

Strategies to Enhance and Sustain Organizational Health and Performance

Victoria Grainger, MBA, BPE

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Abstract

The growing obesity epidemic, rise in mental health issues and increased incidence of chronic disease in Canada are wreaking havoc on the health of the nation impacting organizational health, performance and the broader economy. Organizations are increasingly aware of their role to support employee health to boost performance and manage costs, yet few have effective, evaluated programs demonstrating the impact on organizational performance.

The purpose of this paper is to evaluate strategies that can create and sustain organizational health and performance. Specifically, it identifies common components of six recognized workplace wellness programs, determines alignment and effectiveness of these models in comparison to strategy management theories, organizational effectiveness and human resource strategy theories. Lastly, it examines effective evaluation techniques and provides practical recommendations for management wishing to implement a comprehensive organizational health and performance strategy.

The workplace wellness models and practices were analyzed against management theories and best practices using secondary sources from Proquest ABI/INFORM Global from the Athabasca Library as well as reports and documents from the World Health Organization, the Conference Board of Canada, Centre for Disease Control and Prevention, Alberta Health Services, Canadian Standards Association, Canadian Centre for Occupational Health and Safety and more. An examination of the effectiveness of strategies were compared with various meta-analysis reviews of current practice and several conceptual research papers from the last 12 years.

The review found that the major components of wellness programs include personal health resources/health and lifestyle (to support healthy eating, active living, or social connections) the psycho-social environment (culture to support psychological health and safety) and the physical environment (occupational health and safety principles). The key difference was formal inclusion of community partnerships to leverage community resources and/or to invest in corporate social responsibility. Although the psycho-social environment and culture is the most important foundational pieces to support organizational health and employee performance – most wellness programs focus on personal health resources. It was found using organizational strategy and human resource theories, that integrating a wellness strategy and practice to create alignment with management philosophy and work design can better support root determinants of health and performance.

Other gaps in the models include the use of a targeted approach for segmented populations while focusing on accessibility or opportunity for involvement. Additionally, a gap is a strong integration between the key success factors/foundational elements and actionable steps. Support for employee growth and development was also a missing piece.

Organizational strategy and organizational effectiveness theories identified other potential missing steps including stakeholder analysis to ensure leadership buy-in,

examination of the external environmental factors that impact effectiveness, intentional CSR and an analysis of current management philosophy to determine how to support buy-in and adoption at all levels.

Strategic human resource management theories also emphasized how management philosophy, work design, engagement, motivation tactics and the current performance management system can play a role in supporting health and performance. Lastly, a change management process is missing for a comprehensive program.

Evaluation is a key component, yet it was found that most employers (77%), do not conduct an evaluation. Most evaluation measures recommended focus on health outcomes, however most do not address broader organizational objectives that may be more relevant to the organization's leadership to support adoption. Additionally, alignment with organizational strategy is a key success factor in every model and management theory examined revealing that the biggest gap in the models is the inclusion of tangible ways to support integration with organizational strategy (and all business unit strategies/objectives) and wellness outcomes.

The paper concludes with recommendations including seven specific steps to support organizational health and performance to ensure alignment/integration. They include: 1- *Assessment* (stakeholder analysis, employee survey, external and internal situation), 2- *Leadership support* (business case, strategy map and resources), 3- *Engagement* (change management approach, sponsor identification, establishment of steering/working committees and wellness champion network), 4- *Planning* (identification of objectives in alignment with organization's values and business unit objectives using a balanced scorecard approach; a policy and plan to improve work design; a project charter with accountability measures; and, a clear communication plan), 5- *Implementation*, 6- *Evaluation* (measurement of behaviour change and health outcomes through a health risk assessment including physical and psycho-social health; and, a balanced scorecard to measure organizational performance), and finally, 7- *Strategy Refinement* (based on evaluation and learnings).

It is also recommended that business and HR curriculums in universities and colleges teach employee and organizational health. Lastly, it is recommended that simple implementation plans be developed for organizations based on common assessment results to create ease of adoption.

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Strategies to Enhance and Sustain Organizational Health and Performance

1.0 Introduction

In Canada and most first world countries, the growing obesity epidemic and co-morbidities associated with obesity, along with the rise in mental health issues are wreaking havoc on the health of the nation impacting organizational health, performance and the broader economy. The current cost of lost labour from absenteeism and presenteeism due to mental illness in Canada alone is over \$20 billion annually and rising (Conference Board of Canada, 2015). Chronic diseases, including diabetes, cancer, cardiovascular disease, respiratory disease, mental disorders, and arthritis contribute significantly to lost productivity and absenteeism (WHO, 2005). Yet, 80% of premature chronic diseases are preventable and due to modifiable behaviours including smoking, nutrition, alcohol and tobacco use (Conference Board of Canada, 2012).

Due to changing demographics, the number of people with these conditions in the workforce will continue to increase. In fact, by 2021, close to 25% of the working population will be over 55 and have one or more chronic diseases (Tannenbaum et al, 2016). These costs are unsustainable, not only on the health care system, but on the workforce due to costs in lost productivity and absenteeism (Chenier, et al. 2012). The combination of trends in unsustainable health care costs; demographic shifts with more baby boomers and millennials; increased worker empowerment and expectations for balance and flexibility; increased pace of work; technological change; higher economic uncertainty; and, more women in the workforce, are creating a high demand for effective workplace health and wellness strategies (GWI, 2016, [Appendix One](#)).

Additionally, there is significant evidence demonstrating that organizational performance can be supported by organizational health efforts. For example, Wu and Chen (2017) and Aston (2011) demonstrate that employee wellness supports job satisfaction and employee performance. Other research similarly demonstrates that employee wellness impacts employee productivity and/or performance (Sharma, 2016; Pinho et al, 2014 and Longenecker et al, 2009). However, many organizations are unsure of the most effective strategies and most do not measure the impact (Conference Board of Canada, 2016).

The scope of this paper assesses well known local and global workplace wellness models to determine strategies that can create and sustain organizational health and performance by comparing them to management theories examining organizational effectiveness, organizational strategy and strategic human resource strategy to achieve both health and business outcomes.

2.0 Research Purpose and Research Questions

If organizations want to remain competitive, boost performance and reduce costs, they need to catch up. This paper will help organizations to do that by addressing the question, *what strategies can create and sustain organizational health and performance?* This question is further broken down to look at:

1. What are the common components of recognized workplace wellness programs?
2. How effective are the common workplace wellness model components, elements and steps in line with strategy management theories to enhance organizational health and performance?
3. What strategies can help support and sustain organizational effectiveness through health and wellness?
4. What strategies can be supported by and/or support human resource strategy to create a healthier, higher performing workforce?
5. What effective evaluation techniques can be used to measure employee health and organizational health and performance?

The hypothesis is that integrated organizational health and wellness strategies need to be directly aligned with an organization's strategy, human resources practices and fully endorsed by leadership to be effective at improving health and performance. Specific strategies that support wellness are only effective when embraced at all levels and prioritized accordingly and tailored to the organization's needs.

There are several definitions of wellness programs but for the purposes of this paper, wellness programs are defined as "planned, employer-sponsored interventions that are intended to help employees as they take up sustainable lifestyle changes that reduce health risks, advance quality of life, augment personal effectiveness and are beneficial to the organisation" (Berry et al 2010).

Additionally, wellness is defined as a state of physical, emotional, social wellbeing that allows one to reach their potential (Kunte, 2016).

This research is important for leaders, CEO's and HR professionals to understand the value of investing in employee health and wellness for organizational health and performance. It will help them be aware of effective strategies to be successful and sustainable from an organizational perspective. Limitations of the scope is that it does not include primary research collection to solidify findings, nor does it consider management theories in domains other than strategy, organizational effectiveness or human resources.

3.0 Literature Review and Analysis

The key outcomes of the following literature review and analysis is to provide CEOs, leaders and human resources professionals with an:

- Understanding of the common components of effective workplace health and wellness strategies.

- Understanding of what health and wellness strategies are effective and relate to management theories in organizational effectiveness, strategy and human resources.
- Understand how to evaluate the impact of wellness on organizational health and performance.

3.1 Common Organizational Frameworks for Wellness Programs

Six workplace health and wellness frameworks are reviewed. They include the World Health Organization [Healthy Workplace Model](#) (Burton, 2010); Centre for Disease Control and Prevention Healthy Workplace Model/[CDC](#) (2016); Alberta Health Services [Better Health Better Business framework](#) (AHS, 2015); the Canadian Centre for Occupational Health and Safety, Comprehensive Workplace Health and Safety Program/[CWHHS](#) (2017), the Canadian Standards Association Canadian Psychological Health and Safety Standard/[PHSS](#) (CSA, 2013); and Excellence Canada's (EC) [Healthy Essentials Framework](#) (2015).

The following review the common components, foundational elements and steps.

3.1.1 Common Components

The most common components (Burton, 2010; CDC, 2016; AHS, 2015; CCOHS, 2017; CSA, 2013; Excellence Canada, 2015) include the following.

- Personal resources
- Physical environment
- Psycho-social environment
- Community involvement

Each of the three components are well researched and contribute to improving the health of employees (Burton, 2010; CDC, 2016; AHS, 2015; CCOHS, 2017; Excellence Canada, 2015). However little research demonstrates how they can support organizational wellness and performance from an effectiveness and human resource perspective. The following compare the definitions and strategies that support these components in each of the six models.

Personal Resources

Personal resources are defined by WHO (Burton, 2010) as “medical services, information, training, financial support, facilities, policy support, flexibility or promotional programmes to enable and encourage workers to develop and continue healthy lifestyle practices” (p. 86). Examples provided include fitness facilities, subsidies to gyms, flexibility with breaks to allow for exercise, policies around smoking/cessation initiatives, shiftwork, campaigns or competitions to eat well or be active, education, EFAP and medical surveillance or screening. There is a note that primary prevention (prevention of illness and injury and prevention of re-injury) is the focus.

CDC (2016), defines these resources as the tools that support individual employee behavior change that are either offered through the workplace or from other organizations that are intended to look at shifting behaviour. Examples provided include policies to protect and promote health, health benefits and environmental supports. Environmental supports are defined as the physical factors in the workplace or close to the workplace that can support health. Interestingly CDC does not have community involvement as a main component however it seems to be embedded into the personal resources component to leverage outside resources.

BHBB uses the term healthy lifestyle practices for personal health resources (AHS, 2015). They are defined as efforts a person makes to support their own health through “physical activity, reducing use of alcohol and/or other drugs, or healthy eating”. For the purposes of workplace health promotion, part of the onus is put on the workplace to support healthy practices by providing opportunities such as “on-site fitness classes during the lunch hour or confidential health coaching services...workplace policies such as fatigue management, healthy food choices, drug and alcohol use, and vacation and overtime” (AHS, 2015). This approach really demonstrates that use of, and effectiveness of the resources provided is a joint responsibility. An approach that fully engages employees in the entire process and tracks usage would support better effectiveness (Lam, 2013).

CCOH uses the term Workplace Health Promotion programs (wellness/well-being), also referred to as well-being or wellness programs that provide a proactive approach to healthy living for all employees at the workplace and cover a broad range of health issues. Examples include “provide [ing] environmental, cultural and policy support...for active living, healthy eating, smoking cessation and fitness and immunization against influenza and other infectious disease” (2017). For CCOH, workplace health promotion is promoted aspect of a health and safety program rather than a stand-alone process (albeit the other models emphasise the importance of integration, they do not specifically suggest OHS as a place for the wellness program to live). Embedding it into OHS is a good way to help create a tangible way for integration if OHS practices in the organization are already embedded in most other practices. Having dedicated champions to track success will also be important to measure impact.

The PHSS (CSA, 2013) does not explicitly make a theoretical model of what the framework and approach is based however, the review of the action guide, the standard, the implementation guide and the MHCC website demonstrated that the psycho-social environment is the focus. The information available indicates it was developed through extensive stakeholder consultation and followed the CSA rigor but is focused on the outcome and steps. The only personal resource mentioned to support the psycho-social environment is education.

Excellence Canada Healthy Lifestyles Essentials Guide (2015) defines personal resources as healthy lifestyles and uses the example of how organization can help employees to ‘develop and maintain healthy lifestyle practices, drop unhealthy/risky habits, and make optimal use of the health care system’ (p.80). It provides examples

such as the policies, availability of healthy foods, access to fitness facilities, programs for addictions, mental health and education (Healthy Workplace Essentials Guide, 2015).

Summary and Linkages

There is little research available on how personal health resources can support organizational strategy, effectiveness and human resources to impact organizational performance. However, personal resources were examined and researched by Gauche et al (2017) and their review of the literature found that “emotional and mental competencies, hope, intrinsic motivation, need satisfaction, optimism, organisation-based self-esteem, resilience, self-efficacy and value orientation” were the most common elements that contributed to evaluations of one’s future in work and of oneself as an employee (i.e. self-efficacy), which impacts engagement. They also indicated that job resource’s impact personal resources. So indirectly, a mediating variable of employee health, satisfaction and performance is the provision of strong personal health resources since the literature is clear that healthy employees are higher performing employees (Yu, K and Bang, S. C., 2013; Wu et al, 2017; Sharma et al, 2016; Pinho et al, 2014).

Additionally, offering personal health resources is a good way to enhance organizational image as an employer of choice to support recruitment and support employee satisfaction to enhance retention and reduce turnover and general organizational image.

Ensuring the organization can offer personal resources to an extent that will benefit employees requires adequate resources (funding and staffing) for coordination and promotion. This requires the wellness strategy (or any initiative) to be at the forefront of leadership to ensure alignment with the organization’s values, goals and strategy to support adoption (Grant, 2013 & Lam, 2013).

Physical Environment

WHO looks at health and safety concerns as the focus for the physical work environment. Examples to reduce risks include elimination or substitution of harmful substances, engineering controls for noise, air quality administrative controls such as housekeeping, education, preventive maintenance on equipment, job rotation to reduce over-exposure to hazardous chemicals, policies re smoke-free workplace and provision of personal protective equipment (Burton, 2010). This includes a combination of both prevention and promotion of health and safety.

CDC similarly looks at the physical factors at and nearby the workplace that help protect and enhance employee health such as air quality, sound/noise, exposure to chemicals.

BHBB refers to the physical environment as occupational health and safety which is defined as systems in place to reduce the physical and chemical hazards to reduce injury, illness and disability (AHS, 2015). Examples provide include ergonomics, hazard

identification and control, injury prevention, emergency response, disability and medical services (AHS, 2015).

CCOH also refers to the physical environment as occupational health and safety but it is defined as “the promotion and maintenance of the physical, mental and social well-being of workers” (2017). It includes reducing work-related injury, illness and disability by addressing the hazards and risks of the physical environment. Reducing physical job hazards can also reduce stress employees may feel in the workplace (CCOH, 2017). This definition is comprehensive in that it includes promotion and maintenance of physical, mental and social wellbeing and not just prevention of injury, illness and disability.

PHSS is focused on the psycho-social environment and the model recommends that hazard and risk identification happen alongside/or be integrated with OHS policies and procedures (CSA, 2013) which supports management theories of the importance of integration and alignment with organization goals (Lam, 2013 & Grant, 2013).

Excellence Canada also views physical environment within the OHS context and provides the very similar examples regarding prevention of injury, illness and disability in relation to legislation.

Summary and Linkages

There is a clear connection between OHS practices and HR practices and integration of the personal resources, broader OHS perspective to include not just the prevention of illness, injury and disability but also the promotion of physical, social and mental wellness is important. Those types of OHS practices can once again not only help costs associated with illness, injury and disability but also with improving the wellness and productivity of employees to support the overall strategy while improving effectiveness. A consideration is the perception of employees if investment for cost saving is fair, depending on how those funds are used.

Psycho-social environment

WHO defines the psychosocial work environment looking at the organization of work and culture. The examples to reduce risks that are given are the same way physical hazards should be addressed but also include tools such as surveys or interviews. When risks are identified, interventions include reallocation of work to manage workload and training with managers to improve skills and policies regarding workplace abuse and harassment. Policies are around flexibly to accommodate work-life conflict, transparency with work changes, and education on stress and conflict (which is recognized as a cross over with personal resources) are recommended (Burton, 2015).

CDC doesn't explicitly define the psycho-social environment as the primary focus seems to be on physical health.

BHBB uses the term organizational culture by emphasizing improvement in the organizational environment which is broken down to look at “leadership style,

management practices, employee autonomy and control, and social support” (AHS, p. 16, 2015). There is also emphasis on how to influence individual and organization by utilizing support networks within the work infrastructure to promote healthy behaviour.

CCOH has a similar approach to BHBB by looking at the work environment which is broken down into the organization of work and culture. Culture is defined as the “attitudes, values and beliefs that guide workplace behaviours and influence the work environment” (CCOH, 2017) that impacts the physical and mental wellbeing of employees. Example given to support a healthy culture are quite intangible and include the “civility and respect shown by co-workers and managers, fairness in the way people are treated, appreciation and recognition, honesty and transparency shown by management and workers, support for work-life balance and trust between management and workers” (CCOH, 2017). Whereas support for the organization of work is really at the heart of what supports a good culture and environment. Examples given, that can arguably support a healthy culture and prevent psycho-social harm include: “demands or workload, communication quality and quantity control, decision latitude or influence over how the work is done, fairness in the way work is distributed clarity of roles and expectations, support provided in terms of resources how organizational change (large or small) is managed and communicated in the organization, psychological fit between the employee's interpersonal and emotional competencies, their job skills, and the position they hold opportunities for growth and development”. This is most closely tied to the management principles of strategy, organizational effectiveness and HR strategy.

PHSS (CSA, 2013) embraces this component at the heart of the entire standard and related tools and is very similar to CCOH's definition with the suggestion to embed and integrate practice within OHS and other departments. In fact, it is broken down further into the thirteen factors that impact psychological health and safety. These include psychological support, organizational culture; leaderships and expectations; civility and respect, psychological competencies and requirements (psychological job fit), growth and development, recognition and reward, involvement and influence, workload, engagement, balance, psychological protection, protection of physical safety (CSA, 2013).

Excellence Canada uses the term mental health and culture to represent psycho-social environment and relates culture back to the organization's values. This has been added in recent years to better align with the Psychological Health and Safety Standard considering the focus given on mental health in the workplace over the last five years. However, whether those values are lived, or there is only lip-service given, will determine the impact of those values on the culture and employee mental health. Examples provided to support mental health and culture include: involving employee's decision making and planning, having clear definition of jobs/clear expectations, flexible schedules, respect embedded in policies to reduce bullying, harassment, etc., management pace and schedules for work, employee recognition, support for work-life balance, good benefits plans (that are well communicated), private rest areas available, good return to work and accommodation practices and policies, good communication re

teamwork, education for stress, conflict management and opportunities for employees to give back.

Summary and Linkages

The psycho-social environment plays a big role in the HR realm in terms of the organization of work and workplace culture. Creating integration and better connection to the larger organizational strategy is necessary to ensure that re-organization of work is possible is critical and would need to be a priority to help achieve other strategic objectives. The Balanced Score Card approach suggested by Daft & Armstrong (2015) and Grant (2013) might be a good way to ensure that organizational learning and internal processes are a part of the strategy and will help support the financial and performance objectives to boost effectiveness. This will also help ensure that the priority required to not only prevent psycho-social injury but promote wellness is heeded.

Community Involvement

WHO looks at enterprise community involvement and defines it as ways to improve not only health of employees but also of the families and the community through community involvement.

CDC includes community involvement in personal health resources and does not give it a formal definition or give formal ideas apart from suggestions to support personal health resources. This focus is about how the community can support the enterprise more than the other way around. Shifting this focus could better help to support organizational performance.

BHBB does not include this as a major component.

CCOH uses the term organizational community involvement like CDC by defining it as “health and safety, environmental protection, human resource management practices, community development, consumer protection, business ethics, and stakeholder rights” (CCOH, 2017). Examples here also include giving back to local charities and inviting family to things like employee flu clinics and local fundraising events.

PHSS (CSA, 2013) also focuses more on linking employers and employees to community resources for their benefit rather than the other way around.

Excellence Canada looks at community involvement in terms of corporate social responsibility (CSR) where CSR is defined as “ways organizations can be involved in the community and how this can improve the health and well-being of employees, their families and other members of the community” and is voluntary (Excellence Canada, 2015). Examples given include giving time off for volunteering/community days, managing charity drives.

Summary and Linkages

Community involvement is included either directly or indirectly in each of the frameworks however PHSS, CDC and BHBB addresses community involvement to find

resources through the community rather than contribute to, and benefit from, CSR to give back, enhance organizational image and reputation. Having community involvement explicitly separated may give it greater attention to better support organizational performance if enhanced reputation and image would be beneficial and/or fits with the organization's values. Additionally, the literature supports these common elements as the foundational components that influence employee health (Sorensen et al, 2011 and Grawitch et al, 2006).

Common Components Summary

The following chart demonstrates the similarity and differences between the foundational pieces of each model (Burton, 2010; CDC, 2016; AHS, 2015; CCOHS, 2017; CSA, 2013; Excellence Canada, 2015).

	CDC	WHO	BHBB	PHSS	CWHS	Excellence Canada
Physical Environment//OHS (alignment)	X	X	X	X	X	X
Community involvement/CSR		X			X	X
Personal Resources/Health and Lifestyle	X	X	X	X	X	X
Psycho-social Environment/Culture	X	X	X	X	X	X

3.1.2 Common Foundational Elements and Steps

The following chart identifies the common foundational elements that are deemed necessary by the models examined.

- Leadership support
- Engagement
- Dedicated resources
- Communication
- Integrated approach
- Evaluation and continuous improvement

These elements are essentially success factors for the plan.

WHO combines the steps into the five pillars/foundational elements of an effective, sustainable healthy workplace program. They include leadership engagement based on values, a gap analysis, learning from others, sustainability and an integrated approach using cross function teams. Learning from others is based on six principles that look at building on local practice, learning from doing, facilitating an exchange of experience, linking management goals with working conditions, focusing on achievements and promoting employee involvement (Burton, 2010).

WHO has eight key steps which are to Mobilize, Assemble, Assess, Prioritize, Plan, Do, Evaluate and Improve which are captured in [Appendix 2](#). They are based on a continual improvement model which includes the Deming's cycle of plan, do, check, act which is a well known and accepted methodological for program management (Grant, 2013 and Daft & Armstrong, 2013). The linkage between the foundational elements and steps are intertwined and Burton (2010) provides more focus and practical detail for implementing the model based on the foundational elements.

The CDC model's foundational elements look at leadership support, in terms of having role models and champions; management such as health and wellness coordinators and other dedicated resources (funds); communications in terms of marketing and messaging; an assessment to help with planning to understand current gaps, and; a proper implementation and evaluation plan.

CDC recommends four key steps. The first requires an *assessment* (individual demographics, health risk, use of resources; organizational practices, environment and infrastructure; and community transportation, food & retail and parks & recreation). The second looks at *planning and management* which involves getting leadership champions; management/coordinator resources; a plan with goals and strategies; resources including partners, budget, and staffing; and communications for marketing, messaging and systems. The third is *implementation* which involves programs such as education and counselling; policies; benefits such as insurance and incentives; and environmental support such as opportunities, access points, and general physical social support. Finally, *evaluation* looks at measuring worker productivity; health care costs; improved health outcomes such as reduced disease and disability; and culture of health looking at morale, recruitment/retention and alignment of health and business objectives.

BHBB foundational elements include five pillars: leadership support; integrated approach and program design; communication; employee participation and engagement, and; evaluation and continuous improvement (ASH, 2015). Leadership support includes the financial support, dedicated human resources and investment in employee benefits. Integrated approach looks at inclusion in the overall business plan, priorities are based on data and that responsibilities are shared among departments. Engagement looks at interviews, surveys and opportunity (time) for people to participate. Communication looks at methods used, and educational materials provided. Evaluation looks at collection of data such as participation and absenteeism over time and how that information is used to inform results. An assessment is not included as a key foundational pillar, but is a key step.

BHBB (AHS, 2015) has eight steps that align with the pillars and they include getting leadership support (with a business case), doing the assessment (to get a baseline of current workplace infrastructure, policies and programs and to inform the direction and design of your workplace health program as well as establish highest, most common risk factors), establishing a committee (with reps from HR, OHS, senior management, unions, and other health or social related roles), review recommendations and prioritize

(from assessment results and committee input), developing a comprehensive action plan and evaluation plan (identify goals, objectives and long term outcomes and how you will measure those – suggest SMART goals), calculate ROI (great to have!!)(using their online tracking tool), implement (policies, programs and procedures), evaluate and continuously improve (acknowledging speed bumps are normal).

PHSS (CSA, 2013) uses the P6 framework (implementation guide) which looks at policy (to demonstrate leadership commitment), planning, prevention, process (includes evaluation) and persistence. The key steps revolve around the Demings PDCA cycle (Plan, Do, Check, Act). To comply with the standard, planning and doing looks at assessment of worker health impact, financial impact, and organizational policy and processes; developing a collective vision; assessment of strengths of current strategy (if there is one); and recognition and identification of current practices that are already protecting and promoting psychological health and safety. Within that the specific steps look at setting SMART objectives and targets based on identified hazards from the assessment for each of those components. It is recommended that a planning and implementation team with representatives/memberships from managers and workers, HR, OHS, unions (s), champions and various functional roles. The implementation plan should contain the vision, objectives as well as a communication plan, resourcing plan, training plan and evaluation plan with clear governance. A training plan is a mandatory requirement of the standard (as are all other parts mentioned here) and is intended to ensure employees are aware of responsibilities and processes to enable everyone to create a culture that prevents and promotes psychological health and safety.

A checklist for the planning and evaluation is provided (like CDC's evaluation scorecard). The intent is to ensure that compliance with the standard is achieved rather than that the organization has come up with a plan that works for them. The level of detail may be a hindrance - simple is better!

Check and act are ways to look back at the implementation of the plan to see if compliance was achieved. The key components include a corrective and preventive action process; an incident investigation and process; a performance review process and a management review process that allow for continuous feedback (all of which is required for conformance). Once non-conformance for one of the regulations (for example, a lack of investigation after an incident has been reported) has been identified, corrective of/or preventative action must be pursued – especially looking at effectiveness and looking at a root cause analysis. Suggestions to measure effectiveness include audits (that consults workers), workplace and incident inspections, change management process, committee recommendations, review of research and industry findings, management reviews (carried out by senior management that looks at review of relevant policies, procedures, results, and deficiencies which could be carried out monthly at quarterly or annual senior leadership meetings) and performance monitoring (looking at attainment of objectives – suggestions include looking at KPI's and using a monthly dashboard for reporting to the committee). These processes are very similar to OHS procedures, but the three main ones are looking at performance monitoring, internal audits and management review. A key component to evaluation is

the review of process – not just outcomes or objectives. It suggests the evaluation process should be developed *before* the plan is implemented (CSA, 2017).

CWHS does not outline specific foundational elements apart from the main components that include OHS, psychosocial work environment, workplace health promotion (personal resources) and organizational community involvement. It uses the Deming cycle for the steps however it also includes 'Lead' as an additional component that refers to obtaining leadership support and commitment. Sample steps provided by CCOHS for the CWHP include obtaining management support at all levels; creating a team or teams specific for each element of the program that report to one entity; conducting a situational assessment; developing a healthy workplace plan based on the assessment; developing a program plan /workplan and evaluation; confirmation of management support; implementation of the plan; evaluation, and; continuous improvement based on evaluation results. A difference here is the identification of evaluation outcomes and measures only during evaluation, not during planning.

Excellence Canada's approach is based on a four-step process to educate, engage, empower and evaluate. It also lists key outcomes that are very similar to the foundational elements of other models. The outcomes include leadership commitment; broad team support of the vision, mission, and values; a structured and comprehensive planning process with measurable goals aligned to the organization's broader strategic plan and that are communicated to all stakeholders; enhanced awareness and understanding of the key drivers and factors that influence employee well-being and workplace health; program(s) are in place that are improving the health of employees; improvement in employee engagement; communication; focus on process and risk management; customer experience and focus on prevention versus correction. There are also ten key requirements or milestones to achieve the essentials and achieve certification or recognition. These milestones are found in [appendix seven](#). The foundational elements, which are called guiding principles in this case, include: an Integrated management approach (stakeholder driven strategic plan and policy that involves employees at levels; a primary focus on needs (made to be applicable for everyone but targeted on those with higher needs); Recognition that health is determined by many interdependent factors; Participatory: Employer and employee shared responsibility (to support culture); Educate, Engage, Empower and Evaluate for continual Improvement (evaluated through a system of program, process, and economic evaluation and corrective action is taken as needed); Learning Organization (focus on continual improvement).

The key steps look at leadership buy-in with a business case, identifying an executive sponsor, developing a project charter of (roles and responsibilities; implementation plan and communications strategy); appoint a champion and steering committee; review requirements and conduct assessment (looking strengths and opportunities, and scores) with a cross-functional team; involve and engage employees across the organization; provide education/highlights to all employees; close gaps identified in the self-assessment; re-evaluate for certification. The order of steps, such as engaging employees after the plan has been developing, seems a little counterproductive to

having full engagement of employees at all levels and full buy in from leadership. Additionally, conducting the assessment after developing an Implementation plan may be a backwards approach since the plan, outcomes and action should be based on the findings from the assessment.

The key outcomes are critical but not perfectly aligned with the steps. A framework that has clear alignment to how each step and action supports an outcome may be of use to measure results and link back to organizational strategy.

Summary

The following charts demonstrate a high-level overview of the similarities between the elements and steps between the models examined.

Foundational Elements

	CDC	WHO	BHBB	PHSS	CWHS	EC
Leadership support	X	X	X	X	X	X
Engagement/Worker involvement		X	X	X	X	X
Dedicated resources and/or committee	X		X	X	X	X
Gap analysis / assessment	X	X		X	X	
Learn from others		X				
Sustainability		X				
Communication/Enhanced awareness	X		X	X		X
Integrated approach		X	X	X	X	X
Evaluation and continuous improvement	X	X	X	X	X	X

Common Steps

	CDC	WHO	BHBB	PHSS	CWHS	EC
Deming's Cycle (PDCA) informally or formally	X	X	X	X	X	X
Establish leadership commitment	X	X	X	X	X	X
Assessment /Audit	X	X	X	X	X	X
Committee/team		X	X	X	X	X
Policy	X	X	X	X	X	X

ROI or sROI Evaluation Measures*		X	X	X		X
Evaluation of organizational performance**	X					X

*those checked indicate the framework, model or accompanying resources provide key measures to determine ROI. All provide some suggestions, checklists or audit tools but none directly include a formula or simple way to measure the return.

**this determines if the evaluation tool or suggested evaluation techniques consider organizational performance as a measure of effectiveness of the program. The two checked demonstrated that a link to organizational goals and strategies is important but neither demonstrate how to measure the impact.

In general, the components, foundational elements and steps are quite similar and align with the research. In terms of the process and steps, the Demings cycle is well known strategy that is supported by the management theories as effective (Grant, 2013; Daft & Armstrong, 2013).

In terms of other practices, Grawtich et al (2005) did a comprehensive review of workplace health and wellness practices and found that five common categories include “work-life balance, employee growth and development, health and safety, recognition, and employee involvement”. Interestingly, Grawtich found that for any of those practices to impact organizational outcomes, effective communication and clear alignment of “workplace practices with the organizational context” are needed. Communication, employee involvement are common foundational elements and health and safety is a core component of the models examined. Work-life balance is provided as an example of a way to support wellness by CCOH, WHO and Excellence Canada but is not a core foundational element or step for any. Employee growth and development and recognition are not explicit components or steps and perhaps are seen to fit more into an HR strategy. More explicit, tangible examples may help support organizations in developing an effective and sustainable wellness strategy.

Berry et al (2010) recommends six essential pillars which include engaged leadership at multiple levels; strategic alignment with the company's identity and aspirations; a design broad in scope and high in relevance and quality, broad accessibility, internal and external partnerships and effective communications. One key factor not readily mentioned in these models is broad accessibility which may be needed to ensure there is proper participation in the programs to make an impact on the biggest group possible. Similarly, Michael O'Donnell's AMSO framework suggests that *opportunity* for participation is the most important factor for success followed by enabling skills through education, providing motivation for change and lastly, awareness (which is supported by communication). What may be missing in these other models is an explicit step on how to create those opportunities that makes it easy for employees to participate. Clear opportunities need to be supported by managers at all levels – not just senior leadership and employees need to be given time and permission.

Practically speaking, another barrier for implementation (and why very few organizations measure the impact [Conference Board of Canada, 2016] or fully

integrate practices into HR practices {Kunte, 2016}), may be that the key components, foundational elements and steps are not perfectly aligned. Specifically, many of the key outcomes or foundational pillars are not aligned with the steps or in the evaluation component which can create confusion – especially for those not versed in organizational strategy, effectiveness and human resources or more likely, those without the time to decipher the amount of information within these models. Perhaps a business model canvas and a balanced scorecard could help to support integration of the components, the value of the investment, the connection to other business drivers and the true benefits. This may also help create more engagement in the first place when leadership understands the impact.

3.2 Organizational Strategy

How effective are these components, elements and steps in supporting the health and performance of a workforce as it relates to organizational strategy management?

The following looks at the first few foundational elements and steps to look at strategies that support organizational health and performance. These include obtaining leadership support, conducting an assessment (understanding current state), integration and general planning.

3.2.1 Strategy Approaches for Leadership Support and General Planning

Strategy can be defined as the use of tools and resources to carry out a plan as effectively as possible (Grant, 2014). Porter defines strategy as “the creation of a unique and differentiated position involving a different set of activities” (Grant, 2013). Porter’s definition also emphasizes that the activity systems and how all activities fit and work together to form a consistent, mutually reinforcing system is key to success. So, the foundational element of integration within the models examined has is supported by strategy theories. However, the lack of integration between the components, foundational elements and steps into a clear and concise usable framework by many of the models may prevent the ability to have a consistent, mutually reinforcing system. This can be an issue not only with integration and alignment of the wellness strategy with the organization’s strategies and various departments plan, but also within the wellness plan itself.

Additionally, Grant (2013) indicates that success is often determined by effective implementation more than the strategy/plan itself. It is about understanding the interconnection between the internal and external environment and what the critical success factors are to achieve the desired results. Strategy is indeed about planning however typically, strategy is often of combination of planned, intended and emergent activities because of new information or shifts in the environment (Grant, 2013). Analysis of the external environment is critical, especially if an organization wishes to look at community involvement as a part of the employee wellness strategy.

For the purposes of designing an effective wellness strategy to boost organizational health and performance, the organization must leave room for emergent strategy based on the success factors and shifts within the internal and external environment. For

example, the stakeholder theory suggests that strategy should be based on meeting major stakeholder needs, where stakeholders include employees, shareholders, consumers, partners, competitors and more. Multiple stakeholders can result in an emergent, vs planned, strategy. While devising a strategy it is critical to ensure that there are performance indicators that can be controlled but that the focus needs to be on the long term to prevent short term goals from shifting focus (Grant, 2013). However short-term measures to track success will help support momentum. With a wellness strategy, ensuring there is clear linkage between the organizations value drivers and performance will be critical to obtain the leadership support and buy-in that is necessary for success and a key foundational pillar in most models. A balanced scorecard is one way to create that tangible connection and ensure that there is proper coordinator and alignment between the wellness plan/strategy, the organizations strategy and various business units objectives.

The following strategic management theories examined look further at the importance of alignment, the resource-based view and how CSR can create a competitive advantage and support performance.

3.2.2 Organizational Alignment for Integration and Planning

Alignment between strategy, values, vision, mission, organizational goals, stakeholder needs, and the state of the internal and external environment will help an organization achieve its long-term goals and to create greater value for stakeholders including consumers, shareholders, employees (Grant, 2013). Alignment is important to achieve goals of the stakeholder theory that looks at social responsibility and a broader set of responsibilities over profitability (Athabasca University, 2015).

The only model that looks at contextual factors such as company sector, capacity and geography is CDC. However, alignment with the external environment will help to determine how supporting wellness internally can create a competitive advantage in terms of recruitment and the organization's image and reputation for consumers. This will help in developing the business case for the organization's executive if it is needed or to simply get leadership support. Ways to ensure alignment is to look at the macroenvironment, such as DEPEST, then looking at the industry with using Porter's Five Forces and then looking internally with a VRIO analysis (Athabasca University, 2015).

Internal alignment will help support integration of an organization-wide initiative, that essentially, strives to shift culture and how work is done (Australian approach). However, Kunte (2016) conducted a literature review of employee wellness practices and determined that most organizations implement select components of a wellness program and that in general – these programs are yet to be a part a strategic human resource initiative and few conduct true evaluations.

Ensuring alignment will also help to obtain leadership support since positing a wellness program to achieve organizational goals will create better buy in. If there are direct measures of the wellness program that can be attributed to organizational goals using

those key success factors, there will be more accountable and, logically, better implementation and better outcomes – both for the health of employees and for the health of the organization.

Additionally, Karanika-Murray & Weyman (2013) suggest that cross fertilization of typical health public health interventions looking at differences within the workplace is necessary for effectiveness. This goes beyond having the strategy and programs aligned with larger organizational outcomes, but also having shared accountability within various departments. Indeed, a health and wellness program or strategy will not be successful as a stand-alone initiative without it being woven into all aspects to create the desired culture shift necessary for a tangible impact.

3.2.3 Resource Based View

Once there is a clear understanding of the external environment and the industry, understanding the current states of internal resources can help ensure a proper planning. The resource-based view examines internal resources and capabilities. Conducting a VRIO analysis, which looks at whether tangible, intangible or human resources are valuable, rare, can be imitated and if they can be exploited by the organization, can help determine the internal state to ensure proper alignment of capabilities. One good way to conduct a VRIO analysis is to first look at the success factors and how the resources and capabilities can help to achieve those success factors (Grant. 2013). In fact, Grant (2013) indicates that understanding those success factors is more important than the strategy itself. Success factors may differ depending on the organizations outcomes but looking back at how we define wellness. From an individual level, key success factors will revolve around improving employee ability to reach their potential through improved health and wellness which could be measured through performance evaluation, surveys etc. From an organizational perspective they will revolve around aggregate shifts in behaviour change, number of health risk factors, quality of life, personal effectiveness and other factors beneficial to the organization” (Berry et al 2010). Organization benefits may look at reduced health care costs, absenteeism, turnover, retention, organizational image and ultimately organizational performance. Once these key success factors are agreed upon, the organization can then analyse how current resources are supporting those success factors and which ones need to be further supported.

Grant (2013) and Barney (2011) endorse the resource-based view which is based on two key assumptions –one is resource heterogeneity which means that organizations are like a bundle of resources and there is variation between firms. Second, is resource immobility. Or in other words, that if resources are hard to copy or inelastic in supply they are a competitive advantage.

If an organization requires strong resources to obtain a competitive advantage an assessment to determine if the human and intangible resources such as social capital (networks and community involvement) and knowledge based assets and tacit knowledge are valuable rare, hard to imitate and exploitable (Grant, 2013). Second it can look at human resources from a health lens – that is – what is the current health status, the cost of disability claims, engagement, performance, as well as competencies (knowledge, skills and attitudes). Lastly, looking at each of these are a strength or weakness can help narrow down where efforts should be focused. To determine capabilities, an analysis of alignment, structure and motivation is necessary (more analysis of alignment, structure and motivation is forthcoming). The following chart, adapted from Grant (2013) and Barney (2011) may support the internal analysis from a health lens. The first step of conducting an assessment as suggested by most models, will help get the information needed to determine current health status of employees.

Legend:
V=valuable
R=Rare
I=hard to imitate
O: exploitable by organization

VRIO Framework and Strengths and Weaknesses					
Resources	V	R	I	O	Competitive Implications /Strength or Weakness
<i>Tangible</i> (examples might include cafeteria/health food options gyms)					
<i>Intangible</i> (social capital [networks – community involvement], knowledge based assets tacit knowledge that is embedded in a company's unique internal skills, knowledge, and resources. Knowledge-based assets are difficult to copy, let alone purchase, so they can contribute to a firm's ability to move beyond competitive convergence towards a more strategic position.					
<i>Human</i> (current health, disability claims, absenteeism rates, engagement, performance, skills, knowledge, attitudes)					
Capabilities					
<i>Organizational alignment</i>					
<i>Organizational structure</i>					
<i>Motivation</i>					

3.2.4 CSR and Competitive Advantage

In terms of attaining a competitive advantage - community involvement is well researched and recommended to use as the basis for a workplace health program. Inclusion of community involvement, although not explicitly included in half of the models examined, and integrating corporate social responsibility (CSR) into the model, can help to achieve a competitive advantage when aligned with the organizational strategy. CSR can be defined as the social responsibilities of an organization which can

enhance the reputation (Grant, 2013). If CSR, or enhanced reputation and image are a part of the organization's existing strategy, this is a great way to further integrate a wellness into the organization's strategy. If CSR is not a focus, the organization may wish to consider the benefits since it is a growing trend and becoming necessary to be competitive in many industries (Porter and Kramer, 2006 and Grant, 2013). Additionally, there is research that demonstrates how investing in workplace health supports CSR (Gerard et al, 2010) and that CSR gives provides organizations with a competitive advantage (Porter and Kramer, 2006).

Some tangible ways that organizations invest in CSR is by providing employees with time off to volunteer for certain causes or by raising funds through employee events. Community involvement can include partnership opportunities. For example, helping community health promotion initiatives gain more exposure may be the only cost to have some experts come in and give education and training to employees. In general, although CSR initiatives are thought to cost money, they can reduce costs or be cost neutral due to the value additional wellness resources from the community can bring to the organization.

Other explicit benefits of investing in community involvement to demonstrate CSR is better recruitment and retention to help employees connect to a cause that they believe in at work.

3.2.5 Alignment with Components, Elements and Steps

Key findings from comparing organizational strategy models and theories related to organizational alignment, stakeholder theory, resource based view, internal analysis (VRIO), external analysis (DEPEST), industry analysis (Porter's Five Forces) and value of CSR in relation to the healthy models include:

- Looking at both external and internal contextual factors is necessary and a missing step in many of the models.
- There is redundancy in many of the foundational elements and steps without clear accountability or ways to evaluate and process steps necessary for effectiveness. Alignment of foundational elements, steps and key success indicators is important to ensure sustainable effectiveness.
- If the focus of an organization is broader than profit, alignment of wellness strategies with all stakeholder needs (employees, shareholders, consumers, community partners, etc.) will be important.
- Identification of key success factors by examining the environment, organizational goals, values, structure and system is critical to ensure alignment and support integration of the wellness strategy.
- The initial assessment should look the internal and external environment. Externally we can use a DEPEST analysis, Porter's five forces and internally, a VRIO analysis can determine strengths or weaknesses.
- Developing a strategy (recognizing emergent strategy) with key leaders and employee participation at all levels is important for shared buy-in.

- Ensuring there is a shared responsibility among the organization with key performance metrics for each department/stakeholder will help support success.
- Incorporating CSR via community involvement can support an organization in gaining a competitive advantage. It can also help to leverage health resources in the community to manage costs of the wellness program.

3.3 Organizational Effectiveness

What strategies can help support and sustain organizational effectiveness through health and wellness?

This section is based on key subjects from Daft and Armstrong's (2013) Organizational Theory and Design and Grant's (2013) Strategic Contemporary Analysis in comparison with literature linking wellness with organizational effectiveness.

3.3.1 Organizational Effectiveness, Stakeholders and Priorities

Organizational effectiveness is based on a solid understanding of the external and internal environment and is measured by an organization's effectiveness in managing the environment (Daft & Armstrong, 2015).

Effectiveness is determinant on the stakeholder's definitions (Daft & Armstrong, 2017). For example, shareholders may be interested in profits, employees might be interested in benefits, (opportunities, recognition and pay), consumers might be interested in corporate social responsibility (environmentally friendly products or services or how the organization supports its community) and government might be interested in regulation compliance.

Understanding stakeholders' priorities is what helps an organization set its goals. And understanding the organization's goals is critical to ensure goals of a wellness program are aligned for full stakeholder buy in.

According to AU STOA 603 Study Guide (1-1), there are two integrative approaches to organizational effectiveness. One is the stakeholder approach that looks at stakeholder perspective and the other is the competing values approach that considers the organization's focus and structure.

The stakeholder approach can help to inform the competing values approach. For example, understanding important stakeholder's priorities, the organization can then decide if it is in the best interest of the firm to focus on the internal environment [human relations or internal-process] or the external environment [open-systems, or rational-goal emphasis] (Daft & Armstrong (2015).

A stakeholder impact analysis can narrow down stakeholders needs to determine where to focus its energies to obtain maximal effectiveness. The following chart has been modified from Olander's (2007), stakeholder impact analysis with a column for priority identification added and a sample stakeholder list (which will vary for different organizations). By scoring the urgency, legitimacy and power for each stakeholder on a

scale of 1 to 5 where 1 is very low and 5 is very high and totalling the sum, one can then determine which stakeholder's perceptions are most important. This will help narrow the area of focus to support. The chart can be used to determine how a wellness program will be received by critical stakeholders and how to position the benefits of the program to obtain leadership buy in to ensure it aligns with, and supports, organizational priorities.

Stakeholder	Priority	Urgency	Legitimacy	Power	Total
Consumers					
Shareholders					
Regulators/Government					
Employees					
Competitors					
Media					

Once stakeholder impact has been determined, a proper governance structure can be determined to understand who needs to sit on the steering committee that is suggested in most models, who to keep satisfied and who to keep informed as per the following Daft & Armstrong (2015) chart.

Level of impact	Keep satisfied	Key players
	Minimal effort	Keep informed

Probability of impact

Then, the competing values approach can be used to determine where to focus or how to align outcomes from a wellness strategy with organizational goals.

There are four key areas of focus according to Daft & Armstrong's (p, 77, 2015) model. An organization with a *human relations emphasis* will more easily be able to integrate a health and wellness program as supporting cohesion, morale and training are at the core of this emphasis. An *internal-process emphasis* will be focused on stability and equilibrium. A wellness program can help achieve that by improving communication and morale to meet that goal. However, a *rational-goal emphasis* that looks at productivity, efficiency and profit above all else for example – might require education on how healthy employees boost productivity and efficiency and/or demonstration of clear ROI. An *open-system's emphasis* with primary goals of growth and resource acquisition can be supported by a wellness program to meet sub-goals of teaching resiliency, flexibility and readiness for employees and the organization. These models are important to understand to ensure that there can be alignment between the health and wellness program and the organization's priorities to get leadership buy-in at all levels (from top

to middle management) and to demonstrate effectiveness in relation to the organization's goals.

Analysis of the stakeholder theory and approaches to effectiveness values has demonstrated that the common foundational elements of obtaining leadership support, employee engagement and alignment with organizational priorities are important and aligned with organizational effectiveness theories – however, what may be missing is true stakeholder consultation and analysis to help inform where priorities need to lie to support effectiveness in creating effective strategies to support organizational health and performance. For example, some models suggest creating a plan after an assessment of the organization's current state followed by employee engagement and consultation when stakeholder consultation should occur in tandem with the assessment to ensure alignment from the start. These theories also support the concept that alignment of the strategy with the organizational strategy is important because logically, if the organizational strategy is aligned with stakeholder's priorities, it is more likely to be adopted by stakeholders.

3.3.2 Understanding the Environment

[Appendix ten](#) examines top management role in influencing organizational goals and strategic direction. It highlights that the external environment and internal situation inform strategic direction, organizational design and effectiveness outcomes. As we have seen from the workplace wellness models and analysis so far, integration and alignment are the two key most important factors for success. Let us examine how understanding the environment impacts integration.

3.3.3 External Environment

Many global trends are creating higher demand for workplace wellness and having a good understanding of the values impacting those trends is important when looking at supporting organizational health and performance. For example, trends in unsustainable health care costs, growth in baby boomers' population and millennials [with higher expectations for wellness support] and the gap that creates (DeVries, 2010), increased worker empowerment, increase pace of work, change due to technology, higher economic uncertainty and more women in the workforce (GWI, 2017) influence workplace values and workplace health and wellness strategies by creating both threats and opportunities. The cultural diversity in Canada also impacts workplace culture. Aligning a workplace wellness strategy with external factors influencing employee and organizational health is important to obtain leadership buy-in to shape workplace values that support a high performing culture. Additionally, understanding these factors can help the organization differentiate itself through a wellness program by accommodating work-life balance and wellness. A wellness program can help the organization achieve be more adaptable by supporting an organic management system (rather than mechanistic) which in general, has proven to better support organizational effectiveness (Daft & Armstrong, 2015).

3.3.4 The Internal Situation

One major internal factor, that will influence organizational effectiveness and the effectiveness of a wellness strategy, is leadership style and support.

Clearly understanding the impact will garner better support and it might be helpful to know that organizations that operate on “selfless principles perform better than those run in a self-serving manner” (Daft & Armstrong, 2015, p. 349) so aligning wellness with CSR may be a good way to get that support. More detail on measuring impact and getting the buy-in is addressed in the [evaluation](#) section.

Whether leadership style is transformational or transactional will impact organizational culture and initial buy-in. Transformational leaders tend to promote and inspire development and growth while transactional leaders are more concerned with productivity and efficiency. The organization’s top leadership plays a big role in helping develop new and current leaders. To support psycho-social health, an organization will need to support transformational leaders through development and training to support a healthier culture (Daft & Armstrong, 2015 and Collins, 2005). If the organization has a transactional leadership style approach, it takes longer to see results making implementation challenging. However, the change it will be able to create in the long-term has greater potential in terms of influencing employee satisfaction, recruitment, retention and general performance.

The wellness programs examined emphasize the importance of obtaining leadership buy-in, but none specifically focus on the *level* of leadership. Top executive leadership will have huge impact and influence on the rest of the organization, but practical experience has demonstrated if middle management is not bought in, it will be extremely challenging to engage the rest of employees. And typically, management engagement is usually higher than employee engagement (Gallup, 2017). And, the research is clear that strong engagement is critical in supporting organizational performance (Kouzes, James M.; Posner, Barry Z. 2011). By fostering principles of health and wellness into the agenda of leadership at all levels, an organization can support the top qualities of effective leaders such as the ability to mobilize others, inspire people to want to struggle and to create a shared aspiration (Abu-Tineh et al 2009). Continuous engagement needs emphasis in the steps and strategies to ensure that buy-in is operational and sustainable at *all* levels.

3.3.5 Organizational Structure

The effectiveness of a wellness program and organizational effectiveness is impacted by organizational structure. For example, the number of business units, how vertical (more centralized decision making) or horizontal (more decentralized decisions) and number of divisions will impact communication, culture and ease of alignment. Additionally, whether the organization has a functional, divisional or geographical structure will impact how a health and wellness strategy should be formulated to ensure optimum effectiveness. It will also determine the type of governance structure that the wellness strategy will require.

Highly collaborative organizations typically have a horizontal structure and managers have larger teams (Daft & Armstrong, 2015). This type of structure can promote a team-based culture that typically supports emotional and psychological wellness. When an organization requires a lot of thought and collaboration into the development of products, this works well. However, this structure is also the most expensive.

Daft & Armstrong (2014) indicate that top management support is critical for setting strategic direction, design, and effectiveness outcomes. In vertical organizations with several layers of management, top management will have less impact and influence, so it will be important to ensure that middle and lower management levels are involved. For example, the governance structure will be more complex and may require several committees, such as an executive steering committee and multiple operational committees that will be able to have an impact at every level, geographical region and functional division.

For organizations serious about shifting the culture, considering a shift in the organizational structure may be needed. However, considering this shift also needs to look at other factors, such as the level of uncertainty, the size, the role of technology and finally, what the goals of the organization are [client satisfaction, sensitive to external goals, cross functional processes, need for adaptation, innovation or technical specialization] (Daft and Armstrong, 2015).

Smaller organizations with highly collaborative, horizontal designs will have an easier time establishing those foundational pillars such as strong communication, engagement and integration to ensure there is shared buy-in and support in the implementation of a wellness strategy and a steering committee and governance structure may only need representation from executive and a few key front line operational managers.

3.3.6 Alignment with Components, Elements and Steps

There several considerations when looking to support organizational effectiveness when building a strategy to support organizational health and performance.

- Stakeholder consultation and stakeholder analysis will help support integration and alignment of wellness with the organizational strategy and stakeholder needs and priorities. Similarly, aligning wellness plans with the competing values approach can make it easier to communicate relevant value back to leadership.
- Understanding and communicating value and shifts in demographics and trends externally can help support the business case to obtain buy-in and ensure relevance. Additionally, supporting leadership develop to have transformational leaders rather than transactional leaders through training, development and performance management, can help to positively support the culture and the psycho-social environment.
- Understanding the organizational structure is also be important to determine an appropriate governance model. Specifically:

- Smaller organization with a horizontal design may only need a steering committee with executive representation, unions and a few key operational employees.
- Larger, more vertically designed organizations with complexity in terms of divisions, geographically dispersed may need several committees to ensure integration, alignment and permeation in all units and departments at all levels.
- Lastly, if an organization is truly interested in shifting the culture to support psycho-social wellness and physical wellness, considering how the organizational structure and design impacts wellness is important. For example, rather than only assessing risk factors; conducting a health impact assessment looking at organizational design, work design, effectiveness outcomes, stakeholder expectations and more may help determine the root causes of issues. Similar approaches have been used in population health approaches. Examples are provided by the World Health Organization and National Collaborating Centre for Healthy Public Policy.

3.4 Strategic Human Resource Management

What strategies can be supported by and/or support human resource strategy to create a healthier, higher performing workforce?

3.4.1 Defining Strategic Human Resource Management

Strategic human resource management is the study of personnel management as it relates to organizational strategy and is focused more on effectiveness than efficiency (Lam, 2015). Like any strategic approach, HR strategies, policies and procedures are based on consideration of both external and internal factors that may impact them and are aligned with the organization's visions, mission and values (Lam, 2015). [Appendix eleven](#) demonstrates a strategic human resource management model that showcases two-way communication between organizational strategy and HR strategy.

Understanding this model can help us appreciate how a wellness strategy will influence not only HR but organizational strategy and effectiveness as well. In terms of measuring the effectiveness of HR practices, the four C's are often used (Lam, 2013). These include competence, congruence, commitment and cost effectiveness. Measurement of effectiveness is further explored in the [evaluation](#) section.

Most organizations adopt a wellness program within HR as it most closely aligns with HR mandates and objectives such as enhancing employee engagement, productivity, motivation, health and/or managing the cost of lost time.

However, there are several subsets within HR that a wellness program (with the components of psycho-social health, physical environment/OHS and personal resources) that will impact strategies around culture, motivation, engagement, OHS, and performance development. Therefore, in medium to large organizations, it is just as important to align wellness outcomes with other HR outcomes and organizational outcomes to reap the most buy-in and to prevent duplication.

As we have seen in the management theories that have been reviewed thus far, alignment and integration of between these strategies is critical.

3.4.2 Organizational Culture

“Organizational culture refers to the complex set of beliefs, assumptions, values, attitudes, expectations, and norms held and shared by its members (management and staff) and exhibited in artifacts and behaviours” (Lam, 2013, p. 27) and it is heavily influenced by management philosophy. As discussed in the organizational effectiveness section, leadership support (and their philosophy) is a critical foundational element.

Creating a healthy culture is typically the goal of a wellness program. Working towards a culture where healthy practices are a part of the way work is done each day (Australian government approach), is one that will have the best uptake and outcomes. This comes down to creating a healthy culture to support healthy behaviours and to ensure there is a psychologically healthy environment. Although culture is focused on within the context of HR it should be noted that all major management approaches looking at strategy, organizational effectiveness, ethics etc. address the importance of culture which potentially makes it one of the most important considerations.

Within the step of an assessment, understanding what the culture is and what the desired state will be critical, and this is only addressed in the Excellence Canada and PHSS models. It is also important to understand what is realistic in given timeframes. In a large organization, changing culture can take five years or more and is typically a result of a large influx of staff via turnover, a merger or acquisition or new leadership (Daft & Armstrong, 2013).

Management Philosophy

McGregor (1960) offered two management philosophy theories (Lam, 2013). Theory X is one where management believes in command and control. Control is “obtained by close supervision, tall hierarchies, sets of rules and regulations, use of monetary rewards as incentive, and punishment to force compliance. And they may get compliance, but it is unlikely that employees go beyond their call of duty” (p. 31). This approach has the potential to create psychological harm rather than to create a healthy psycho-social environment.

Theory Y is likened to following a commitment strategy that entices and empowers employees by giving them control to create more intrinsic motivation and job satisfaction.

If leadership follows theory X, a shift is necessary. Ways to make this shift include:

- Education opportunities for leadership to support a healthier management philosophy
- Creating incentives for management to empower employees and give them more control

Lastly, in some instances when this philosophy is deep rooted, new blood or leadership may be required.

Understanding Current and Desired Culture

To determine current and future state of the culture, it is helpful to understand the types. One way to look at culture, is to use the competing values approach discussed in the organizational effectiveness section and to then link it to culture by Lam (2013). By first looking at the type and then where the focus should be, one can determine, both current and desired state. Within each culture type, there is room to support a positive psychosocial environment that also promotes personal health resources and a healthy physical environment and communication connections. One key consideration for each of the types is hiring for fit and personality. For example, some people can thrive in a hierarchy culture while others require a clan/family-like culture to really reach their potential. The following table from Lam (p. 36, 2013) summarizes this:

Table 2-2 The Clan, Adhocracy, Market, and Hierarchy Cultures

<i>Flexibility/Discretion</i>	Clan Culture Family-like friendly organization	Adhocracy Culture Highly adaptive organization striving for innovation
<i>Stability/Control</i>	Hierarchy Culture Highly structured workplace relying on rules, policies, and procedures for effective functioning	Market Culture A competitive workplace emphasizing productivity and results
	<i>Internal Focused</i>	<i>External Focused</i>

The organization's vision, mission, values and a variety of HR policies are examples of explicit indications of culture but for them to be effective, there needs to be alignment with the management philosophy, beliefs and behaviours. When there is a lack of congruence, having these policies in place can cause more harm than good. Some key policies that can support a healthy culture and leadership style include ones relating to organizational and work design, HR flow (recruitment and retention), performance development, rewards management and engagement. Each of these are further discussed in the [following section](#).

However, it should be noted that having management feel comfortable with dealing with the psychosocial aspects such as job stress and mental health issues is important. Not all understand the benefits of promoting healthy eating, active living, mental wellness or community connections. In this case, opportunities for training on mental health (not just mental illness) and the benefits and opportunities available to support wellness can help support leaders in dealing with these situations. We could take this one step further and recommend that business and HR curriculums include health and wellness as has recently been done in the U of A faculty of extension OHS certificate program and the U of C Bachelor of Education curriculum.

If there is a significant difference in current and desired culture, a change leadership and change management process to support integration, alignment and congruence is recommended to engage leadership and employees at all level to support a common vision of a healthy, higher performing workforce. Daft & Armstrong (2013) recommend Kotter's model however many consultants certified in Prosci and other methods can help support this as well.

3.4.3 Design and Motivation

Work Design

The way work is designed influences productivity, job satisfaction, work flow, motivation and performance (AU Study Guide HRMT 2-2 Word Design and Motivation, 2015). For example, shift workers, emergency response/first responders, health care professionals and the like can have a significant impact on psychological wellbeing. In the case of health care and many first responder roles, many counsellors and psychologists argue that all employees will suffer from vicarious trauma or compassionate fatigue and of course there are higher incidences of post-traumatic stress creating higher risk for psychological harm. Poor mental health because of job design that doesn't provide adequate rest, sleep or mental recovery will impact performance with the potential to create a vicious cycle and require adequate wellness supports and proper job design to help these workers deal with the situations they face every day.

Components and Influences

Hackman and Oldham (Lam, 2013) identify five work design components that support a rewarding experience. These include at task/skill variety, task identity, task significance, autonomy, and task feedback (see [appendix twelve](#)). And although every individual has differences in motivation, this model emphasizes that all components are required for a rewarding experience. However, autonomy has been argued as one of the biggest determinants of job satisfaction and has the biggest impact on mental health (Park and Searcy, 2012).

There are several external factors that also influence work design. For example, trends in technology has more people than ever work remotely. The growing millennial population has greater expectations for flexibility and balance leaving organizations creating more telecommuting and mobility options. However, management philosophy has the biggest impact on whether work design includes the important components and follows trends to support job satisfaction and performance.

Enhancing Work Design

Most roles are not completely static and so enriching them, and providing variety, can be helpful. Also, taking a socio-technological approach in job design can help ensure a healthier psycho-social environment and to keep up with technical trends especially in organizations with a technical emphasis. Design that supports balance between work and life, provides autonomy, variety, strong communication and more, are important

aspects of supporting a healthy organization where employees can thrive. However, in the healthy workplace models examined, these, aside for maybe work-life balance, is not well addressed. To support employee wellness and performance, a healthy job design is important to support the root determinants of health such as having flexibility, time/opportunity to engage in healthy behaviors at work, tools to do their job, and a manageable workload that prevents stress and burnout. For example, this is particularly important in industries like health care, where burnout and psychological harm prevalence is high (Grainger, 2016).

Extrinsic and Intrinsic Motivation

How do we motivate employees to be healthy and perform well? An organization's support for employee health may provide some motivation for them to want to give back to their employer however there has been some debate about whether extrinsic, intrinsic or a combination of both types of motivation are most effective. For either creating high performing employees or in changing long-term health behaviours. Herzberg (2003) argues that financial incentives and salary are important but only as a hygiene or maintenance tactic. That is, it will not truly motivate or inspire great performance over the long run. It will only attract them and keep them doing a mediocre job. If we were to compare money as a motivator to Maslow's hierarchy of needs, it would be at the bottom. The literature suggests that both are needed but that extrinsic motivation can decrease and/or replace intrinsic motivation in some instances or increase it (Herzberg, 2003 and Lam, 2013). This suggests extrinsic motivation tactics need to be chosen wisely so that they are not an expectation for a behaviour that requires intrinsic motivation over the long run.

Nohria et al (2008, pg. 80) suggest that to motivate we first need to understand four basic human needs. They include:

“the drive to acquire (obtain scarce goods, including intangibles such as social status); bond (form connections with individuals and groups); comprehend (satisfy our curiosity and master the world around us); and defend (protect against external threats and promote justice).”

This approach is more rounded in helping us realize that not one tactic will motivate all. Supporting employees to acquire a decent salary and social status, opportunities to having meaningful relationships in a healthy culture with strong values, having a culture of transparency and openness can support the drive to comprehend and defend and will go a long way and supports wellness. For example, a psychologically healthy environment can be achieved by a safe, transparent culture to support the need to defend, bond, comprehend and even obtain a respectful social status. Creating a psychologically healthy environment also requires trust which can help create a strong psychological contract with employees and the organization. In fact, Dwyer (2006) argues that trust is the key essential ingredient for organizational success.

Perks such as gym memberships, wellness spending accounts, incentives and the like can help support the drive to acquire scarce goods as an extrinsic motivator.

Lastly, consistency with motivation techniques and intended outcomes is required. In the case of a wellness program, consistency might ensure that any types of motivation tactics used are in-line with the values of the wellness program and the organization. And even more importantly, the management philosophy needs to match the taught values and efforts to support a healthy culture.

Some success factors may include (but are not included in the models as explicit measures) consistency with rewards and motivation, employee engagement, current culture (not just the perception of the leaders but the perception of employees in all departments) and employee readiness to change. Measuring these factors in the assessment will be important and the plan will need to be weighed against the success factors.

The concept of community connection as per the healthy workplace models can also support motivation in terms of meeting the need to bond and defend.

In summary, a wellness program helps meet human needs to support motivation. Some tactics that support employee and organizational health include offering policies and a culture of flexibility in work design around telecommuting and flexible schedules in congruence with the management philosophy. Supporting a culture of transparency and trust can support the need to comprehend and enhance the psycho-social environment and offering perks and incentives that are health related can support wellness whether the reward is used for performance or to enhance participation in wellness initiatives. At the crux of supporting a healthy environment is management philosophy and culture.

3.4.4 Employee Engagement

Supporting health and wellness can be viewed as an incentive or reward to enhance employee engagement and performance. Arguably, it supports both.

Supporting engagement in the wellness program

To support engagement, first identifying employees' wants and needs is critical. Conducting an employee survey is a common step and a worthwhile investment as a part of the initial assessment process. The connection between employee engagement and wellness programs is quite strong, leading to highly engaged employees and therefore, better performers supporting organizational performance (Kumar et al, 2009). When they feel cared about, human capital will be increased through enhanced intrinsic motivation (Lam, 2013).

In terms of approach, most organizations follow steps in the common models and take a blanket approach to communicating and providing resources. However, a more segmented/targeted approach is more effective at impacting health outcomes and engaging the right people. The literature supports that those who are already engaging in healthy behaviours typically participate, but targeting populations with higher risk

factors leads to greater cost savings (Horwitz et al., 2013 and Karanika-Murray and Weyman, 2013). Additionally, Lam (2013) has also indicated that a one-size approach for any engagement strategy is not effective either. Therefore, shifting communication efforts and incentives to those that can benefit the most as a primary audience can help to alleviate the issue. Additionally, a targeted segmented approach can be used to ensure that the audience feels heard, the initiative is for them, and not 'just another corporate initiative'. The initial health risk assessment can be used to shape the subsequent programs targeting the highest risk factors or health concerns in the organization.

Using wellness to support employee engagement

In terms of employee engagement, Kumar et al (2009) and Aston (2011) indicate that supporting employee wellness is directly linked to supporting employee engagement. And employee engagement supports employee and organizational performance (Kataria et al, 2013 and McCann, 2013).

According to Bassi and McMurrer (2007) in an article about how to maximize the return on people, the four key things that support employee engagement to get the most from them, is work design, commitment to employees, time and systems. It should also be noted that Bassi and McMurrer (2007) also include leadership, knowledge accessibility, workforce optimization and learning capacity to support a human capital approach. Commitment to employees requires proper recognition and opportunities for advancement and security. These factors contribute to overall psychological wellness at work. However, time, is arguably one of the more important factors that relate to psychological wellness and physical wellness in terms of having the time to take a lunch or break to go for a walk and eat well or have proper balance between work and home. Workload has a significant impact on a person's ability to make thoughtful decisions, enjoy work, and produce quality results. A high workload (and little time) can cause undue stress and potentially psychological harm. Once again, simply providing a wellness program that doesn't address the root determinants of health, will not be effective.

Strong systems that evaluate trends in engagement to determine the drivers of productivity and customer satisfaction is another key factor that Bassi and McMurrer (2007) suggest leads to stronger employee engagement. And as demonstrated so far, strong integration of wellness into systems can support productivity and performance.

3.4.5 Performance Development

The HR function of performance management and development is to help employees reach their potential. A good performance management system (PMS) ensures that employees participate in the process and feel connected to the organization's vision and strategy (Lam, 2014).

Popular types of performance development process look at competencies such as skills, behaviors, knowledge, motivation and personal characteristics (Gangani, et al, 2006). Aligning these competencies with organizational and department objectives is

necessary so that the outcome of having employees connected to the organization's vision and strategy is achieved. And of course, as has been discussed, having a wellness program aligned with, and embedded in the organization's strategy, is important for effectiveness. Here too, the trend of alignment is important as Lam (2013) indicates that an effective performance management system must align with all HR policies and practices including work design, HR flow, rewards management and employee engagement (termed as employee voice and involvement).

Interestingly, although an integrated approach is promoted in the health and wellness frameworks and models examined here, none directly tie in the importance of linking performance management with wellness strategies. Another issue is accountability. Bridget (2016) indicates the chief executive must endorse wellness so that each manager is accountable. Practical experience from building wellness strategies in multiple large organizations has demonstrated engraining wellness in the roles of all management to create that strong philosophy among all employees and management can be an issue. The biggest barrier is creating accountability and proper evaluation to demonstrate the impact. Convincing everyone that wellness is a priority can be a challenge. However, embedding wellness into an ongoing performance development process can demonstrate its importance if PD is taken seriously, reported on and measured at the department and organization level.

For example, using wellness as competency including factors such as trust, transparency, support for work-life balance, time, etc. (all in line with meeting human needs that drive motivation) with 360 assessments, can help create a management philosophy that supports empowerment and wellness. It can be a tangible way to hold employees and management accountable, but also measure impact and success of the wellness program.

Lastly, to ensure that the PMS is effective, it is helpful to ensure there is proper reporting and measurement and training of how to follow the process.

3.4.6 Alignment with Components, Elements and Steps

Strategic human resource management theories, out of all subject matters examined here, may have the most impact on whether an employee wellness strategy or program will be effective at supporting organizational health and performance. Although there is some alignment of strategic human resource management principles with the key foundational elements of the healthy workplace models studied, there are also several gaps.

Within the industry it is often well recognized that the aim of a wellness program is to shift culture to ensure adoption and uptake across the organization. The common steps of conducting an assessment however do not explicitly examine current management philosophy or culture. The only model that really looks at the deeper issues is the PHSS and to a lesser extent, Excellence Canada. Some key foundational elements and steps that are needed but not addressed by most include:

- Assess current management philosophy, work design, engagement, motivation tactics and the current performance management system techniques and align as necessary to ensure there is, by way of policy, program or intangible culture:
 - proper empowerment of employees
 - adequate time/manageable workload
 - flexibility and support for balance (may require enhanced resources to support mobility)
 - autonomy
 - proper resources available for the job at hand
 - proper health resources available to support wellness such as access to community resources, good benefits, EFAP programs, access to gyms or discounts to community recreation centres, access to healthy foods (or policies that ensure meetings and gatherings have healthy food options) etc.
 - accountability for supporting physical and psychological wellness through the PMS
- Survey employees to determine wants, needs and current health status. This can support engagement and ensure management philosophy reported by management is what employees also perceive. This can also help determine if employee's needs to bond, comprehend, acquire and defend are being met and how wellness can be embedded within all HR practices to support these needs. Identifying current health status, if broken down by department, can help to create a segmented approach to various populations rather than the standard blanket approach that misses those who need support most.
- Ensure alignment of wellness strategy goals with all HR areas and the organizational strategy.
- Lastly, if a significant change is needed to support wellness, a change management process can help to fully engage all levels to be champions for the program/strategy.

In general, knowing the current state and the root causes for any lack of engagement or for the cost of lost time is critical to ensure that the wellness solutions are sustainable and addressing the determinant of health and performance.

3.5 Evaluating Workplace Health Strategies

What effective evaluation techniques can be used to measure effectiveness of an workplace health and wellness program against organizational health and performance?

Evaluation is a foundational element and/or step in every model examined and for good reason. It is necessary to ensure the program is working as intended and is reaping the desired outcomes to support continuous improvement. Although evaluation is a key step in all models examined, most organizations with a wellness program do not measure the impact (Conference Board of Canada, 2016, Albrecht, 2017 and Zula, 2014). Additionally, 77% of the ones that do have an evaluation, focus on participant

satisfaction with only a few considering health claims, health risk appraisals, absenteeism, productivity or others (Zula, 2014). This suggests, that many organizations do not closely follow the models provided. Perhaps a simplistic model would help encourage evaluation.

The process for evaluation can start at obtaining leadership buy-in by understanding leadership's desired outcomes. If there a program in place, evaluation planning then needs to start as soon as possible. This approach is supported by the models examined that emphasize the importance of having the evaluation framework completed during the planning stage (CSA, 2013; AHS, 2015 and EC, 2015).

A business case to let CEOs and HR professionals know why wellness is important to invest in, catering to stakeholder desires, when there are several competing priorities, is one way to do this while demonstrating how wellness can be a simple, imperative and worthwhile investment.

3.5.1 Business Case

WHO and BHBB provide one-page business case models (found in [appendix thirteen](#)). BHBB demonstrates the cost of doing nothing – i.e. the cost of absenteeism and mental illness and the cost of each employee who smokes, drinks or is sedentary. WHO looks at the negative consequences – i.e. linking consequence of stress to unhealthy practices, injuries, absenteeism, decreased job satisfaction, burnout, workplace violence and non-communicable preventable disease that leads to cost of lost time and potential liability issues (AHS, 2015). WHO has a more comprehensive view of the impact although the result of business failure might be a little exaggerated.

Identifying the key objectives based on stakeholder needs in the business case so that the program can then measure, and report back on success, will ensure the plan will keep stakeholders satisfied to ensure continued support and resourcing of the program.

As suggested in the organizational effectiveness piece, identifying stakeholders wants and needs prior to developing a program or business case is imperative. This will also help identify critical performance indicators, success factors as well as predict benefits and payoffs.

A recent study (Rucker, 2017) found five concepts that support program effectiveness in small- to mid-sized companies. They include innovation, company culture, employee-centric, environment, and altruism – all of which are the not explicit components of the models examined and not something easily measured. This strengthens the rationale to examine the value of investment rather than simple return when considering the impact of community involvement and culture.

There is some overlap but what is key is speaking the language of those that will endorse, champion and fund the program. What can be noted here, is that employee health is often not the ultimate desired outcome for leadership. For a health and wellness program, desired outcomes are often cost management, enhanced reputation

and organizational performance (Grainger, 2017) while most HR professionals are looking at employee health, engagement and performance. Although there is a trend and recognition of how improved employee health will impact performance, the non-adopters, need a business case in their language focusing on the outcomes they want to see, which has been evidenced, can stem from a wellness strategy.

In summary, the business case needs to start with a stakeholder analysis and the outcomes and objectives in the business case can then shape the evaluation.

3.5.2 The Evaluation

As suggested by many of the workplace models examined, an evaluation framework needs to be developed in the planning phase to ensure actions prescribed are based on the desired outcomes. This is also inline with operational and organizational effectiveness practices (Daft and Armstrong, 2015). Additionally, putting a strong emphasis on the assessment, understanding of the target audience and environment, prior to implementing a policy or program is necessary (Dombrowski et al 2014). These are secondary steps after conducting the stakeholder analysis and presenting the business case to leadership or a potential advisory group.

In general, this leads to measuring two key sets of information. One is to measure against the intended outcomes, and the other is to evaluate the operational performance of the program to identify areas for better efficiency, ensure the program is cost effective and offers good quality (Daft and Armstrong, 2015).

The foundational elements proposed by the models including leadership support, resources, employee involvement/engagement, assessment, integrated approach/alignment, communication and evaluation/continuous improvement are all key success factors for the strategy and need to be embedded within the program and evaluation process. However, they are not embedded within the evaluation processes or measures recommended by the workplace health models studied here. Embedding the success factors into the evaluation process is necessary to understand success or failure to support continuous improvement.

3.5.3 Evaluating Performance and Operational Objectives

Common performance objectives noted by Burton, 2010; CDC, 2016; AHS, 2015; CWHP, 2017; CSA, 2013; Excellence Canada, 2015 over 3-5 years include:

- reducing the cost of lost time
- reducing disability claims and rates
- medical costs due to benefits
- improving health outcomes (measured by a health risk assessment)
- reducing absenteeism

Improving employee engagement, improving morale and productivity/presenteeism, turnover is also popular (Conference Board of Canada, 2016 and EC, 2015).

Interestingly, none publicly share tools to measure the impact of the wellness program

on organizational performance (albeit Excellence Canada Healthy Workplace model suggests measuring employee productivity but does not provide tools on how to do this).

Strategic HR management theories suggest using the four C's to evaluate effectiveness (Lam, 2013). These include commitment, competence (looking at skills, knowledge, ability, recruitment and retention), cost effectiveness (the costs support the desired outcomes) and congruence (alignment with stakeholder interests and goals). This approach is diverse however there is a subjective nature which can be somewhat mitigated by having several stakeholders review these criteria independently and then coming to an agreement.

Evaluating factors such as relevance/congruence, efficiency/cost effectiveness and effectiveness (health outcomes and organizational performance due to reputation, productivity) to look at the value on investment (VOI) rather than (or as well as) return on investment (ROI) may help to capture many of the intangible benefits and value that a wellness strategy can offer such as reputation, corporate social responsibility and organizational performance. This will also be critical to help set goals following the well recognized process of ensuring they are specific, measurable, attainable, realistic and time-driven (SMART).

Looking at VOI is important as Berry et al (2010) points out the paybacks are never a certainty. This is evidenced from the controversy how much cost savings can be expected (range from 2:1 to 6:1) which could be due to different measures. For example, Dee Edington, University of Michigan, PhD wellness program ROI expert indicated that companies that invest adequately in their wellness programs (300-400/employee) save at least 3 times their investment in health-related costs (Sprinbuk, 2017). Dr. Ron Goetzel, Director from Cornell University Institute for Health and Productivity Studies recommends investing about \$150 per employee per year for an expected \$450 annual ROI per employee (Hall, 2011). Additionally, a systematic review showed that medical costs can fall by approximately \$3.27 for every dollar spent and absenteeism costs can fall by approximately \$2.73 for every dollar spent (Baicker et al, 2010).

Kumar and Prevost (2011), did a review of several studies and showed that the impact of wellness programs on productivity could be quantified by multiplying a range of 2–4 times health spend savings. This is an easy measurement and could be a way for organizations to look at and determine how wellness impacts organizational productivity and how that translates into cost savings. However, relying on this number without an actual evaluation will not give true results.

A balanced scorecard can be a good way to measure the program effectiveness against organizational performance while also visually demonstrating alignment and integration with other key performance indicators (KPIs) and organizational objectives (Daft &

Armstrong, 2015 and Grant, 2013). Let us further examine the value of a balanced scorecard.

3.5.4 Balanced Scorecard

Findings so far have demonstrated that a wellness program will best achieve performance goals if aligned with the organization's strategy and integrated with major organizational functions. Tying in the results to a balanced score card can help to do this. Therefore, ensuring the evaluation is broad and flexible to ensure proper alignment with the organization's goals will be important.

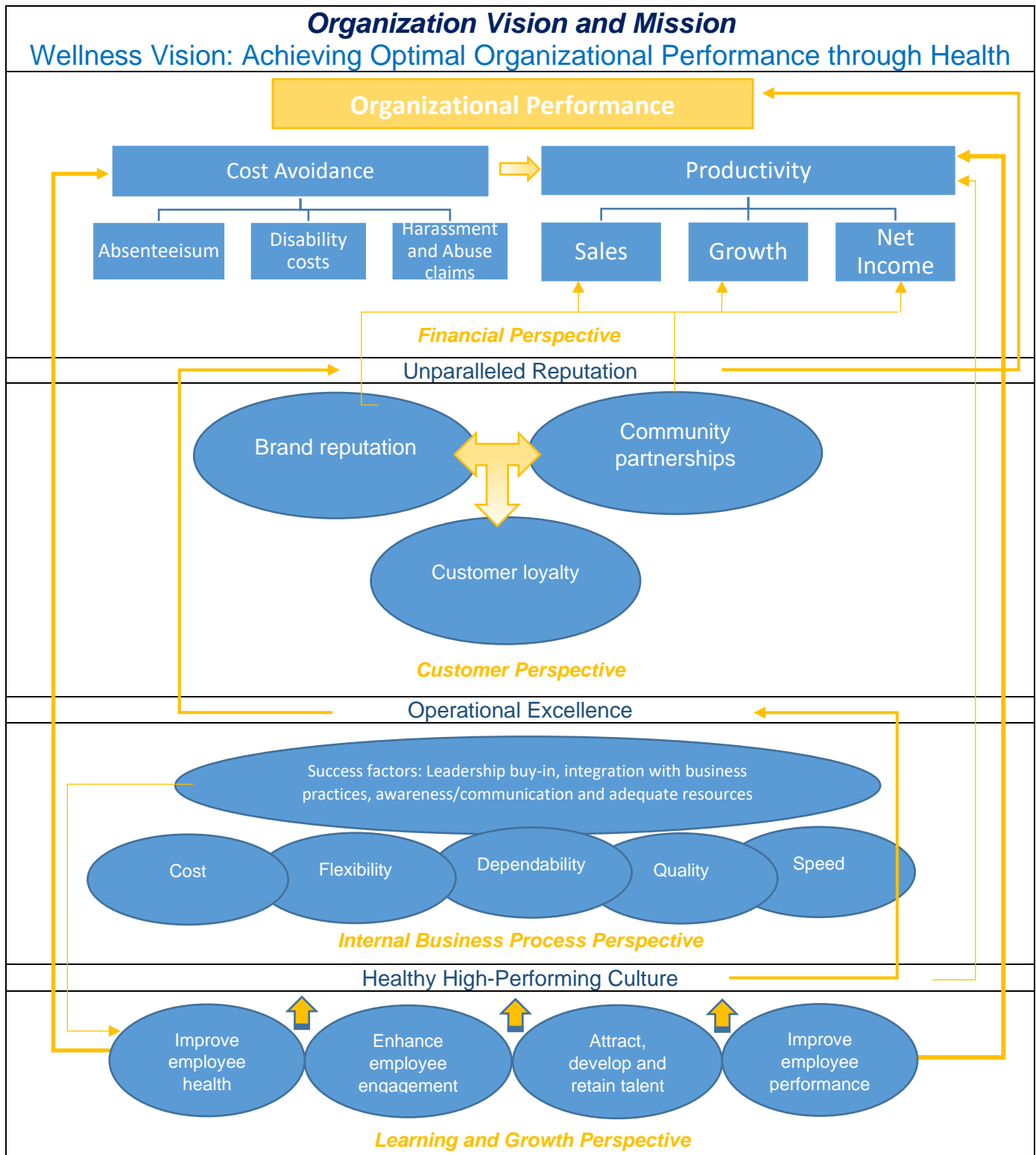
Overall performance and effectiveness in for-profit organizations is often measured through net income, profit, earnings per share, sales, growth, and volume whereas government and non-profit organizations may look at impact, participation or usage of programs and services along with growth and volume (Daft and Armstrong, 2013).

In terms of achieving operational performance, Slack et al (2013) identifies five objectives that include quality, dependability, speed, flexibility and cost as it relates to operational functions. These need to be ranked and prioritized according to the organization's needs and can be embedded in a balanced scorecard.

The following strategy map, demonstrates a visual of how a wellness strategy can achieve organizational performance objectives to satisfy broad stakeholder interests and be used to form a balanced scorecard based on four perspectives: financial, customer, internal business process and learning and growth.

Continued next page.

Sample Organizational Health and Performance Strategy Map



The following chart is an example of a scorecard to identify objectives in alignment with success factors (foundational elements) and their evaluation measures against the four perspectives for a wellness strategy. This is a good way to measure effectiveness and develop an implementation plan based on the key steps and planning processes identified in previous sections. Most of the following factors require a baseline measurement to be obtained.

Perspective	Strategic Objectives and Success Factors	Potential Measures
Financial performance	<p><i>Cost Avoidance</i></p> <p>Example: improve cost avoidance by 3% in two years.</p> <p><i>Enhanced Performance</i></p> <p>Example: improve net income by 3% in two years.</p>	<p>Cost of lost time / cost avoidance</p> <ul style="list-style-type: none"> • Absenteeism • Disability (mental health and physical) • Harassment and abuse claims • Health (HRA) <p>For profit organizations may measure: sales, growth, productivity and/or net income</p>
Customer service	<p><i>Unparalleled Reputation</i></p> <p>Example: Enhance market survey brand reputation results by 15% in two years.</p>	<ul style="list-style-type: none"> • Growth in community partnerships • Customer experience scores • Brand reputation (market surveys)
Internal business processes	<p><i>Operational Excellence</i></p> <p>Example: Obtain greater than 80% satisfaction in wellness program components in year one.</p> <p>Example: Obtain greater than 80% leadership commitment and understanding of the value of investing in employee health AND/OR greater than 50% of leadership participates in the program in year one.</p> <p>Example: Greater than 50% of business departments have integrated health practices into their daily business routine by year two.</p>	<p>Foundational elements/success factors:</p> <ul style="list-style-type: none"> • Leadership buy-in (interviews) • Integration with business processes (number of departments and business units wellness has been adopted) • Awareness of program (to measure effectiveness of communication) <p>Employee wellness survey to measure:</p> <ul style="list-style-type: none"> • Quality (measured by employee satisfaction) • Dependability and accessibility of program components • Flexibility (adaptable to emerging needs)

		<ul style="list-style-type: none"> • Speed/time (of development and wait for access) • Cost <ul style="list-style-type: none"> ○ there are adequate dedicated resources ○ cost effectiveness/ ROI of those resources
Potential for learning and growth	<p><i>Healthy High Performing Culture</i></p> <p>Example: Increase employee engagement scores by 2% per year (measure or add a question to engagement survey specific to wellness).</p> <p>Example: Increase percent of participating employees from precontemplation of making behaviour change by 5% each year.</p> <p>Example: Increase employee performance scores related to motivation and empowerment by 3% each year.</p>	<ul style="list-style-type: none"> • Employee engagement (and engagement in the program) • Employee performance (measured through performance appraisals an/or employee competencies) • Employee wellness (as measured by health risk assessment-include measure of behaviour change) • Attract, develop (reputation and PD process) and retain talent (turnover rates)

3.5.5 Evaluation Summary and Findings

Analysis of the common organizational health models against management theories suggest the following steps for the evaluation:

- Stakeholder analysis
- Business case
- Conduct an assessment to determine:
 - Relevance/congruence of alignment with current organizational strategy
 - Understand the target audience (i.e. – those who are not well and have lower performance) to utilize a segmented approach
 - Current state (gap analysis, understand the environment and context)
- Develop a balanced scorecard to determine SMART objectives and measures to move towards the vision inline with the organizational strategy and stakeholder interests. This process can also embed key success factors into the evaluation to help support effectiveness implementation.
- Conduct the evaluation annually to help inform changes to the strategic plan for continuous improvement.

The evaluation process is critical to planning or developing a wellness strategy to ensure alignment. Using the scorecard to guide the development of an implementation plan may help organizations conduct a relevant evaluation (Daft & Armstrong, 2015 and Grant, 2013) to support organizational health and performance.

4.0 Research Design and Data Collection

This conceptual paper reviewed workplace wellness models and practices against management theories regarding strategy, organizational effectiveness and human resources using secondary sources of data only. It used Proquest ABI/INFORM Global from the Athabasca Library as well as reports and documents from the World Health Organization, the Conference Board of Canada, Centre for Disease Control and Prevention, Alberta Health Services, Canadian Standards Association, Canadian Centre for Occupational Health and Safety and more. Some of the key search words included workplace wellness, occupational health, workplace health and wellness, organizational health, organizational health, strategy, organizational performance, human resources, performance development, human capital approach and more that were published over the last 12 years.

The type of data collected included secondary (anonymous primary data and publicly available data) and non-public secondary data (from Alberta Blue Cross and Covenant Health). The sources of the data came from publicly available information from large employers in Alberta from and online searches of peer reviewed literature, and various company reports and documents. The secondary data was collected between 2015-2017.

Research was conducted to determine the effectiveness of strategies from the Conference Board of Canada and meta-analysis reviews in comparison with best practice and the management theories examined.

5.0 Statement of Results

Effective and sustainable strategies to support organizational health and performance are not readily utilized and the research suggests that most organizations do not follow the workplace models. Most organizations (77%) do not measure the impact which has created controversy on the actual benefits of wellness programs (Zula, 2014). For example, the research demonstrating the ROI varies from 6:1 to 2:1 with the average showing a 3:1 return. There is strong evidence demonstrating that supporting organizational wellness does positively impact employee and organizational performance.

The healthy workplace models examined have quite a bit of similarity. Although a major component of wellness is supporting organizational health in terms of creating a healthier psycho-social environment, in practice, most organizations simply look at promoting healthy choices or providing personal resources. Most do not evaluate the impact; integrate the program into all business practices' or tie it to organizational performance.

All models include personal health resources/health and lifestyle, the psycho-social environment/culture and physical environment/OHS. The key difference is formal inclusion of community partnerships to both leverage community resources to support employee health and to invest in corporate social responsibility.

The common foundational elements include leadership support, engagement, dedicated resources, communication, integrated approach and evaluation and continuous improvement. Unique foundational elements include sustainability and learning from others. Berry et al (2010) also recommends an additional element of broad accessibility.

The common steps in the workplace health models examined include establishing leadership commitment, conducting an audit or assessment, developing a committee team, developing a policy and conducting an evaluation. Most integrate the Deming's Cycle (PDCA) informally or formally. Unique steps included evaluation of organizational performance however none provide simple clear ways to measure this. Grawtich et al (2005) did a comprehensive review of workplace health and wellness practices and found that five common categories include "work-life balance, employee growth and development, health and safety, recognition, and employee involvement". The models examined include many of these examples under the steps, but few include employee growth and development and recognition. Many of the models do not have explicit integration between the foundational elements and steps are examined separately.

Within the context of organizational strategy, organizational alignment, stakeholder theory, resource based view, internal analysis (VRIO), external analysis (DEPEST), industry analysis (Porter's Five Forces) and value of CSR in relation to the common foundational elements and steps that look at leadership support, integration and planning were examined. In terms of developing a wellness strategy, pieces that were not explicitly included in the models examined included analysis of stakeholder wants and needs, examination of the external environment and only two looked the value of intentional CSR. Additionally, the internal analysis, which is an audit or assessment primarily focuses on how the organization currently supports healthy practices but only two assess organizational culture, management philosophy and none look at opportunities or examine strengths and weaknesses to determine how supporting organizational health can support performance to boost competitiveness. Additionally, the research demonstrated that the lack of integration with the foundational elements as success factors for the strategic plan (steps) does not support effectiveness.

Within the context of organizational effectiveness, the stakeholder approach and competing values approach (considering the organization's focus and structure) were examined. The current external environment and internal situation and organizational structure were examined. The stakeholder approach is suggested in the management theories examined to ensure shared buy-in and will help support the foundational element of leadership support. Environmental trends such as demographics including increase in baby boomers and millennials, the economy, the competitive environment is critical to understand how the organization can utilize a workplace health and wellness

strategy to support competitiveness, effectiveness and sustainability. Alignment with the competing values approach to ensure that health and wellness is an organizational priority will help support not only effectiveness of the program but in organizational effectiveness as well. Lastly, assessment of organizational structure and design is an important consideration to determine how to frame the wellness strategy to gain support at all levels. Specifically, organizational design, work design, effectiveness outcomes, stakeholder expectations and more can help determine the root causes of unhealthy trends identified in an assessment.

In terms of strategic human resource management, culture, work design, motivation, employee engagement and performance development were examined. It was found that assessing current management philosophy, work design, engagement, motivation tactics and the current performance management system techniques and aligning them is necessary to ensure the factors that influence psycho-social and physical health are well understood. Work design is a critical factor that influence employee health and wellness and organizational performance yet is not addressed in any of the workplace health models examined (except for Excellence Canada). Specifically, employee empowerment, autonomy, provision of adequate resources, adequate time/manageable workload, flexibility and support for balance are key. additionally, none of the models integrate shared accountability (albeit engagement is foundational element) to ensure all management support and provide a healthy work environment. Integration of accountability within the performance development process could support this accountability and support employee growth and development as per Grawtich et al (2005) and support accessibility (Berry et al, 2010). Lastly, a change management process is necessary to support engagement and adoption.

The last analysis looks at the evaluation of workplace health strategies. Evaluation is a key component of all workplace health models examined yet 77% of employers do not conduct an evaluation (Zula, 2014) evidencing the need to potentially make evaluation strategies as simple as possible. The management theories examined from Daft & Armstrong, 2015; Lam, 2014 and Grant, 2013 demonstrated that there are two key sets of information to evaluate. One is the overall objectives and outcomes and the second is the operational effectiveness. Most recommend a balanced scorecard to create alignment and integration with the organization's strategic goals while Lam, 2014 recommends looking at the four C's which are a little bit subjective in nature. Since alignment and integration was identified as a critical component of all management theories in all domains, utilizing the balanced scorecard, while integration both program outcomes and operational effectiveness objectives can help ensure that alignment. Additionally, all management theories emphasized the importance of starting the evaluation process in the planning stages, which is aligned with most of the workplace health models examined.

A key theme of all management theories examined against the six health models is that that a strategic, integrated wellness program is necessary to be effective and impact performance. It must be aligned to other organizational goals and business units and

will not be effective as a stand alone added-value program in achieving organizational health and performance.

6.0 Recommendations

Many of the models examined have a high degree of complexity which may be why the adoption rate is low and why, so few organizations complete a decent evaluation to determine true effectiveness and the impact on organizational performance. A simple model of supporting a wellness strategy to boost organizational health and performance is needed, however, greater alignment with the foundational elements/key success factors and the organization's identity and aspirations is necessary to ensure sustainable effectiveness. The following recommended steps, using a comprehensive approach, integrate organizational health and wellness strategies into the organization's overall strategy taking into consideration the management theories examined to not only improve employee health but organizational health and performance. It may be useful for organizations to hire a consultant to guide them through the planning steps and then empower the organization to own the strategy. Note, some steps will not be necessary or relevant for small organizations or organizations that already have a wellness plan in place.

1. Assessment*
 - a. Conduct a [stakeholder analysis](#)
 - b. Conduct an employee survey of employee health to inform targeted, segmented approach and employee wants/needs (i.e.: a health risk assessment that includes a psycho-social aspect). Psycho-social aspect can be evaluated through the [Guarding Minds at Work](#) tools.
 - c. Assess the [external environment](#), the [internal situation](#) (including [management philosophy and culture](#)), [structure](#), current [work design](#) and systems to ensure alignment and identify gaps
2. Leadership support
 - a. Develop a [business case](#) in alignment with stakeholder needs using a [strategy map](#)
 - b. Secure necessary resources (people and budget) for planning
3. Engagement
 - a. Utilize a change management process to:
 - i. Further engage reps from business units and obtain a champion/sponsor (executive level, for example: CEO or VP)
 - ii. Develop a steering committee and working committees as necessary for step four
 - iii. Develop a wellness champion network (champions that represent and engage at the department level)

4. Planning

- a. Identify key objectives using stakeholder engagement and assessment results ensuring alignment and integration with the organization's vision, mission, values, objectives).
 - i. Include operational effectiveness outcomes to support organizational performance using the [Balanced Score Card approach](#)
 - ii. Use four pillars of community partnerships, physical environment/OHS, personal health resources and psycho-social environment/culture to guide planning
- b. Develop an implementation plan.
 - i. Create integration of wellness across the organization (values or HR objectives, business unit operational plans)
 - ii. Drill down actions and measures to achieve objectives ensuring broad accessibility and segmented approach as identified. Actions may include:
 1. Create alignment with organizational values and the organizational strategy
 2. Policy development
 3. Plan to influence management philosophy and culture of wellness with trust at *all* levels (education and engagement)
 4. Comprehensive communication plan development
 5. Re-evaluate organizational and work design for support for balance, flexibility, autonomy and manageable work load
 6. Integrate wellness into performance development for accountability and in the talent management system (example: employee growth and development)
- c. Develop accountability measures (for example using a project charter and project management approach) to ensure clear roles and responsibilities
- d. Obtain leadership support for additional resources and staffing needed if necessary

5. Implementation

- a. Implement as per the plan with regular check-ins using a shared responsibility perspective using accountability techniques with the steering and working committees

6. Evaluation

- a. Measure behaviour change and health outcomes via employee assessment developed in step one and the organizational assessment
- b. Fill in the measures from the [balanced scorecard](#) using objective measures from step four and implementation plan measures from step five (note: organizational performance outcomes likely won't be seen until years 3 or 4)

7. Strategy Refinement

- a. Adjust/refine the strategy and/or implementation plan based on learnings

*Note: parts b and c may occur after obtaining leadership support if resources are not available

These steps can help support organizations; however, it is also recommended that business and HR curriculums university and college curriculums should include health and wellness (as has recently been done in the U of A faculty of extension OHS certificate program and the U of C Bachelor of Education curriculum). It is also recommended that simple implementation plans be developed for organizations based on common assessment results to create ease of adoption.

7.0 Conclusion

This paper has significant relevance for organizational leaders and HR professionals wishing to support organizational health and performance using a comprehensive approach. The findings suggest that many of the recognized workplace health and wellness models available are not as aligned with organizational strategy, organizational effectiveness or human resource practices as they could be providing challenges in supporting integration of the program with the organization's day to day business. The processes and steps in the models examined are complex which creates a barrier to adoption. The complexity is likely why 77% of organizations implementing a program do not conduct an evaluation (Zula, 2014). This lack of evaluation to demonstrate the impact has significant implications for the adoption of wellness programs even though most leaders agree that supporting organizational health and wellness supports organizational performance (Conference Board of Canada, 2016). A simple model, with clear relevant steps and indicators is necessary to support adoption. Additionally, models that support specific industries and various sized organizations may increase relevance and adoption.

The most pertinent recommendations are for organizations to follow a workplace health model based on four foundational pillars including community partnerships, physical environment/OHS, personal health resources and psycho-social environment/culture. Developing a plan that fully integrates organizational and business unit objectives is necessary to shift management philosophy and organizational culture. Identifying stakeholder priorities, organizational objectives and current organizational health is necessary to build the measurable objectives prior to developing actions to ensure the plan achieves the desired outcomes. Lastly, integration of organizational strategy, effectiveness and human resources theories and practices is necessary to ensure that the success factors and determinants of employee satisfaction and psychological health are addressed. Specifically, addressing management philosophy and work design to ensure employees have balance, autonomy, psychological health and safety and flexibility is critical to ensure that the wellness program addresses root determinants of health and performance.

The workplace health/wellness industry is in its infancy and the connection of health and management domains may create better relevance and hopefully, more action to support organizational health and performance. Indeed, greater adoption and support of workplace health and wellness practices will support not only the health of our population, but also the health and performance of our economy.

Retrieved from the 2016 Future of Wellness at Work report from the Global Wellness Institute (GWI, 2017)

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graph LR; A1[Cut-throat and cost-cutting business environment demands more from workers.] --> A2[Rising economic insecurity and stress, combined with declining benefits and low workforce engagement.]; A3[Technology accelerates innovation and the pace of change.] --> A4[24/7 work culture increases stress, while digital health innovations bring new opportunities.]; A5[Rapid growth of Millennials in the workforce, while aging boomers work longer.] --> A6[Changing workplace dynamics; multi-generational workforce with varied desires and needs.]; A7[Women are joining workforce in increasing numbers.] --> A8[Growing need to address work-family balance, maternity health, travel safety, childcare, and gender roles in workplaces.]; A9[Unsafe workplaces and working conditions; loss of traditional safety nets; loneliness and alienation.] --> A10[Empowerment of workers and rising expectations to thrive and engage in work.]; A11[Unustainable health costs and the need for new approaches for prevention and wellness.]; A12[Threats to worker health (respiratory health, water), business continuity (natural disasters), and entire industries (energy).]; A13[Globalization brings rapid economic growth and urbanization.] --> A14[Rising education, affluence, and access to information bring growth of civil society across the globe.]; A15[Increasingly unhealthy lifestyles and rise of chronic disease.]; A16[Threats of pollution, climate change, and resource depletion.]; A13 --> A9; A14 --> A10; A15 --> A11; A16 --> A12; A1 --> A13; A3 --> A14; A5 --> A15; A7 --> A16;
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Cut-throat and cost-cutting business environment demands more from workers.

Technology accelerates innovation and the pace of change.

Rapid growth of Millennials in the workforce, while aging boomers work longer.

Women are joining workforce in increasing numbers.

Rising economic insecurity and stress, combined with declining benefits and low workforce engagement.

24/7 work culture increases stress, while digital health innovations bring new opportunities.

Changing workplace dynamics; multi-generational workforce with varied desires and needs.

Growing need to address work-family balance, maternity health, travel safety, childcare, and gender roles in workplaces.

Unsafe workplaces and working conditions; loss of traditional safety nets; loneliness and alienation.

Empowerment of workers and rising expectations to thrive and engage in work.

Unustainable health costs and the need for new approaches for prevention and wellness.

Threats to worker health (respiratory health, water), business continuity (natural disasters), and entire industries (energy).

Globalization brings rapid economic growth and urbanization.

Rising education, affluence, and access to information bring growth of civil society across the globe.

Increasingly unhealthy lifestyles and rise of chronic disease.

Threats of pollution, climate change, and resource depletion.

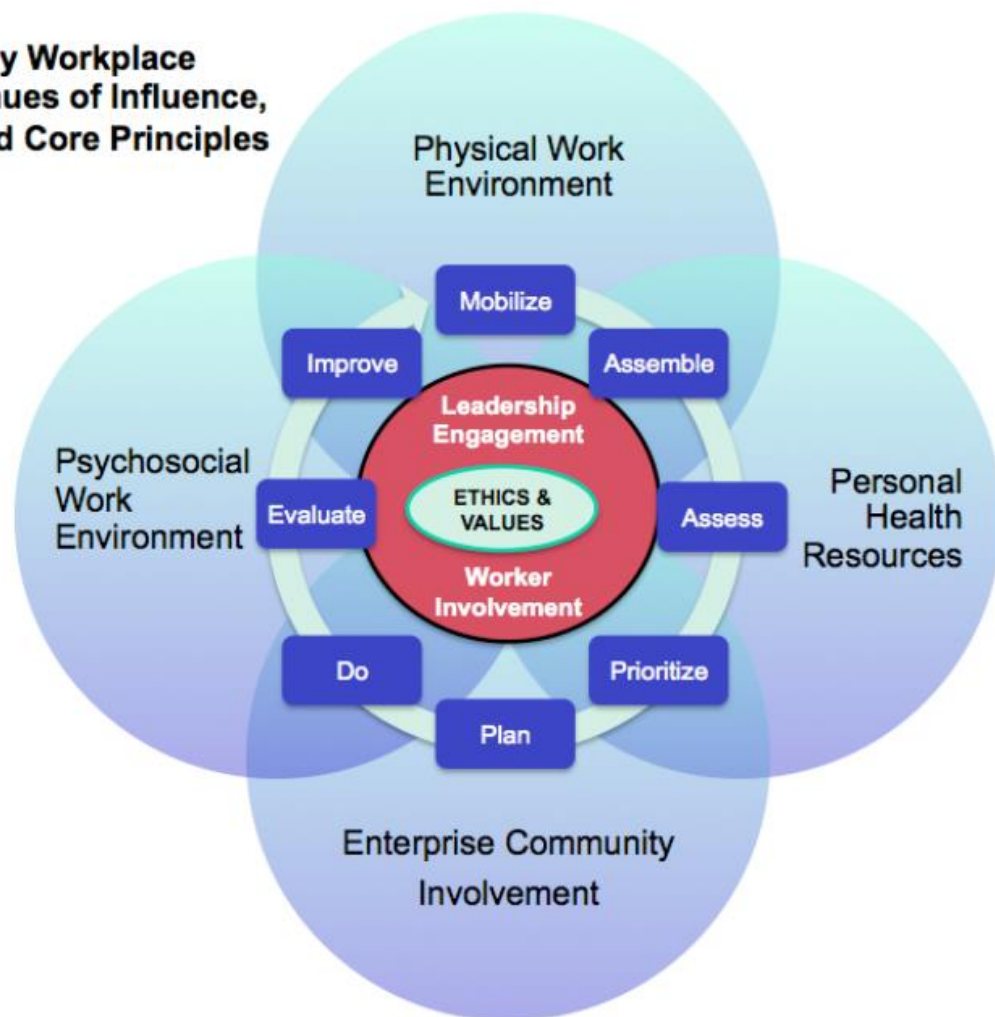
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8.2 Appendix Two: Healthy Workplace Models

8.2.1 World Health Organization Healthy Workplace Model

The following is from Burton, 2010, p. 3.

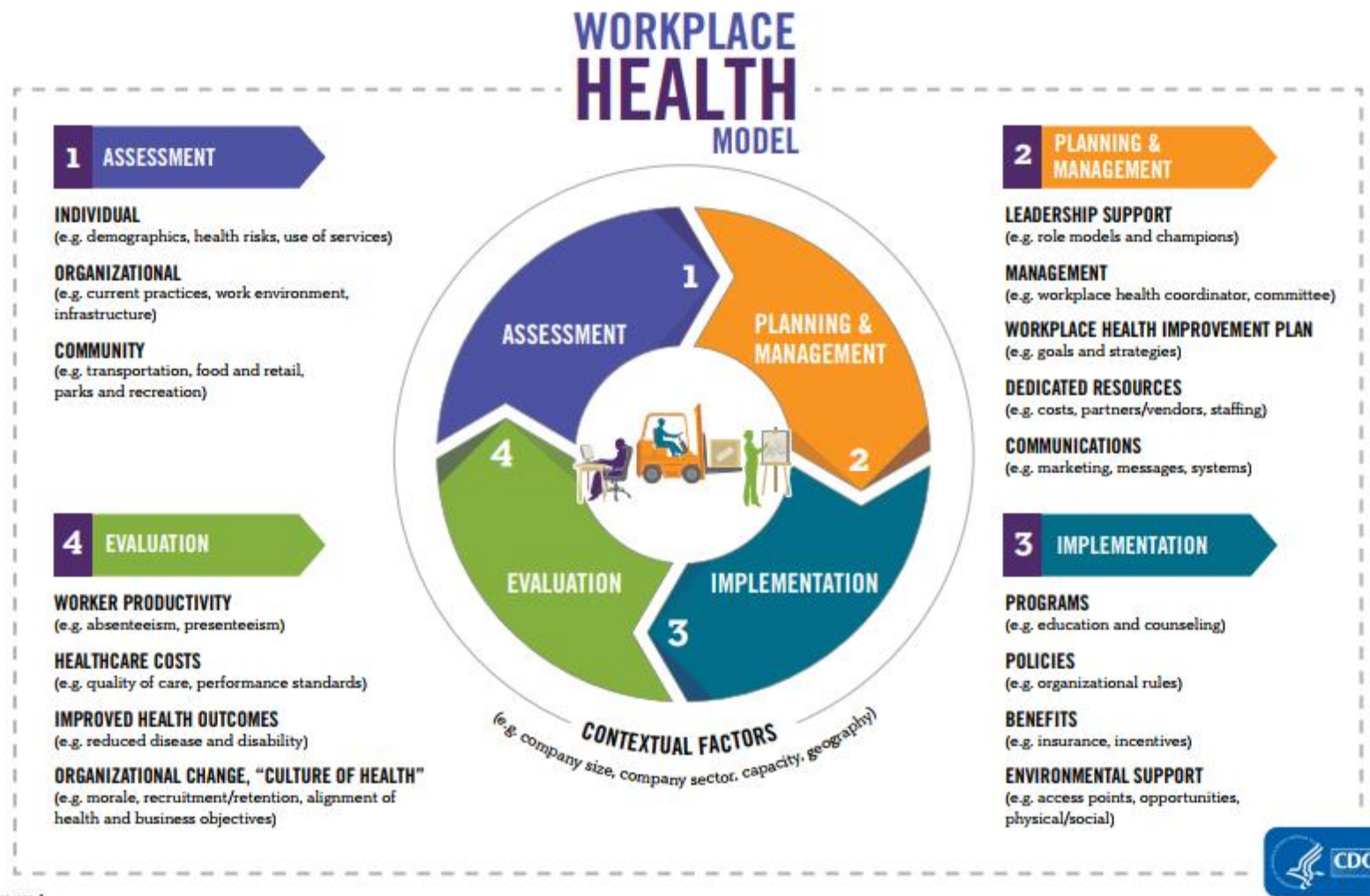
Figure ES1
WHO Healthy Workplace
Model: Avenues of Influence,
Process, and Core Principles



8.2.2 CDC Healthy Workplace Model

Key Components and Steps (key components are listed in step 2)

The following was retrieved from CDC (2016) website.



CS264229-A

8.2.3 Better Health Better Business (Alberta Health Services) Model

The following components, pillars and steps were retrieved from AHS (2015).

Key Components

Leadership Support	Integrated Approach & Program Design	Communication	Employee Engagement & Participation	Evaluation & Continuous Improvement
Leaders participate in health activities	Workplace health is integrated into business plan	Use different communication channels	Use different approaches to engage staff	Develop baseline measures
Allocate resources to workplace health programs	Conduct an Organizational Health Assessment	Offer a variety of educational materials	Conduct an employee interest survey	Data is used to revise current health environment
Allocate budget directly to workplace health activities	Conduct a Health Risk Appraisal	Promote health activities, available benefits and policies	Form a wellness committee	Track measures over short and long term
Develop healthy policies (i.e. healthy meeting guidelines)	Designate a staff FTE for workplace health	Tailor messaging to employees	Allow access to programs during work time	Calculate and track return on investment
Encourage staff participation in workplace health programs during work hours	Create a comprehensive workplace health action plan	Communication to all work sites	Implement Incentives for participating	Data is used to inform future health activities
Offer EFAP and health benefits	Management and supervisors are engaged	Mixed approach	Programming tailored to staff feedback	Share data and lessons learned with employees

Pillars



Steps



8.2.4 Canadian Centre for Occupational Health and Safety Model

The following was retrieved CCOHS (2017)

Key Components:

1. Occupational health and safety
2. Psychosocial work environment
3. Workplace health promotion (wellness/well-being)
4. Organizational community involvement

Steps:

- Lead (management leadership and commitment)
- Plan (organize)
- Do (implement)
- Check (evaluate)
- Act (improve)

Specific example sets, include:

- Obtain Management Support - To begin the process of healthy workplace planning, all levels of the organization must support the concept
- Consider creating a team or teams specific for each element of the program. The team(s) should report to the same entity - such as a manager or the overall health and safety committee -- Get staff involved
- Conduct a Situational Assessment -- Get to the root of the problem
- Develop a Healthy Workplace Plan -- Plan what to do with situational assessment results
- Develop a Program Plan (detailed work plan) and Evaluation Plan
- Confirm Management Support -- to implement the workplace mental health promotion plan
- Implement the Plan -- put the proposed program into practice
- Evaluate your CWHS Program's Efforts
- Continuously improve your CWHS Program based on the results of your evaluations

8.2.5 Psychological Health and Safety Model

Retrieved from CSA (2015, p. 24)

Foundation

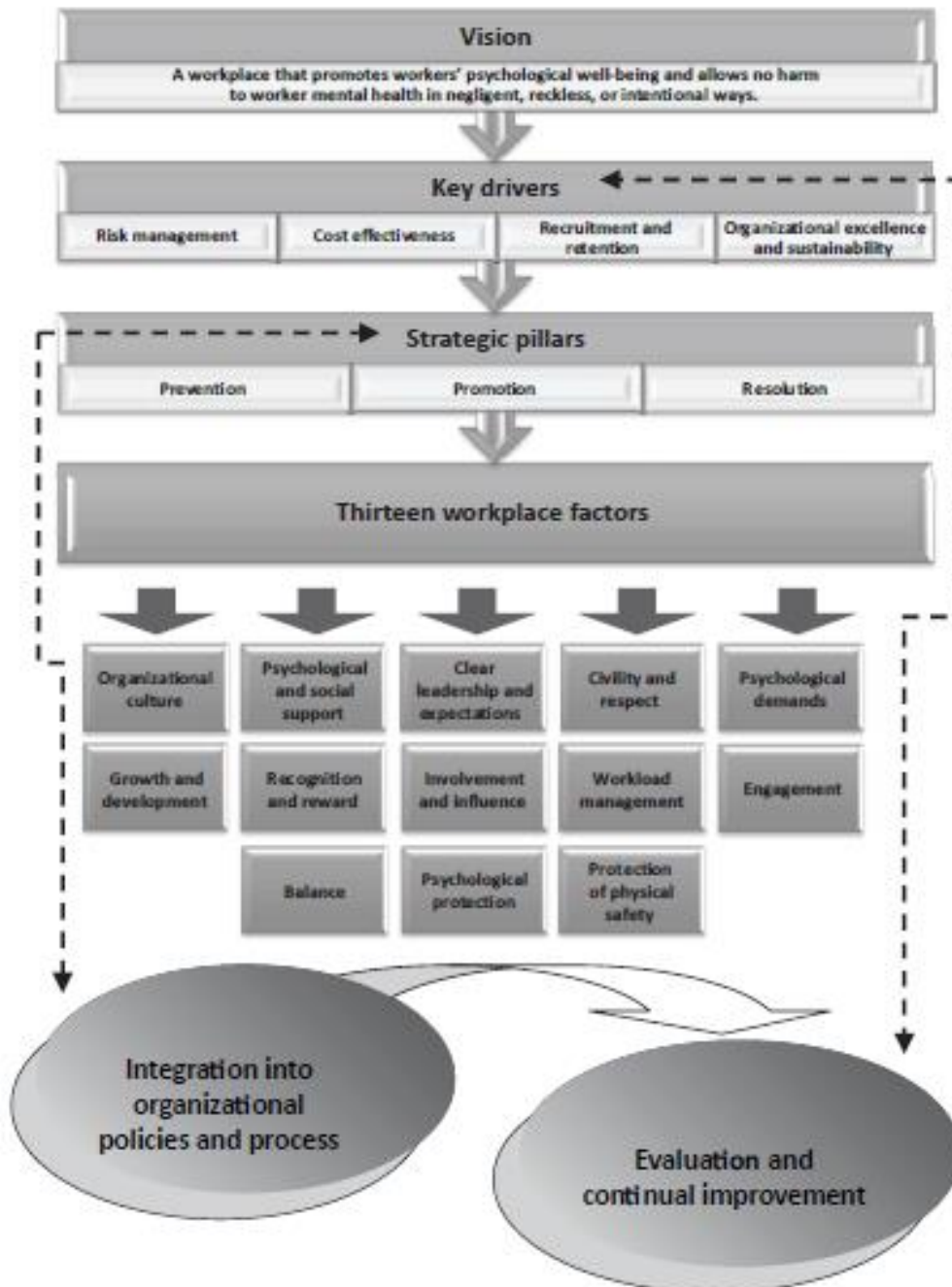
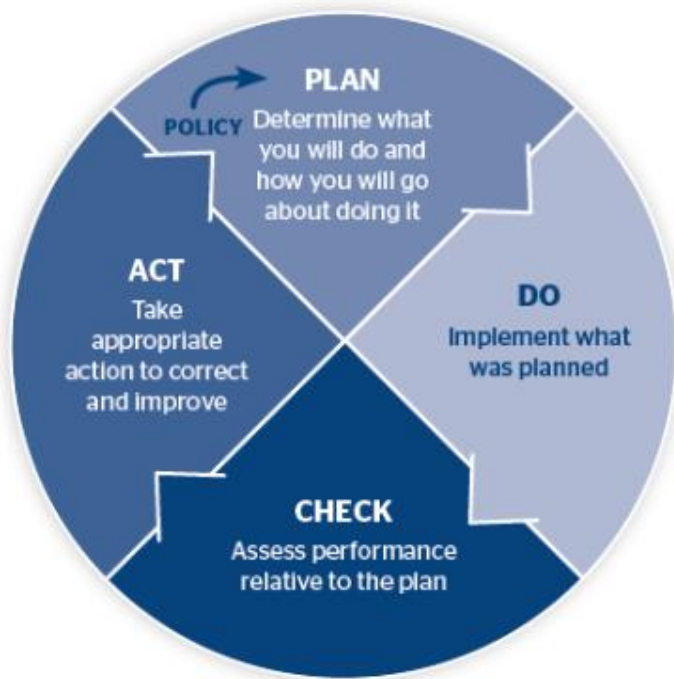


Figure A.1
Model of a planned approach to address thirteen workplace factors known to impact psychological health

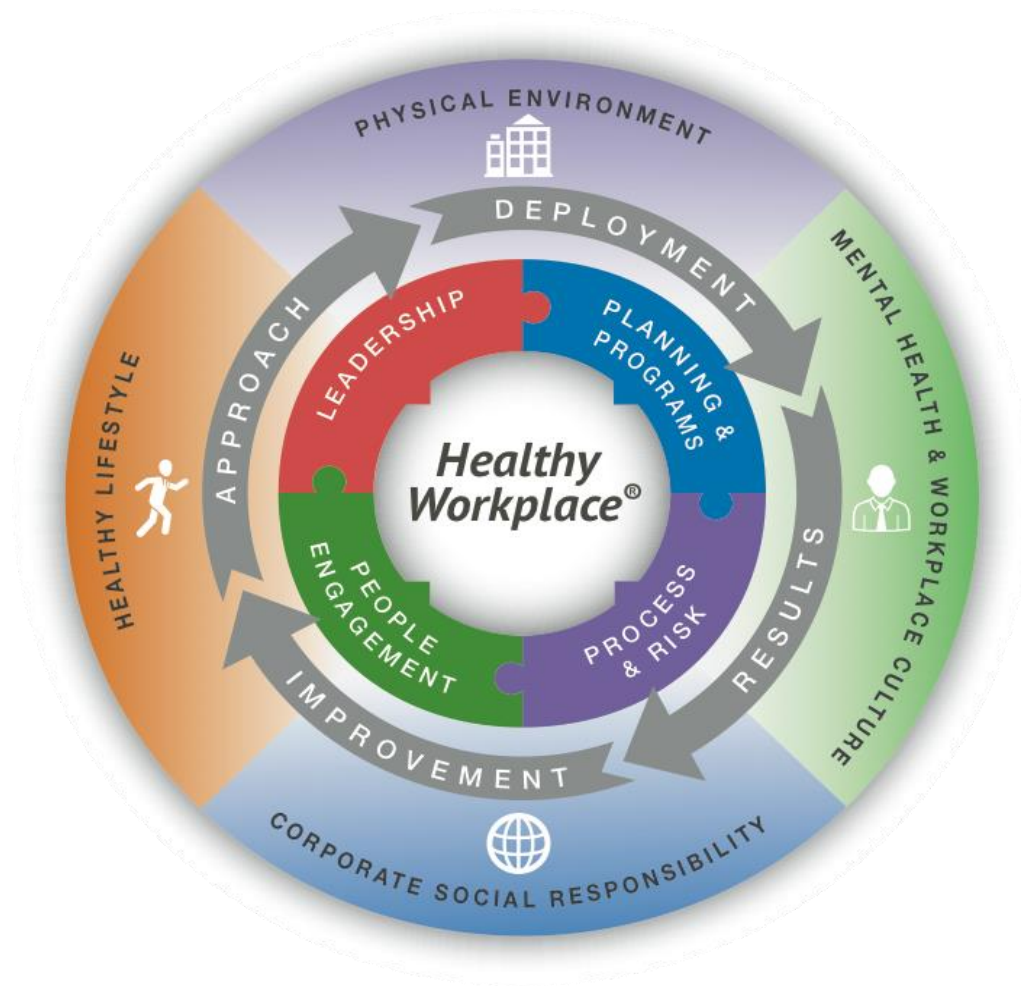
Steps



Source: Adapted from CSA Z1000-06³

8.2.6 Excellence Canada Model

Retrieved from EC (2015, p. 29)



Excellence Canada Requirements

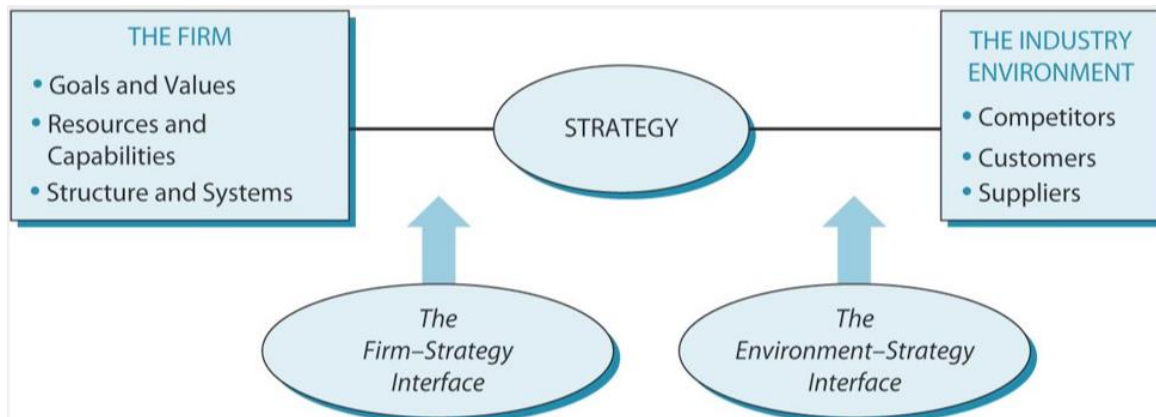
Retrieved from 2015 Healthy Workplace Essentials Guide, p. 5 (2015)

1. The organization has a stated commitment that fosters physical and psychological health and safety in the workplace and has communicated this commitment across the organization
2. A health and safety policy (or separate policies) has been developed with input from employees and includes reference to the reinforcement and promotion of both physical and psychological health and safety in the workplace
3. Education about employee health and well-being is made available, is accessible, and is ongoing
4. A committee oversees the development and execution of the Plan and a senior leader is engaged as the Sponsor of the Plan.

5. Healthy workplace planning, programs, and services reflect the personal health and wellness needs, concerns and interests of all employees, including employees on disability leave.
6. Key Healthy Workplace® priorities with measurable indicators and goals have been developed and are aligned to the strategic business plan and/or Human Resource plan.
7. The organization plans and carries out communication strategies to improve awareness and to promote physical and psychological health and safety in the workplace.
8. Employees are empowered to provide input on work-related matters such as supervision, productivity goals, work schedules, equipment, training, and the health and safety of their work environment.
9. The workplace environment is supportive, and employees can participate in Healthy Workplace® programs and seek assistance whenever they are having health or safety related problems at work.
10. Organizational structure, work processes, and job design are assessed for their impact on employee health and safety, and improvements are discussed, documented, and implemented.

8.3 Appendix Three: Analyzing resources and capabilities: The interface between strategy and the firm

Retrieved from Grant (2013, p.112)



8.4 Appendix Four: Daft and Armstrong's Competing Values Approach

Retrieved from Daft and Armstrong (2015, p 77)

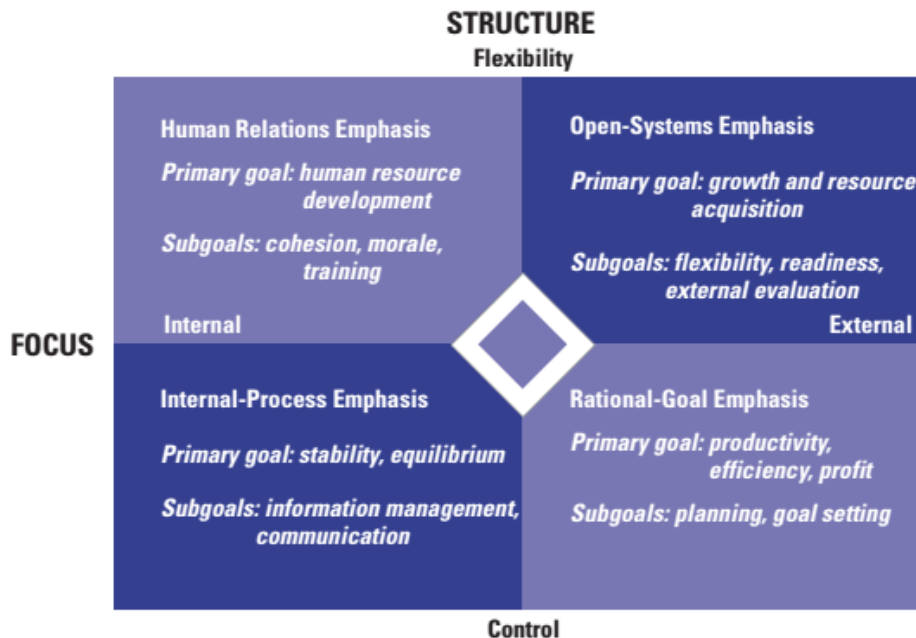


EXHIBIT 2.8

Four Approaches to Effectiveness Values

Source: Adapted from Robert E. Quinn and John Rohrbaugh, "A Spatial Model of Effectiveness Criteria: Toward a Competing Values Approach to Organizational Analysis," *Management Science* 29 (1983), 363-377; and Robert E. Quinn and Kim Cameron, "Organizational Life Cycles and Shifting Criteria of Effectiveness: Some Preliminary Evidence," *Management Science* 29 (1983), 33-51.

8.5 Appendix Five: Top Management Role in Organizational Direction, Design and Effectiveness

Retrieved from Daft and Armstrong (2015, p. 54)

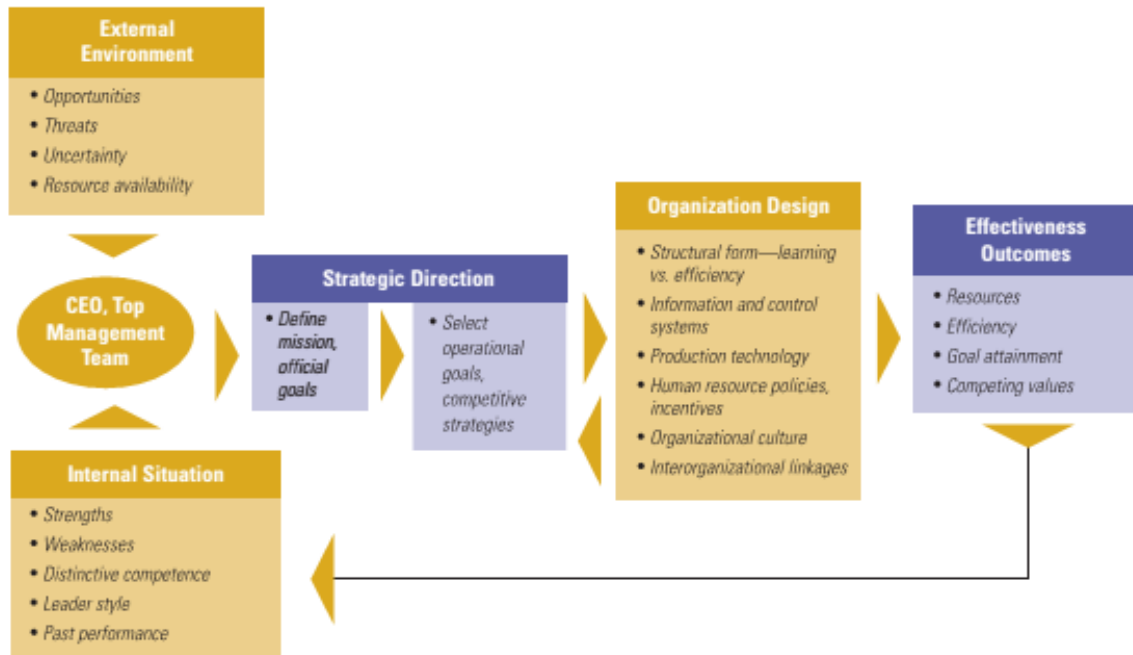


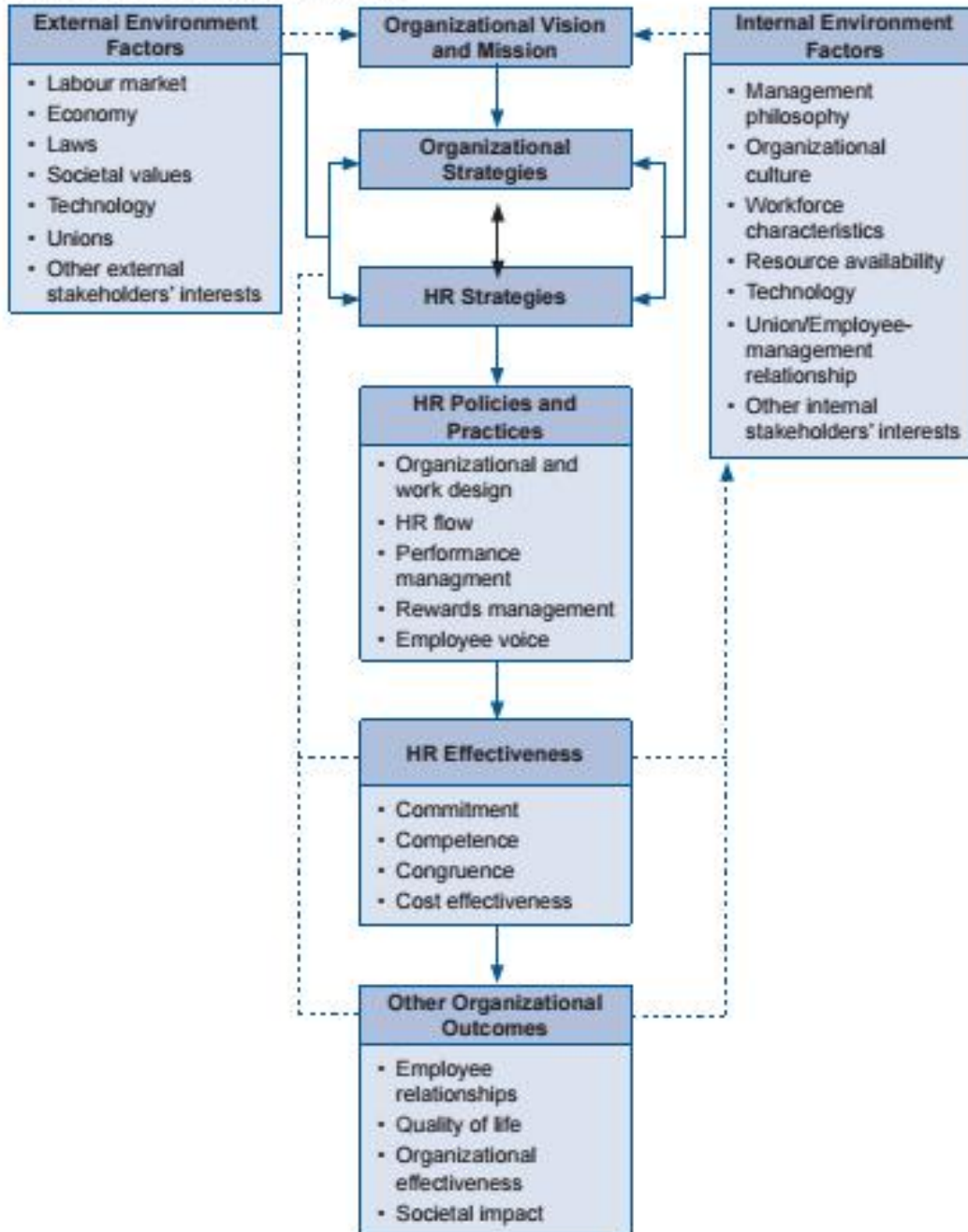
EXHIBIT 2.1

Top Management Role in Organization Direction, Design, and Effectiveness

Source: Adapted from Arie Y. Lewin and Carroll U. Stephens, "Individual Properties of the CEO as Determinants of Organization Design," unpublished manuscript, Duke University, 1990; and Arie Y. Lewin and Carroll U. Stephens, "CEO Attributes as Determinants of Organization Design: An Integrated Model," *Organization Studies* 15, no. 2 (1994), 183–212.

8.6 Appendix Six: Strategic Human Resource Management Model
Retrieved from Lam (2014, p. 5)

Figure 1-1 A Strategic HRM Model



Source: The above is an extension of the model presented in Beer, M., Spector, B., Lawrence, P. R., Quinn Mills, D., and Walton, R. (1985). *Human resource management: A general manager's perspective* (p. 17). New York: Free Press, with an emphasis on the two-way influence between organizational strategies and HR strategies.

8.7 Appendix Seven: Dimensions of Job Characteristics

Retrieved from Lam (2013, p.44)

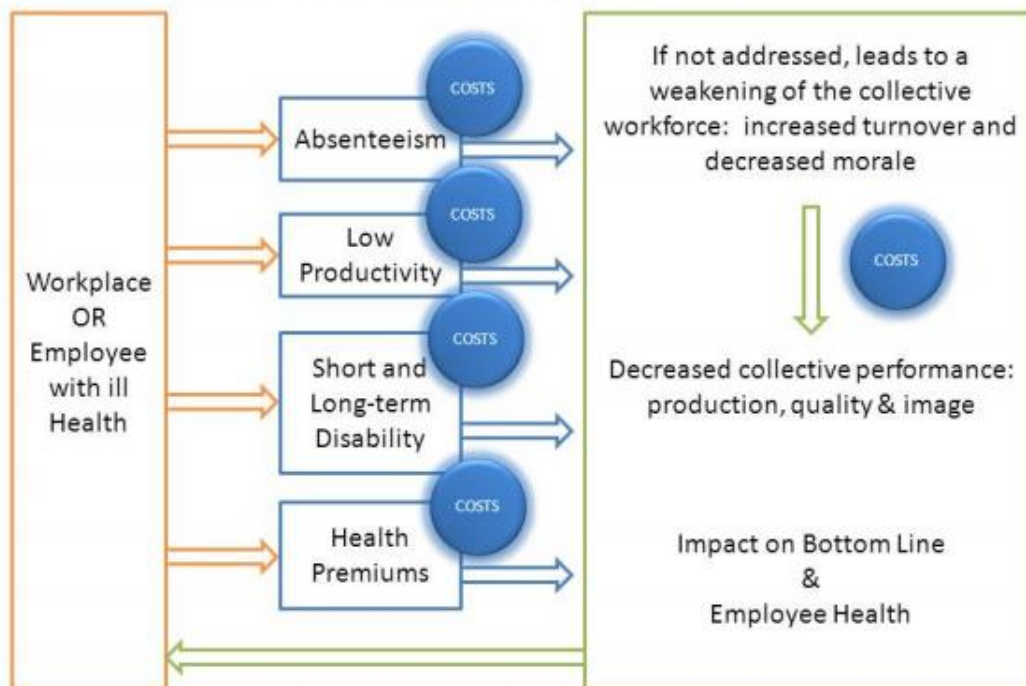
Table 3-1 Hackman and Oldham (1960) – Dimensions of Job Characteristics

Task/skill variety	The extent of the variety in the tasks of the job and the variety of skills or talents required.
Task identity	The extent to which the job leads to an identifiable piece of work produced that can be viewed more as a “visible whole” than as a “not-so-visible part.”
Task significance	The extent of importance of the task to the final product, the organization, and/or the society.
Autonomy	The amount of discretion or control the job allows the employee to have, such as in scheduling the work and determining how the work should be done.
Task feedback	The amount of feedback the job provides the employees about how well the job has been done.

9.0 Appendix Eight: Business Case Examples

Better Health Better Business, Business Case (AHS, 2015)

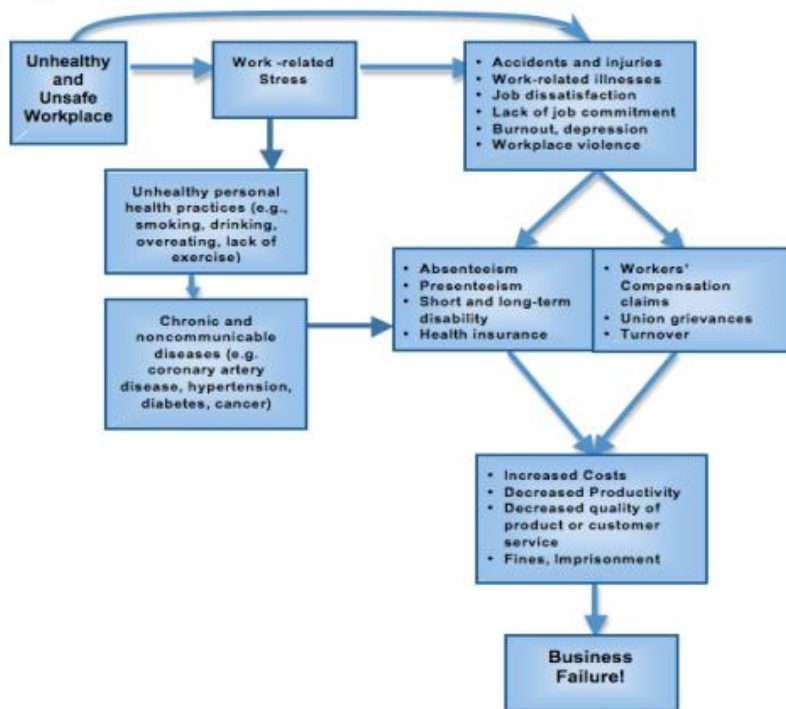
An unhealthy workplace OR employee has significant costs:



Adapted from: A guide to the business case for mental health. European Network for Workplace Health Promotion (ENWHP).

World Health Organization Business Case (Burton, 2013, pg. 6)

Figure 1.1 The Business Case in a Nutshell



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