans developed in step six are developed according to the organization’s operational planning cycle. Usually these are annual plans and they represent the ‘actionable’ part of the healthy workplace program. These plans are based upon the needs assessment results, and built in alignment with the outcome objectives and approaches identified in step five. A product of this step should be a clearly defined workplan with activities, timelines and responsibility.

For example, if in step five an objective identified was to improve employee ratings of how much they feel their ideas are listened and responded to, and two approaches were identified (implementing policy and building skills), the following action plan could logically follow:

Objective	Approach	Activity/Action	Timeline	Responsibility
Improve employee ratings of how much they feel their ideas are listened and responded to	Implementing policy	Revise management hiring/promotion policy to include communication skills competencies	October 2011	HR Manager
		Include employee ratings of 'manager responsiveness' in manager performance reviews/objectives	Dec 2011	HR Manager
		Create draft employee feedback/suggestion box policy	July 2011	OD Coordinator
	Building Skills	Create and implement a communication course on 'giving and receiving feedback' with all employees	June 2011 - Dec. 2011	Training Coordinator

Naturally, what results from the action plan is implementation of the strategy. Implementation corresponds with 'review and evaluate' – the seventh step of the model.

### Step Seven: Review and Evaluate

Continuous improvement is a critical component of any workplace strategy. It is important that an evaluation/review be completed to determine (a) if the work is being completed/implemented as planned (referred to as a process evaluation) and (b) if the plans are having the desired impact (an outcome evaluation).

The outcome objectives identified within step five already define the desired impact. It is important that the timelines established for evaluating such objectives are realistic. It typically takes 3-5 years for significant organizational culture related changes to be impactful/observable. Usually what is measured in the interim, from an outcome perspective, are the intermediary outcomes that need to occur to achieve the desired impact (see examples below).

- If the outcome objective is to improve employee ratings of how much they feel their ideas are listened and responded to, and skill building was an activity related to this objective, an interim evaluation measure might be to evaluate how effective the training was in terms of people learning and applying the intended skills.
- If the outcome objective was to reduce the percentage of employees who are smokers, an interim evaluation measure might be to evaluate what percentage of employees enrolled in a company sponsored smoking cessation program and completed the entire program.

A well designed strategy and action plan will lend itself to a quality evaluation plan. It is important though that an evaluation is conscientiously planned! When completing the evaluation and identifying opportunities for improvement, it is also important to identify successes and build in opportunities to recognize and celebrate those successes.

### **Concluding Remarks**

Any organization can adopt some healthy workplace programs or wellness programs and consider themselves committed to being a healthy workplace. However, organizations that are truly committed and see change/impact due to their efforts, are organizations that take a strategic, informed approach to their healthy workplace plans.

Any person, team or organization seeking to start a healthy workplace strategy needs to be sensitive to the fact it will only be effective if there is clear commitment and observable support from key stakeholders. Obtaining stakeholder commitment is the first and most important step.

Once there is key stakeholder buy-in, the details of how a strategy is created and implemented can vary. What is important, however, is that:

- a) resources and personnel (e.g., a committee) are provided to support the development and implementation of a strategy;
- b) a method of gathering data and making an informed decision about what priorities exist and what interventions/supports will best support those priorities are identified;
- c) a documented strategy and/or plan with goals, objectives, actions and timelines are created; and
- d) the strategy success be evaluated, celebrated and improved as warranted

For organizations that are unclear about how to go about obtaining stakeholder buy-in, or how to address the other six steps the healthy workplace model, at our organization we have a team of consultants who can provide advice and support. See chapter 6 for more details on how we can help.

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## **Chapter 6**

**OUR APPROACH, HOW WE CAN HELP**

## HEALTHY WORKPLACES: JOURNEY TO EXCELLENCE The Complete Guide

Welcome to Chapter 6 in our Healthy Workplace: Journey to Excellence ‘The Complete Guide’ Series! This chapter is the sixth of six chapters in our series:

- Chapter 1: What Health and Safety Problems are We Solving?
- Chapter 2: What do We Mean by a Healthy Workplace?
- Chapter 3: Why Should Management and Other Key Stakeholders Care?
- Chapter 4: What Proof is There That the Savings Outweigh the Costs?
- Chapter 5: How Can an Organization Get Started?
- Chapter 6: How WSPS Can Help

We are pleased to provide you this information and invite that you call us with questions or requests for help as you continue on your own healthy workplace journey – to excellence!

## Chapter 6

### OUR APPROACH, HOW WE CAN HELP

#### Introduction

We have consultants who are experts in health and safety, and healthy workplace strategy. We offer a free initial phone consultation to those looking to implement or improve their healthy workplace strategy. If further support is needed, we offer a number of services that can help organizations, such as:

- training and presentations;
- consultations and advice giving;
- needs assessment support; and
- feedback and coaching on plans, programs and evaluation activities.

An organization may only need help with a small part of their effort to apply the seven-step healthy workplace model (see chapter 5), or with the whole model. Every organization has different degrees of internal expertise and resources, and we customize our approach and services to the specific needs of our client. Below are some of the services our consultants can offer at the various steps of the seven-step model.

#### Step One: Gain Commitment

Our consultants can review an organization's health and safety performance issues, as well as any other relevant data that can aid in the identification of any business need for a healthy workplace strategy.

Example:

- A consultant may help a company to analyze Workplace Safety and Insurance Board (WSIB), incident and other reports, as well as conduct some key stakeholder interviews to identify if/when the root cause of health and issues may be linked to other elements of a healthy workplace.

Our consultants can present (or help an organization prepare to present) the business case to management and other key stakeholders.

Example:

- A consultant may help a company integrate their own information with evidence and research we have available to create a business case that is customized to the needs/priorities of the organization.
- A consultant may present, or co-present with an internal partner, a business case to management to provide additional credibility and expertise on the issues.



Our consultants can help an organization clarify the nature of ‘commitment’ required from key stakeholders to successfully proceed with a healthy workplace strategy.

Example:

- A consultant can guide those seeking to convince management through a relationship and influence-mapping process that will help create clarity around what it is realistic to ask/expect of management during step one.

### **Step Two: Form a Committee**

Our consultants can help an organization with recruitment/selection criteria and the development of a terms of reference.

Example:

- A consultant can share best practices/examples of recruitment and selection criteria.
- A consultant can facilitate a planning discussion to create custom recruitment and selection criteria based upon the resources allocated, priorities and goals of the organization.
- A consultant can provide sample terms of reference and help an organization customize their own.

Our consultants can train healthy workplace committee members.

Example:

- A consultant can deliver one of our existing standard healthy workplace presentations as a general overview of healthy workplace principles.
- A consultant can deliver a customized healthy workplace training based upon the specific needs, definitions, models, and priorities of the organization.

Our consultants can participate on the committee as an honorary member.

Example:

- A consultant may be invited to sit on the committee as a subject matter expert, attend regular committee meetings and provide guidance/advice to the committee members during their regular meetings.

### **Step Three: Do a Needs Assessment**

Our consultants can identify health and safety performance issues that should be reviewed during the needs assessment.

Example:

- A consultant may help a company look for trends in their injury, return to work or absenteeism data to identify

potential issues to investigate further during the needs assessment. For instance, a number of back injuries in combination with long return to work times may be identified by a consultant as a potential area to investigate.

Our consultants can compile an audit of existing organizational activities that support a healthy workplace approach (existing company assets).

Example:

- A consultant can help an organization think critically (and systematically) about many of the organizational policies, training and development programs, communication efforts, that are already in place which support a healthy workplace strategy – and should be recognized and considered during the needs assessment step.

Our consultants can conduct interviews or focus groups as/if warranted.

Example:

- A consultant can develop an interview guide to be followed when interviewing key stakeholders.
- A consultant can design and facilitate an information gathering session with employees to invite critical input or interpretation from employees on priority issues.

Our consultants can help with a needs assessment survey.

Example:

- A consultant can implement a needs assessment survey with employees and key stakeholders.
- A consultant can help an organization identify an existing survey tool they would like to use or customize and implement themselves.
- A consultant can assist an organization to develop a communication strategy and delivery strategy for administering the survey tool.

### **Step Four: Analyze the Results**

Our consultants can assist with interpretation and prioritization of results.

Example:

- A consultant can review the raw data results of the survey and identify key trends, areas of concern and potential priorities.

Our consultants can facilitate participatory problem-solving sessions (to engage employees in the problem-solving process) and develop recommendations for action.

Example:

- A consultant can design and facilitate a meeting with employees to gather input on the trends and priorities identified through the survey, and gather employee input into potential root cause issues and solutions for the priority issues identified.
- A consultant can develop a summary of recommendations regarding objectives, programs, and activities the organization should implement to meet their healthy workplace goal.

### **Step Five: Develop a Workplace Health Plan**

Our consultants can help with planning:

Example:

- A consultant can facilitate a healthy workplace strategy planning meetings.
- A consultant can help an organization clarify their healthy workplace goal and objectives, ensuring alignment with organizational vision and strategic priorities.
- A consultant can help an organization identify their success/evaluation criteria and methods.
- A consultant can help organizations put their strategy in writing in the form of a 3-5 year plan.

Similar to a health and safety policy, our consultants can help an organization draft a healthy workplace policy/standard that publicly demonstrates the organization's commitment to being a healthy workplace.

### **Step Six: Develop Program Action Plans**

Our consultants can facilitate introductions and referrals to appropriate support agencies where personal health practice interventions are required.

Example:

- If the needs assessment results and strategic plan suggests that a priority area of action should be in helping employees to increase their levels of physical activity or improve their eating habits, our consultants can help an organization connect with qualified practitioners, including their local public health unit workplace specialists.

Our consultants can help guide the planning and implementation of culture change activities,

Example:

- If the needs assessment results and strategic plan suggests that a priority area of action should be to improve the sense of team, and levels of trust and respect within the organization, our consultants can help an organization identify the systemic changes (e.g., procedures, policy, process) that need to be changed, as well as the training or leadership role-modelling, etc. that can foster the desired culture.

Our consultants can help organizations develop a detailed healthy workplace workplan.

Example:

- A consultant can provide a workplan template and help the healthy workplace committee create a detailed plan (with clearly identified actions and responsibilities) that aligns with the healthy workplace strategy and evaluation plan.

And, our consultants can:

- provide supervisor or employee training on workplace health;
- review and provide feedback on draft communication and program material;
- identify performance links and recognition opportunities to reinforce a healthy workplace culture; and
- coach healthy workplace committee members or other employees on the implementation of their healthy workplace deliverables.

### **Step Seven: Review and Evaluate**

Our consultants can:

- help an organization develop their evaluation plan and tools (e.g., survey tools, spot audit questions, observer checklists, training follow-up surveys, etc.);
- act as an external auditor/reviewer to help an organization evaluate their workplace health program; and
- review evaluation results and work with the committee to identify clear actionable opportunities for improvement, as well as the successful outcomes that need to be recognized and celebrated.

### **An Extra Consideration**

For any organization interested in obtaining local or national awards/recognition for their healthy workplace efforts (e.g., National Quality Institute award, or public health unit award), we can assist them to meet the required criteria and navigate the application process.

## Concluding Remarks



We encourage any organization interested in having a healthy workplace strategy to take advantage of a free initial consultation with one of our consultants. During that first phone call, our consultants will be able to provide a great deal of information, as well as direct the organization towards various resources that they may find helpful in their healthy workplace journey.

For those organizations looking for additional guidance following their initial phone consultation, we will work to develop a support system tailored specifically to their needs. There is no obligation to a ‘minimum’ level of help. Whether they need a small amount of support or help through the entire process, we will be able to help. Most organizations will pick and choose the activities they require assistance or guidance on.

Some standard information sessions we offer on healthy workplace topics designed for those organizations that want to start with increasing people’s general knowledge of the components of workplace health include:

- Creating Healthy Workplaces Workshop
- Psychosocial Risk Management Workshop
- Morale, Make an Impact In Your Workplace Workshop

Organizations that choose to work with us through the entire model will in the end have:

- ☑ a trained, properly functioning, **self-sufficient healthy workplace committee**;
- ☑ completed a process to **identify, prioritize and problem-solve priority needs** their organization’s needs;
- ☑ a healthy workplace **policy/standard**;
- ☑ a healthy workplace **action plan**; and
- ☑ a **healthier workplace!**

### The Bottom Line:

Our consultants can guide an organization through a proven process to create their own healthy workplace strategy and develop action plans that respond to the specific needs of the company.

**For more information or to talk to a consultant contact us directly at: 1 877 494 WSPS (9777).**

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Workplace Safety & Prevention Services

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