Healthy Workplace Strategies:
Creating Change and Achieving Results

Prepared for the Workplace Health Strategies Bureau, Health Canada

by

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THE GRAHAM LOWE GROUP

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EXECUTIVE SUMMARY

Healthy jobs and workplaces benefit workers and employers, customers and shareholders, citizens and society. This report focuses on the *organizational* change processes, strategies and tactics that can bring about healthier and more productive working conditions.

Successful interventions must target underlying workplace and organizational factors. Most promising in this regard is the link between healthy work environments and improved health outcomes for individual employees *and* improved business results. This widens the agenda to the entire organization: its values, people practices, work systems and performance.

Workplace Health as Organizational Change

Organizational change research distinguishes *transformational* change from *superficial* change. Creating a healthy organization exemplifies transformational change. Introducing a fitness program or a policy on flexible work schedules are examples of superficial change, if they are not part of a larger strategy. The shift to a new culture and work systems takes time – easily 3 to 5 years. Often, it results from a sequence of small steps that are guided by a compelling vision.

However, most transformational change initiatives fail. Estimates suggest success rates between 25-33% for reaching the intended goals of change. This makes it imperative that champions of workplace health learn from a wide range of organizational change experiences.

Viewed as organizational change, healthy workplace strategies must follow strong *guiding principles*, which this report enunciates, based on a synthesis of current research and practice.

An Action Model

While a fitness or smoking cessation program easily can be run by health promotion staff, a different approach is required to transform the values, management practices and work systems of an organization.

Health promotion and human resource professionals must team up, and there must be support from managers and supervisors at all levels, employees, and unions. Stakeholders must engage in discussions about the role of the entire organization in “creating health.”

This report, therefore, offers an *action model* as a tool for achieving healthy organizations. The model highlights the importance of establishing enabling conditions in order to make the organization change-ready, then designing a process that engages all stakeholders in actively shaping a healthy workplace. The process is iterative, with lots of reflection and readjustment built in. There is no one best way to create a healthy organization and no neat list of best practices that define such an organizational state.

The Action Model can guide the implementation of healthy workplace changes, raising the following issues that will influence the choices made by change agents:

Recognize and remove major barriers to organizational change:

- Some of these barriers have been identified by workplace health experts, but need to be understood as common problems of organizational change.
- A lack of information is a source of organizational inertia. Overcoming inertia requires identifying change barriers and facilitators.
- Work intensification is a major barrier to organizational innovation and change. Specifically, high job stress impedes changes that can support good psychosocial health.
- Cooperation or resistance among front-line managers can be the 'Achilles heel' of organizational change.
- The best way to help supervisors and managers play a leadership role in change is to make improved workplace health their issue.
- Human resource and organizational health processes are good indicators of successful business strategy implementation.

Spread new organizational practices through learning and innovation:

- Effective bundles of healthy workplace practices are hard to imitate. There is no easy-to-follow checklist or template for such changes.
- Standardized programs do not work for primary workplace health interventions that address environmental determinants of health.
- A healthy workplace strategy must be designed to fit an organization's unique history, culture, market conditions and employee characteristics.
- Learning capacity is critical for a healthy organization, and this is developed over time and through collaboration.
- A healthy workplace is a prerequisite for business innovation in products and services.

Take an integrated top-down and bottom-up approach:

- Examples of successful change reveal that what's needed is not change management but change leadership.
- Successful change requires a thawing of the status quo to make the organization change-ready. A compelling vision is required and it must be homegrown and effectively communicated.
- The major weakness of traditional approaches to change management is a reliance on a top-down, leadership-driven process.

- Overcoming these pitfalls requires balancing leadership and employee empowerment, or in other words, combining top-down and bottom-up approaches.

Engage all employee groups in the change process:

- The change process itself must contribute to healthy workplace goals.
- A success factor is strong commitment from top management, reinforced by their behaviour. Also essential is the meaningful involvement of all employee groups.
- Worker involvement in the *process* of creating and maintaining healthier working conditions is a prerequisite of a healthy workplace.

Reduce the stress of change so it is not an impediment:

- Workplace change can be stressful, so a healthy change process must be designed to reduce workplace stressors.
- The 'demand-control' model of job stress shows how healthy workplace changes can improve the psychosocial work environment.
- 'High performance workplaces' must be model healthy enterprises with healthy workers, otherwise this new approach could compromise health goals.

Measure progress:

- Monitoring and evaluation are often weak links in the chain that connects organizational change interventions to desired outcomes.
- Good measures can help decision-makers to view workplace health initiatives as investments in people that contribute to performance over the long-term.
- Change can provide learning opportunities about how to do things better, but only if evaluation data inform decisions and actions.
- Healthy workplace advocates also need to document the cost of *inaction*, building this into their business case.
- Useful measures and evaluation procedures must examine outcomes and processes, track progress over time, and combine individual and organizational outcomes into a single framework.

Close knowledge gaps:

Answers to the following questions can help advance a healthy workplace agenda:

- What cluster of work environment factors contribute most to positive employee and organizational health outcomes?

- How can we develop an inclusive approach to a healthy workplace, which includes all workers, work settings and businesses?

- What motivates executives and other senior managers to become healthy workplace champions and to follow through with needed actions?

- How can healthy workplace goals be incorporated into corporate social responsibility frameworks?

The trap, of course, is getting stuck just thinking and talking about a vision of a future healthy workplace. Almost every organization has strengths to build on and opportunities to launch change. Building incrementally on these strengths and seizing present opportunities, however small to begin, can start making the vision a reality.

INTRODUCTION

Hundreds of studies document the direct and indirect benefits of healthy work environments for individuals and organizations. We know healthy jobs and workplaces contribute to an individual's physical, psychological and social well-being. These benefits ripple across the entire organization through higher job satisfaction, lower absenteeism and turnover, improved job performance, lower accident rates, and reduced health benefit and worker compensation costs. Individuals need to take responsibility for reducing their health risks and employers can support this through a range of health promotion programs. However, the biggest sustainable gains in employee health and productivity result from changing the work environment.

While health promotion programs are becoming more widespread, they are just that – programs – and mainly focus on individual health behaviours rather than working conditions. At the same time, a growing number of line managers, along with professionals in workplace health, human resources, occupational health and safety and organizational development, recognize the limits of dealing solely with the symptoms of stress, ill health and injury.

These health champions are seeking ways to address the underlying causes of unhealthy workplaces. First, they must overcome major hurdles to launch change programs in their organizations. The research is clear that reducing employee health risks requires changes in job design, workplace culture, organizational systems and management practices. Traditional workplace health promotion programs focus narrowly on employee health, so are not catalysts for the more fundamental reforms required to target underlying causes.

The voluminous information available on workplace health interventions mostly documents program details and outcomes. The actual dynamics of change – processes, strategies, and tactics – remain a black box. This report opens that black box, shedding light on how to create healthy workplaces. I attempt to answer a very basic question: *How can we design effective strategies to change workplaces so they become healthier and more productive?* My approach is to view workplace health as requiring transformational change in organizations. Drawing on organizational change literature, I identify the ingredients of successful change strategies and provide practical ways to engage in action.

From an organizational change perspective, I will show that creating and sustaining healthy environments in organizations is a collaborative learning process. The dynamics of the process can best be described as interactive, reflective and non-linear, with participants learning from their experiences and using these insights to refine their plans as they proceed. Furthermore, there are no off-the-shelf formulas. This challenges conventional workplace health promotion thinking. For example, the Wellness Councils of America (WELCOA) assists US companies to create 'Well Workplaces.' Its website presents this as streamlined and routine: "Even though you may be relatively unfamiliar with the 'Well Workplace' concept and model, the entire process is quite straightforward and easy to understand."

If it's so easy, why don't more employers do it, especially given the evidence available for US firms that health promotion is linked directly and indirectly to productivity?[1] The answer to this question, I suggest, lies in the nature of organizational change. By looking at the change process, we can identify a range of common barriers, including organizational inertia, difficulties mobilizing people around a new workplace vision, and a tendency to substitute rhetoric for action. Thus, understanding the features of effective change strategies will enable more employers and employees to achieve healthy workplace goals.

FROM HEALTHY WORKPLACES TO HEALTHY ORGANIZATIONS

Thinking and action in the area of workplace health is in transition. The emphasis is shifting from programs designed to change individuals' attitudes and behaviour, to more comprehensive interventions that target health risks in the physical, social and psychological work environment.[2] This also shifts the emphasis from illness, injury and fatality prevention to health promotion, which the World Health Organization (WHO) defines as "the process of enabling individuals and communities to increase control over the determinants of health and thereby improve their health."[3]

There is agreement among occupational health and safety, workplace health promotion and epidemiological experts that successful interventions must target underlying workplace and organizational factors.[4] The Toronto-based Institute for Work and Health documents that the limitations of workplace health promotion programs can be remedied by promoting the workplace *determinants* of health, which address job, organizational and work environment causes of health and wellness.[5] Research that I conducted with Harry Shannon and Grant Schellenberg examines employees' perceptions of a healthy workplace. We find that a wide range of underlying job and workplace factors, including trust and respect, have a bearing on these assessments (see Text Box 1). Other experts use the concept of a 'health-promoting workplace' to balance customer expectations, organizational goals, employee skills and health needs.[6] The scope of workplace health initiatives has expanded to address a growing array of non-health issues, from violence and anger to productivity.[7]

The most promising feature of the emerging healthy workplace perspective is its attempt to link healthy work environments with improved health outcomes for individual employees *and* improved business results. This widens the agenda to the entire organization – its values, people practices, work systems and performance. While we need a better understanding of exactly how healthy conditions in workplaces contribute to organizational performance, this link offers the greatest potential to convince managers and business owners that investing in organizational health and wellness makes good business sense.

To make this connection, we need to broaden and deepen what we mean by 'health,' from a characteristic of *workplaces*, or working conditions, to a characteristic of the entire *organization*. Throughout this report, I will distinguish between healthy workplaces and healthy organizations, arguing that the latter is a more robust and sustainable version of the former, having embedded employee health and well-being into how the organization operates and goes about achieving its strategic goals. One of my objectives is to help employers already committed to employee health promotion to move to the next level and create a truly healthy organization.

Redefining workplace health in organizational terms transforms it from the status of a 'policy' or 'program' into a core characteristic of how a business or public service operates. A healthy organization can be defined "…as one whose culture, climate and practices create an environment that promotes employee health and safety as well as organizational effectiveness."[8] The US National Institute for Occupational Safety and Health identifies three key attributes:

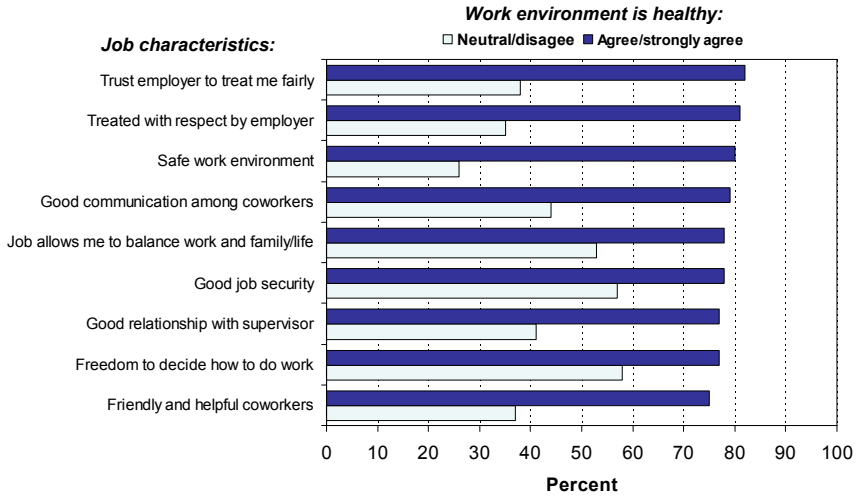
- A commitment to company values;
- An organizational climate in which employees feel valued and are able to resolve group conflicts; and
- Management practices such as rewarding workers for quality work, supportive supervisors and strong leadership.

Text Box 1: How Employees View Healthy Workplaces

Workers are the best judges of whether or not their workplace is healthy. The following picture emerges when we use workers' perceptions of their workplaces. Based on the 2000 CPRN-EKOS Changing Employment Relationships Survey, which is representative of the Canadian labour force, some 15.6% of employees surveyed disagreed or strongly disagreed that their "work environment is healthy." In contrast, 18.3% strongly agreed with this statement, 56% agreed, and 10.2% were neutral.

Specific job characteristics are closely associated with employees' perceptions of whether their work environment is healthy. The patterns in these relationships are strikingly consistent. This suggests that trust, respect, a safe work environment, good co-worker communication, work-family balance, job security, good supervision, job autonomy, and friendly and helpful co-workers are highly correlated with perceptions of a healthy work environment. Practically speaking, in the absence of any of these conditions, a workplace will be perceived by employees to be less healthy. These factors need to be addressed in healthy organization strategies.

Relationship between employees' perceptions of a healthy work environment and selected job characteristics



Sources: Lowe GS, Shannon HS, Schellenberg G. Correlates of employees' perceptions of a healthy work environment. *American Journal of Health Promotion*. 2003; 17(6):390-399.

Similarly, in the European Union, the Luxembourg Declaration on Workplace Health Promotion sets as a goal "improving the work organisation and the working environment; promoting active participation; [and] encouraging personal development."[9] The desired results are improved quality of work life and better economic performance.

This new thinking on organizational health is reinforced by recent advances in human resource management, making it imperative that workplace health and human resource agendas draw on each other's strengths. Firms are slowly recognizing that their future success depends on providing employees with a work environment that supports them to be productive, while at the same time meeting their personal needs. This is the key to successful employee recruitment, development and retention – which are growing concerns for employers. People investments

today build the capabilities needed for long-term improvements in service and product quality, and overall organizational performance.[10]

WORKPLACE HEALTH AS ORGANIZATIONAL CHANGE

Workplace health advocates frequently call for a dismantling of the organizational and professional silos that hinder broad-based healthy workplace change agendas.[11] This is based on an awareness that achieving healthy workplaces requires fundamental changes in an organization's culture, work structures and management systems. It, therefore, makes sense to view a healthy workplace agenda as facing the full spectrum of large-scale organizational change challenges, and to draw relevant insights from the extensive research on this topic.

Text Box 2 synthesizes guiding principles for creating healthy workplaces from existing practitioner literature. Reflecting on these guidelines, two issues stand out. First, implicit in these eight principles is a model of organizational change, which blends in well-established principles for individual health promotion. However, when put into practice, the individual health promotion objectives usually trump the organizational change objectives. More emphasis is needed on organizational issues. So, to ensure that healthy workplace goals at both the individual and organizational levels are met, we must understand the dynamics of how work contexts can be changed. Second, we need to know more about the experience of successful and unsuccessful change. As Martin Shain and Helen Suurvali have noted, we rarely hear the 'stories' behind the evidence that comprehensive workplace health promotion makes business sense.[12] These stories can be a catalyst for action.

What most of the organizational change and change management research discusses is *transformational* change, as opposed to *superficial* change. Creating a healthy organization exemplifies transformational change; introducing only a fitness program or a policy on flexible work schedules are examples of superficial change. Transformational change does not require a sudden leap from an old organizational model to a brand new one. Realistically, the shift to a new culture and work system takes time – usually 3 to 5 years. Often, it results from a sequence of small steps that are guided by a compelling vision. What distinguishes this approach from superficial change is that the cumulative steps of change reach deep into the systems of the organization, redesigning them.

Above all, research on organizational change provides insights about success factors and barriers. While this literature offers principles that apply to any type of large-scale change, there has been remarkably little cross-fertilization between this area and workplace health. One important reason why change continues to receive so much attention in management literature is that most transformational change initiatives fail. Estimates suggest success rates between 25-33% for reaching the intended goals of change.[13] This is all the more reason for champions of workplace health to glean whatever lessons they can from a wide range of organizational change experiences.

Here, then, is an opportunity for convergent thinking between the health promotion and management fields. One of the few organizational experts to define a 'healthy organization'

actually describes what in management circles is called a 'high performance workplace.'[14] Both healthy organization and high performance models emphasize the following characteristics:

- A strong vision;
- People-centred values;
- Team work;
- Customer service (or product) quality;
- Management decisions based on information;
- Employee involvement in decision-making;
- Open communication;
- Support for individual learning and development;
- Emphasis on innovation and creativity; and
- Support for work-life balance.

Text Box 2: Guiding Principles for Healthy Workplaces

1. *Supportive culture and values*: Creating and maintaining a healthy workplace requires a supportive culture that clearly values employees and is trust-based. Ideally, the process of creating a healthy workplace should be designed to strengthen trust.
2. *Leadership*: Commitment from top management is critical, and must take the form of visible leadership on health issues. Employees judge commitment by the actions of the CEO and the executive team. Leadership must also be exercised throughout the organization, especially by line managers.
3. *Use a broad definition of health*: Good mental and physical health means more than the absence of illness, injury and disease. It also means leading a balanced life, developing one's potential, making a meaningful contribution to the organization, and having a say in workplace decisions.
4. *Participative team approach*: Implementing a healthy workplace strategy requires an integrated approach, guided by teams that include representatives from management, health and safety, human resources, employees, and unions. This is not just a health issue. Direct employee involvement in all stages is especially critical to success.
5. *Customized plan*: Collaboratively develop a workplace health policy and action plan with clear goals. The policy and plan must be tailored to the business context, workforce characteristics, and documented gaps in the work environment. Learn from each change introduced and refine the plan accordingly.
6. *Link to strategic goals*: Clearly link health issues and outcomes to the organization's strategic goals. Integrate health and well-being objectives into the organization's business planning process, so that over time, all management decisions take health into account.
7. *Ongoing support*: Allocate resources that ensure continuity to healthy workplace actions. Provide training, especially to managers at all levels, to sustain the initiative and embed health into how the organization operates.
8. *Evaluate and communicate*: Open and continuous communication is a key success factor in any organizational change initiative, and health is no different. Consistently evaluate outcomes and keep top management informed about the impact of healthy workplace issues on business results.

Based on an analysis and synthesis of the following sources: Health Canada, Workplace Health Strategies Bureau, website (www.hc-sc.gc.ca/whsb-ssmt); Health Canada, *Workplace Health Promotion Programs: Tools and Techniques for Evaluating Progress* (2000); Health Canada, *HealthWorks. A "How-to" for Health and Business Success* (1999); Health Canada, *Developing a Comprehensive Health Policy: Why and How. A Guide for the Workplace* (1998); Health Canada, *The Business Case for Active Living at Work*; National Quality Institute website (www.nqi.ca). NQI-PEP (National Quality Institute's Progressive Excellence Program) *Healthy Workplace Criteria Guide* (July 2001); Shain M, Suurvali H. *Investing in Comprehensive Workplace Health Promotion*. National Quality Institute (2001); Wellness Councils of America (WELCOA) web site (www.welcoa.org).

In addition, organizations that exhibit these 'healthy' and 'high-performing' features are increasingly making an explicit commitment to social responsibility, placing high value on their relationships with community stakeholders and, depending on the nature of the business, the environment. This is certainly an emerging trend to watch.

AN ACTION MODEL

Moving beyond workplace health promotion to the more ambitious goal of creating healthy organizations presents practical challenges. Implementing a healthy lifestyle program is far more straightforward than changing an organization's culture to be more trusting and respectful, although both may be needed.[15]

While a fitness or smoking cessation program easily can be run by health promotion staff, a different approach is required to transform the values, management practices and work systems of an organization. Orchestrating this kind of systemic change requires clarity of vision, strong commitment, and a degree of cooperation and involvement usually not required in conventional work site health promotion programs. Health promotion and human resource professionals must team up, and equally crucial, there must be support from managers and supervisors at all levels, employees, and unions. These stakeholders must engage in discussions about the role of the entire organization in "creating health."[16]

These enabling conditions in leading healthy workplaces are outlined in Text Box 3. The text box synthesizes the lessons we can draw from an analysis of 15 organizations in Canada and the US that are leaders in the area of comprehensive health promotion. While not all 15 exhibited the same enabling conditions, each organization found its own way to integrate healthy workplace goals into overall business plans, corporate values and missions, or 'employer of choice strategies.' In short, these organizations have embarked on the journey of transformational change.

Elevating this to the next level – the healthy organization – requires repositioning healthy work environments and employee health outcomes so they become central to how the business operates. This demands even greater attention to change strategies and processes, because practically speaking, the sources of resistance are greater and, therefore, the chances of failure higher. The action model for creating healthy organizations, presented in Text Box 4, breaks down strategy into four interrelated components:

- Enabling conditions;
- Designing a dynamic process based on participation and learning;
- Determining the scope and depth of the change interventions; and
- Tracking results for employees, the organization and the community.

I offer this not as a theoretical model, but as a practical tool that can be used as a basis for workplace discussions among change agents planning ways to advance a healthy organization agenda. It is intended to stimulate strategic thinking about how to design and initiate changes that will take root and flourish over time. It sets out principles, not an overall prescription, because each workplace has different priorities, needs and objectives.

Building on the lessons derived from documented examples of healthy workplaces outlined in Text Box 3, the action model highlights the importance of establishing enabling conditions – making the organization change-ready – and then designing a process that engages all stakeholders in actively shaping a healthy workplace.

Text Box 3: Enabling Conditions For Healthy Workplaces

We can gain a better understanding of the factors that enable successful healthy workplace strategies by examining 15 well-documented cases from Canada and the US. Nine are from the Canadian Labour and Business Centre's study of organizations with successful employee health and wellness programs. Six cases received the Wellness Councils of America's Platinum designation for healthy workplace achievements. The available documentation provides some information (more than available in other published sources) on the processes and tactics used. Factors that enabled healthy workplace changes cluster around several key themes. The most common enabling conditions are linked to business strategies and a people-oriented management style. Incorporating employee health and wellness into corporate business plans, values and missions, and 'employer of choice' strategies increases the level of leadership support, resources, and commitment throughout the organization needed to succeed. It also is interesting that problem identification – widely viewed by health promotion experts as an early step in workplace health promotion – is less common as an enabler of change.

Examples of Enabling Conditions from 15 leading healthy workplaces in Canada and US

HEALTH INTEGRATED INTO BUSINESS STRATEGY

- Company's commitment to 'employee-service-profit chain theory.'
- Corporate review and overhaul of all health and safety practices.
- Health and safety goals integrated into new vision statement as a means of achieving company goals.
- Health linked to the corporation's strategic objectives.
- Wellness and safety are business strategies.
- Set goal of becoming the healthiest company in the US.
- Organization's goals viewed as being linked to the health, well-being and satisfaction of employees.

HEALTH INTEGRATED INTO CORPORATE VALUES AND VISION

- Align corporate mission of improving health and well-being in the community with internal practices.
- Business vision and people values linked.
- New owner or senior management put greater emphasis on employee health and wellness.
- Mission and value statements combine profitability with ethics and employee well-being.
- Values include treating employees with respect and dignity.
- Long history of community involvement, employee empowerment, health and safety promotion.

HEALTH INTEGREATED INTO 'EMPLOYER OF CHOICE' STRATEGY

- Linked to business goals of recruiting and retaining skilled employees.
- Recognized as an employer of choice with decades of supporting employee health and wellness.
- Wellness goals support strategic goals of employee engagement, learning, recruitment and retention.
- Wellness linked to corporate goal of becoming a top 25 employer.

IDENTIFICATION OF HEALTH / WORKPLACE PROBLEMS AND NEEDS

- Analysis of illness and injury, corporate culture, and employee perceptions of health and wellness.
- Changing workforce demographics required responses to changing employee needs.
- High accident and injury rates.
- Deteriorating labour-management relationships.

BUILDING ON EARLIER HEALTH PROMOTION INITIATIVES

- New facility with fitness centre sparked further initiatives.
- Started with a wellness promotion pilot program.

Based on an analysis of documents available from the Canadian Labour and Business Centre's website (www.clbc.ca/Research_and_Reports/Case_Studies.asp) and the Wellness Councils of America's website (www.welcoa.org/wellworkplace/platinum/actual.php).

But this is not a simple four-step sequence. Rather, it is an iterative process, with twists and turns, and lots of built-in reflection and readjustment. Unlike building a house, where there is a blueprint showing how all the components fit together, there needs to be far more fluidity in healthy workplace planning, so that individuals making the changes can learn as they go and incorporate their insights into a revised design. In short, there is no one best way to create a healthy organization and no neat list of best practices that define such an organizational state. That's why conventional planning models only go so far in facilitating this kind of transformational change in organizations.

For these reasons, we must carefully consider a range of issues as we move from thinking to acting. These issues, listed below, are *strategic* because they will influence the choices that change agents make about how to proceed:

- Recognizing and removing major barriers to organizational change;
- Determining how new organizational practices can be diffused through learning and innovation;
- Taking an integrated top-down and bottom-up approach to change initiatives;
- Engaging all employee groups in the change process;
- Reducing the stress of change, so this does not become an impediment;
- Measuring progress;
- Identifying and addressing knowledge gaps in order to further the diffusion of healthy workplace concepts.

To kick-start workplace discussions, I will explore each of these issues.

REMOVING BARRIERS TO CHANGE

Creating the enabling conditions for systemic change requires the removal of barriers to change. Some of these barriers have been identified by workplace health experts, but have not been examined as a practical problem of organizational change. So, we need to recognize that the impediments to workplace health promotion are specific manifestations of standard barriers to change. For example, the Conference Board of Canada's report on creating healthier work environments documents four major barriers:

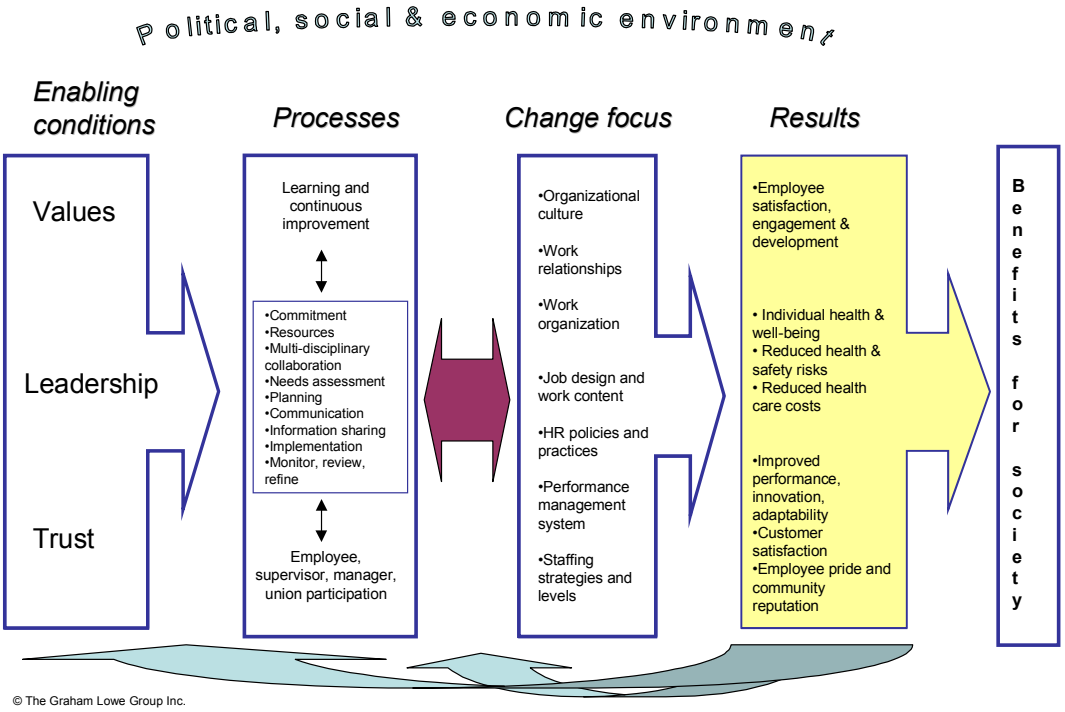
- Difficulties accessing information on workplace health issues;
- Lack of agreement among stakeholders on priorities;
- Siloism in organizations and the wider workplace health community; and
- Corporate cultures that either do not promote health or work against this goal.[17]

The Conference Board is absolutely correct that a lack of information frequently stands in the way of creating healthy workplaces. Employers may not see a need to invest in detection and prevention because their accounting systems are unable to measure the economic impact of employee health. Most organizations lack comprehensive data on employee health, workplace risk factors, and the relationship between health and productivity. Yet, this information gap is only one symptom of a larger problem: organizational inertia.

The first step in overcoming inertia is to identify change barriers and facilitators. This is how to close what Jeffery Pfeffer and Robert Sutton call "the knowing – doing gap," which they view as

Text Box 4: Action Model for Creating Healthy Organizations

Greater clarity is needed on the steps, strategies and processes that deliver positive results for employees and the organization, as well as the barriers that must be overcome for any change to occur. The *action model* below shows how enabling conditions and change processes contribute to improved results. This is the 'causal logic' that underlines the concept of a healthy organization.



The model views healthy organizations in terms of the enabling conditions and processes that target interventions at all organizational systems, thereby contributing to overall results. Strong leadership – vision and behavioural consistency – by senior managers sets the stage for building and sustaining a healthy organization. The values of the organization must signal a clear commitment to employees, contractors, and customers or clients. The culture of the organization must be trust-based. Otherwise, employees, unions and other internal stakeholders will be suspicious and cynical about change initiatives.

Participation and learning energize the actual process of planning and implementing change, monitoring and making continuous improvements. The focus of change must, ideally, include all major components: job design and work content, staffing, human resource policies and practices, incentives and rewards, how work is organized, relationships, and the work environment. Aligning all these components will contribute to positive outcomes for individual employees, customers and clients, and society.

All this must be situated in the larger environment, especially regulatory frameworks (e.g., occupational health and safety laws, workers' compensation, employment standards, industrial relations). Workplaces also contribute to societal goals regarding health and well-being. In this way, a healthy organization generates a 'virtuous circle' where causes and effects are mutually supporting.

In combination, these features define a truly healthy organization.

a major cause of organizational inertia (see Text Box 5). Management expert Edward Lawler and his colleagues evaluated the barriers and facilitators to the diffusion of employee involvement in Fortune 1000 firms.[18] The key facilitators in the firms surveyed were:

- Support by all levels of management; and
- Resources to make the changes.

The major barriers in these same firms were:

- Short-term performance pressures;
- Lack of a champion;
- Lack of a long-term strategy;
- Unclear employee involvement objectives;
- Lack of tangible improvements;
- Worsening business conditions; and
- Lack of coordination of employee involvement with other programs.

These research insights are equally applicable to healthy workplace initiatives.

Job stress presents a major hurdle that healthy workplace strategies must overcome. Jeremy Rifkin's bleak scenario in the mid-1990s of a 'workerless world' brought about by new information technologies was wrong.[19] Instead, by the end of the 20th century, unemployment in North America had dropped and the demographics of an aging workforce were creating labour and skill shortages. Many organizations were running lean, having downsized and streamlined in the past decade. Work schedules remained inflexible, despite growing evidence of work-life conflict. The proportion of workers, especially managers, professionals and other knowledge workers, logging 50 or more hours weekly had increased. And involuntary overtime became the new norm for job performance, often from a laptop at home in the evening.

This work intensification is not sustainable; it also is a major barrier to organizational innovation and change. Ironically, the problem is most acute among knowledge workers, who are expected to be at the forefront of economic innovation. In the US, Richard Florida describes the 'creative class' as overworked and seriously time-pressured.[20] A national study in Britain correlated rising job skill requirements with increased stress levels.[21] Three in five workers whose job skill requirements had increased also reported increased stress, compared with just over one-third of those whose skills were unchanged. A similar pattern is found in Canada, with 30% of those in highly skilled jobs reporting that their job is very stressful, compared with 11% of those in jobs that are not perceived as highly skilled.[22] Furthermore, being too busy is the main barrier cited by 42% of those facing barriers to job-related training in Canada.[23]

Management may also constitute a major barrier to positive change in work environments. There is ample evidence going back to the early 20th century documenting that the cooperation or resistance of front-line supervisors and middle-managers can be the 'Achilles heel' of any organizational change.

Resistance to healthy workplace change is no different. As Suzanne Fergusson, former manager of health and well-being at MDS Nordion observes: "It doesn't matter if you run 20 miles and you're a crunchy granola type. If you work for a jerk, and you don't have any say in how your job is done, you cannot be well."[24] Achieving work-life balance also depends more than anything on supportive front-line supervision.[25] Policies that provide flexible work

arrangements and other family-friendly benefits are not enough, because there will be wide variations in whether supervisors trust their employees to set their own schedules and support them in meeting their family responsibilities.

Text Box 5: Closing the 'Knowing – Doing Gap'

A major hurdle to overcome in launching successful change is moving from thinking to doing, or from talk to action. This addresses the contradictions in management statements and actions regarding employee health – the 'disconnect' that breeds employee cynicism and fuels organizational inertia.

Closing this "knowing – doing" gap, as Jeffery Pfeffer and Robert Sutton call it, is where many change initiatives fizzle out or are derailed. Putting even the best planned interventions into action is fraught with difficulties.

Brian Becker and his colleagues examined this problem in the context of introducing HR (human resource) Scorecards into an organization. Implementing an HR Scorecard is a change in people practices comparable in scope and magnitude to a comprehensive workplace wellness initiative, so the lessons are relevant.

The Scorecard's technical aspects – the measures of HR performance and outcomes and indices to assess them – are readily grasped by executives. However, "high quality *thinking* [emphasis in original] about the Scorecard as a change program never occurs." That's because firms fail to apply basic change management principles to the implementation of the Scorecard, a criticism that also describes most workplace health initiatives.

Based on experiences at General Electric (GE), Brian Becker and his colleagues adopted the metaphor of a 'pilot's checklist' for creating successful change. This detailed checklist is intended to turn what managers know into what they do – "to make change happen." Reviewing many cases of successful change, the authors conclude that choosing any checklist is what's important. They explain: "Trouble in implementing change comes not from misunderstanding *what* to do, but from a lack of discipline about *how* to do what needs doing." In the case of GE, a team of internal and external change agents designed the checklist after reviewing hundreds of sources on change in diverse settings. All factors must be acted on and the process must be iterative, requiring a cycling back through some earlier steps to sustain the change. The list also helps to assess current organizational capacity for change.

Sources: Pfeffer J, Sutton RI. *The Knowing – Doing Gap. How Smart Companies Turn Knowledge into Action*. Boston, MA: Harvard Business School Press. 2000. Becker BE, Huselid MA, Ulrich D. *The HR Scorecard. Linking People, Strategy, and Performance*. Boston, MA: Harvard Business School Press. 2001:185.

The best way to help supervisors and managers to become enablers of change is to directly engage them in improving workplace health, making it their issue. In other words, health must become a shared responsibility.

Taking the approach of strategic human resource management, a wide range of human resource and organizational health processes can become leading indicators of successful business strategy implementation for the entire organization.[26] Such indicators are the basis for improved performance management systems that provide the right mix of rewards and incentives (and disincentives) for managers to actively promote employee well-being. At Sears, for example, employee surveys measure attitudes such as commitment, and these outcomes can account for one-third of managers' bonuses. This directs managers' actions to improving employee relationships, addressing underlying conditions for a healthy work environment.

DIFFUSION THROUGH LEARNING AND INNOVATION

Given the benefits of creating a healthy workplace, why don't more employers do it? To answer this question, we must broaden our discussion of change barriers to include diffusion.

Just as in the area of human resource management, effective bundles of healthy workplace practices are hard to imitate. Diffusion is limited, because there is no easy-to-follow checklist or template for bringing about the changes needed to create a healthy workplace, or the more ambitious goal of a healthy organization. There simply are too many contextual influences. That's why we find such a wide range of healthy workplace programs in place. While standardized programs may work in specific areas, such as smoking cessation or nutrition improvement, a generic approach does not work for primary workplace health interventions that address environmental determinants of health.

Insights from research on the diffusion of innovation have, to some extent, been incorporated into health promotion models. Indeed, a healthy workplace strategy is an organizational *innovation* because it introduces something new, institutionalizing its use and diffusing the healthy practices more widely. After all, the goal of a healthy workplace initiative is to institutionalize healthy practices so they become routine daily activities. In this sense, not only is the content of the change innovative, but the actual strategy for carrying it out also has to be innovative. Thus, the creative part is designing and implementing change that fits an organization's unique history, culture, market conditions and employee characteristics.

Furthermore, the learning capacity of an organization is critical for successful innovation.[27] Learning and innovation go hand-in-hand; both need to be seen as defining characteristics of a healthy organization. Making an organization healthier for all of its stakeholders requires extensive and ongoing learning and innovation. So when the eight steps of a healthy workplace agenda (see Text Box 2) are 'unpacked,' these are the activities they must embody. As such, the processes of learning and innovation need to be made more explicit in workplace health research and practice.

Academics continue to debate the definition of a learning organization. Still, there is agreement that people learn in workplaces through a process that extends over time, is collaborative, and is based on continuous knowledge acquisition and dissemination. Learning helps workers to avoid repeating mistakes and to reproduce successes.[28] Management expert Michael Beer, using a health-related metaphor, argues that "the capacity to learn and change" is organizational fitness.[29] Especially important in this regard is learning through ongoing and rigorous reviews of change initiatives. By reflecting on the experiences of implementing change, then refining and readjusting the action plan, it is possible to make change a process of continuous organizational learning.

There is a broader public policy perspective on learning and innovation that dovetails with our discussion of healthy workplaces. Like most advanced industrial nations, policy-makers and business leaders in Canada are preoccupied with generating economic innovation so that Canada can be more competitive globally and continue to enjoy high living standards. However, the glaring omission in this policy discourse on innovation is how healthy work environments contribute to economic success by supporting in sustainable ways learning and creativity. I would argue that a healthy workplace is a prerequisite for business innovation in products and services.

A TOP-DOWN AND BOTTOM-UP PROCESS

The term *change management* implies that managers can in fact control the process of change; they are the ones in the driver's seat. John Kotter, a leading change expert, places considerable emphasis on the role of leadership in bringing about successful change. For Kotter, examples of successful change reveal two basic truths:

- Change is a multi-step process that overcomes inertia through the "power and motivation" it generates; and
- Change is "driven by high-quality leadership, not just excellent management."[30]

He makes a crucial distinction between leadership and management: Leaders set direction, align people, motivate and inspire; managers plan, budget, organize, staff, control and problem solve. For Kotter, what's needed is not change management but change leadership.

Kotter's eight-step process for achieving successful change is well known. The steps are:

1. Create a sense of urgency.
2. Create a guiding coalition.
3. Develop a vision and strategy.
4. Communicate the change vision.
5. Empower broad-based action.
6. Generate short-term wins.
7. Consolidate gains and produce more change.
8. Anchor new approaches to the culture.

The first four steps "help defrost a hardened status quo," as Kotter puts it. For example, he cautions that many change initiatives fail because the vision of the change is under-communicated by a factor of 10 or more. Another reason for failure is that too often change starts – then abruptly stops – with steps 5, 6 and 7. A stumbling block on the list is making a smooth transition from steps 1 through 4, to step 5. A common mistake made in steps 1 through 4 is to impose from the top a canned solution developed elsewhere as a substitute for a homegrown vision and strategy.[31] Avoiding these pitfalls requires balancing leadership and employee empowerment, or in other words, combining top-down and bottom-up approaches.

The major weakness of traditional approaches to change management is a reliance on a top-down, leadership-driven process. Richard Axelrod argues that when top managers are the cheerleaders, negative consequences for the organization's structure and culture can result.[32] The main drawbacks include greater cynicism, resistance, bureaucracy and reinforcement of top-down management – what Axelrod calls the "Dilbert organization." The failure of many change initiatives is the change management process used, because it "disengages the very people whose support is essential to success."[33] So, Axelrod recommends "widening the circle of involvement" by using democratic principles of participation that create the trust and confidence needed for change to succeed. The examples of comprehensive healthy workplace change strategies, in Text Box 6, serve to reinforce this point.

Text Box 6: Examples of Comprehensive Healthy Workplace Change Strategies

The following three examples of healthy workplace change strategies are *comprehensive* because they address underlying workplace, job and organizational conditions that support health and well-being. The examples show how successful strategies are customized to fit the needs and circumstances of an organization, drawing on internal and external resources.

Employee and organizational well-being: This comprehensive workplace health intervention uses surveys and collaborative groups to improve employee and organizational well-being. A large regional hospital in Sweden conducted surveys that documented psychosocial work quality, supporting resources and self-reported health and well-being. Management and staff in each department used the survey results to improve their own work environment, and there was a one-year follow-up to assess the impacts. The initiative was guided by a 'project group' and 'enablers' elected by each department, who were responsible for keeping the process alive and communicating with staff. A key to success was support from top management, department management, staff and unions. Nine organizational areas were targeted for improvement: social climate, leadership, performance feedback, goal clarity, skills development, workload, employee involvement, organizational efficiency, and mental energy. Everyone in a department was encouraged to participate in goal setting and follow-up activities, resulting in a variety of approaches across departments, from group discussions of skills and leadership, quality circles, and training, to study visits to other hospitals.

Health promotion as a corporate goal: Volkswagen AG (VW) has been identified as 'a model of good practice' for healthy workplaces. For VW, health promotion and protection are corporate objectives that depend on the ongoing and active participation of management, workers and unions. VW emphasizes good work organization and job design, including work-time arrangements, new forms of work organization, policies about sexual discrimination, and ergonomic job design. Employees are actively involved through 'health circles,' which essentially are problem-solving groups. There are regular surveys on health issues and health and safety training. A key to success is senior management support, reflected in health goals being integrated into the product improvement processes. Since 1992, the firm has had a control system that monitors the causes of ill health – and management acts on this.

Action research to reduce occupational stress: A unionized auto parts plant of a Michigan manufacturer used action research to reduce occupational stress. As action research, the project was participatory, based on collaboration and learning. The research and intervention agendas emerged from this process, rather than being pre-defined by experts and managers. Workers were directly involved in workplace interventions to reduce stress. A goal was to develop internal competencies to continuously address stress issues and provide employees with greater control over their working lives. The change process was based on three sequences of activities: group development, research, and action. Each had an evaluation component. Guiding the process was a Stress and Wellness Committee, comprised of 26 representatives from all levels and areas of the plant, including the union. University of Michigan researchers documented participants' evaluations of the committee process and its effectiveness.

Sources: Petterson IL, Arnetz BB. Psychosocial stressors and well-being in health care workers. The impact of an intervention program. *Social Science and Medicine.* 1998; 47(11):1763-72. Chu C, Breucker G, Harris N, Stitzel A. Health-promoting workplaces-international settings development. *Health Promotion International*. 2000; 15(2):155-167. Israel BA, Schurman SJ, House, JS. Action research on occupational stress: Involving workers as researchers. In: Johnson JV, Johansson G, editors. *The Psychosocial Work Environment: Work Organization, Democratization and Health. Essays in Memory of Bertil Gardell*. Amityville, NY: Baywood. 1991:257-277.

EMPLOYEE PARTICIPATION AND ENGAGEMENT

Based on documented cases of healthy workplaces (see Text Boxes 2 and 3, above), there is no doubt that a success factor is strong commitment from top management, reinforced by their individual behaviour. At the same time, many change management experts have concluded that equally important is a high level of involvement of all groups in the organization. According to Tushman and O'Reilly: "If there is one clear result from the research on change management, it

is that employee participation increases individual ownership and excitement and, in turn, decreases individual resistance to change. *The more people are involved, the more the change effort is their change effort.* The more individuals can see that they can succeed in the future state, the more empowered they feel."[34]

This key point about organizational change resonates with a core principle of health promotion. The World Health Organization's definition of health promotion suggests that worker involvement in the *process* of creating and maintaining healthier working conditions is a prerequisite of a healthy workplace. I would like to emphasize that the change process itself must contribute to healthy workplace goals. This aspect of workplace health promotion has received little attention by researchers. Even so, at least one review of intervention studies concludes that: "A strong participatory element is especially important when the organizational intervention study focuses on work organization, communication, or interpersonal relations."[35]

Experiences in workplace health reinforce the importance of employee participation. A good example is the Institute for Work and Health and St. Michael's Hospital, who together developed a Healthy Workplace Balanced Scorecard project. Interviews and focus groups conducted with management and unions revealed differences over what should be measured. This resulted mainly from labour's exclusion from the development of the balanced scorecard, highlighting the need to involve all stakeholders early in the development of healthy workplace performance measurement tools.[36]

This principle of stakeholder involvement has been a long-standing feature of healthy work environments in Scandinavian countries. Text Box 7 outlines the Swedish experience in this regard. It also is noteworthy that stakeholder involvement is now being incorporated at a policy level into workplace health in other European countries and in Australia.

REDUCING THE STRESS OF CHANGE

Workplace change can be stressful. This is well documented in studies of the negative health consequences of downsizing and restructuring. However, it is also possible to design the organizational change *process* in ways that will reduce workplace stressors, rather than seeing this as the goal. Simply put, the means determines the end.

Incorporating the ideas of the 'demand-control' model of job stress into healthy workplace change strategies could go a long way to improving the psychosocial work environment. Doing so also would build capacity for future changes needed to maintain a healthy organization. Redesigning jobs to give workers greater autonomy and decision-making authority will promote mental health and job satisfaction. In this way, work design can reduce or prevent stress in workplaces.[37] Workers in 'active jobs,' which afford greater decision-making and control, have a higher *readiness* for organizational change. As a consequence, they are more likely to become involved in workplace redesign activities.[38] This is a synergistic relationship: healthy job conditions enable participation in activities that will sustain or increase the health of the work environment.

European workplace health experts advocate this approach and refer to it as 'mainstreaming' stress prevention into organizational development. A 1999 European Commission report

documents the pervasive impact of workplace stressors, including working at high speeds, tight deadlines, lack of influence on how work is done, job monotony and repetitive tasks.[39] The report calls for solutions that focus on redesigning jobs, improving workplace social supports, and reasonably rewarding workers' efforts. This requires adjusting work settings to better fit workers' abilities and to meet their needs and expectations. Above all, workers must be involved in identifying workplace health risks and designing solutions.

Text Box 7: A Learning Strategy for Achieving Healthier Workplaces

From an international perspective, Sweden has long been recognized as a leader in achieving healthy workplaces. The Swedish term for 'health and safety' is 'the work environment.' Legislation dating from the 1970s empowers employees in their work sites to develop ways to improve the physical and psychosocial work environments. A high quality of work life is a societal goal in Sweden. Sweden's Work Environment Act and the National Board of Occupational Safety and Health have encouraged a participatory and comprehensive approach to improving the work environment.

Swedish experience suggests that there are two ways of creating healthier workplaces. The first is a traditional *program strategy* (thought → plan → action). A common problem is that things get bogged down in the planning stage. The second is a *learning strategy* (thought ↔ action). Based on evidence, the latter approach results in greater health improvements. The chart below summarizes these two approaches for creating healthy work environments.

Two strategies for changing workplaces	
Learning Strategy	**Program Strategy**
UNDERLYING LOGIC	
Vision driven	Imitation driven
Strategic business focus	Imported methodologies
Broad problem definition leading to change	Seeks equilibrium, not change
CHANGE PROCESS	
Top-down / bottom-up	Top-down / participating formal groups
Empowerment	Expert-led projects
Many are committed	Heavy on planning
Successive widening	Limited widening

Activating a learning strategy depends on the work site. For example, at Scania, a Swedish truck manufacturer, commitment to well-being is based on:

- Leadership that shows respect for the individual;
- A work organization that rewards team work and togetherness;
- Employees' knowledge and experience is taken into account;
- Continuous improvements;
- Successive work environment improvements; and
- Health promoting actions.

The crucial point is that each workplace builds on its own strengths and unique circumstances, designing an approach that fits the values of the organization. There is no standardized template. The learning strategy, more than anything, is guided by the principles of empowerment and participation.

Source: Menckel E, Österblom L. *Managing Workplace Health: Sweden Meets Europe*. Stockholm: Swedish National Institute for Working Life. 2002:57.

In North America, there seems to be growing interest in creating 'high performance workplaces.' We, therefore, must broaden our definition of a high performance workplace beyond economic payoffs to view it as a healthy enterprise with healthy workers. Health promotion *and*

productivity thus become guiding principles for devising new employment relationships and work forms. Ideally, the healthy and high performing work organization will make greater investment in training and support life-long learning. It will help workers to develop resilience and adaptability in the face of change. And it will consider the health impacts of introducing technological change or work restructuring. So rather than being competing agendas, health and performance (or productivity) are seen as mutually reinforcing.

MEASURING PROGRESS

Monitoring and evaluation are often the weakest links in the chain that connects organizational change interventions to desired outcomes. The information gained through these activities can make change a dynamic learning process that contributes to organizational renewal. Change can – and indeed must – provide learning opportunities for employees and managers about how to do things better. This only is possible if evaluation data are converted into useable knowledge that can inform decisions and actions. The operative term here is *knowledge for action*. Otherwise, evaluation turns into a meaningless organizational ritual that does nothing but waste resources.

Like all other features of healthy organizations, there is no short-list of 'best practices' or a handy uni-size tool for evaluating whether an organization is becoming more, or less, healthy. A diverse menu of measurement approaches are available, including:

- Employee surveys;
- Administrative data (e.g., health benefit claims, absenteeism, grievances, etc.);
- Wellness program data (e.g., participation, individual employee health improvements);
- Focus groups and other forms of employee consultation; and
- Return-on-investment (ROI) analysis.

This information can be reported in a variety of forms, such as annual health and safety audit reports, healthy scorecards, and more comprehensive balanced scorecards. In setting the stage for action, healthy workplace advocates also need to document the cost of *inaction*, as this could be a message that captures the attention of senior management (see Text Box 8).

Regardless of the method used, most crucial is that decision-makers view workplace health initiatives as investments in people that build human capital and contribute to performance over the long-term. When considering measurement approaches, it is important to be aware of the following methodological challenges to accurately measuring the effectiveness of interventions to improve employee health and well-being.[40]

When it comes to establishing baseline measures, needed to track employee and organizational health trends, the complexity of the issues can stand in the way of good measurement. It is difficult to document how various combinations of these factors interact to affect health risk exposure, because a long list of job and workplace factors affects health and well-being. These factors include:

- Physical working conditions;
- Ergonomics;

- Work hours and work schedules;
- Task time or work cycle;
- Job content;
- Co-worker relations;
- Supervision;
- Financial and economic rewards;
- Security;
- Organizational systems; and
- Human resource management practices.

Text Box 8: Costs of Inaction

Return-on-investment (ROI) and other cost-benefit analyses have been used to evaluate workplace health promotion programs. Benefits typically are calculated as reduced absenteeism and employer healthcare costs; costs are those associated with the program or intervention. ROI research concludes that comprehensive work site health promotion programs yield substantial cost savings.

We also need to ask: *What are the costs of inaction*? The costs of unhealthy and unsafe workplaces have been well publicized. These costs are calculated for organizations and society in terms of absenteeism, accidents, rising drug benefits costs, turnover, reduced commitment and job satisfaction, related healthcare costs and lost productivity. For example, one estimate suggests that stress, depression, anxiety, violence at work, harassment and intimidation account for 18% of all health-related problems at work, with a quarter of these resulting in absences of two or more weeks. Another estimate suggests that unhealthy workplaces account for 20% of total healthcare costs. A conservative estimate of costs of work-related stress in the 15 European Union nations is 20 billion euro (over $30 billion Canadian) annually. Restructuring, new production systems and downsizing also can impair health and well-being. Associated factors posing health risks include increased workloads, work hours and job insecurity. Thus, if we define a healthy workplace by what it is *not*, we would have to include these management strategies, which are typically driven by cost reduction goals.

This analysis can be applied to a work site or an organization as a way of building the case for action.

Sources: Lowe G. *Healthy Workplaces and Productivity.* Health Canada. 2003. European Commission. *Guidance on Work-Related Stress. 'Spice of Life – or Kiss of Death'?* Directorate-General for Employment and Social Affairs. 1999.

Beyond this concern lie other measurement challenges. There are problems unraveling the complex relationships between health costs and employee quality of work-life outcomes, such as job satisfaction, and performance-related outcomes, such as engagement and commitment. Some researchers consider the main methodological weakness in intervention studies to be the lack of a control group. However, others counter that it is not practical to use an experimental design in real work settings and that few managers can be convinced that it is worth the time and costs. Furthermore, regardless of how rigorous the design, voluntary health promotion programs have built-in biases because of subject self-selection and low levels of participation.

Mindful of these limitations, three principles can guide the development of measures and evaluation procedures. These are:

- First, use measures that capture both outcomes (e.g., reduced sick-days, higher job satisfaction, reduced turnover) and processes (e.g., employee assessments of the effectiveness of communications and consultations, assessment of learning and skill development opportunities, evaluation of supportive supervision, etc.).

- Second, use internal data to establish baseline conditions prior to the launch of an intervention. Detailed comparisons over time and across sub-units are crucial for tracking progress at regular intervals, and will help identify areas of strength and weakness.
- Third, track progress by external benchmarking. External benchmarking involves looking outside an organization to assess leading practices and adapting relevant lessons and outcome targets. This is becoming more common in human resource management (HRM), forging a closer link between HRM practices and organizational-level performance indicators (e.g., profitability, productivity, turnover, product/service quality, customer satisfaction, etc.).[41] However, it often is not easy to find relevant and accurate external comparisons. For this reason, internal comparative and trend analysis is a more reliable method.

The healthy organization concept has the potential to combine organizational performance with improvements in employee health and quality of work-life outcomes. To achieve this, we have to move beyond individual health outcome measures. For example, the Health Enhancement Research Organization (HERO) is a US coalition of employers who utilize combined health promotion research databases.[42] HERO emphasizes human capital, or the financial value of employees, which addresses a wider range of priorities than just employee health. This included greater organizational complexity created by mergers, reorganization, downsizing, uncertainty, competitive labour markets and an aging workforce.

Yet, even methodologically rigorous case-control studies tend to focus on individual health outcomes. Organization-level outcomes – such as skill development and use, innovation, recruitment and retention, and quality – have so far been considered outside the scope of healthy workplace interventions. Furthermore, organizational changes such as downsizing, restructuring, and mergers and acquisitions, are evaluated for their short-term financial pay-offs – not for their impact on workers' health. Combining individual and organizational outcomes into a single evaluation framework would help to create a more balanced perspective in this regard.

ADDRESSING KNOWLEDGE GAPS

Like any area of research and practice, some big questions remain unanswered. Specifically, four questions that have the greatest practical relevance for a healthy workplace agenda are briefly outlined in this section.

First, *what cluster of work environment factors contribute most to positive employee and organizational health outcomes?*

- This addresses how work organization, culture and management practices affect the quality of work life and organizational goals. The question is at the cutting edge of strategic human resource management research. More collaboration between workplace health, human resource management and organizational researchers would help unravel these causal relationships. For example, research on high performance work systems links people practices to firm performance, but tends to focus more on employer outcomes with less attention to the implications for workers.[43] Workplace health researchers tend to examine individual outcomes in terms of health and well-being, and increasingly are taking into account job conditions and organizational contexts. Clearly, there are opportunities for an integrated approach.

Second, *how can we develop an inclusive approach to a healthy workplace, which includes all workers, work settings (contingent workers, home-based workers, self-employed) and types of businesses*?

- Foremost, this is a public policy question. Currently, there is little research on how to promote healthy working conditions among all workers, as well as workers in small firms, and in rural and isolated locations. The rapid transformations in jobs, workplaces and labour markets have reduced the number of workers in the traditional 'standard' job who perform most or all of their tasks at the employer's work site during a 9-5 weekday schedule. This has raised concerns that various forms of non-standard work (notably temporary or contract work) increase health and safety risks.[44]

Third, *what motivates executives and other senior managers to become healthy workplace champions and to follow through with the actions needed to launch and sustain change*?

- While we have documented many ingredients for a successful workplace health initiative, one of most important is strong support from top management. Conversely, the absence of this support is a major change barrier. Harry Shannon and his colleagues, therefore, consider this widespread lack of management commitment to healthy workplaces as a priority research topic.[45] So rather than looking for a more convincing way to sell a 'business case' for healthy workplaces to skeptical managers likely to engage in passive resistance, it would be far more beneficial to identify how, and under what conditions, a minority of managers have acted on a healthy workplace agenda. The resulting criteria could help to create enabling conditions for successful healthy workplace change strategies in other organizations.

Fourth, *what is the potential to achieve broader public policy goals by incorporating healthy workplaces into corporate social responsibility (CSR) frameworks*?

- The European Union (EU) is moving in this direction, talking about making 'health at work' part of its corporate social responsibility guidelines. It is unlikely that governments in Canada or the US will take this approach, preferring to leave it up to individual enterprises. However, in the wake of corporate ethics scandals, now is the ideal time to encourage voluntary adoption of health-related CSR. One way to encourage this is through research that documents why this is important and how to do it.

CONCLUSIONS

My objective has been to provide individuals committed to creating healthy workplaces with insights and advice about the change process they must initiate. I have opened up avenues for discussion – and optimistically, action. Above all, my emphasis on the need for strategic thinking about the change process must be taken seriously by practitioners in workplace health promotion and occupational health and safety. I am challenging them to redefine their roles in the organization, from providing support programs to contributing far more directly to business goals.

Healthy jobs and workplaces benefit workers and employers, customers and shareholders, citizens and society. Creating healthy workplaces requires changes in organizational cultures, systems and practices. However, traditional workplace health promotion programs can't do this because they target individual employees, not their work contexts. So we must focus on the

organizational change processes, strategies and tactics that can bring about healthier and more productive working conditions.

Effective change requires a dismantling of the organizational and professional silos that hinder broad-based healthy workplace change agendas. It also requires a shift to a new culture and work system. This can easily take 3 to 5 years and requires a sequence of small steps that are guided by a compelling vision.

Viewed as organizational change, healthy workplace strategies can be guided by eight principles:

1. Create a supportive culture and values.
2. Establish strong leadership support.
3. Use a broad definition of health.
4. Take a participative, team approach.
5. Develop a customized plan.
6. Link this plan to strategic goals.
7. Provide ongoing support.
8. Evaluate and communicate progress.

Health promotion and human resource professionals must team up, and equally crucial, there must be support from managers and supervisors at all levels, employees and unions. Stakeholders must engage in discussions about the role of the entire organization in "creating health."

An *action model* can help achieve a healthy organization by breaking down the change strategy into four interrelated components:

- Enabling conditions;
- Designing a dynamic process based on participation and learning;
- Determining the scope and depth of the change interventions; and
- Tracking results for employees, the organization and the community.

The action model highlights the importance of establishing enabling conditions in order to make the organization change-ready, then designing a process that engages all stakeholders in actively shaping a healthy workplace.

The following issues will influence the choices that change agents make as they move from thinking to action:

Recognize and remove major barriers to organizational change:

- Creating the enabling conditions for systemic change requires the removal of barriers to change. Some of these barriers have been identified by workplace health experts, but need to be understood as common problems of organizational change.

- A lack of information frequently stands in the way of creating healthy workplaces. Yet, this information gap is only one symptom of organizational inertia. The first step in overcoming

inertia is to identify change barriers and facilitators. This is how to close "the knowing – doing gap."

- Job stress is a hurdle that healthy workplace strategies must overcome. Work intensification is a major barrier to organizational innovation and change.

- Cooperation or resistance among front-line supervisors and middle-managers can be the 'Achilles heel' of organizational change.

- The best way to help supervisors and managers to become enablers of change is to directly engage them in improving workplace health, making it their issue.

- A wide range of human resource and organizational health processes can become leading indicators of successful business strategy implementation for the entire organization.

Spread new organizational practices through learning and innovation:

- Effective bundles of healthy workplace practices are hard to imitate. Diffusion is limited because there is no easy-to-follow checklist or template for bringing about the changes needed to create a healthy workplace, or the more ambitious goal of a healthy organization.

- While standardized programs may work in specific areas, such as smoking cessation or nutrition improvement, a generic approach does not work for primary workplace health interventions that address environmental determinants of health.

- A healthy workplace strategy is an organizational innovation because it introduces something new, institutionalizing its use and diffusing the healthy practices more widely. Change agents must be creative in designing and implementing change so that it fits their organization's unique history, culture, market conditions and employee characteristics.

- Furthermore, the learning capacity of an organization is critical for successful innovation. Learning and innovation go hand-in-hand; both are defining characteristics of a healthy organization.

- Public policy must acknowledge that healthy work environments contribute to economic success by supporting learning and adaptability. A healthy workplace is a prerequisite for business innovation.

Take an integrated top-down and bottom-up approach:

- The term *change management* implies that managers can in fact control the process of change. However, examples of successful change reveal that what's needed is not change management but change leadership.

- Achieving successful change first requires a thawing of the status quo to make the organization change-ready. Many change initiatives fail because the vision of the change is under-communicated or a canned solution is imposed.

- The major weakness of traditional approaches to change management is a reliance on a top-down, leadership-driven process. The result can be greater cynicism and resistance and the reinforcement of top-down management.

- Overcoming these pitfalls requires balancing leadership and employee empowerment, or in other words, combining top-down and bottom-up approaches.

Engage all employee groups in the change process:

- The change process itself must contribute to healthy workplace goals.

- A success factor is strong commitment from top management, reinforced by their individual behaviour. Yet, equally essential is the meaningful involvement of all groups – front-line workers, all levels of management, unions and professional associations – in the organization.

- This key ingredient of organizational change resonates with a core principle of health promotion. The World Health Organization's definition of health promotion suggests that worker involvement in the *process* of creating and maintaining healthier working conditions is a prerequisite of a healthy workplace.

Reduce the stress of change so it is not an impediment:

- Workplace change can be stressful, so it is essential to design change in ways that can reduce workplace stressors as part of the process, not as an end goal.

- Incorporating the ideas of the 'demand-control' model of job stress into healthy workplace change strategies could improve the psychosocial work environment and build resilience for future changes.

- Growing interest in creating 'high performance workplaces' poses challenges to workplace health goals. A high performance workplace is about more than economic performance. It must be viewed as a healthy enterprise with healthy workers.

Measure progress:

- Monitoring and evaluation are often weak links in the chain that connects organizational change interventions to desired outcomes. Yet, the information gained through these activities is critical to making change a dynamic learning process.

- Good measures can help decision-makers to view workplace health initiatives as investments in people that build human capital and contribute to performance.

- Change can provide learning opportunities for employees and managers about how to do things better, but only if evaluation data is converted into useable knowledge that can inform decisions and actions.

- Healthy workplace advocates also need to document the cost of *inaction*, as this could be a message that captures the attention of senior management.

- To guide the development of measures, it is important to keep three points in mind: measure both outcomes and processes; use internal data to establish baseline conditions and track progress; external benchmarking may help in this regard.

- Priority must be given to combining individual and organizational outcomes into a single evaluation framework.

The trap, of course, is getting stuck just thinking and talking about a vision of a future healthy workplace. Almost every organization has strengths to build on and opportunities to launch change. Building incrementally on these strengths and seizing present opportunities, however small to begin, can start making the vision a reality.

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