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A Discussion Paper on Workplace Health

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Abstract

In particular, this paper puts forward the argument that there is a very real value proposition for employers who adopt a more proactive approach to workplace health: Given the costs of ill health, and pressing issues such as the serious challenge of an ageing workforce, there is a 'bottom line' incentive for employers to focus on a healthier workplace.

Keywords: *Workplace Health, mental health*

1. Introduction

Canada's overall healthcare system is under intense scrutiny. To date, however, relatively little attention has been paid to the potential contribution of workplace health to the larger Canadian healthcare landscape. This paper arises from the observation that while there are waves of interest, the concept of workplace health is not entrenched as a 'given' within the workplace or within Canadian public policy. And yet many of the pressing healthcare challenges that confront Canada have workplace connections – for example, the demographic reality is that Canada has a rapidly ageing workforce whose ongoing good health needs to become a priority; and mental health or stress-related problems (which often have work-based origins) are steadily on the rise. This paper takes the point of view that Canada needs to foster a positive environment -- to develop a new 'mindset'-- that encourages and promotes healthy workplaces. The paper makes the case for this particular point of view by:

> ➢   reviewing the research in the area of workplace health;
> ➢   Workplace health as a value proposition;
> ➢   What makes a healthy workplace?

2. Research on workplace health

2.1 Overall considerations in conducting research in workplace health

Before looking at specific field-based research efforts in the area of workplace health, it is important to appreciate the particular challenges facing academics who focus on this subject area. First, nearly half of Canada's employed individuals are not in "standard" jobs, i.e., only 54% of Canadians are paid, permanent, full-time employees who have been in their job for at least six months and are not holding multiple jobs. The flip side of this statistic is that nearly 46% of Canada's employed workforce is, therefore, not in "standard" types of employment. Therefore, any attempt to create a simple or "standard" approach to employment practices and policies related to the creation of a healthy workplace will need to take into account this diversity of work.

Second, the very nature of the workplace makes research design difficult. All research studies have to contend with threats to validity and reliability and no single study can rule out all threats, though strong experimental designs come closest to doing so. Due to the nature of the workplace, and the potential for research to disrupt normal work processes with consequent productivity and economic consequences, there is very little experimental workplace health research.

Consequently, workplace research suffers from a variety of methodological inadequacies such as measurement, design, and sampling issues. Arising from that survey, the CCIH makes the following observations about the future of workplace health research:

➢ More research is needed: workplace health is an under-explored area, particularly workplace outcome-related research.

➢ Better measurements are needed, particularly productivity and performance measurements.

➢ Improved research designs are necessary: specifically, more longitudinal designs and quasi-experimental designs would be beneficial (where possible).

➢ Funding support is needed: in particular, deliberate earmarking of funds in the area of workplace health research is necessary; further, some of this funding needs to be multi-year in order to properly ascertain the long term effects of workplace interventions.

➢ The source of funding needs to be negotiated. Since it is the prime beneficiary of the research, it is reasonable to ask Canada's business community to pay at least part (though not all) of these costs. Such funding could possibly be correlated to health care savings and rebates through "public" channels (for example, Employment Insurance, or WCB).

2.2 Research related to mental health and stressors in the workplace

Given the expanded definition of health, discussed above, and its recognition that both social and mental well-being are integral to good health, it is no wonder that a major topic of interest

to researchers today is the social-psychological elements of work. For instance, HR Reporter (November 19, 2001) featured an article on the fact that the WSIB in Ontario was considering redefining stress. As the article states, "A proposal to redefine mental stress in the workplace has Ontario employers concerned they could be facing big compensation claims…. there is protracted debate over how responsible employers are for the mental health of their employees."

In terms of research in this area, some researchers have focused on the broader environment of the workplace, and how it impacts on the well-being of the employee.19 in their recent landmark Canadian study, for example, Lowe and Schellenberg report on findings from the Canadian Policy Research Network's (CPRN) "Changing Employment Relationships (CER) Project". They found that four "employment relationship" factors (trust, commitment, influence, and communication) were strongly predictive of a number of important workplace outcomes, including job satisfaction, turnover, and absenteeism. Moreover, they report that a "healthy and supportive work environment" was the single most important predictor for each of the employment relationship factors, and they conclude: "a healthy and supportive work environment is the crucial factor in creating robust employment relationships".

Other researchers are focused more specifically on the issues of stress and mental health in the workplace. Key points are as follows:

➢ Much research suggests that management must play a greater role in efforts to reduce the effects of stress, anger, and depression in the workplace. This finding reinforces the need for workplace health initiatives to be integrated into managerial responsibilities.

➢ Research suggests that workplace health promotion interventions should be better targeted, particularly aimed at those workers suffering from high levels of a stressor or disease, rather than more "general education" based types of interventions. Concerns about privacy are not insurmountable through good communication (trust; clearly stated intentions) and obtaining appropriate consent.

➢ Related to the above, comprehensive and intensive workplace health interventions are generally found to be more effective than simple, easy, and less costly approaches. Once again, the importance of managerial leadership is critical: given that such measures have the potential to cost more and be more disruptive of "normal" workplace routine, active support from leadership in the workplace is required to provide the resources to support such initiatives.

➢ While current research may lead to cautious conclusions about workplace stress management programs leading to demonstrable health outcomes, there is a lack of consistent, strong research that suggests positive performance or productivity-related work outcomes.

➢ In addition to overt (often written) contracts of employment, employees and employers also have psychological contracts, comprised of the beliefs held by employees about the reciprocal obligations between them and their employer. Research suggests that violations of the latter are usually not eligible for formal appeal to a higher authority

such as a grievance process21 and the impact on individual employees can include: decreased trust of the employer, reduced job and organizational satisfaction, feelings of less obligation and increased turnover intentions, and reductions in their contributions to their workplace. Given the potential impact that an employee in such a state can have on the organization, it is clear that the violation of psychological contracts is potentially a very important consideration for employers.

➢ Beyond looking at "stress" in the workplace, much research points to increasing levels of incivility and aggression at work. The vast majority of studies regarding aggression in the workplace focus on the more overt and physical forms of incivility. Studies indicate that the structure of work, manager-employee relations, and co-worker relations can all affect workplace violence and aggression. Significantly less attention has been given to the much more frequent but less observable forms of aggression such as rude comments or thoughtless acts. The concept of a 'spiral of incivility' (coined by researchers Andersson and Pearson) suggests that smaller transgressions, if left unattended, can lead to higher levels of aggression or harassment.

➢ If a healthy workplace includes the notion that workers' perceptions, attitudes and feelings are causally related to their work performance behaviours, then these psychological elements are fundamental to creating a healthy worker and a healthy workplace. Employers concerned about prudent management, due diligence, and standards of care need, therefore, to understand that their responsibilities may well include "social" and "psychological" dimensions of workplace health, as much as they have previously been concerned about the "physical" dimensions.

3. Workplace health as a value proposition

3.1 Why invest in workplace health?

Interestingly, most employers do not consider their support of health programs as a core or strategic offering, one that protects their business viability. They also generally avoid any health-related practices or programs that may intrude on the privacy of an employee or their family members. Most view benefit programs as a tax-effective form of total compensation. However, unlike governments that have reduced the scope of their coverage to control their budgets, employer plans remain mostly generous by any standard, and often not closely managed to control cost. Given this situation, why should employers be interested in promoting healthy work environments? Why should governments create supportive policy for a largely complacent audience?

The first reason addresses health services utilization, and reinforces the adage of 'measurement before management'. Employers need to analyze their costs, including benefit plan utilization, Employee Assistance plan usage rates, short and long-term disability claims incidence and duration, workers' compensation benefits, workplace accidents, absenteeism, and even life claims. Such an assessment would reveal costs of sufficient magnitude to encourage employers

to make the cultural and financial steps necessary to move their organizations toward healthier workplace practices and policies.

Secondly, the CCIH believes the statistics presented earlier paint a stark picture, one that points to a broad impact on our health and social support system. Health issues in the workplace cost not only the employer money (and increase stress for remaining employees, creating a vicious cycle), but sick employees impact on families, communities, and the healthcare system. The boundaries of the workplace are permeable, and costs are easily transferred to other elements of society. It is for these reasons that workplace health must become a priority for governments, and not just for employers, unions, and plan members.

Paradoxically, the workplace has become an environment that both contributes to employee ill health while simultaneously offering the most potential for improving overall employee health and well-being.

3.2 What makes a healthy workplace?

Research in many countries demonstrates that some workplaces have had significant, positive results from their approach to workplace health. The premise of this paper is that a wider, strategic commitment to workplace health needs to take place within Canada, both at the public policy and employer levels. In order to make relevant recommendations for change, there must be recognition of the key ingredients of a healthy workplace, along with potential barriers. In other words, knowing what to strive for or avoid is necessary in order to recommend concrete, actionable initiatives.

Drawing from the research reviewed, the CCIH would suggest that the following characteristics are some of the major hallmarks of a healthy workplace (this list is by no means exhaustive):

A. The presence of a supportive environment/culture

Organizational culture is "created, reinforced and sustained by ongoing patterns of human relationships and communications that are known to have an important influence on mental and physical health." The presence of a culture that is supportive of the health of the employee -- psychological, psychosocial, and physical -- is critical for a healthy workplace. This should include:

> ➢ Safe work practices and low risk work environments;
> ➢ A culture that encourages social cohesion and the balance of work and personal time;
> ➢ Supportive management policies, programs, and practices;
> ➢ Comprehensive health benefit programs; and
> ➢ Communication of the importance of families and communities.

A comprehensive human resource strategy is essential to a healthy workplace. This includes such things as design of workspace, flexible work time, ongoing training, injury and illness

management, adapted job responsibilities, early intervention programs, effective communication, and the "duty to accommodate" an employee's return to work. The organization also requires an ability to effectively and meaningfully promote change when change is necessary.

B. Program planning and evaluation

To be healthy, a workplace needs to uncover issues affecting the organization and its employees, and determine the 'root cause' of these problems. This includes:

➢ The capacity to recognize the needs and priorities of a dysfunctional corporate environment;

➢ Having a plan/policies in place to avoid, mitigate, or at least quickly respond to, problems and their root causes; and

➢ Managing the implementation of that plan, including an evaluation of whether the response is appropriate.

Certainly, the degree of program planning and evaluation within the workplace depends on the size of the organization and its culture, but within any healthy organization a continuum of problem solving and support needs to be in place. Having a good understanding of the culture of the workplace and the role of HR can lead to better success for health promotion programs.

C. Reward systems

An important element of psychosocial support/health in the workplace is whether there is both financial reward and praise (a value system) to recognize the good work that employees do.

D. Leadership

There must be willingness on the part of management to make it a priority. Without demonstrated leadership and commitment (and an appreciation of how change needs to be implemented), workplace health initiatives simply will not move forward. The "Heartworks" health promotion program sponsored by the New Brunswick Heart and Stroke Foundation (1999) identifies that "wellness is linked to Corporate Culture. Understanding the prevailing Corporate Culture, its values, expectations, beliefs and the prevailing management structure is vital to developing a strategic vision for Workplace Health Promotion programming. Leadership must be readily committed and evident. Leadership must walk the talk.

Furthermore, employers who are inconsistent in their approach to workplace health, and rely on ad hoc, non-strategic approaches, are less likely to achieve or sustain success.

E. Employee's knowledge

Employees must believe in and understand workplace health issues and initiatives, in order that they succeed. The "Heartworks" program mentioned above determined that not only is

leadership critical, but "Employee Participation in the design process [of workplace health programming] is essential for success."

F. Evaluation and respect for privacy

To assure value, it is important that workplace health programs are evaluated for need, implementation, operations, and outcomes. Presently, changes to privacy legislation both provincially and federally require a new level of responsibility and accountability for "custodians" of personal information. These new laws will make it more difficult to obtain accurate aggregate data to support workplace health programs, but this will be no less important. Plan sponsors must obtain informed consent, implied or express, for the collection, use and disclosure of personal information. While this can often be done using aggregated data, sometimes individual data will be required, e.g., for longitudinal outcomes studies, although it can be made anonymous for greater security: In this case, obtaining informed consent from individual employees is clearly paramount. Indeed, an employer's respect for individual employees' privacy is critical to establishing a workplace atmosphere characterized by trust.

G. Labour relations

Unions and trustees in joint labour-management health plans can play a key role in encouraging their members and their families to lead safe and healthy lives. This should not be perceived as a trade-off: health is an important priority in bargaining, and more focus on health need not be at the expense of continued investments in safety, as is sometimes believed. Where good, constructive relationships exist between labour and management, stress at the workplace and the opportunities for injury and ill health are reduced.

4. Conclusion

There must be improved recognition of the important role played by the workplace in determining the health of employees, their families, and our communities across Canada. It is clear that if Canada's approach to workplace health is to change, as the Canadian Council on Integrated Healthcare believes it should, this will not be a quick transformation, but will take several years. Healthier workplaces help create a healthier nation; Canada stands to benefit significantly both in the near and distant future.

The CCIH argues that this new approach rests on the shoulders (primarily, though certainly not exclusively) of two key groups. Government must support research and practical experiments that establish "best practices" in health management, and help develop health-positive policies and programs for the workplace (for example, through the tax system and/or the WSIB organizations in Canada). Employers must recognize their role and responsibility in contributing many billions of dollars for Canada's direct expenditures on health, and even more for disability. They must understand and improve their management practices that affect the health of employees, their communities, and their own long-term success. Labour must also join in this initiative for real progress to occur.

References:

Andersson, L. M. and Pearson, C. M. (1999). Tit for tat? The spiraling effect of incivility in the workplace. Academy of Management Review, 24, 452-471.

Calabrese, K. R. (2000). Interpersonal conflict and sarcasm in the workplace. Genet Soc Gen Psychological Monographs, 126, 459-494.

Douglas, S. C. and Martinko, M. J. (2001). Exploring the role of individual differences in the prediction of workplace aggression. Journal of Applied Psychology, 86, 547-559.

Dunnagan, T., Peterson, M., and Haynes, G. (2001). Mental health issues in the workplace: A case for a new managerial approach. Journal of Occupational and Environmental Medicine, 43, 1073-1080.

Duxbury, L. and Higgins, C. (2001). Work-Life Balance in the New Millennium: Where Are We? Where Do We Need to Go? Work Network, Canadian Policy Research Networks, Inc.

Health Canada, 2000, 2001.

Lowe, G. (2000). The Quality of Work: A People Centred Agenda, Oxford University Press, Toronto.

Riedel, J. E., Lynch, W., Basse, C. Hymel, P., and Peterson, K. W. (2001). The effect of disease prevention and health promotion on workplace productivity: A literature review. American Journal of Health Promotion, 15, 167-191.

Shain, M. (2001). Reference detail available on request.

Shephard, R. J. (2002). Issues in worksite health promotion: A personal viewpoint. Quest, 54, 67-82.

Sparks, K., Faragher, B., and Cooper, C. L. (2001). Well-being and occupational health in the 21st century workplace. Journal of Occupational and Organizational Psychology, 74, 489-509.