Creating Healthy Workplaces

By Joan Burton, BSc, RN, MEd, Manager, Health Strategy

IAPA
It's About Making A Difference.

Table of Contents

Page

I. Abstract 1

II. WHAT is a Healthy Workplace? 1

- A. Background 1
- B. Models of Workplace Health and Safety 2
- C. The Physical Work Environment 5
- D. Health Practices of Employees 6
- E. The Psychosocial Work Environment 8
  1. What are Psychosocial Hazards? 8
  2. Effects of the Psychosocial Environment on Employee Health 8
  3. Fairness – The Missing Link 9
  4. Contribution to Workplace Injuries 10
  5. Violence and Psychosocial Hazards 11
  6. Musculoskeletal Disorders, Back Injuries and Psychosocial Hazards 11
  7. Work-Life Conflict and Supportive Managers 11
  8. Mental Health 12
  9. Examples of Solutions 13

III. WHY Create a Healthy Workplace? 14

- A. The Legal Case 14
  1. Due Diligence 14
  2. Legislation Related to Personal Health Practices 15
  3. Legislation Related to the Psychosocial Environment 16
- B. The Business Case 17
  1. Cost to Canadian Businesses from Workplace Injuries 17
  2. Cost to Canadian Businesses from Unhealthy and/or Stressed Workers 18
  3. How Much Can be Fixed? 19
  4. How Much Has to be Spent to Get Results? 20

IV. HOW Can a Healthy Workplace be Created? 21

- A. Making it Happen 21
- B. The Need for Integration 24

V. Conclusion 25

VI. Endnotes 25

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By Joan Burton, Manager, Health Strategy, IAPA November 2004

I. Abstract

Our collective understanding of the term "healthy workplace" has evolved greatly over the past several decades. From an almost exclusive focus on the physical environment (the realm of traditional health and safety), the definition has broadened to include health practice factors (lifestyle) and psychosocial factors (work organization) that can have a positive or negative impact on employee health.

It has become clear that to achieve a workplace that is healthy in all three areas, an employer must adopt an integrated and comprehensive approach to workplace health.

But why should an employer care about creating a healthy workplace, in the full sense of its meaning, from either a legal or a business perspective? And how can it be done? Is it difficult, expensive and time-consuming? Is it something only large companies can even consider? What about the small workplace, or the public sector? Is it achievable for these work environments?

This document shows that there are excellent legal and economic reasons to strive for a healthy workplace, and it doesn't have to be difficult or expensive. It does take some awareness, commitment and persistence on the part of employers and employees, but the outcomes in terms of worker health, job satisfaction, employee morale, and the company's productivity and bottom line, make it well worth the effort for all workplace parties.

II. WHAT is a Healthy Workplace?

A. Background

It has long been recognized by anyone who has engaged in paid employment that what happens in the workplace has a strong influence on his or her health and well-being. Over the years, many groups have influenced the safety and health of workers in workplace environments. These groups include:

- Occupational health and safety professionals
- Union organizers
- Human resources professionals
- Public health professionals
- Environmentalists
- Legislators, government labour enforcers and the legal profession
- Insurers and workers' compensators
- Management, productivity and quality leaders
- Employers and business owners

These groups have historically reflected varying perspectives and goals. Some have focused on the outputs of the workplace processes, while others are more interested in the workers who produce the goods or services.

In recent decades, more and more of these groups have come to realize that their goals are linked and interdependent. Health and safety professionals have pointed out to employers and business leaders that a better profit will result if workers have fewer injuries in the workplace. Public health officials have recognized that workplaces are part of the broader "public" and that no community can have healthy citizens if their workplaces are making people ill. Employers interested in quality and productivity are realizing that just having live bodies in the

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workplace doesn't necessarily translate into high quality and productivity, if those live bodies are chronically ill or emotionally disengaged. Insurers and compensation boards have recognized that workplaces that strive to achieve only minimum legislative requirements may still remain at risk from injury and illness.

Given these and other interactions, many of the above groups now realize that if they wish to make the best of people, organizations and communities, an integrated and comprehensive approach to workplace health, safety and well-being is needed. It is no longer acceptable for each of these silos to continue to operate in isolation.

Increasingly, it is understood that those aspects of the employment relationship that affect health are in large measure the same ones that affect productivity.

B. Models of Workplace Health and Safety

In the late 1970's, Health Canada, together with other organizations interested in workplace health and well-being, created Canada's Workplace Health System, which includes principles and planning tools to help Canadian organizations develop healthy workplaces. A key component of this approach was to define three "avenues" by which employers could influence the health and well-being of their employees. These three avenues were:[1]

- Environment – the physical and psychosocial surroundings, conditions or circumstances that affect employee health. The physical environment includes: air, noise and lighting conditions, the quality of workspace and machinery or equipment. The psychosocial environment refers to the design of work, including hours, responsibilities, relations with supervisors and co-workers, etc.
- Personal Resources – employees' own sense of control over their health and their work, as well as the support available to employees from family, friends and counseling professionals.
- Health Practices – those aspects of a person's lifestyle that affect health, such as physical activity, smoking, drinking, eating habits, sleep, use of medication or other drugs, and so on.

In the 1990's, Canada's National Quality Institute (NQI) worked with Health Canada and other health and safety organizations, including the Industrial Accident Prevention Association (IAPA), to establish a Healthy Workplace Award as part of Canada's Awards for Excellence. Building on the Workplace Health System, NQI and the working group slightly modified the three avenues and created criteria for workplace health that included three "elements:"

- **Physical Environment**
- **Health Practices**
- **Social Environment and Personal Resources**[2]

This latter category split Health Canada's "Environment" avenue, grouping the "psychosocial" part of the environment with the Personal Resources avenue, where it was felt to fit more naturally.

The Canadian Centre for Occupational Health and Safety (CCOHS) published a booklet in 2002 entitled "Wellness in the Workplace," which also uses a variation of the Health Canada/NQI approach, looking at Environment, Healthy Choices, and Personal Resources, and including a large section called "Organizational Programs" to cover many of the psychosocial issues.

While Canada has been a global leader in the area of comprehensive workplace health, we

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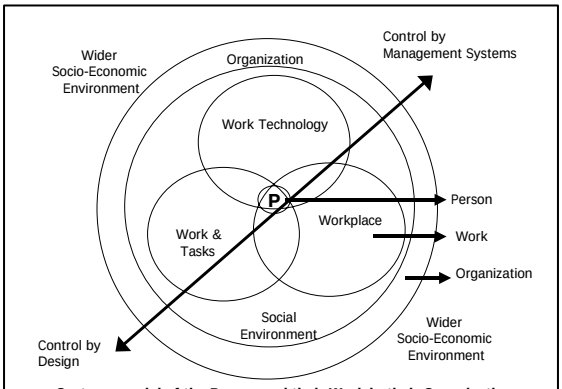
are by no means alone. There is now a global trend to look at ways of improving health and productivity by considering not only the physical environment and individual health practices, but also the psychosocial environment.[3]

Countries use differing terminology to describe a very similar approach. For example, Canada talks about our “Workplace Health System” while Australia refers to “Workplace Health Management” to describe a systems approach. Countries may describe the ideal workplace setting as “health-promoting workplaces” or “healthy workplaces” or “healthy companies.”

As researchers grapple with ways of showing the inter-relationship of various components of workplace health, models become more and more intricate. For example, a recent pub-ication from the University of Nottingham in the United Kingdom (UK) shows the following model.

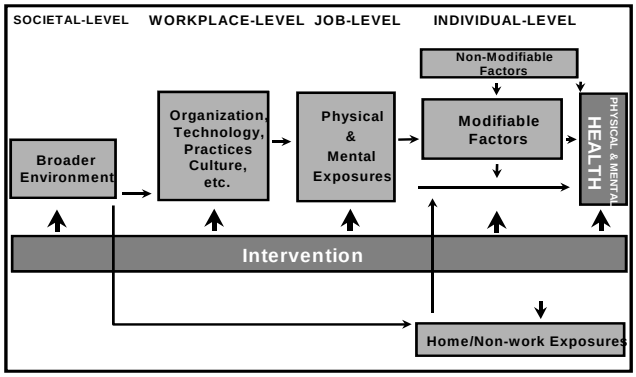
Figure 1:[4]



Systems model of the Person and their Work in their Organization. Cox & Cox 1996, Nottingham

The Institute for Work and Health (Toronto, Canada) is exploring these relationships as well, and is experimenting with the following model.[5]

Figure 2:



Conceptual model of a "healthy workplace"

Adapted from Robson, Shannon, Polanyi, Kerr, Eakin, Brooker, Cole (1999)

The Industrial Accident Prevention Association (IAPA) has developed an Integrated Management System for Health, Safety and the Environment (IMS), which is graphically documented in Figure 3 on the following page.

In this model, individual health practices are included in the “Wellness” element in Discipline 2, Health Management (lower right quadrant). Psychosocial and organizational work factors are included in this discipline as well, in the element, “Psychosocial Risk Management.” In addition, the Leadership Component contained within the Continual Improvement cycle is intended to include many of these same issues. IAPA continues to attempt to reposition this model so that all the complex inter-relationships are reflected graphically.

For the purposes of this paper, none of these complex models will be used. Instead, the

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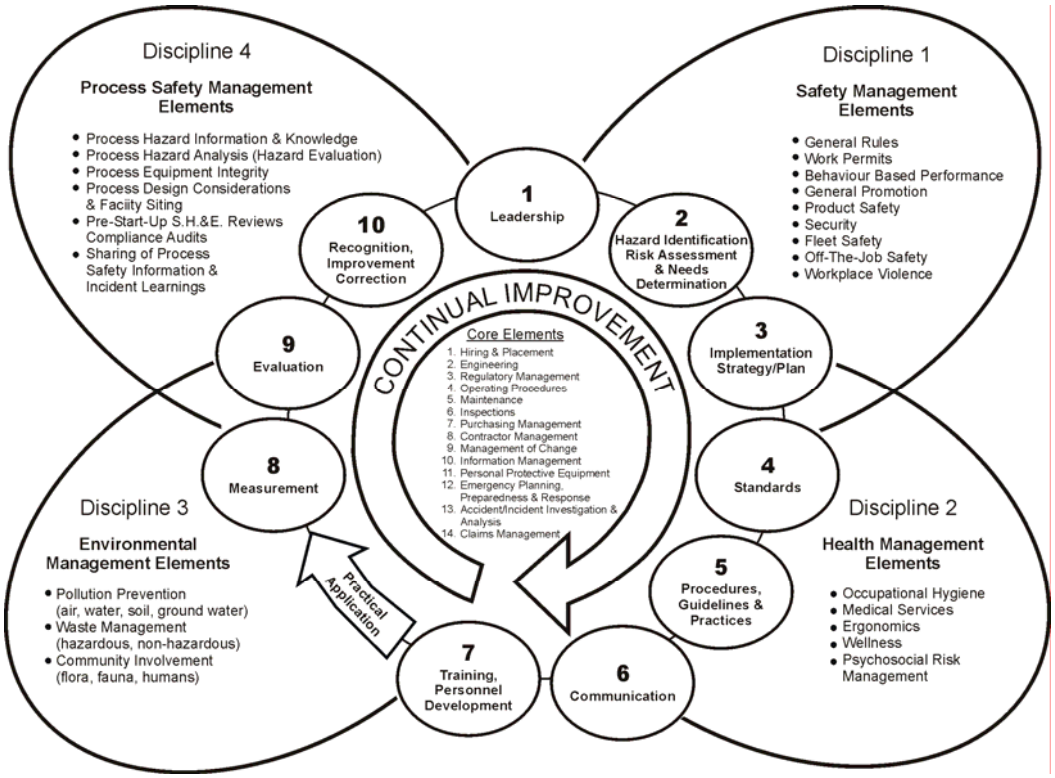
Figure 3:

IAPA's IMS System™
Integrated Management System for
Health, Safety and Environment



simple triangle favoured by Health Canada and NQI will be used to indicate the three large content areas (avenues or elements) that must be addressed when looking at comprehensive workplace health:

Figure 4:

This simple model cannot begin to represent the complex interactions between and among individual employees, the intricacies of organizational functioning, and the influences of the broader community. In fact, the three sides of the triangle are often not easy to relegate to one avenue or another. They are often not separate and discrete areas, but in fact overlap in some situations. For example, physical violence in the workplace between coworkers may result in an immediate physical injury to a worker, just as would occur if a forklift struck a worker. This would traditionally be considered part of the physical work environment. However, violence may be the direct result of harassment or lack of respect between the coworkers, which has been allowed to continue. Therefore, an overlap exists with the psychosocial environment.

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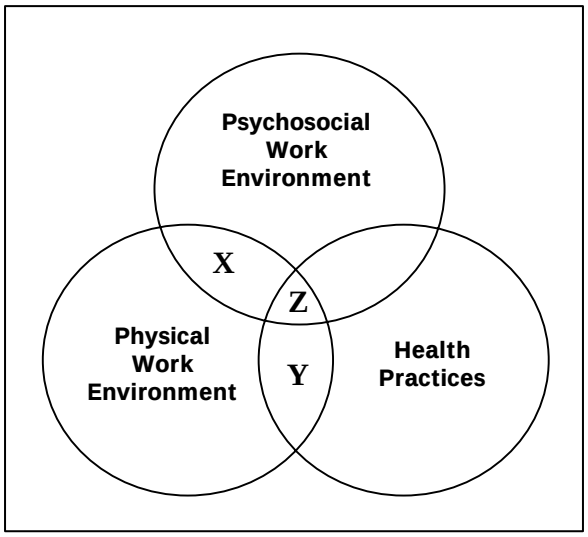
This overlap may be better illustrated by situating this violence example by the letter "**X**" in Figure 5 below.

Figure 5:



Another example of overlap would be a situation in which an overweight and inactive worker hurts his back while lifting a heavy box at work. This could be attributed to the physical work environment – the fact that he had to lift heavy loads. But it may also be influenced by the fact that he has a general lack of personal fitness, which contributed to the likelihood of a back injury. Thus, this situation could be located at the letter "**Y**" in the diagram, where individual health practices have an influence. But if he was lifting the box manually instead of using the mechanical lifting device available because his workload and deadlines did not provide time for him to use the proper procedure, then the incident would fit at the "**Z**" in the diagram because the psychosocial work environment also contributed.

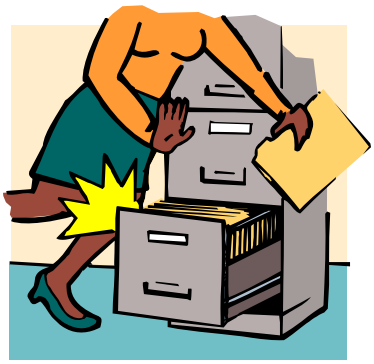
This overlap demonstrates the need for an integrated approach to managing workplace health. Such an approach is discussed further in section IV B of this paper. In the meantime, each of the three elements will be examined separately.

C. The Physical Work Environment

The physical work environment includes the "traditional" health and safety issues or concerns related to chemical agents, physical agents (e.g., noise, radiation), biological agents, ergonomic 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 or issues that are typically addressed in legislation. Ontario's *Occupational Health and Safety Act* and its regulations include both prescriptive and performance-based requirements related to many of these hazards, with which workplaces must comply.

In general, these 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 – either immediately, as in the case of most safety hazards, or after a period of exposure, as in the case of many health hazards. They may result in immediate traumatic injury, short- or long-term illness, or death.



These are the hazards which, if not eliminated or controlled, may cause injuries or illnesses that are likely to be covered by the workers'

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compensation coverage of the jurisdiction – in Ontario, by the Workplace Safety and Insurance Board (WSIB).

It is immediately obvious to anyone who witnesses a workplace injury that there is reason to control these kinds of hazards. Consequences for workers as a result of workplace injuries include: pain and suffering, inability to perform job responsibilities, financial loss, and family distress. For employers, consequences include: potential increases in workers' compensation premiums, impact on production or quality, and potential fines or charges from jurisdictional agencies. Workers, unions, employers, insurers, legislators and health, safety and human resource professionals agree that effort should be spent to prevent these consequences from happening.

Nevertheless, there continues to be a distressing amount of disagreement in some organizations about how much effort should be put into creating a safe and healthy physical work environment. Some employers still regard injuries as "accidents" that "just happen" and which are part of the cost of doing business. On the other hand, health and safety organizations, such as the IAPA, and enlightened employers believe that all injuries are preventable, and a serious, comprehensive, managed approach to health and safety can prevent these injuries or illnesses from happening.

Professionals in the other two avenues of workplace health often assume that 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 in a developed country like Canada. While injury and illness rates in this country are without doubt much lower than in many parts of the world, the fact remains that almost 1,000 Canadians die on the job each year, and 350,000 lose work time because of a work-related injury or illness.[6] It's clear that we still have much to do in terms of prevention.

D. Health Practices of Employees

Health promotion has long been the responsibility of public health officials who have decades of expertise in the science behind healthy lifestyles, health risk factors, and ways to encourage populations to change their health behaviours. In the 1970's, employers in many countries globally realized that unhealthy workers were costly to productivity, and began promoting healthy lifestyles among their employees. The emphasis was on individual behaviours, with employers often focusing on one or two health risk factors (e.g., smoking cessation).

In the 1980's, these programs expanded somewhat to cover a broader range of individual health practices, and included awareness, education and incentive programs to encourage individuals to adopt healthy lifestyles. This emphasis on individual employee health practices represented the birth of the so-called "wellness" movement.

Statistics clearly indicate the cost of unhealthy lifestyles to employers. The Conference Board of Canada calculated that every smoker costs his or her employer approximately $2,500 per year in increased absenteeism, lost productivity, increased group benefit insurance costs and increased facility maintenance.[7] American data show that employers can pay an extra $597/yr for each employee who excessively consumes alcohol and $488 for every sedentary employee.[8]

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There is no end to the variety and scope of employer-sponsored health promotion programs. Those employers with abundant funds may build on-site gymnasiums, pools and hockey rinks to encourage physical activity among employees, and stock their onsite cafeterias with healthy foods to encourage healthy eating. Employers with fewer resources may provide financial assistance to employees to help them quit smoking, participate in fitness activities or eat healthier foods. Other inexpensive types of health promotion programs include on-site health screening, such as cholesterol or blood glucose tests, influenza vaccination clinics, or personal health risk assessments. These types of programs make it more convenient for employees to monitor their health and become aware of their risk factors. As a minimum, awareness programs, such as "lunch and learn" education, stress management training, informational brochures or health fairs, can increase employees' awareness of healthy lifestyle issues, risks and recommendations.

Canadian employers have been slower than their American counterparts to recognize the opportunity to lower costs by encouraging healthy lifestyles among their employees. That is largely because many of the health care costs that American employers pay are absorbed in Canada by the public health-care system. However, prescription drug costs, absenteeism costs, and short- and long-term disability costs (STD and LTD) are the exceptions. Canadian employers have seen these costs escalate in recent years. For example, the Conference Board of Canada reports that the cost of supplemental health plans for employees increased by 26% between 1990 and 1994, and the percentage of total health care paid for by the private sector (individuals or employer-provided private insurance) rose to 29% in 2000 (up from 24% in 1980).[9]

Many of the workplace wellness programs that have been rigorously evaluated indicate that these programs can and do improve the health of participants and decrease their health risk status.[10] Numerous cost-benefit analyses have shown that for every dollar spent on health promotion, a company can expect a return of between $1.15[11] and $8.00.[12] These cost savings come in the form of reduced absenteeism, reduced short-and long-term disability, reduced prescription drug use and increased productivity. Some data indicate that up to 70% of health care expenses are associated with preventable conditions.

Critics of this workplace health promotion approach have abounded, however. Labour unions and other worker representatives have pointed out that these programs may shift the responsibility for worker health back onto the worker, and consequently "let the employer off the hook." Employers in Canada, and in most countries, have a legislated responsibility to ensure a safe and healthy workplace. The health promotion message for employers and employees must be clear that finding ways to help employees improve their health habits in no way absolves the employer from its legal responsibility for providing a safe and healthy work environment. The emphasis of employer-sponsored workplace health promotion must be to determine the personal health goals of employees and do what is reasonable to support those goals and remove any barriers created by work and the workplace.

Participation in health promotion programs should always be voluntary, and incentives should not put pressure on workers to change aspects of their lives that they are not ready to change. This is wise, not just from a moral perspective, but from a practical one: behaviour change is a complex process, and people who are not mentally and emotionally ready to

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change will not make lasting changes.[13]

Health promotion programs remain the dominant feature of health strategies in many large companies in the U.S. But many countries have moved beyond this emphasis to also incorporate and integrate environmental, social and organizational factors that may influence health behaviour into their workplace health programs.

E. The Psychosocial Work Environment

In November 2000, the Conference Board of Canada published a report that recommended organizations include psychosocial issues in their policies and programs if they wish to succeed and prosper in a global economy.[14] Yet, the concept of a "psychosocial environment" or "psychosocial hazards" is ignored by many companies, and remains a mystery to most.

1. What are Psychosocial Hazards?

Psychosocial hazards are workplace stressors or work organizational factors that can threaten the mental and physical health of employees. Some examples of these are:

- Work overload and time pressure
- Lack of influence or control over how day-to-day work is done
- Lack of social support from supervisors or coworkers
- Lack of training or preparation to do the job
- Too little or too much responsibility
- Ambiguity in job responsibility
- Lack of status rewards (appreciation)
- Discrimination or harassment
- Poor communication
- Lack of support for work/family balance
- Lack of respect for employees and the work they do

In research dating back to the 1970's, Robert Karasek and Töres Theorell established the scientific basis of the effects of management practices and job characteristics on the health of workers.[15] But their research has remained relatively unknown, except to academics and a handful of researchers who have continued to work in this field.

The research shows that high job demands – having too much to do over too long a period, with constant imposed deadlines – is one of the most harmful workplace stressors. Another is low job control – having too little influence over the day-to-day organization of your own work. Having social support at work, either from co-workers or supervisors, can help lessen the deleterious effects of high demand and low control. The worst combination, from the point of view of producing job strain, is having high demands and low control in the absence of social support at work. This is often referred to as Karasek and Theorell's "Demand-Control-Support Model."

A similar model developed by Seigrist is the Effort/Reward imbalance model.[16] When high job effort (meaning high mental or physical energy expended to achieve organizational goals) is combined with low rewards, (low compensation, little acknowledgement or respect for effort), high job strain also results.

2. Effects of the Psychosocial Environment on Employee Health

Most people would say that they know intuitively

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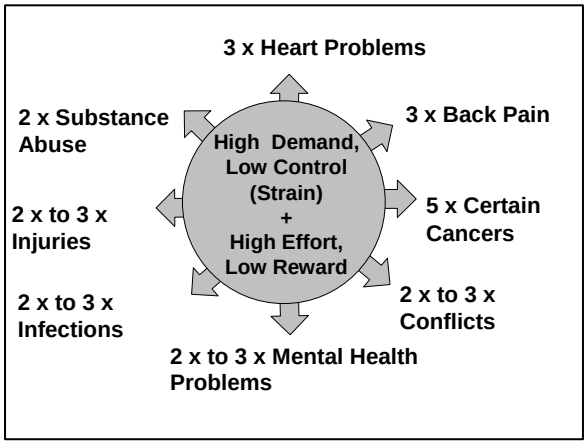
that the conditions described above are unpleasant and stressful. Many of them are under the control of supervisors or managers, and may vary widely within any one organization, depending on the skills, abilities and values of the individual managers. But what is not widely appreciated is the effect these stressors have on the workers who experience them.

Dr. Martin Shain, from the Centre for Addiction and Mental Health and the Centre for Health Promotion at the University of Toronto, summarized much of the research in this area in a remarkable document published by Health Canada, called "*Best Advice on Stress Risk Management in the Workplace*." [17] This document describes the effects of organizational sources of stress on workers' health and safety, and shows that some stressors are worse than others in terms of their effects.

Data show that people working with high demands and low control, compared with workers who have a high level of control, experience significantly higher rates of heart and cardiovascular disease, anxiety, depression, alcohol abuse, infectious diseases, back pain and musculoskeletal disorders (MSDs). Those workers who are required to exert the highest effort while experiencing the lowest rewards, compared with workers who receive high rewards and recognition for their high efforts, experience much higher rates of cardiovascular disease, depression, conflict, back pain and MSDs. When workers experience all of these conditions together – high demands, high effort, low control and low rewards – their risk of developing colorectal cancer is five times greater.

The figure below (Figure 6), from "*Best Advice on Stress Risk Management in the Workplace",* 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 6:



3. Fairness – The Missing Link

Recent research shows that while demand /control and effort/reward are powerful influences on the health of employees, the effect of these influences is multiplied when these workplace conditions are perceived as unfair, or indicative of the employer's lack of respect for employees.[18]

Feelings associated with fairness include satisfaction, calmness, enthusiasm and happiness. A sense of fairness in the workplace is related to trust, which is key to employer-worker relations, high morale and productivity. Feelings associated with a sense of unfairness are anger, depression, demoralization and anxiety. These strong negative feelings translate chem.-ically within workers into compromised immune systems, setting the stage for a variety of adverse physical and mental health outcomes. In other words, feelings of unfairness *magnify* the effects of perceived stress on health.

Understanding this last point is critical. In today's fast-paced society, businesses cannot succeed without sometimes making high demands on employees and expecting a lot of sustained effort. Most employees can cope with

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very high demands if they are given appropriate control over the way they do their jobs, and can put out sustained high efforts if they feel appropriately rewarded, appreciated and supported. It is the *fairness* that counts – the balance between the stressors (demands and effort) and the satisfiers (control, rewards and support). This balance, which will be reflected in employees' perception of fairness, is more important than the actual levels of demands and efforts required of employees.

While ample evidence confirms these statements, recent work done by Duxbury and Higgins on work-family conflict strikes a cautionary note. Control, appreciation and support will reduce stress only so far. Duxbury and Higgins caution that these types of supportive policies will not reduce worker stress in companies where excessive workload is an ongoing and consistent problem, and where there are workloads that are realistically unachievable or unsustainable.[19]

4. Contribution to Workplace Injuries

When employers investigate workplace injuries, they usually are looking for physical conditions or workplace practices that contributed to the injury. Rarely do they look at the psychosocial hazards that may contribute to an injury. But research shows that people who experience high demand/low control or high effort/low reward have two to three times the number of injuries than their peers.

In fact, psychosocial hazards can lead to injuries in either a direct or indirect manner. When employees lack sufficient influence over hazardous conditions in the workplace, they lack the control necessary to abate threats to life and limb. Thus, lack of control can contribute *directly* to an injury. However, *indirect* influences can be just as dangerous. Workers experiencing psychosocial hazards may:

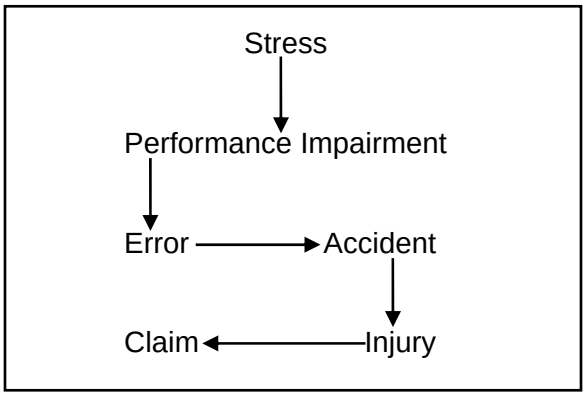
- Sleep badly
- Over-medicate themselves
- Drink excessively
- Feel depressed
- Feel anxious, jittery and nervous
- Feel angry and reckless (often due to a sense of unfairness or injustice)

When people engage in these behaviours or fall prey to these emotional states, they are more likely to:

- Become momentarily distracted
- Make dangerous errors in judgment
- Put their bodies under stress, increasing the potential for strains and sprains
- Fail in normal activities that require hand-eye or foot-eye coordination

The American Institute of Stress has developed the following Traumatic Accident Model.[20]

Figure 7:



Since leadership style usually defines the amount of control or influence employees have, it is reasonable to assume that a "transformational" style of leadership* might influence

* Barling defines transformational leadership as a style that includes idealized influence (making decisions based on ethical determinants), inspirational motivation (motivating workers by inspiring them rather than demeaning them), intellectual stimulation (encouraging workers to grow and develop) and individualized consideration (allowing flexibility in how situations are handled.)

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safety outcomes. This has now been shown to be true. Research done by Dr. Julian Barling of the Queen's University School of Business has found that leadership style affects occupational safety through the effects of perceived safety climate, safety consciousness, and safety-related events.[21]

In another study, Barling found that the existence of high-quality jobs that include a lot of autonomy (control or influence), variety and training, directly and indirectly affect occupational injuries through the mediating influence of employee morale and job satisfaction.[22]

5. Violence and Psychosocial Hazards

Workplace violence is an increasing concern in Canadian workplaces. An imbalance between effort and reward, or demand and control, frequently results in a sense of injustice or unfairness in workers, leading to feelings of anger. Other psychosocial hazards, such as ongoing harassment, may also create deep feelings of anger and frustration. The anger may manifest itself in many ways that are expressions of violence or potential violence:

- Threatening behaviour
- Emotional or verbal abuse
- Bullying
- Harassment
- Assault
- Suicidal behaviour
- Recklessness

Clearly, the effects of this violence are not restricted to effects on the workplace, but spill over into our homes and communities. A worker who is harassed or abused at work may exhibit "road rage" on the way home or violence toward family members. Thus, the workplace can contribute to increased societal costs for law enforcement, health care and social services.

6. Musculoskeletal Disorders, Back Injuries and Psychosocial Hazards

Researchers at Ontario's Institute for Work and Health are investigating causes of back pain and other MSDs in the workplace. In recent studies with General Motors[23] and with the Toronto Star,[24] they concluded that lack of control or influence over the job is linked to the development of lower back pain and other MSDs. At the Toronto Star, one finding was that psychological stress increased the risk of an MSD.

The idea that psychological stress can contribute to, or cause, musculoskeletal injuries is not intuitively obvious, and much research is being done to determine the mechanisms by which this occurs. Many different physiological mechanisms that occur during stress likely contribute to this relationship, including increases in non-voluntary muscular tension and cortisol levels, changes in pain perception and decreases in muscle repair and blood testosterone levels. (For a detailed discussion of possible mechanisms, refer to Moon and Sauter. [25])

7. Work-Life Conflict and Supportive Managers

Work-life conflict is another potential psychosocial hazard and information in this area is growing. Some fascinating work on work-family conflict has been carried out for Health Canada by Dr. Linda Duxbury at the Sprott School of Business, Carleton University, and Dr. Chris

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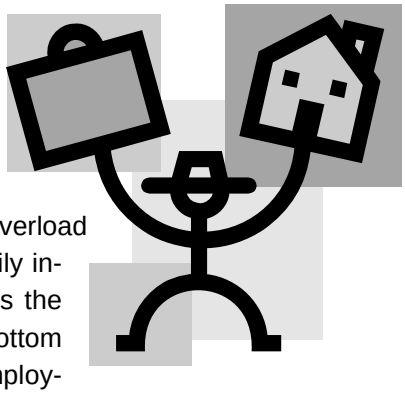
Higgins at the Richard Ivey School of Business, University of Western Ontario. Their studies, done in 1991 and repeated in 2001, show that work-family balance has deteriorated significantly in Canada in the past 10 years. [26]



The implications for employers are serious. Duxbury states, "High levels of role overload and work to family interference affects the organization's bottom line. These employees…are significantly less committed to the organization and satisfied with their jobs. They also report significantly higher levels of job stress, absenteeism, EAP use, prescription drug use and intent to turnover." Duxbury and Higgins' data also show that employees with high work-family conflict have greater amounts of depression, burnout and absenteeism, make more trips to their doctor and hospitals, and have an overall poorer level of health.

Yet in these same companies, employees with "supportive managers" reported significantly higher job satisfaction, trust of managers and commitment to the organization. They experienced lower levels of role overload, job stress, depression, poor health, work-family interference, fatigue, absenteeism and intent to leave the company. Even with no changes to the nature of the jobs or the work-family conflicts, having a supportive manager reduced employees' perception of stress and allowed them to manage work-life conflicts better.

What makes a supportive manager? In this study, supportive managers are simply those who do the following:

- Give positive feedback to employees
- Practise two-way communication (good listeners)
- Show respect for employees
- Focus on output, not hours
- Demonstrate consistency
- Coach and mentor employees

In a more recent publication, Duxbury and Higgins calculated the cost of high work-life conflict to Canadian businesses.[27] They found that the direct cost of absenteeism due to high work-life conflict is approximately $3 to $5 billion per year. If indirect costs are included, this number rises, incredibly, to $4.5 to $10 billion per year. The good news is that Duxbury and Higgins also believe that employers could substantially decrease these staggering numbers with appropriate actions, outlined in the report. For example, employers can:

- Make work demands and expectations realistic
- Provide flexibility around work
- Increase employees' sense of control and
- Focus on creating a more supportive work environment.

8. Mental Health

Sometimes psychosocial hazards in the workplace are referred to as "mental health hazards" because their first impact is on the thoughts and emotions – or mental processes – of workers. Research clearly shows that these 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.[28] (However, once mental health has been adversely affected, through anxiety, anger or depression, many physical health and safety problems are likely to emerge as well, as indicated earlier in this paper.)

Bill Wilkerson, former CEO of Liberty Health, now president of the Global Business and

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Economic Roundtable on Addiction and Mental Health, and Michael Wilson, former federal finance minister and honorary chair of the Roundtable, have repeatedly stated that the costs of mental illness to Canadian workplaces are staggering. The Roundtable's Scientific Advisory Committee has stated that the direct costs of productivity loss from clinically diagnosed mental illness is in excess of $11 billion per year in Canada, and that this number would triple to $33 billion if the indirect costs of health and social services, or sub clinical conditions, were counted.[29] While "stress leave" taken by workers likely will not affect a company's workers' compensation costs, the costs will be reflected in increased short and long-term disability, increased absenteeism and decreased productivity, creativity and initiative.

When we consider mental health problems among workers, the first question that comes to mind is, "To what extent are these problems imported into the workplace by individual employees and to what extent are they created by the workplace itself?" Research over the past 25 years has sought to answer this. Currently, organizational factors are seen as playing a catalytic if not causal role in the precipitation of mental health and addiction problems at work.[30] It's now known that measurable changes in working conditions produce measurable changes in mental health outcomes.[31] In addition, there are also suggestions that certain types of organizational practices can lead to changes in brain neurochemicals that affect mental health, such as noradrenaline, serotonin, and dopamine, among others.[32]

The degree to which the workplace contributes to mental illness will determine the employer's level of responsibility for dealing with the problem. If the workplace is merely a place where mental health problems are expressed, then an enlightened employer's responsibility is to recognize the signs and symptoms of mental illness and help affected employees cope with them, often through extended health benefits or an employee assistance program (EAP). But if it is demonstrated that the workplace can actually contribute to causing or exacerbating mental illness or addictions, then the employer's responsibility goes much further, into the realm of prevention. *

9. Examples of Solutions

Knowing that psychosocial factors can be hazardous to workers' health and safety, what can be done to ensure these elements are not neglected? In an address at IAPA's National Health and Safety Conference in 2001, Bill Wilkerson didn't pull any punches. He said, "Ambiguity, inconsistency, uncertainty, insecurity, 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 earmark of weak leadership. And if you are a lousy leader, you are making people sick."

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

- Encouraging workers to participate in decision-making related to their jobs

* To be clear about this, "prevention" does not imply berating the employee to relax, get fit, do yoga and drink less – it means looking at eliminating circumstances in the workplace that encourage mental illness or addictions. While encouraging employees to adopt healthy lifestyles does have value (see Health Practices section above), research shows that personal health promotion programs are likely to have such preventative effects only when the working environments into which they are injected are themselves benign or actively health-promoting.

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- 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/family balance with policies, practices and culture
- Consistently demonstrating respect for all workers and the work they do
- Measuring employee stressors and satisfaction regularly, and then acting on the results in consultation with the employees.

None of these changes is simple to achieve or can be accomplished overnight. They require, in most cases, a serious commitment from a company's leaders, a transformational leadership style to change the culture of the organization, and the patience to make changes over the long term.

Since many identified psychosocial risk factors, such as the balance between demands and control or between effort and rewards, are well within the control of the employer, there is a clear moral imperative, if not an implied legal duty, to address these issues.

III. WHY Create a Healthy Workplace?

A. The Legal Case

Most employers are concerned about their "due diligence" and want to ensure that, at a minimum, they are in compliance with all laws related to the workplace. So, what does the law say about employers' responsibility to provide a "healthy workplace" as described in this paper?

As stated earlier, the law related to creating a safe and healthy physical work environment – the *Occupational Health and Safety Act* and Regulations – is relatively clear and un-ambiguous. Consequently, this section will concentrate on the legal requirements for employers and employees to deal with the other two avenues of workplace health – the psychosocial work environment and the health practices of employees.

1. Due Diligence

Canada's *Criminal Code* was revised in October 2003 (Bill C-45) to include a duty for workplaces to prevent injury. Specifically, the Code states, in section 217.1 that, "Every one who undertakes, or has the authority to direct how another person does work or performs a task is under a *legal duty to take reasonable steps to prevent bodily harm* to that person, or any other person, arising from that work or task."[33] This may seem clear enough, but the Code defines "bodily harm" very broadly: "any hurt or injury to a person that interferes with the health or comfort of the person and that is more than merely transient or trifling in nature."[34]

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Interfering with "health or comfort" is a very inclusive statement, and could be interpreted to apply to a wide range of conditions, from being exposed to second-hand smoke to feeling uncomfortable due to verbal comments or harassment. Until case law exists to further define the way this will be interpreted by the courts, it is not clear how this legislation will apply to comprehensive workplace health.

Ontario's *Occupational Health and Safety Act* states that employers must take "every precaution reasonable under the circumstances" to protect their workers' health and safety. However, the general duty of due diligence has historically been applied only to the physical aspects of the workplace. As we learn more and more about the negative health and safety implications of demand and control and effort and reward, do employers have an increasing responsibility to "do no harm" to workers by controlling psychosocial hazards in the workplace?

Dr. Martin Shain, a lawyer by profession, argues that "there is a solid legal basis (in case law) to support claims that certain types of stress at certain levels are hazards under health and safety rules and that employers have a duty to abate such hazards at the source under the general requirements of due diligence."[35] Shain states, "Science, law and emerging best practices in human resource management all point to the ascendance of a duty of care to avoid reasonably foreseeable harm to the emotional or mental health of others within our spheres of interest at work. The strength of the evidence is such that the duty to avoid reasonably foreseeable harm can be considered to have the weight of law behind it, the foundations of science beneath it and the beacon of common sense ahead of it." [36]

This position has been supported in a recent Ontario case, *Zorn-Smith v. Bank of Montreal*, 2003 OJ 5044 (Ont. S.C.J.). A long-term employee sued the bank for wrongful dismissal after being driven into depression due to an unreasonable workload and then terminated while on disability leave. The court found in favour of the employee, stating, "This callous disregard for the health of an employee was flagrant and outrageous. That Susanne Zorn-Smith would suffer a further burnout was predictable – the only question was when it would come. It was foreseeable that such a burnout would cause her mental suffering. I find that the Bank's conduct was the primary cause of Susanne Zorn-Smith's adjustment disorder with depressed and anxious mood." [37]

In another case in the UK, damages of $1.6 million (USD) were awarded to a former employee of Cantor-Fitzgerald, a brokering firm, who claimed he was driven to quit his job by the abuse and bullying of his boss. In awarding the settlement, the judge stated, "I reject as fallacious the proposition…that where very substantial sums are paid by an employer, he acquires the right to treat employees according to a different standard of conduct from that which might otherwise be required...Whatever the environment, however rich and powerful the boss, whatever the rewards, there are standards below which no employer should go." [38]

2. Legislation Related to Personal Health Practices

There is no legal requirement in Canada or elsewhere (to this author's knowledge) requiring an employer to support or encourage a healthy lifestyle among its employees. To the contrary, there may be provisions in various human rights codes and laws that could prevent discrimination or harassment by employers on the basis of lifestyle factors, such as smoking,

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obesity, lack of physical activity, or unhealthy dietary practices. The only legal trend related to lifestyle factors in Ontario is the current government's stated commitment to make all workplaces smoke-free. However, this will in no way prevent employees from continuing to smoke, as long as it is not within the workplace and does not expose non-smokers to second-hand smoke.

This situation reinforces the point made earlier (II D. Health Practices) that if employers choose to help employees develop a healthy lifestyle, they must do so with finesse. Their role must be to determine, and then support, the lifestyle changes that employees wish to make, and never cross the line to pressure employees or discriminate in any way against those with unhealthy lifestyles.

There are some exceptions to this statement. If a personal health habit interferes with the employee's ability to do the job, the employer does have the right to become involved. For example, a fire department has the right to make a certain level of physical fitness a condition of employment for fire fighters, because the fire fighters would be unable to perform the key functions of the job otherwise. Drug or alcohol use by employees also has the potential to interfere with their ability to do many jobs safely. The issue of substance abuse is far too complex to fully address in this paper. However, it is obvious that if a personal health habit, such as alcohol use or abuse, has implications for workplace or public safety, then the employer does have a legal responsibility to intervene in some way. The nature of that intervention will vary from jurisdiction to jurisdiction, depending on local legislation, human rights codes, union agreements, and case law.

3. Legislation Related to the Psychosocial Environment

The province of Québec, Canada, has legislation that came into effect June 1, 2004, making psychological harassment in workplaces illegal. Amendments to Québec's *Labour Standards Act* give employees the right to a work environment free from psychological harassment and oblige employers to prevent psychological harassment and put a stop to it whenever they become aware of it.

The *Act* defines psychological harassment as "any vexatious behaviour in the form of repeated and hostile or unwanted conduct, verbal comments, actions or gestures that affects an employee's dignity or psychological or physical integrity and that results in a harmful work environment for the employee." A single serious incidence of such behaviour that has a lasting, harmful effect on an employee also constitutes psychological harassment.[39]

Outside Canada, the UK has debated instituting legislative or quasi-legislative provisions to limit stress in the workplace.[40] The Health and Safety Executive (HSE), which enforces health and safety legislation for most industries in the UK, has developed Management Standards designed to provide guidance to employers in this area. The standards are related to six areas of workplace stress where there is ample scientific evidence of health effects:

- Demands of the job
- Employee control over how they work
- Support from management and colleagues
- Working relationships
- Role clarity
- Organizational change

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It is noteworthy that, at present, the Standards provide guidance only, in a continuous improvement process that does not have the force of legislation.

The HSE has inspectors who offer advice to employers about how to comply with legislation. When necessary, they may write orders in the form of an "Improvement Notice" or IN, which gives an employer a certain amount of time to comply with the orders before prosecution would occur. Several INs have been issued for work-related stress in 2004, but they have been issued under the general "duty of care" requirements of the UK's *Health and Safety at Work Etc Act 1974* rather than under these new standards. It is anticipated that the Management Standards will be used to help employers reduce workplace stress in cases where employees or the HSE raise concerns. The standards include a tool that organizations can use to self-assess their workplaces, based on employees' perceptions of their working conditions.

These Management Standards were formally launched in November, 2004. The HSE promises to actively promote their use, especially in sectors known to be doing poorly in stress management.[41]

B. The Business Case

Some employers believe that health, safety and wellness efforts must be "balanced" with productivity and financial concerns to ensure that the company stays in business. Their idea is that money spent on health and safety is money taken away from profit. Nothing could be further from the truth. In fact, the same management practices that lead to healthy employees also lead to a healthy bottom line.

1. Cost to Canadian Businesses from Workplace Injuries

Any company, large or small, that has had a serious workplace injury or has a poor safety record knows first hand about workers' compensation costs. The average lost time injury in Ontario costs $59,000, including $12,000 in WSIB costs, and the rest in indirect costs.[42] A business operation on a six percent profit margin would need nearly $1 million in sales to make up the cost of that single injury.

Most jurisdictions in the developed world, including Ontario and other Canadian provinces, have mandatory workers' compensation premiums based on the injury rates in comparable types of businesses, as well as penalties for being above the industry average, and financial rewards for having a better than average safety record. These costs or rewards are immediate and obvious, and attract the attention of any employer who is trying to stay in business. As a result, most employers know that it is in their best financial interests to try to keep injuries to a minimum.

These costs then, related to the physical work environment, are relatively well understood. However, many employers are unaware that the costs of an unhealthy and unsafe workplace do not stop there. There are many things that can make a workplace unhealthy that do not result in workers' compensation costs. What about the

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costs associated with having unhealthy and/or stressed workers? Or the costs resulting from absenteeism, short- and long-term disability and "presenteeism?" * The next section will focus on the costs related to the psychosocial work environment and the health practices of employees.

2. Cost to Canadian Businesses from Unhealthy and/or Stressed Workers

Something that employers find critical to a healthy bottom line is the recruitment and retention of skilled and motivated employees. It is very costly to recruit and hire staff, then orient and train them to a point where they are productive and contributing to the company. Employers know all too well the cost of high turnover. While generous salaries, benefits and perks may attract employees, it is the culture of the workplace that keeps them, once they are there. Pratt reports that two surveys carried out by AON Consulting and Prudential Life found that the top seven drivers for employee retention were (not in rank order):[43]

- Management/supervisory quality
- Management recognition of work/life balance
- Opportunities for personal growth
- Keeping pace with skills needed for the job
- Open communication
- Satisfying customer needs
- Competitive pay

Interestingly, the first five of the seven are clearly related to addressing the psychosocial work environment.

Apart from recruitment and retention costs, there are countless statistics from credible sources that attest to the cost of workplace stress or unhealthy lifestyles to Canadian businesses. Here are some of them:

- The Canadian Policy Research Networks estimates that stress-related absences cost Canadian employers bout $3.5 billion each year[44]
- Health care expenditures are nearly 50% greater for workers who report high levels of stress[45]
- Costs of lost productivity due to mental illness in Canadian businesses equals $11.1 billion per year[46]
- Mental health problems cost Canadian businesses $33 billion per year, if non-clinical diagnoses are included (e.g. burnout, sub clinical depression, etc.)[47]
- Employers pay an extra $597/year for each employee who consumes excessive amounts of alcohol[48]
- Employers pay an extra $488/year for every sedentary employee[49]
- Every smoker costs a company $2500/year[50]
- Short-term absence costs more than doubled between 1997 and 2000, going from 2% of payroll to 4.2%. Short- and long-term disability costs together are more than double the costs of workers' compensation, and the ratio has been increasing since 1997[51]
- Workers in Canadian firms missed 70 billion workdays for personal reasons (their own illness, disability or personal and family responsibilities) in 2000[52]
- The average number of days missed per person per year in 2001 was 8.5 (7.0 for their own, 1.5 for family), which was up from 7.4 in 1997*

* Presenteeism occurs when an employee is physically present at work, but is less productive because he/she is sick, injured, stressed or burned-out.

* http://www.statcan.ca

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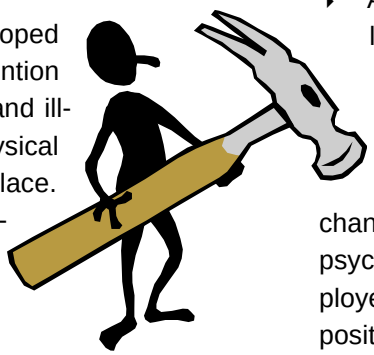
- The cost of absenteeism attributable to work-life conflict in Canadian businesses is $5.48 billion per year[53]
- 20% of Canadian workers experience a stress-related illness each year (2001) [54]
- 83.1% of Canadian survey respondents identified stress as the major health concern within their organization[55]
- 46% of Canadian workers experienced stress in balancing work and personal responsibilities in 1998 (up from 27% in 1988) [56]
- The cost of supplemental health plans for Canadian employers increased by 26% between 1990 and 1994[57]
- 29% of total health care was paid for by the private sector (private insurance paid by employers or individuals) in 2000 (up from 24% in 1980). This is mostly for drugs and services of health professionals[58]
- Chrysalis Performance Inc research[59] shows that stress in a business contributes to:
  - 19% of absenteeism costs
  - 40% of turnover costs
  - 55% of EAP costs
  - 30% of STD and LTD costs
  - 60% of workplace accidents
  - 10% of drug plan costs
  - 100% of stress-related lawsuits (e.g., *Bank of Montreal vs Zorn-Smith*)

3. How Much Can be Fixed?

Many companies have developed sophisticated injury prevention programs to reduce injuries and ill-health related to the physical environment of the workplace. The result for these employers is lower workers' compensation costs and a healthier bottom line.



But while the costs associated with poor health practices and a poor psychosocial environment are enough to make most businesses sit up and take notice, employers may think it too difficult to do anything about these issues. They may also be unsure of whether interventions in these areas would work.

Fortunately, research indicates that interventions don't have to be large to make a difference. In his document, "Reality Check," [60] researcher R.J. Fries states that while in theory 70% of health care expenses are associated with preventable conditions, it is likely that only 20–30% are actually preventable today. He suggests that a practical and achievable target for health promotion programs and psychosocial interventions is to structure them to reduce healthcare costs by around 20%.

Some examples of successful interventions are as follows:

- The Canadian Institute of Stress (Bell Canada Operator Services research)[61] says stress control programs can result in:
  - 18% reduction in absences
  - 32% reduction in grievances
  - 52% reduction in disability time
  - 7% improvement in productivity
  - 13% improvement in service quality
- A stress-reduction program in a branch of the Halifax provincial government reduced absenteeism by 27%[62]
- A worksite health promotion program in a large telecommunications company resulted in a 20% decrease in short-term disability among participants[63]

Similarly, the literature recognizes that changing the organization of work or addressing psychosocial issues can also increase employee satisfaction and health. And that has positive cost implications for employers.

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Research shows that for every 5-unit increase in employee satisfaction in one quarter, there is a 2-unit increase in customer satisfaction in the next quarter and a 0.5 increase in revenues above the national average in the following quarter.[64]

Based on the figures provided in section 2 above, and assuming that 20% of costs are preventable, Canadian businesses have the opportunity to save:

- $700 million in stress-related absences
- $2.22 billion in lost productivity due to mental illness
- $6.6 billion in lost productivity due to all forms of clinical and sub clinical mental illness
- 14 billion work days lost for personal reasons
- $1.1 billion in absenteeism due to work-family conflict

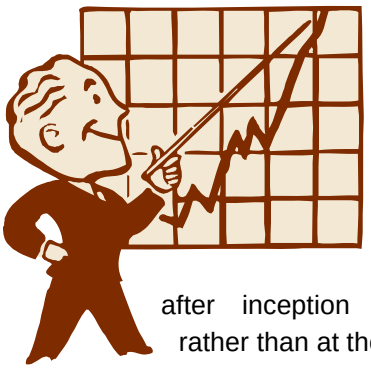
4. How Much has to be Spent to Get Results?

As noted earlier, many companies are willing to tackle the costs associated with improving the physical environment of the workplace. That's partly because there is plenty of evidence to prove that the return on their investment will be substantial.[65]

But in spite of the fact that stress and poor mental or physical health are costing Canadian businesses billions, and that interventions can improve things significantly, skeptical employers may still be concerned about the amount of effort and expense required to make these improvements in these areas.

In other words, if they do make an effort to address problems related to health practices and the psychosocial environment, what is the likely cost-benefit, or return on investment for them?

Again, the literature is encouraging. While there are often difficulties quantifying some of the results,[66] there is growing evidence that the cost-benefit ratio ranges from $1.15 to $8.00 for every dollar invested (see below). The higher numbers result when (1) a comprehensive approach to a healthy workplace is used, rather than a single focus and (2) when cost-benefit is measured several years after inception of the interventions, rather than at the beginning.



A few examples from the published literature are as follows:

- **BC Hydro:** for every $1 spent on the organization's wellness program, the company saved an estimated $3 (after running 10 years)[67]
- **Canada Life Insurance:** The company saved $3.43 for every $1 spent on its fitness program[68]
- **University of Michigan:** for every $1 USD spent on workplace health programs, savings were estimated at $1.50 to $2.50 USD[69]
- **Dupont (USA):** for every $1 USD spent on a company health promotion program, the company saved $2.05 USD on disability after 2 years[70]
- **Citibank:** for every $1 USD the company spent on its comprehensive health program, there was a savings of $4.56 USD[71]
- **Pillsbury Company:** for every $1 spent on wellness, the company saved $3.63 in health-related costs[72]
- **8 Halifax organizations:** For every $1 spent on wellness, these organizations

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saved $1.64 on average, per person,[73] plus:

  - $2.04 for participants with 3-5 risk factors
  - $3.35 for smokers

- **Coors Brewing Company:** For every $1 spent on a fitness program, the company saved $6.15[74]
- **Telus-BC:** The company saved $3 for every $1 spent on corporate health initiatives, with a range of $3 to $8 returned per $1 spent within 5 years of launch[75]
- **A large diversified multi-site industrial setting:** For every dollar spent on workplace health promotion, $2.05 was saved after 2 years[76]

In many cases, major changes can be made in workplaces without spending a penny in direct costs. Changing a supervisor's management style to one that is more supportive, as defined by Duxbury (above) doesn't cost money. Showing respect for workers doesn't cost money. Asking for input from employees on problems that affect them doesn't cost money. Yet, all of these things can make significant changes to the workplace environment, and improve the mental and physical well-being of employees tremendously.

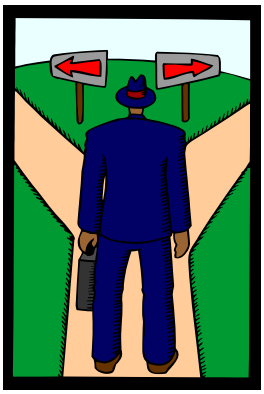
Three things are clear:

1. Unhealthy, unsafe and stressful workplaces are costing Canadian employers billions of dollars annually
2. Workplace interventions can make significant improvements and save at least 20% of these costs
3. Comprehensive healthy workplace interventions cost far less than they are likely to save the company, returning between $1.15 and $8 for every dollar spent on developing
4. healthy workplaces. In fact, some effective interventions are virtually free.

IV. HOW Can a Healthy Workplace Be Created?

A. Making it Happen

If a company or organization realizes the importance of becoming a healthy workplace, and fully understands what that means, as described above, how do they go about doing it? What is the process they should go through to make it happen?



The Macro Approach…
In its Workplace Health System, Health Canada suggests that companies that want to create a healthy workplace engage in a company-wide, seven-step process.[77] These are:

1. Gain commitment – get buy-in from senior leadership, unions, and any other significant stakeholders
2. Form a committee – designated to plan and implement a healthy workplace program
3. Do a needs assessment – to determine the needs and wishes of employees, based on their perceptions of the three avenues of workplace health
4. Analyze the health profile or report generated by the needs assessment
5. Develop a workplace health plan that is comprehensive and covers 3 to 5 years
6. Develop program action plans to implement the details of the health plan
7. Review and evaluate the plan and the outcomes

Many companies in Canada, including the

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IAPA, have followed this recipe to the letter. It typically may take two to three years to get to the point of having programs and changes up and running, and require the time and energy of a team of individuals and a committed facilitator. If there is a flaw in the system, it is that in all the support materials and tools provided by Health Canada, the emphasis is on "programs" – which makes it easy to gravitate towards only developing "wellness programs" or "safety programs" – and neglecting to address the psychosocial issues of the workplace that may be identified in the needs assessment. Solutions to these issues are rarely found in "programs" – rather, they may require significant evolution and change in company culture, policies and leadership style.

A word about "safety" programs. Many companies will have already begun to move toward a healthy workplace by implementing a health and safety program that focuses on physical hazards in the workplace. This is a good starting point around which to build a more comprehensive approach to a healthy workplace. Doing a comprehensive needs assessment, which will include looking at safety issues, is a good way to identify any opportunities for improvement in the current safety plan. Because it is focusing on health practices and psychosocial issues as well as safety, a comprehensive needs assessment may show areas of weakness where the three areas overlap each other and are interdependent.

To find out more about Health Canada's Workplace Health System, refer to: http://www.hc-sc.gc.ca

Another route to a healthy workplace is for companies to adopt the criteria developed by the National Quality Institute (NQI) as part of its Canada Awards for Excellence award program.[78] The criteria set out the principles and guidelines that companies should follow to be eligible for the award. But companies do not have to be striving for an award in order to take advantage of the criteria.

For even more insight into what makes a healthy workplace, companies can refer to previous winners of the NQI Healthy Workplace trophy. These include: MDS Nordion (1999), Telus Corporate Health Services (1999), Amex Canada (2001), Dofasco Inc. (2002), NCR (2002), Statistics Canada (2003), Delta Hotels (2004), and Daimler-Chrysler Canada and the Canadian Auto Workers (2004). Information about the things these workplaces did to win this prestigious award can be found on the NQI website (http://www.nqi.ca) and on many of the websites of the organizations concerned.

For those companies that find the NQI criteria too overwhelming, the NQI has developed a road map in the form of a step-by-step program called the Progressive Excellence Program (PEP) for Healthy Workplaces.[79] The PEP defines four levels through which a company should progress:

1. Commitment
2. Planning
3. Implementation
4. Sustainability

Each level requires an assessment, and levels 2 to 4 require an external assessment to be granted NQI's "certification." The criteria repeatedly emphasize the importance of incorporating the three elements (physical environment, health practices, social environment and personal resources) into the content and process. For more information, visit http://www.nqi.ca.

For smaller companies (those with fewer than 100 employees), NQI has published a simpler 10-point criteria and self-evaluation tool.[80]

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The Micro Approach…

While enlightened, concerned and committed employers may decide to take this macro approach, consciously deciding to look at workplace health throughout their organization and addressing it comprehensively and pro-actively, many employers are "not there yet."

They may not recognize all the factors discussed above that are influencing the health and well-being of their employees. Or they may have little idea where to start, and feel overwhelmed by the magnitude of the required change. Or certain middle managers may realize there is a problem, but have no "big picture" support from the senior leadership of the company.

In these situations, a "micro" approach that starts small may begin the process. Many IAPA consultants use such an approach. Focusing on one specific problem identified by the company, the consultant uses a process to problem-solve that involves a cross-section of employees affected by the problem. This approach may lead to a dramatic resolution of the particular issue. With appropriate guidance, the company may then be shown how the process of solving the problem (involving workers in the decisions that affect them, showing trust in workers) can make the intervention more effective than previous attempts. The *process* can, in fact, be a psychosocial intervention in itself. If a number of these small successes occur in an organization, they may subtly shift the company to a different management style, and make significant changes in the organization of work, thus having positive spin-offs on employee health, job satisfaction and morale.

An example of this approach was explored in the article, "Seeing Eye-to-Eye" in IAPA's *Accident Prevention* magazine.[81] A small metal fabrication company had a serious health and safety problem – a rate of eye injuries that was four times the industry average – and many other serious injuries. An IAPA consultant worked with the firm to empower a group of employees to find the solutions. Rather than a top-down, imposed solution from management, the employees dug out root causes, found solutions that would work and implemented and monitored them. Having the employees fully involved in the process made all the difference, and eye injuries virtually ceased – as did other types of injuries. The article concludes, "What they had managed to do was *change the culture of the workplace* – something that usually takes years to accomplish – in a very short period of time. Almost instantly, the success of this project got around internally. It translated into a general change in safety attitude, which was phenomenal." The company, which was once run with a fairly autocratic style of management, has now become more team-based and participative. In this situation, while the "entry point" was a typical physical health and safety problem, the approach used was one that changed the psychosocial environment, and had results that reached far beyond the original issue.

This approach has the advantage of being quick, addressing the "readiness" aspect of the workplace and showing immediate results. But it requires ongoing coaching, potentially from an outside consultant, to ensure that the organization "gets" the message, and is able to apply the lessons learned from the small intervention to additional projects, until the process becomes ingrained in the culture of the workplace.

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B. The Need for Integration

This paper began with examples of models of healthy workplaces. The simplest model, the triangle (or three interlocking circles) that addresses the physical work environment, the health practices of employees, and the psychosocial work environment, still has the potential for "silos" – a lack of integration of the three avenues. Upon hearing about this model, health and safety professionals sometimes ask, "Which of the three avenues should be addressed first?" Or they may say, "We'll worry about the other two avenues after we get the physical work environment in good shape. We've got to stop cutting off fingers before we worry about people's feelings, or their smoking habits!"

It is a mistake to think of the three avenues as separate domains that can be addressed separately, for a number of reasons:

- **Overlap in influence:** Each avenue influences the others. It will be impossible to eliminate all physical injuries if the workplace is hostile, has poor communication, and gross imbalances between demands and control and effort and rewards. Research shows that these conditions greatly increase the risk of injuries. Similarly, high workers' compensation costs (injuries in the physical work environment) are often directly related to personal health risks of individual workers, such as smoking or obesity.[82]

- **Resistance:** When these areas are discussed separately, managers and workers alike often raise barriers to one of the avenues. Managers may feel uncomfortable addressing issues of leadership style, while workers may feel defensive about a focus on lifestyle issues. By incorporating them all into an integrated approach, the spotlight doesn't focus on anyone's perceived area of vulnerability.

- **Effectiveness:** Using an integrated approach has been proven to be the most effective in improving the health of workers. For example, as stated earlier, personal health promotion programs are likely to have success in changing health behaviours only when they are injected into healthy working environments. As well, Health Canada recognizes that various health behaviours are interdependent.[83] For example, eating and smoking behaviours are interdependent and may be both linked to stress.

- **Cost-benefit:** A comprehensive and integrated approach is the one most likely to result in business improvements, such as increased productivity, improved quality, and improved customer satisfaction. This is because an integrated, comprehensive approach by necessity involves employees, engaging them, motivating them and improving their morale. Research clearly shows a predictive, quantifiable link between employee satisfaction and employee health, and between employee satisfaction and customer loyalty.[84] Studies also show the cost-benefit ratios are much greater when a comprehensive approach is used, instead of an approach that focuses only on one area of a healthy workplace – such as a fitness program or smoking cessation program, for example.

The very term "integration" is open to interpretation. The Health Canada process "integrates" the three avenues by addressing them all simultaneously, and by involving the same team in addressing the three avenues. The "micro" example above integrates the psychosocial avenue with the physical work environ-

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ment, but does not deal with the health practices element at this time.

There are likely as many ways of integrating these elements as there are workplaces. Winners of Canada's Healthy Workplace Award all provide examples of truly integrated healthy workplaces, yet they have all reached that point in different ways. When Amex Canada won the award, they did so because of a strong top-down leadership-based strategy, while Dofasco won the award with a grass-roots approach. Pazmac Enterprises, a small BC business (30 employees) featured as a model by the Canadian Labour and Business Centre, developed its integrated healthy workplace as a result of a committed owner/operator who believes in treating others fairly, has a sound business sense and recently suffered a personal health crisis.[85] Public organizations, such as Seven Oaks General Hospital in Winnipeg and the City of Regina Transit Department, have been equally successful, yet have used different approaches.[86] What works for one company will not necessarily be best for another. There is no "one size fits all."

The key is to be aware of the different elements that must be addressed simultaneously in order to create a healthy workplace, to communicate this to every employee and manager in the workplace, and to ensure that everyone understands that they have a role to play in making it happen. Managers, human resources professionals, health and safety staff, union leaders, training staff, and ordinary workers all have a part to play in shaping the culture of a workplace that values its people and understands their link to a healthy business.

V. Conclusion

The evidence is clear: the most effective, efficient and cost-effective way to reduce workplace injuries and illnesses, improve employee health and well-being, increase employee satisfaction and morale, and improve business outcomes, is to adopt a comprehensive, integrated approach to workplace health and safety that looks at three avenues: the physical work environment, the personal health practices of employees, and the psychosocial work environment. Any approach that deals with only one or two of these avenues, or that does not integrate them in a managed, systematic way, will have less than optimal results, and will not make the difference that employers and employees are searching for.

IAPA is committed to helping Canadian businesses achieve excellence. The Vision of IAPA's Health Strategic Plan is that:

> All organizations strategically integrate psychosocial, health practices and physical work environment considerations into their management systems for the purpose of fostering *Healthy Workplace* environments.

A vision is a dream, a hope for a better future. IAPA's goal is to help move Canadian workplaces closer to this vision in the next five years.

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