The Role of Senior Leaders in the Development of Healthy Workplaces:
A Case Study of Practices in Call Centres

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Abstract

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By: Jacqueline Baird

Although there has been extensive research about managing the costs of health and benefit plans, there has been little focus on preventative approaches such as healthy workplaces. To date, the research has focused on the reasons why organizations should take a proactive approach. However, there have been very few studies to my knowledge that focus on the role of senior leaders in implementing and developing a healthy workplace program. This case study examines senior leader, manager and employee perceptions of the role of the leader in developing a healthy workplace program in two call centre environments. The study revealed that although the two call centres had very similar elements in their healthy workplace practices, the implementation and effectiveness of the programs varied based on the role of leadership and organizational culture. The findings from this study identified themes, including raising awareness, creating a culture, removing barriers, encouraging communication, and coaching for engagement as to what leaders are doing in workplace environments. The findings suggest that senior leaders have an important role in healthy workplace programs from endorsement to the approach in creating, developing, and implementing the programs.
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CHAPTER 1: INTRODUCTION

Factors such as changing demographics, high expectations, and increased chronic diseases have had a significant impact on the rising cost of health care services in Canada (Conference Board of Canada, 2008). As a result of these increasing costs, organizations have begun to shift from a reactive approach to a proactive approach toward health care (Hwang, 2010). For example, chronic diseases, such as cardiovascular disease, psychological disorders, heart disease, and diabetes, account for 67 percent of all direct health care costs and 60 percent of total indirect costs (Conference Board of Canada, 2008). “The Economic Outlook and Medium-Term Fiscal Outlook”, by Hodgson, has forecasted that government spending on health care will contribute to a deterioration in the economic state of all provinces and territories by 2015. This development has turned governments to call organizations to focus on improving health in the workplace (Blake & Lloyd, 2008). As a result, policy-makers, business leaders and public agencies have shifted attention to more proactive approaches to address these issues.

Individuals’ unhealthy lifestyle choices during the past two decades have exposed people to more new and serious health risks each and every year. The unhealthy choices of individuals have increased the costs on systems such as health care, health benefits, and insurance plans for governments and organizations. There has been extensive research about managing the costs of health and benefit plans. However, little has focused on preventative measures such as healthy workplaces. Although leaders are considered to be important role models in initiating change there is little research on their role when it comes to healthy workplaces. Research is needed to explore, “What the role of senior leaders is in the development of healthy workplaces.”
Senior leaders need to take responsibility for their employees’ wellness. Looking beyond the traditional health system approach leaders are beginning to accept responsibility for employees in many ways, from providing in-depth education and preventive health care programs to encouraging them to better manage health care costs through healthy workplace programs (HWP).

The purpose of this research is to examine the differences in the role of senior leaders in workplaces with a HWP. It has been suggested that many employers lack a clear description of what workplace wellness is, how to involve employees in such programs, and whether they have or need a business case for promoting wellness to staff (O’Reilly, 2008). The aim of this exploratory study is to understand the senior leaders’ role and their part in the development of a HWP, and understand the perceptions of employees on the approach of senior leaders. The findings from this study focus on providing insights about how central the role of senior leadership is in grounding of healthy workplaces programs.

Why Study Healthy Workplaces

An increasing amount of research is showing an upward trend in employee illness (Novelli, 2008). The direct costs of health care plans, absenteeism, and lost productivity are the most obvious impacts to the employer (Blake & Lloyd, 2008). Employers have pursued many strategies in order to control these costs. For almost four decades, employers have relied mainly on contributions to employee health benefit plans to respond to issues that relate to these direct health care costs. These costs are now reaching crisis levels. As a result, senior leaders are searching for new ways, such as preventative measures, to engage employees in HWP.

Researchers have observed, during the past 15 years, that 70 percent of the health care costs were from preventable illnesses (Hall, 2008). Preventable illnesses often result when
individuals do not adequately address a number of modifiable health risk factors such as
nutrition, weight control, physical activity, cholesterol, blood pressure, tobacco use, safety, and
mental wellbeing (Hall, 2008). A report from the Conference Board of Canada (2010) provided a
case study of one organization which saw significant returns from a small investment in
developing a HWP. They created a program with four themes after considering their employees’
needs and their capacity to deliver. These themes included factors related to organizational
health, obesity, fitness, and smoking. They invested $2,000 and saved $6,000 on their health
premiums and employees achieved a combined weight loss of 261 pounds.

An increased number of employers are reported to be focusing their attention on HWP
(Conference Board of Canada, 2010). Senior leaders are focusing on employees and what they
believe the organization needs to do to provide resources and support to achieve a healthy
workplace. Researchers have provided findings that many employers currently have programs
linked to wellness, but they are often limited in scope and do not accurately measure
improvements in health and productivity (Occupational Health, 2009; Blake and Lloyd, 2008).
Other research provides evidence of employee engagement in these programs when senior
leaders are actively involved in the health and wellbeing of their employees. In an article by
MacDermid, Geldart, Westmorland, Lin, Shannon, 2008, they found that “Workers’ level of
commitment was linked to the managers’ recognition of employee’s needs for work-life
balance.” To learn better approaches to engage employees in a HWP, understanding the senior
leaders’ role and the part they play in implementing healthy workplaces will provide direction.

Current State of Healthy Workplace Research

There is an increasing amount of research in the area of healthy workplaces. However,
very little of the research has focused on the role of the senior leader in the development and
successful implementation of a HWP. The launch of a government strategy in 2005 in the UK focused attention towards health, work, and wellbeing for the future, requiring organizations to accept responsibility for workplace wellness (Blake & Lloyd, 2008). Senior leaders are becoming more interested in the area of healthy workplaces. The leaders recognize the need to address rising costs of health related programs and improving firm performance outcomes such as retention, recruitment, and company image. Researchers have also found evidence that the business benefits that can be achieved with a well structured HWP focused on employee needs and values can have a positive outcome on firm performance (PwC, 2008). Some senior leaders are offering programs but not receiving the same level of participation from their employees.

Research Overview

This research looks more closely at the organizations’ senior leadership in workplaces with a HWP. A qualitative research approach was used to examine the phenomena of the role of leaders in developing healthy workplaces. A combination of interviews and focus groups was used to gather data. The data gathered from the interviews and focus groups was used to identify themes about senior leaders’ roles in developing a healthy workplace to improve employee health and wellbeing.

The exploratory study used a framework known as the 3C’s (coaching, creating a culture, and communicating) to leadership effectiveness to guide the interviews and focus groups at the call centre sites. The theoretical framework is a model used from the Price Waterhouse Coopers (PwC) report from February 4, 2008. It provides support that successful programs were designed clearly to meet employees’ needs. The case studies from this report showed how critical it is for individuals to be in place to effect change through the 3C’s. These 3C’s outlined in Table 1 describe practical approaches, as enablers, for affecting change for healthy workplaces.
Organization of this research paper

This Signature Project is organized in five chapters and offers results from a qualitative investigation of the differences in the role of senior leaders in workplaces with HWP. The first chapter provides the foundation of the research. Chapter 2 describes the literature relevant to this study and Chapter 3 outlines the method, research design and application, including the details of healthy workplaces. Chapter 4 provides the findings of employees and frontline employees perceive to the role of the senior leader in the development, implementation and sustainability of HWP. Chapter 5 discusses the major findings and the implications of the work practices as well as insights to help inform senior leaders about ways to more successfully engage employees in HWP and further suggested research.
CHAPTER 2: LITERATURE REVIEW

Research attention on healthy workplaces has grown over the past 10 years. As a result, researchers have developed an agreed upon definition of a healthy workplace. Employer workplace wellness is defined in a report by PwC (2008) as, “Promoting wellness as a combination of health and safety (abiding by statutory regulations and government requirements); managing ill health (through best practice use of occupational health absence management and disability management), and prevention and promotion (health promotion, work life balance and stress management, career and social development and primary care).” (PwC, 2008, p.10)

Senior leaders are focusing more attention on the health and wellbeing of employees at work. They are becoming increasingly more interested in exploring alternative approaches to healthy workplaces because of the rising cost of health care plans and the increased use of health benefits by employees. Dixon and Courtney (2004) report that the top five costliest medical conditions for employers are preventable and less than 30 percent of the workforce are using preventative measures provided by their health plans. What is disturbing is that research is raising concern that the US system is in a state of crisis and a change is needed on how health care works (Novelli, 2008). Further, it has been suggested that many senior leaders do not have a clear definition of a healthy workplace, an understanding of ways to involve employees in workplace wellness programs, or a clear business case for promoting wellness to staff (O’Reilly, 2008).

Although evidence suggests leaders may lack the knowledge to implement a HWP, there are some preliminary findings that senior leaders making healthy workplaces a priority can provide positive results for all stakeholders (Conference Board of Canada, 2008). Leaders
championing a HWP can reduce employee illness and disease through involving and communicating with employees during the implementation. Investing in such efforts have positive impacts for senior leaders such as retaining valued employees and creating a reputation in the labor market as an employer of choice.

The dilemma is that employers and other stakeholders have developed a system in the past four decades where the mindset of employees is that organizations and other stakeholders are responsible for their health and wellbeing. Researchers have provided evidence that a new approach is needed to engage the stakeholders in transforming public health (Benjamin, 2006). However, senior leaders need to reduce the overall health costs and in the short-term these costs may be seen to be higher if they are to implement a HWP. For organizations, expenditures, due to illness or disease, need to be quantified by leaders for such costs as absenteeism and lost productivity impacts to return on investment (ROI) (Hwang, 2010). Senior leaders engaging in communications and increasing awareness for employees to make a choice to use preventative measures can minimize these costs and improve the health of employees. Researchers have shown how effective prevention is for economic savings and healthy outcomes (Dixon & Courtney, 2004).

Prevention may seem obvious but employee lifestyle choices and the significant increase in preventable illnesses and diseases contradict such an assumption. A review of the US health care system found that annual health spending is at $1.9 trillion a year. This review also identified many signs that the system is in trouble due to rising costs, uneven quality, and decreasing access to care (Benjamin, 2006). The US system, like many organizations’ health systems, focuses on curing and treating diseases and less on preventing or delaying
their onset. This review highlights the severity of the issues with health care for both society and organizations.

This literature review provides evidence that senior leaders are focusing more attention to the health and wellbeing of employees at work. It also provides findings that the top five most costly medical conditions are preventable and senior leaders are not using preventative measures. The findings from the researchers are a concern with the increasing number of illnesses and diseases, costs to health benefit plans, health systems and forecasted trends for the future of these systems.

Healthy Workplaces

From the literature reviewed, the three key concepts of healthy workplaces include financial impacts, practical approaches, and prevention and best practices. These concepts provide research findings on the financial impacts and the evidence of improved business performance with intervention of HWP. The practical approach supports implementing a HWP that lead to successful firm performance outcomes for organizations and the promoting and educating of healthy lifestyle choices. The prevention and best practices describe the measures and support for a business case and interventions that suggest savings.

Financial Impacts

The cost of health care in the future is of great concern to society and organizations due to the financial implications (Hall, 2008; Chu & Dwyer, 2008; Heinen & Darling, 2008). For the past several years, benefit costs have increased by more than 10 percent annually (Dixon & Courtney, 2004). Some employer-based health funded programs are approaching the breaking point and putting pressure on organizational competitiveness. Organizations are in jeopardy unless steps are taken to control health care costs (Hall, 2008).
“The Working for a Healthier Tomorrow” review by PwC (2008) was commissioned by the Health Work Wellbeing Executive to consider the business case for employers investing in a HWP. The business case looked at the components that make a HWP work such as the need to meet specific employee needs, and a framework that offers a practical approach for implementation (O’Reilly, 2008). Overall, the findings demonstrated that business performance improved after the implementation of any kind of wellness intervention. Eighty-two percent of the cases reported a reduction in days lost through illness, 100 percent reported a positive impact on retention, and 78 percent of the cases cited an improvement in employee satisfaction (O’Reilly, 2008).

Healthy workplace programs are believed to be an important prevention strategy adopted by organizations to target the health and wellbeing of employees and in some cases specifically working age adults (Blake, 2008). In a survey by Watson Wyatt (2007), “Staying @ Work: Effective Presence at Work”, it was found that on average the cost of casual absences in Canada was 1.2 percent of annual payroll, which translates to $7.4 billion in losses to the Canadian economy. Reducing this absence by 0.1 percent could save employers over $610 million annually (The Conference Board of Canada, 2010). PwC’s report presented findings that employees need to understand the importance of their wellbeing and be involved in creating an environment that supports change.

Senior leaders of organizations are considered to be important role models in initiating change. Adopting new approaches to engage employees in their health and wellbeing is needed to improve employee health. The research identifies some financial benefits for organizations taking responsibility and innovative methods for a HWP. Another workplace health framework by Blake and Lloyd (2008) provided support that leaders can influence positive change when
implementing activities by engaging and involving employees by doing things with them, not to them.

**Understand Practical Approaches**

Academic literature focuses on organizations providing leadership to their employees by promoting and educating on healthy lifestyle choices (Chu & Dwyer, 2002; MacDermid et al., 2008; Paton, 2008; and Blake & Lloyd, 2008). Employees health needs have been predominantly addressed using a reactive system of care (treating versus preventing) (Patten, 2007). Shifting this mindset for employers and employees requires a strong leadership champion and involvement.

The workplace has been identified as an ideal setting in which to educate employees on preventative measures (Blake & Lloyd, 2008). Employees may spend up to 60 percent of their waking hours in their place of work. Intervention aimed at the employee with such strategies as structured indoor and outdoor exercise classes, holistic therapies, and free employee health and fitness screening are suggested approaches to begin a shift from passive to active involvement in employee wellbeing. Other interventions included changes to the physical work environment such as posters encouraging stair use and the development and amendment of relevant policies. Some organizations offer incentives to encourage employees to become involved in the programs and items such as loyalty schemes, health promotion campaigns, educational sessions and more flexibility in work patterns to promote health and wellbeing. For example, Blake and Lloyd (2008) suggest that workplaces can take steps to encourage employees to be healthy through such activities as walking or cycling to work, leading to a decrease in cardiovascular risk by 11 percent.
There have been a number of frameworks emerge, aimed at understanding healthy workplaces however limited in scope. Each framework has focuses on different aspects such as The PwC report (O’Reilly, 2008), a case study from Queensland, Australia (Chu & Dwyer, 2002), A tool developed for primary care action to plan, implement, and evaluate workplace health within general practitioners practices (Health Development Agency, 2001), and Creating a Culture of Health and Wellness in Canadian Organizations (The Conference Board of Canada, 2010). With the exception of the 3C’s framework from the PwC report none have integrated the role of the leader. The other frameworks looked at aspects of HWP such as types of practices implemented but not contingencies such as leadership. This is what lead me to the 3C’s to effective leadership framework from The PwC report (2008).

The PwC (2008) framework looked at what would make a HWP work, the specific needs of and value to employees, and a framework that offered a practical approach to implementation developed from case studies and organizations best practices.

This role as senior leader is central and it needs to be understood in how the behaviors of senior leaders and middle-managers (managers) affect the process. The PwC report (2008) provided the framework to what would make a HWP work, and focused on the practical approaches to implement a healthy workplace centric to employee needs and values. The case studies completed in these frameworks provided best practices that supported the findings of this case study and senior leadership (O’Reilly, 2008).

Researchers have found that the mindset of those responsible for the health and wellbeing of employees will drive the overall focus of the systems and practices in the company (Dixon & Courtney, 2004). Evidence was also provided that leaders need to change this culture to allow others to filter and interpret information from the environment, reduce the complexity, and guide
the strategies, systems, and behavior of the organization (Morris, 2008). Understanding practical approaches begins with the establishment of enablers for change (PwC, 2008). Without this support such a radical change from benefit contributions to the concept of a healthy workplace, where it’s not all about financial support, would be highly likely to fail (PwC, 2008). This same report provides findings that a proactive approach is needed by senior leaders towards employee health issues. The report focused on preventative measures rather than strictly rehabilitative measures and there are a range of interventions believed to contribute to these measures and greater employee wellbeing (PwC, 2008).

**Prevention and Best Practices**

Preventative measures can include both behavioral prevention and clinical prevention measures. Behavioral prevention services encourage employees to adopt healthy lifestyle choices such as smoking cessation, exercising, maintaining a healthy diet, managing stress and establishing strong social relationships. Clinical prevention helps avoid painful and costly illnesses by detecting diseases in their early stages, when treatment is often more effective and less costly. Research suggests strategies for employers to evaluate and transform organizations and take an approach to a healthy workplace that includes education, prevention, management, and development of both behavioral and clinical prevention (Dixon & Courtney, 2004; Chu & Dwyer, 2008; Blake & Lloyd, 2008; and Occupation Health, 2009).

Although employers who have implemented preventative measures were found to have more expensive programs than an approach of treating the actual illnesses and diseases that they aim to prevent in the short-term, the long-term results saw sharp decreases in expenses relating to illness and health care costs. Researchers find that long-term gains associated with preventative programs far outweigh the immediate costs associated with providing such programs (Dixon &
Courtney, 2004). Studies have shown that employers implementing prevention programs have resulted in an average 28 percent reduction in sick leave, 26 percent reduction in direct health care costs, and 30 percent reduction in workers’ compensation and disability costs (Dixon & Courtney, 2004).

As can be noted from the above findings, a business case could be supported for preventative measures and prove positive financial results when promoting wellness to employees (Dixon & Courtney, 2004). Dixon & Courtney (2004) findings found in one company that investing in a HWP $3.48 per employee they reduced their expenses by $5.82 per employee. Improvement in the health risk profile of a workforce has been shown to reduce health care costs and employee absenteeism. In addition, there is growing evidence to support that well designed and implemented prevention programs at work can produce a positive ROI. In other words, a shift from treatment to prevention in the workplace has been found to improve financial results.

If results are achieved by investing in employees, leaders’ awareness to their health may also reduce expenses. Other studies provide evidence that leaders are not making healthy lifestyle choices and if leading by example, the message they are communicating may not be what they intend to demonstrate. One assessment of British managers indicated that leaders may be recognizing the value of workplace health, but when it comes to leading by example it demonstrated they were failing (Paton, 2008). A survey of corporate health assessments by Bupa Wellness of more than 20,000 workers provided evidence that managers are often overweight, smokers, lead sedentary lifestyles and are not engaged in enough exercise (Chu & Dwyer, 2002).

Effective communication channels that have high levels of employee involvement are fundamental to the change of any program initiative. An article by O’Reilly (2008) finds that employees need to understand the importance of wellness and be involved in creating an
environment that supports change. The article identified one university that reported improved performance after the CEO visited all departments to gain a better understanding of employee attitudes. This example of involvement has also been identified in other reports, such as the PwC report that commented that departments need supervisors and frontline managers focusing on employees’ needs and providing continuous support (PwC, 2008, p.30).

To date, the literature has addressed financial impacts, practical approaches, and prevention and best practices for organizations. Researchers have also focused on increased cost to health benefit plans, health care services and organizations implementing HWP such as subsidies, incentive rewards, and individual strategies. However, there has been very little research focused on examining the role of senior leaders in the development of HWP.

**Summary**

The academic and non-academic research available on the benefits of healthy workplaces and for society is plentiful. What have not been studied in more detail are the differences in the role of senior leaders in workplaces with a HWP.

**Focus on the role of leaders**

This research is one of very few studies that focus on the role of the leaders in HWP. Findings from the PwC report identify that employees need to understand the importance of wellness and be involved in creating an environment that supports change. Senior leaders of organizations are considered to be an important role model in initiating change. The perception of healthy workplaces to leaders and their role varies. Further research is needed to understand what their role is in contribution to the development of a healthy workplace and to understand the employees’ perception of the senior leader’s role in developing such an environment at work.
CHAPTER 3: METHODOLOGY

Employees’ poor lifestyle choices are causing substantial increases in the cost of workplace illness and productivity losses, and it is predicted that it will increase dramatically in the first half of the 21st century (Chu & Dwyer, 2008). HWP are being implemented, but there is little research on the role of senior leaders in the development and implementation of such programs. Some Researchers have suggested that it is critical senior leaders lead by example and develop the culture and communication strategy before implementing a HWP (PwC, 2008). The PwC report provides a realistic view of how today’s leading edge companies are creating a culture of healthy workplaces:

“Changing the physical work environment, by creating “chill-out” zones or quiet rooms to modifying vending machines and cafeteria menus, can help in creating a culture of wellness. Employer changes can be as innovative and simple as having a blender available in kitchens to make fruit smoothies to having time for exercise breaks.” (PwC, 2008)

This chapter provides an outline of a theoretical framework used to guide this study and the development of an interview questionnaire. The findings were to identify themes in implementing practical approaches for the success of designing and implementing a healthy workplace. It includes a research framework for a case study that examines the differences in the role of senior leaders from two call centres in Atlantic Canada with a HWP. The research approach outlines the qualitative method used to examine the trends.

Theoretical Framework

To address the role of senior leaders in the development of healthy workplaces, a framework designed to encourage and lead employee participation in the implementation of healthy workplaces was used. This framework identified three very important supports for implementing such programs. These supports include leadership identified as coaching which
goes beyond endorsement of programs to involve active and visible participation of senior leaders. The second support is the creating of a wellness culture that aligns a HWP with the business’ overall goals and mission. The third support is the creating of effective communication channels that ensure employees are consulted and continually informed of wellness initiatives. The following provides the framework for these supports labeled as the 3C’s.

3C’s to Leadership Effectiveness

The theoretical framework used to guide this research is a model developed by PwC report (2008). The framework is known as the 3C’s to leadership effectiveness in the development of healthy workplaces. The PwC report provided evidence that successful wellness programs were those designed to meet the employees’ needs. They tested their model in different business sectors and found it to be a robust framework. The report provides case studies to examine how critical it is to set up a framework that offers practical approaches to the implementation of a HWP.

This framework focuses on the importance of leaders to be in place to effect change and the importance of leaders enabling employees’ through responding to their needs and values to encourage employee participation in the implementation of a healthy workplace. The framework from the PwC report of guiding principles to implementing a healthy workplace are described in Table 1. The framework consists of leaders coaching for the first C. The PwC report provides evidence that leadership can shape the culture of a company and transforms the ideas into
systems. This C (coaching) to implementing a healthy workplace is more than financial support. Leaders are participating in the programs with the employees. The second C is the culture of the organization and considered integral in implementation. Developing a strategy to guide leaders in the health and wellbeing of the employees is suggested by the PwC report that if senior leaders are aligning it with their business objectives employees perceive it to have a level of importance. The third C of the framework is communication. The PwC report shows findings that support effective communication is important to the success of any change. The report suggests the right way to start is to ask employees some questions and understand their needs (PwC, 2008). Having employees involved in the development and continuously communicating with them to ensure the message is reaching them and that they understand it is fundamental to the successful implementation of healthy workplaces.

Table 1: 3C’s to Implementing Healthy Workplaces

<table>
<thead>
<tr>
<th>3C’s to Implementing Healthy Workplaces</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Coaching</strong> is a leadership style that goes beyond program support and requires leaders to actively participate in the program offering with the employees.</td>
</tr>
<tr>
<td><strong>Creating a culture</strong> that supports wellness aligns with the business objectives and is perceived by employees as important to senior leaders.</td>
</tr>
<tr>
<td><strong>Communicating through methods</strong> that involve employees from the start and they are continuously involved in the developing of the programs.</td>
</tr>
</tbody>
</table>

Given the nature of the question I was interested in examining in this research, this 3C’s framework from the PwC report provided a guide to develop the interview questionnaire. The outcome of the interviews provided the themes of what the role of senior leaders is in the
development of a healthy workplace to analyze the responses of the leaders, managers, and employees to the findings of the PwC report.

Research Framework

Research Context

Call centres provide an ideal case study for analyzing the role of leaders in a HWP given the highly structured and technological nature of the environment. Call Centres have been found to have a negative impact on employee health. Holman (2002) states that call centres have received the label as electronic panopticons and dark satanic mills of the 21st century and human battery farms because of the mechanistic ways in which such environments are operated. With such a label it is not difficult to understand why it is perceived that call centres have a negative impact on employee wellbeing. For these reasons, call centres were chosen for this case study to understand what senior leaders were doing to develop healthy workplace practices in such challenging environments.

Research Approach

Qualitative research was used to examine the phenomenon of the role of the leader in developing, implementing and sustaining a HWP. A case study was conducted for this research with two call centres in Atlantic Canada using a semi-structure interview approach (McCracken, 1988). One call centre is a winner of a healthy workplace award and the other a local company. Interviews were conducted by the researcher with the support of the researcher’s advisor. McCracken’s (1988) long interview was used to guide the interviews. The purpose of the interviews was to understand what a leader does to contribute to a healthy workplace environment and what they do to facilitate the change by employees in making healthy lifestyle choices. The interview questions are included as Appendix A.
Research Summary

This study of these two call centres identified themes and practical approaches of what leaders do to develop, implement and sustain a healthy workplace. Scholars and practitioners will be able to use the research to inform future researchers about the role of senior leaders in the development of healthy workplaces.
CHAPTER 4: FINDINGS

This section provides the approach used to examine the role of senior leaders in the development of healthy workplace practices. The chapter outlines the methods used in this study including the collection of the data, the participants, and the type of analysis completed. It also includes the study findings gathered through the interviews with the senior leaders, managers, and employees. This part of the chapter includes the details of the HWP, identifies the themes and the findings as perceived by the interview participants.

Method

The research methodology used in this study to examine the role of the senior leaders in creating and developing a healthy workplace environment was McCracken’s long interview and included face to face interviews and focus groups. These interviews were conducted with a purpose to identify key themes and practical approaches in implementing a HWP. This case study was completed with two call centres from companies located in Atlantic Canada. Interviews were conducted with senior leaders and managers, and focus groups with frontline employees (employees). A representative of each company was invited in writing to participate in the research and samples of the letters for both Company 1 and Company 2 are attached as Appendix B and Appendix C. Ethical approval for the research was obtained through the UPEI Research Ethics Board (REB) and the approval is included as Appendix D.

Data Collection

The interviews and focus groups were conducted at the workplace of the call centres between January and April, 2010. All interview participants were randomly assigned a pseudonym and all audio, electronic and paper files were coded only with the pseudonym.
Interviews were conducted to examine the role of senior leaders in the development, implementation and sustainment of healthy workplaces as described by senior leaders themselves, their managers, and their employees. The interviews indicated how they facilitated changing employee behaviors and attitudes to good health or promoting of a healthy workplace.

Participants

In total there were 3 senior leaders, 15 managers, and 2 focus groups of 4 employees per group. The interviewees consisted of 16 females and 10 males all of varied ages and tenures within and across the organizations. Participation was voluntary and people interviewed could withdraw from this study at any time. They also had the freedom not to answer any question asked during the interview process.

These interviews required informed consent through a signed letter (Appendices E and F) and with the interviewee approval the interviews were conducted at the organizations facilities. Interviews were approximately 20 to 45 minutes in length. With permission from those being interviewed or participating in the focus groups, the sessions were digitally recorded.

Analysis

The semi-structured interviews consisted of a grand-tour questionnaire with mini-tour questions (McCracken, 1988). A copy of the questionnaire is included in Appendix A. These questions were used in order to explore the multi-directional relationship senior leaders have within an organization. These interviews were held individually with senior leaders and managers. The semi-structured interview questions were used as a guide and unplanned questions were asked due to the unexpected interviewee responses.

The same semi-structured interview questionnaires were also used with the focus groups. The focus groups were guided by a moderator. For the purpose of this study, the principal
investigator and Dr. Wendy Carroll, who had experience at facilitating focus groups, assisted in conducting the first focus group at the award winning call centre, Company 2. The principal investigator led the second focus group at Company 1.

The interviews were transcribed as soon as possible after they were conducted so that analysis could take place (McCracken, 1988). Reoccurring phrases and words from each company were identified, coded, and compared against the transcripts. A non-metric type of scale, trade marked as Nvivo, was used as the coding method to analyze the data, to develop the major concepts from the interviews, and to draw similarities from these concepts (Hair et al, 2003). A search was completed on the frequency of the number of times a word was recorded and a percentage of coverage the word had to the total word frequency of each company. The word frequency is included as Appendix G. These words were reviewed based on the individual company and the words were compared between the two companies. The manual identification included as Appendix H from the transcripts and the word frequencies were used to identify detailed responses of individual participants. This supported the categorization of the words into themes. Reliability was advanced by comparing interview information from the transcribed field notes to the coding method for consistencies and contradictions to identify the themes of senior leaders’ roles in the development of a healthy workplace.

The research audio recording, transcripts, notes and other research material are stored in a locked filing cabinet in the researcher’s office and will be stored there for a period of five years. After this time, the research material will be shredded or erased and reformatted.

Findings

For this case study, the 3C’s to effective leadership model to effect change was used to identify themes about the role of senior leaders in the development of a HWP. The 3C’s model is
a framework that focuses on employees’ needs and values before implementing a HWP. The findings from this case study showed support that the two companies’ workplace practices reflected distinctly different roles of the leaders in the development of a HWP. The themes that emerged from the data include raising awareness, creating a culture, removing barriers, coaching for engagement, and encouraging communication. Although both companies provided similar programs and were committed to the health and wellbeing of their employees the major differences in their approaches were in the way HWP were led by leaders.

**Company 1**

Company 1 was driven by the costs of health benefits. Senior leaders did not see themselves as role models in coaching the change but felt they needed to provide the channels for the transformation. They were committed to the financial investment to develop a healthy workplace. They are committed to supporting initiatives and events related to health in the community through financial donations including employee’s individual requests. Although senior leaders clearly identified their strategy to develop a healthy workplace, this view was not necessarily shared by the majority of managers and employees. However, the majority of managers and employees continually repeated that senior leaders demonstrated concern for the health and wellbeing of employees and their families.

At Company 1, there were very few visual signs related to a healthy workplace. The image within the facility was a professional design decorated with the company logo, customer information posters, signage positioned outside each entrance to the elevator with awareness of fire exits and procedures, and framed health and safety policy’s posted in visual locations that focused on the roles and responsibilities of safety at all levels within the organization.
Company 2

Company 2 was the recipient of an award for a healthy workplace. When visiting this call centre, the information displayed communicated a sense of involvement in a HWP. This call centre’s management communicated their need to retain employees and to have a reputation of concern for their employees. They had discussed partnerships with their employees and other stakeholders. Their focus was to respond to employee requests that met their objective of healthy happy employees, which they felt translated to happy customers. Engaging employees and managers through activities that interested them was their way to create a positive result and high levels of participation in the healthy workplace. Company 2’s culture was for senior leaders and managers to participate with employees in the programs that were of interest to them, whether internal or external such as community involvement programs. Senior leaders felt that a lot could be done for very little money and some of their most successful programs have been at little or no cost. The managers and employees seemed to internalize the company values.

Prior to visiting Company 2’s facility, a welcome package was sent from the key contact in human resources. This package included the purpose of the information which was to reduce stress and orient the visitor within their facility. It included information such as the address of the facility, a list of hotels for overnight accommodations, directions to their facility from these hotels, arrival to the facility, who to see and how to get access to their building, and recognition of a scent sensitive policy. They also included their hours of operation, a list of the departments, the location of washrooms, cafeteria and coffee shops. The attention to detail in this package signaled the company’s focus on understanding individuals and providing support.

Company 2’s facility also had professional signage with the company name and logo in their lobby. Throughout the facility there were many visual signs of healthy activities occurring
within the company. Walking paths were posted inside the front doors, the cafeteria hosted many picture boards of community initiatives related to such activities as back to school programs, cancer events and much more. There was a board of sneakers and a healthy heart menu posted in the cafeteria. Inside each work unit there were many pictures on the walls which were later identified as employee vacations or photography that employees wanted to display within their work area. There were even pledges posted throughout their facility with such language as:

*The value of our people and the image of the company are through our employees. We believe our customers are like our employees with a wide range of cultures, ethnic backgrounds, genders, ages, lifestyles, beliefs, and values. Enriching relationship and diversity are what we have with our customers.*

The image of the people at the call centre could be sensed in messages such as this pledge where diversity was rich in their culture. The many poster boards and other visuals within the facility established an image of the value Company 2 placed on their presence in the community through their employees and managers.

Healthy Workplace Programs

The HWP offered by these two companies in this study are outlined in detail as identified during the interviews and focus groups by the senior leaders, managers, and employees as to what the idea of a HWP initiative is to them. The program initiatives for each company are also summarized in tables.

*Company 1*

Company 1 has made repeated attempts in the past decade to encourage healthy lifestyle choices for their employees. When senior leaders and managers were asked about any contributions their Company was making to a HWP, the majority focused on the most current programs. A few participants talked about the traditional safety components that related to a healthy workplace and others focused on the health benefit plans. The different work of this
company with inside and outside workers raised awareness to safety due to the high risk of injury or death. The examples of the safety initiatives included references to their safety policies and Occupational, Health and Safety (OH&S). This company has invested a lot of time and money during the past twenty years in safety and has reaped the benefits of reduced injury rates and absenteeism due to unsafe work practices.

A Health and Wellness Program

The Company implemented a HWP 18 months ago, lead by a representative from the Executive Office. This program provides a HWP with specific topics that were available once per week over an 8 week period. These programs were provided through a financially supported contract with a local pharmacy. The program is paid by the Company with no charge to the employees. The employee is provided paid work time to attend the sessions for the first hour of their day, once per week for the 8 week period. The sessions were provided in a number of the facilities with an overall participation rate of approximately 10 percent.

Other financial incentives seen by employees and managers as being unrelated to this HWP included the subsidizing of individual or family health memberships for employees or for their family. This program has been offered for more than 20 years. The only condition of this subsidy is that the employee has to be an active user of the membership. The membership is paid for by the company and the cost is deducted from the employees pay once per month over the following year, interest free. It was not believed that there was a lot of awareness or participation in this program.

Other contributions the Company participated in included mainly financial support for community events. These events included such things as a charity golf tournament, run for the cure, and a hockey challenge. Employees who worked at some of these Company sponsored
events, such as the golf tournament were given paid time off to participate in the event. However, the majority of others who participated did so on their own time.

Other programs that are offered by Human Resources were considered by some as part of the HWP and included interventions such as Employee Assistance Program, respectful workplace policy, flu and blood pressure clinics, and a copy of a promotion newsletter publication from the Wellness Council of America which is circulated to all employees.

In addition, other programs were offered by the Executive Office. These included individual offerings focused on supporting employees in improving their personal health in areas such as weight control initiatives, individual body mass index (BMI) awareness sessions, and smoking cessation programs. These programs were typically offered during the employees’ lunches, breaks or outside regular work hours. Sometimes the programs were paid for by the Company and on other offerings there were no subsidies.

The smoking cessation program was provided to employees more than five years ago and was believed to have been successful in encouraging employees to quit smoking and reducing smoking at work. It was recalled by one participant that an employee wanted the Company to pay for a spouse to participate in the program and it was denied. This was believed to have caused a negative impact on the outcome of this program. The success of the smoking cessation program had not been measured but it was believed there were presently very few smokers at the Company. Some of the programs identified by the senior leaders, managers, and employees provided at Company 1 are outlined in Table 2.
Table 2: Company 1 Healthy Workplace Programs

<table>
<thead>
<tr>
<th>Traditional Offering &amp; Physical Fitness</th>
<th>Fund Raising Events</th>
<th>Holistic Approaches</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walking Club <em>(pedometers provided at no cost)</em></td>
<td>Employee personal requests for donations</td>
<td>Diabetes Awareness/Prevention</td>
</tr>
<tr>
<td>Losing weight the healthy way</td>
<td>A hockey challenge</td>
<td>Heart and Stroke related issues</td>
</tr>
<tr>
<td>Blood pressure and hypertension</td>
<td>Corporate donations to community events</td>
<td>1-to-1 Annual Breast Health Clinics</td>
</tr>
<tr>
<td>Back Pain</td>
<td>Run for the cure</td>
<td>Individual Healthy Living Clinic</td>
</tr>
<tr>
<td>Ergonomics</td>
<td>Charity golf tournament</td>
<td>Smoking Cessation Program</td>
</tr>
<tr>
<td>Dental &amp; Medical Coverage</td>
<td></td>
<td>Nutrition Sessions include information sessions on promotion, healthy eating habits, healthy carbs and menu planning</td>
</tr>
<tr>
<td>EAP Program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual Body Mass Index <em>(BMI)</em> Awareness Sessions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fitness Membership subsidies</td>
<td></td>
<td>Respectful Workplace</td>
</tr>
<tr>
<td>Flu and Blood Pressure Clinics</td>
<td></td>
<td>Mental Health</td>
</tr>
</tbody>
</table>

The interview participants felt that people attended the HWP that personally interested them so they could learn more about a current health issue or a hereditary health concern that may someday impact them or someone in their family.

Company 2

For 5 years, Company 2 has had a HWP at work that started in the US and was eventually implemented across the organization in Canada, US and Europe. Each facility has their own employee program group that work on all the programs and liaison internationally. The senior
leaders at Company 2 have a presence on the committee and ensure there is a human resource representative to channel the programs. Employees saw the presence of Human Resources (HR) as a commitment to their personal health and welcomed this partnership. The program was focused on the employees’ needs of health and wellbeing, getting involved in community events and returning to work programs after illness or life events. Company 2 has fundraisers for events that are going on in the community and personal health initiatives with their employees that are of interest to the employees and managers.

*Getting Started with Healthy Workplace Programs*

When Company 2 started a HWP, they partnered with a local pharmacy to run monthly information sessions. The local pharmacy provided a list of initiatives that the employees’ could choose from for sessions such as heart health and cholesterol awareness. The healthy workplace committee discusses the programs available with the employees and as a group decides what the local pharmacy should provide in terms of offerings. There is no charge for this service provided by the local pharmacy. The only requirement the local pharmacy has is that they promote employees to shop at their store, and if they do the local pharmacy provides an incentive of a percentage of total sales from Company 2’s purchases, up to a maximum of $1,500 every six months. These funds are used for subsidizing a small amount towards a particular program initiative held at the company’s workplace to reduce the cost for the employee, the creation of a healthy workplace library, and education for their employees.

*Contributions to Health and Wellbeing*

When senior leaders were asked what type of contributions their Company was making to a HWP, the majority focused on community events they were active in, some physical activities, WCB and benefit coverage, barriers and issues preventing employees from coming to work,
leadership pledges, and improvements in the healthy food choices offered at their cafeteria.

Some of the HWP initiatives and community events acknowledged were:

Table 3: Company 2 Healthy Workplace Programs

<table>
<thead>
<tr>
<th>Traditional Offering &amp; Physical Fitness</th>
<th>Funding Raising Events</th>
<th>Holistic Approaches</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Walking Club</td>
<td>IWK Telethon</td>
<td>Mental Health Session</td>
</tr>
<tr>
<td>Standard &amp; Advanced Yoga</td>
<td>Tim Horton’s Camp</td>
<td>A Wellness Fair</td>
</tr>
<tr>
<td>Weight Watchers</td>
<td>Back to School Program</td>
<td>1-to-1 Annual Breast Health Clinics</td>
</tr>
<tr>
<td>Weight Training</td>
<td>Habitat for the Community</td>
<td>Individual Healthy Living Clinic</td>
</tr>
<tr>
<td>Ergonomics</td>
<td>Dreams Take Flight</td>
<td>Heart Health</td>
</tr>
<tr>
<td>Dental &amp; Medical Coverage</td>
<td>Walks for - life, cancer, the relay for life, and many more.</td>
<td>Smoking Cessation</td>
</tr>
<tr>
<td>EFAP Program</td>
<td></td>
<td>Canadian Blood Services on-site blood donor clinics</td>
</tr>
</tbody>
</table>

The creation and development of these programs were driven by the employees input and supported by senior leaders. The objective is to get employees active on their own time at work to increase physical activity and reduce stress. Some programs were said to need champions more than others. A couple of programs at Company 2 worth special mention championed by senior leaders in HR were the walking club and the wellness fair.

The walking club was developed by a student in the HR Department. This student worked with the employees to identify trails that ranged from one to three kilometers and could be walked on a break or lunch hour. Different types of scenic views were considered when defining the walking trails. There are maps of the trails located directly inside the front doors of
the facility and the trails themselves are clearly marked to guide the employees. Each employee receives a post-card where they map their progress. This program is offered annually and continues to be championed by HR. It was started 3 years ago and it runs from early spring to late fall. This walking club is considered to be a big success by employees, managers, and senior leaders alike.

To participate in the walking club, the employee sign up and receives a magnetic sneaker with their name on it to track their progress on the board. This board is located in the cafeteria for everyone to see who is participating and the kilometers each person has walked to date for that year. The walking has to be done at work on the employees’ lunch and breaks and the kilometers walked are counted. Each employee is responsible for moving their own sneaker. It becomes a competition among employees and work units as the program gains momentum over the summer. Winning the right to brag about highest kilometers walked was expressed to be most fun for the employees. The company does provide a small incentive to everyone who walks 75 kilometers. Employees get their name put into a draw for one prize of a $100 and these same individuals attend a luncheon in the company’s conference room.

An Annual Wellness Fair was another program initiatives lead by the HR Department. The initial session did not receive a lot of support from the employees. HR considered not offering it the following year, but was hearing from some of their employees that it was very informative and they were interested in attending it again. HR spoke to those interested to learn what they wanted from this program and decided to try it for another year, adding some new vendors. It was a huge success. Employees continue to provide feedback following each session which helps senior leaders and managers to address unmet needs at the next program session offered.
This fair included a partnership with a local pharmacy and participation from many of the community health and recreation services. The fair set up at the company’s facility is offered to employees over a number of days. Employees attend the fair on their breaks, lunches or outside regular work hours. The variety of vendors participating in the event allows for employees to speak to the ones that provide a service that interests them. They learn what types of offerings are available and some vendors have prizes where an employee could win a free membership or a number of free sessions or discounts off their products or services. The most recent session had such interest that there were large lines for employees to wait to speak to the vendors.

The message from those interviewed was that it is amazing what you can do for no money if you use your imagination. A second message was how great the team values were at the Company and how it was lead from the top CEO and all the way down. The managers and employees shared team values where they signed leadership pledges and mission statements. They have these posted throughout their facility to remind everyone of their commitments to such things as health and wellbeing. The company’s approach was to address issues that prevented employees from coming to work. Some of these issues were addressed in an attendance management program. If an employee is absent from work for more than 9 percent of their work schedule, they were brought in to discuss the issues preventing them from coming to work. They focus on anything from personal issues, the type of work and career development to things as basic as bus scheduling. These examples show that the leadership team in Company 2 is focused on developing approaches to attract and retain employees.
Themes

Table 4 summarizes the themes identified from the findings of the interviews and the focus groups held with leaders, managers and employees of the two companies of what leaders do in healthy workplaces. This table also includes descriptions and key words for each theme.

Table 4: Summary of Themes

<table>
<thead>
<tr>
<th></th>
<th>Theme</th>
<th>Description</th>
<th>Sample Key Words</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Raising Awareness</td>
<td>• Championing Programs</td>
<td>Community involvement, costs, partnerships, scheduling, daily wow’s, barriers, people, attitude, absenteeism, expect, participate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Leaders Image</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Formal and Informal Policies</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Partnerships Intervention</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Creating a Culture</td>
<td>• Motivating lifestyle changes</td>
<td>Values &amp; integrity, trust, attitude, behaviors, people, leadership, expect, turnover rates, active, involved, participation, motivation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Long-term impacts of turnover and retention</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Happy healthy employees translates to happy customers</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Removing Barriers</td>
<td>• Core of barriers - Attitudes and behaviors impeding change</td>
<td>Happy healthy, absenteeism, listening, time, attitude, behavior, commitment, leadership, communication, money, different, culture, lunches, breaks</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Understanding why employees are not coming to work</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Varied descriptions of a Healthy Workplace</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Leaders demonstrated support</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Encouraging Communication</td>
<td>• Communication occurs in many forms-informal to formal</td>
<td>Consistent message, listen, two-way communication, attitude, behavior, responses, people, active, involved, internet</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Leader participation provides a message &amp; adds value</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Types of communication tools and methods impact the feedback and success</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Feedback</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Coaching for Engagement</td>
<td>• It’s critical to have individuals in place to affect change</td>
<td>Pledges, mission statement, team meetings, managers’ support, resolution of interest/concern, using imagination (change), doing things together, snowballs, lead by example, participate, people, human resources, availability, commitment, encourage, leadership, involved, Happy Healthy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Approach and participation of senior leaders impact the level of commitment</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Leadership and support encourage engagement</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Clear and consistent messaging from leaders are fundamental</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Reaching the Audience</td>
<td></td>
</tr>
</tbody>
</table>
Healthy workplaces require creative thinking from senior leaders to raise the awareness of employees to change their lifestyle choices. Someone must champion the healthy workplace plan, persevere in the face of resistance and rejection, make adaptations, and keep the idea alive (Morris, 2008). Trends have been evolving on employee accountability for managing their own personal health, but not without champions to engage employees in understanding what is available to them.

Research has linked the level of employee commitment to the leader’s recognition of the employee’s need for a healthy lifestyle (PwC, 2008). The research suggests the senior leaders in a workplace should provide the resources, support and encouragement to engage employees through the implementation and championing of a HWP (PwC, 2008; Morris et al, 2008). This case study revealed two different approaches by senior leaders to engage employees in a HWP.

At Company 1, there were varied attitudes and behaviors among senior leaders about implementing a HWP. The senior leaders communicated that they did not envision themselves as championing these programs. The senior leaders believed if the programs were to be legitimate employees needed their own reason to participate. Dave, a senior leader, talked about their commitment to the health of their employees. Dave spoke of the challenges of providing programs that meet the needs of all employees due to the different types of work. He spoke of the cost to provide the programs, their commitment to contribute to the development of a healthy workplace, and the flexibility for employees to recognize what programs are important to them. Dave also spoke about his own personal health and what worked for him was not necessarily what others needed for a healthy lifestyle. Dave spoke of employees’ attitudes towards their health and that they needed to make these decisions for themselves.
“It is a personal thing with everybody. Everybody could benefit from the programs. Some people are more willing to admit that and demonstrate that. Others are less willing to admit that and in an environment where you have professional people (white collar, blue collar, unionized workers, shift workers) it is not always possible to get a homogeneous response and to take the time and make the effort to make it available to the employees in their work area where they feel comfortable in their work zone.” (Dave)

Most of the managers at Company 1 did not communicate the same message as senior leaders. The managers expressed a need for senior leaders to lead by example and to engage employees in a HWP. Some of the managers discussed how they practiced leading by example within their own work units and that they have seen positive results. They spoke of what senior leaders should be doing and the image that was being portrayed by not participating or not seen doing anything for their own health. Managers spoke about their lifestyle in areas such as diet and exercise. The managers shared their perceptions on how their attitudes and behaviors can encourage employees to either think about or do something about their own lifestyle choices.

There were many examples given as to what managers were doing in their work units to engage employees. One manager, Laurie, spoke of how she was trying to change her lifestyle. She was sharing with her employees what she was doing and asking them to join her. She felt her employees were supporting her lifestyle change and she was supporting those in her work unit who wanted to participate. She believed together they would have a better chance of maintaining a lifestyle change. Laurie used an example of a marathon she and a group of employees participated in. She shared that this group was not physically active in the past and described the outcome as follows:

“One thing that comes to mind is the marathon that goes on every year. We try putting out a request for interest to get a team together. In the last couple of years I have participated and have people that never did any running before getting out doing some running. People have seen them and are saying wow what an accomplishment. And now they are thinking of getting out as well and start walking. This year we may have a couple of teams.” (Laurie)
Another manager at Company 1 shared a similar opinion to Laurie. However, she shared mixed opinions on whether it was the role of the senior leaders or the employees. Charlotte expressed that employees needed to take some accountability for their lifestyle choices. She expressed concern for the longevity of the HWP, due to the lack of involvement of employees in some of the activities. She also believed that senior leaders needed to lead by example and motivate employees to participate. She shared her perception of employees participating in the programs:

"Unfortunately the first thing that comes to mind is with our existing wellness program is the people participating – the majority are there, so they don’t have to be at their desk. Right from the get go, you do not see them there wanting to make the change for them." (Charlotte)

It was interesting to hear the views of the employees at Company 1 during the focus group when it came to the implementation and development of HWP initiatives. They suggested ideas for program improvements and expressed their personal interest in a HWP. Others felt the attendance at the program sessions were not as great as they should be. They felt that the time of day the programs were offered were a hassle to some that didn’t start work at 8am and caused disruption to others left to do the work at such a busy time of the morning.

"If it is on a lunch time maybe more [employees] can participate and I am not going for the hassle. I am not in at that time and it turned some people off." (Focus Group #1)

Company 2 took a different approach to raising awareness. They spoke about how they involved employees in getting them to come to work and selecting programs or community events to encourage participation. Arlene, along with other participants’ interviewed at Company 2 were using real examples at their workplace to make sense of health related problems to encourage employee involvement. She says it is really basic to get people aware of the programs.
If it aligns with employee needs and their peers see them being active they’ll feel somewhat pressured to participate. Arlene used attendance management as an example. If an employee was missing their transportation and causing them to be absent from work, a manager will work with them to provide flexibility in their work schedule. It’s basic. If others are using the same form of transportation and they are missing time at work, they hear about how a manager accommodated another employee and they’ll ask. Arlene says:

“I think it is really basic. It is sort of like attendance management and having happy healthy employees, healthy, healthy business, and healthy happy customers and it just snow balls.” (Arlene)

A manager from Company 2 reflected on the implementation of a walking club and how this raised the awareness. She recognized that it took very little money, yet was one of the most successful programs. It raised awareness of a healthy lifestyle for employees, but in a way that was fun and engaging for employees. Every participant interviewed at Company 2 connected the walking club as an example of what their company was doing about their health and wellbeing. There were other programs that provided similar levels of engagement such as the wellness fair and yoga. A senior leader, Marlene, believes they have supported their employees in taking responsibility for their health. They have provided the environment and an image that promotes health through events and programs that allow employees to get involved. Marlene reflected on some of these programs that have provided support for a healthy workplace.

“I think from an HR perspective they probably look at the activities we have going on, the wellness fairs, the support we give employees, and what our short-term disabilities looks like based on those. They are on the phones every day so when they get that break they just go and some people if we didn’t have that they would just walk to Tim Horton’s and would come back and sit at their desk. But because they have those little incremental goals for themselves, they will push themselves to get out for those little walks which in turn can only help them. A lot of things are to help them manage stress, really and truly it is and we would never title any of our communications to manage stress because it is really there for everyone and as a business it is very beneficial” (Marlene)
Both Company 1 and Company 2 have formal and informal policies in place to raise awareness and support HWP initiatives. For Company 1, the HWP is available but informally left for the employee to interpret their need and value but the policies are not aligned with their culture when compared to safety. Company 2’s informal policies provide a sense of ownership to employees increasing awareness through a level of responsibility perceived for the success of the program.

Company 1 interview participants identified informal and formal policies. The informal policies included reviewing absenteeism and the HWP where motivating participation is not the focus but rather left up to the employee. There are many formal policies related to OH&S and safety. These are about compliance. One manager, Elizabeth, shared her observations of the safety culture and suggested that health and wellness was virtually absent from the OH&S committee agenda. Elizabeth spoke of the traditional healthy workplace concept at Company 1 and how it is focused on the safety component. Elizabeth spoke about the people of Company 1’s mindset of a healthy workplace image and how healthy lifestyle choices have been the responsibility of the employee. Elizabeth saw the connection to health as a radical change for the company, but felt they could make the transition. She described the need to separate the two terms, health and safety, and to breakdown the prevailing logic. Elizabeth described health and safety at Company 1 as:

“There isn’t a holistic approach in the area of wellness. By that I mean a number of things and one is in some, in particular senior lines, that I have come in contact with in this organization I think there is kind of a separation between the concept of health and safety. We use that as a phrase but when I ask about health and safety it is usually made clear to me what people are really thinking of is safety. And the company I think has made really big strides on the safety side of things and I think there is really a focus as always being job one and putting a lot of resources into training in that area and really good consistent safety meetings and structures and all the pieces of that, that go together but when I look on the health side of it everything seems to be a little more disjointed and there isn’t
really that same kind of holistic or over arching kind of approach. And we don’t really focus on it as such and that is why I think these efforts and initiatives are all good but it doesn’t feel like they are a part of something larger the same way as individual efforts are on the safety side of things as we can usually relate to an overall safety approach and program here in the Company.” (Elizabeth)

This quote from Elizabeth highlights the formality that encapsulates the safety environment of the organization, but also puts a spotlight on the perception of a quasi commitment from senior leaders about health and wellness.

One manager, Rob, at Company 1 supported the idea to formalize a HWP through implementing a policy. He felt it would help raise awareness of the importance of a healthy lifestyle and of senior leaders’ interest in supporting employees. Rob felt a policy would also raise the importance of health to managers within his organization. He spoke about the culture and thought that a formal policy would increase “compliance” to HWP initiatives, raise awareness and encourage involvement. He said:

“One thing we could do is put a health and wellness policy in place and it encourages people to work towards that policy.” (Rob)

Company 2 had a much different approach to involving employees. One manager, Mary-Anne, spoke about health and how the employees are a part of the decisions. She and the others interviewed did not refer to formal policies, but rather the informal policies and processes that led to the development of a healthy workplace. Mary-Anne described the informal policies as:

“We were just talking and I think it all came together when we got into this partnership with the pharmacy and they were giving us this $1500’s if we could maintain at least this 70% signup and when they gave us this $1500’s I said to the HR manager I don’t want to use this as an education grant. Can I use it for wellness?— We could use for books, we can have weight watchers, there are a lot of things we can do with it. The HR manager thought it was a great idea so we went to pitch it to the site committee and they also thought it was a great idea ...” (Mary-Anne)

The committee from Company 2 developed intervention strategies to create awareness and stimulate interest through ideas described by Mary-Anne. Mary-Anne said employees come
up with the ideas and they take ownership for the initiatives. She said it generates awareness at
the site and they take responsibility for what is being offered and become better educated
through the HWP. Munn (2010) provides evidence that this enables other health care
stakeholders, including employers, to make it easy and clear for employees to know what to do
and why.

Partnerships are another form of awareness to a HWP at both companies. These
partnerships are in the form of fundraisers and volunteer activities. However, the cultural
attitudes towards partnerships lead to different types of involvement.

At Company 1, the partnerships were mainly in the form of financial support. The
practice at Company 1 was to provide donations at employees’ personal requests for community
events. Corporate sponsorship to events was also through financial donations with little
involvement from the Company or its senior leaders. However, there are a few community
events where partnerships are maintained with employee involvement but not many managers or
employees recognized them as partnerships. These events were led by a few employees but it
was said that it was difficult to get others to participate. It was explained by one manager that
senior leaders and managers have made many attempts to encourage employee participation in
health related initiatives and the outcomes have ended in programs trickling away. Another
manager, Simon, at Company 1 describes how he saw the intervention through partnerships at
the company.

“*They obviously do support financially a number of activities whether our
employees are involved directly or not. They do support Charity Golf and it does
involve our employees, a hockey tournament, a couple of runs and relays
supported financially and through time. In addition, through our donation
program, we support lots of activities outside the Company and hopefully
employees know about it.*” (Simon)
At Company 2, the managers and employees shared how they enjoyed giving back to the community and were excited to tell about some of their partnerships and experiences. What was interesting was the employees were giving of their personal time to participate in these events within their community. Managers and employees alike continue to organize annual and new events. Some annual events are expanding to include more employees to make up multiple teams for such events as the Relay for Life. The interview participants felt these events were catching on because more people were becoming aware of them and they wanted to do something for the community. A participant, Arlene, from Company 2 described some of what they do and how common practice it was to give back to the community at their company.

“We do walks for MS and for a center we are very much in the community and that is what I think people are looking for in a business and it does take into account their community that they live and work in.” (Arlene)

Managers and employees reiterated similar messages from Company 2 that supported their awareness to healthy lifestyle choices and the value of partnerships. Managers reiterated that when it came to partnerships they knew what they stood for, how they fit and how they got there. One manager, Arlene said:

“To me it fits very well with their values and integrity and they are very much like me and what I value. And all the way from the top, I mentioned the (Company 2 committee), and that they are committed to the community, diversity, and environment. So it really filters all the way down and it is the same and consistent message all the way.” (Arlene)

Creating a Culture

The PwC report suggested an implementation framework for a healthy workplace and stated, “Creating a culture of wellness is integral.” The culture part of the 3C framework has found that leading companies are incorporating wellness into their mission statement,
implementing intervention strategies into a HWP and monitoring the progress from the board
level.

Research findings suggest if senior leaders send the message of a healthy workplace and
support it, they effect change in the culture (Patten, 2007). Otherwise, a lack of interest may
discourage and cause others not to participate.

There was evidence in this case study that the level of involvement from senior leaders
for a healthy workplace at Company 1 provided the perception that they lacked interest. From the
focus group, the employees shared that they have not felt involved in the program development.
The employees did not understand why the programs were occurring on company time or why
the employees were not asked for their input in the development of the programs. Company 1
has an employee who has let it be known that she does not see the value in the creation of a
HWP. From the focus group this employee, said:

“There can be some negativity towards some people’s feelings that this is a bunch of
hog-wash and things aren’t going to change. People have their own mindset
and I am going to eat what I am going to eat and do what I am going to do. Some
people have a negative mindset on wellness and what the Company is trying to
do.” (Focus Group #2)

A manager, Carter, from Company 1 recognized that the company and the employees
have different reasons for a HWP. Carter felt lifestyle changes could be motivating if senior
leaders understood employee needs better. Carter expressed his idea on what makes the senior
leaders, managers and the employees engage in a lifestyle change:

“It depends on whose view you are looking at. From the Company’s point of
view... you want a healthy workplace because a healthy, happy workplace is more
productive workplace you get more done, save money and have less down time.
From the employee perspective if they are healthy and happy and not sick or
injured then they will like to come to work. So the employee gets something
different than the company gets. The company gets better productivity, a better
employee, and a better bottom line in the end. The employee is a happier
employee.” (Carter)
At Company 2, employees reiterated their appreciation for having the HWP at work. A manager said they focused on program initiatives that interest the employees and were clear to those providing the activity that it had to fit into their breaks and lunches. The weight watchers program was said to be a 60 minute session but it was explained to the person offering the activity that it had to fit into the 30 minute lunch break and they were able to accommodate the request. For the walking club, employees could only count kilometers walked at work. The strategy was described by senior leaders at Company 2 as trying to incorporate physical activity into the employees work day.

Listening to employees and monitoring the HWP participation was a constant message at Company 2. If the interest of a health initiative for the employees could not be established or lost momentum changes were quickly made based on employees requests with a focus to engage employees. One manager provided a message that was a common response at Company 2 to engage employees. This message was receiving feedback and ensuring employees understand what types of programs are available to them is fundamental.

“The biggest thing and the greatest thing with Company 2 is we listen to our employees. Do you have anything healthy? Do you have a healthy choice? What would you like for a healthy choice? Hey it is not so hard but sometimes it is a little more difficult and the fast food, easy stuff is cheap and it is more expensive to have fruit trays and vegetable trays than stuff like that instead of a bag of chips but it keeps everyone happy here.” (Arlene)

The Walking Club at Company 2 was one program that has motivated the physical activity of employees and created a change in the company’s culture towards a healthy workplace. Managers and employees talked about it excitedly when recalling competitions among work units and individuals from the previous years. One manager identified competition as being a motivator and for some it was the beginning of a lifestyle change:
“The walking club starts as a blast ... divisions have done challenges from team to team. If you can tie it to something to keep people aware and hey we have to beat that team by walking more kilometers”: (Arlene)

At Company 2, there were many examples of how to motivate employees at work to encourage a healthy lifestyle. Managers said that knowing your employees and what motivates them is important. Managers at Company 2 had a culture that focused on doing things that they believed motivated their employees such as sending a morning email. Employees from the focus group recalled events where their manager provided positive feedback.

“We get daily wows through our department emails as a positive note for the day. Your morning may have started out bad but we could get daily quotes that are the morning wows for the day to keeping a positive outlook and of course you get the occasional call.” (Focus Group #2)

Motivating employees and keeping them at work will support the retention of employees and what researchers believe will challenge senior leaders in the future. The academic literature provides evidence that there is going to be a critical shortage of appropriately skilled workers (Conference Board of Canada, 2008). This shortage of workers has revealed that employees health and wellbeing at work is a priority. Senior leaders creating a culture that engage all stakeholders will encourage positive results for employee participation and a reputation that will enrich the organizations image (Conference Board of Canada, 2010). If employees feel valued, it improves morale and employee retention and attracts new talented employees (Conference Board of Canada, 2010). The 3C’s to effective leadership supports this evidence (PwC, 2008). Other research has discovered that the work environment was the top priority for most Canadians when considering a new job offer (Conference Board of Canada, 2008).

When interview participants were asked their viewpoint on the impact of turnover, they had different focal points. Company 1 has less experience with attracting and retaining employees, due to the unionized environment, the diversity of work and the compensation
package. The workforce has longer tenures and is older in age. Company 2 has shorter tenure because the work unit is 10 years old and has only call centre work. The unit is also not unionized. The attitudes and experiences of both companies are different on how they predict the long-term impact of healthy workplaces to be when it comes to the level of skilled workers in the workplace.

For Company 1, they hear the message of researchers that poorly designed HWP may impact recruiting and retention for the future but they do not feel it will affect them. Managers feel senior leaders are aware of the benefits of a healthy workplace for recruiting the best applicant. They discussed that their organization has more than adequate applicants when recruiting and it is not yet a priority. A manager at Company 1 said:

“Our issue is we are trying to keep our numbers down not that we can’t find people.” (Carter)

Managers at Company 2 say they compete for skilled workers and have experience in recruiting and retaining the best. They say they have made changes with the objective to get employees to come to work and to be an employer of choice. Some of the changes in the culture included listening to employee needs and the implementation of a HWP. Employees have shared that they have pledges on health commitments and their senior leaders listen to them. An employee recognized the need for them to be happy. She spoke of Company 2 as if she was the senior leader and how it benefited the company. She was quoted as saying:

“We want happy employees because it is not worth it to them to only have you there for 6 months.” (Focus Group #2)

Removing Barriers

Senior leaders’ and managers’ perceptions varied in terms of their attitudes and behaviors as to whether there were barriers to a healthy workplace. Their perception was based on what
description they had of a healthy workplace. Given that the research suggests employers lack a clear definition of workplace wellness, the senior leaders’ idea of a healthy workplace may be different. Research also suggests that employees, similar to senior leaders, focus more on the traditional medical system of treating and curing diseases (Dixon & Courtney, 2004). The role of senior leaders in intervening prior to employees developing an illness is not so clear to senior leaders. It can be acknowledged from this case study that although senior leaders were varied in their perceptions of a healthy workplace and on whether there were barriers, there was a common view that it was the employee’s decision to participate in making healthy lifestyle choices.

Depending on the idea of what a healthy workplace looked like to senior leaders, it shaped their responses and opinions on whether there were barriers to a healthy workplace. For example, one manager, Simon, at Company 1 responded to the questions on healthy workplaces and barriers with his idea of a HWP:

*I would expect there would be a tone from the top. We are supportive of healthy living or lifestyles whether physical fitness or healthy eating that sort of stuff. For an organization I think providing access to the ability to live an active lifestyle...*

*I don’t know if there is anything specific to prevent people from being active or stop the organization from prompting a healthy workplace. I would say our workforce tends to be a little bit older ... Someone who sits at their desk most of the day can exercise. You have opportunities to stand and stretch it is really just thinking about it.*

When participants from this study were asked if they felt there were any barriers to a healthy workplace at their company there were many who responded with “no” but followed with a statement to clarify such as, “No, not necessarily; people do not have time.” Meaning that if someone was not participating, it was not because they were not given approval to attend they were just too busy at work to make the time. Time was identified as the main reason for lack of participation.
For those who felt there were barriers at Company 1, they communicated such things from attitude, education, a lack of promotion to slow or no response to request, no holistic approach, demographics and lack of drive from the senior leaders. Company 2 communicated barriers from scheduling, work station space to business dynamics.

A manager at Company 1 reflected on the notion that all employees do not have time to attend the program initiatives. The work has to get done which a common message was shared by most at both companies. However, the attitudes and behaviors of the senior leaders from these companies to remove the barrier for employees did provide different outcomes. One leader at Company 1 felt the barrier was the individuals but recognized at times employees had to do the work first but he didn’t see this as a major issue. He was quoted as saying:

“I think everyone understands the importance. There may be barriers that people feel they have to get a certain job done or a deadline met and they can’t take the time to go to one of these sessions. … Everyone can’t go to everything or otherwise no work will get done but it’s not too severe.” (Marty)

Earl, a senior leader at Company 1, had the attitude that there were no barriers. His position can be aligned to similar responses of other senior leaders at this company. He shared his commitment to a healthy lifestyle and was physically active and maintained a balanced diet. He had recently made personal lifestyle changes and had begun eating breakfast every morning due to what he described as an unhealthy morning routine. He did not see the value in attending the HWP at his company. Earl saw making a choice to lead a healthy lifestyle as a culture change for each employee as part of their own personal belief system. He said:

“It comes down to self motivation and an employer can only point people in the right direction but at the end of the day it is their responsibility. I don’t see any barriers.” (Earl)

Other managers at Company 1 would disagree with Earl’s opinion. Their idea was for senior leaders to instill healthy lifestyle choices through leading by example. They said senior
leaders may not need to attend for themselves but have not shown the value of the HWP to employees which may be perceived as a barrier. Erin’s opinion on what he considered a barrier for a healthy workplace was:

“There is probably not enough encouragement. Oh, a bit of sensitivity in opening up fully. There probably isn’t an issue for the healthy person but people with pre-existing conditions may not be comfortable and may not be able to participate in some activities and may shy away”. (Erin)

Something that was important to the participants from Company 2 and had been a barrier 9 years ago was the recognition from senior leaders on flexibility for time off, if something personal came up. The employees communicated the support of their senior leaders’ commitment and awareness to their personal needs. One of the employees at Company 2 shared what had changed and what senior leaders were doing about developing a healthy workplace:

“There seems to be a lot of changes and it’s a lot more open than when I first started. It was a lot stricter and a lot more rules and things seemed to have relaxed. When I first started 9 years ago, if you used a sick day you had to be sick and if you said your car broke down you wouldn’t get paid for that day. Now there are more personal days and they have relaxed the rules a lot and everyone has different reasons for not coming and you know if you are making your employees unhappy and they have to lie to get paid for a day that they deserve, it is not a good thing. Management has realized that and it is a lot happier place than it was originally. I think everyone is always trying to keep making it better and easy as Company 2 like to say.” (Focus Group #2)

Understanding what health and wellness is or how to prevent or change these attitudes and behaviors before the onset of illnesses and diseases have not been top of mind in the past for most Canadians. It was interesting to find in this case study that both companies were offering similar programs but were experiencing different levels of employee commitment. The idea of what a HWP looks like is one example from this case study that could be perceived as a barrier. Another example that could be perceived as a barrier was on how senior leaders’ attitudes differ on the amount of money required to get employees involved in HWP.
A senior leader, Dave, at Company 1 said there is a need to move towards developing a healthy workplace and to reduce health plan costs. He was committed to the health and wellbeing of the employees and believed the role of senior leaders was to invest the dollars into implementing a HWP. Dave did not see his role or other senior leaders as participating to get employees involved. He felt that employees needed to be willing to take the time to invest in themselves and their health. He felt that employees needed to take responsibility for their health and if they didn’t have the attitude to choose a healthy lifestyle his participating wouldn’t be a motivator. Dave believed employees and senior leaders needed to have the right attitude to engage in this concept of a healthy workplace. He shared that their part in the development of a HWP was investing the money:

“In the last year and half we have implemented a workplace wellness program and to me it is all about attitude, the attitude of those people willing to take the time to avail themselves of the opportunities; attitude of management in terms of the willingness to spend the money to invest.” (Dave)

At Company 2, there were very modest funds available to invest in a HWP and they were experiencing great success. Managers and employees at Company 2 spoke about involvement from the senior leaders and employee engagement in various programs and initiatives. Managers were taking the time from their lunches and breaks to participate in the HWP initiatives together with the employees. They were not doing it because it was a part of their job. They have developed a culture where they feel they need the programs and they are good for their health. They too recognized that they lead busy personal lives and were using the time to take advantage of some physical activity while at work. One manager, Stephen, discussed that he didn’t feel money needed to be a barrier. The image that he believed was very important for Company 2 and the message managers attempt to get across to employees that was of no cost was:
“I think the message we hopefully try to get across, or hopefully we do get across is a healthy lifestyle is very important. And for the management team, it is important for our employees to be healthy, and if they are healthy they are coming to work and in better moods and impacting our customers positively, and if unhealthy and miserable and down in the dumps definitely it impacts our customers. And at the same time, we also have those things because we want to make sure our employees feel appreciated.” (Stephen)

Interview participants from Company 2 believed by making their employees feel appreciated it created an environment that led to healthy happy employees and translated to making for happy customers. What was interesting was how they linked absenteeism to how happy or healthy their employees were with coming to work. Reducing absenteeism as identified in the Conference Board of Canada (2010) report saves employers money. The interview and focus group participants said absenteeism impacts everyone and senior leaders needed to remove barriers by understanding why employees are not coming to work. Arlene identified one way they focus on getting employees to work at their company:

“One of the things we do here is called attendance management. It is not a disciplinary process at all. It is getting people to come to work and what their barriers are and a lot of it is their health. They are not taking care of themselves and going to clinics oppose to seeing their own physician and taking care of that. Showing them that there are tools ...” (Arlene)

Encouraging Communication

Communication is critical to changing employees’ attitudes toward increased responsibility for benefit decisions and health and wellbeing (Patten, 2007). The PwC report identified that there should be continuous communication of HWP and the progress of these initiatives. The 3C’s framework from the PwC report findings provided a model of effective leadership that was described as an enabler in order for a HWP to be successfully implemented:

“Having effective communication channels is key to the success of any change initiative. In essence, employees need to understand the importance of wellness and be involved in creating an environment that supports change. Otherwise, they might lack the motivation and engagement to participate. As a worst case, they may resist
The PwC report also recognized many forms of communication. These forms of communication can be from informal conversations and meetings to on-line information, flyers, posters and personalized messages. The goal is to reach the audience with an understandable message.

Employees at Company 1 did not share the same opinion about the communications as senior leaders for the HWP. They were uncertain on where the topics for the HWP came from. They expressed that they had not been asked their opinion on program initiatives. These employees said they had no involvement in creating the initiatives for the HWP and they were not a part of any of the on-going decisions. One of the employees shared her feelings on the communications:

“"No, I think they could be better at communicating... Topics were just posted and given and there wasn’t any collaboration. A sheet may have been filled out in the beginning but not sure.” (Focus Group #1)

What was interesting was management had acknowledged in an interview that they had requested feedback on the HWP but were unable to receive any responses. Management felt they have tried many channels to encourage communication which leads to the question on the level of understanding of employees and the communication reach.

Charlotte, from Company 1, was one of the individuals that spoke of the challenges in getting feedback. Charlotte shared her view of what she felt as a lack of interest by employees when asked about programs. She voiced her concern for the financial contribution committed by the company for the health and wellbeing of the employees. She felt employees lacked awareness to what value the programs provided them. She shared that management was trying to encourage communications but receiving feedback from employees to further develop the HWP was challenging with no response from employees. She was quoted saying:
“I don’t think people have really thought about it. Or if they think they want to go
to a session on sun protection by the cancer society - ok but how is it going to
help. Whether they have thought of what has been offered, I don’t know. Why
there is no accountability from the employees or feedback. I don’t know. Every
trick in the book has been tried to even receive negative feedback, just tell us, any
new topics, any we missed, any to revisit, what about the pedometer and we didn’t
get one response.” (Charlotte)

The two companies from this case study were using various forms of the communication
canels identified by the PwC report to inform their employees about their programs. One of
the significant differences in communication methods was the active involvement of senior
leaders in the HWP. At Company 1, being involved in the HWP was not a strategy presently
used as a form of communication to encourage healthy lifestyle choices. One senior leader from
Company 1 said:

“Support comes in many forms but does not always have to be senior
management being actively involved in every wellness program but they have to
provide the environment and the opportunity for those who desire the support in
doing this to participate. In other words, when it is scheduled, how it is scheduled,
where it is scheduled. Give people that are interested the time to participate.”
(Dave)

At Company 2, there was a consistent message from managers and employees that they
listen. Listening is a fundamental form of communication that has a great deal of research on its
importance especially as a senior leader. A manager from Company 2 described what they did at
their company when it came to being actively involved to encourage employees to participate in
the HWP:

“The biggest thing and the greatest thing with Company 2 is we listen to our
employees.” (Arlene)

A manager at Company 2 spoke of different forms of communications used at their
company to keep their employees informed. There were two committees that included employees
and management that listened to and provided feedback to both employees and management. The
manager, Stephen, felt their messages were reaching everybody. It was believed that the committee sent messages frequently enough to employees and they were talking about it in team meetings. The objective was to support committee members in educating employees on the programs and increasing employee involvement for their health. Stephen was quoted saying:

“We have the Employee [Committee Name] and the Great Place to Work Committee. The Employee Committee will send out quite a few communications and generally its emails”. (Stephen)

Company 2 also expressed the importance of senior leaders being actively involved in the HWP. This form of non-verbal clue was believed to have provided support in communicating their values and encouraging employee interest in the HWP. A quote from an employee reiterates senior leaders’ involvement:

“We don’t go and get involved where the management sits on one side and we sit on the other side, we do it together.” (Focus Group #2)

Another manager from Company 2 described informal conversations as a fundamental approach for her. Company 1 had stated the importance of these informal conversations as well and believed they could learn a lot about employees by just walking around. The academic literature would support their theories of non-verbal forms of communication. It was interesting how Company 2 linked the impact of their employees’ attitudes and behaviors and how healthy employees benefited their customers. He described how it encouraged communication and benefited the work unit:

“Just by talking to people my team confides a good bit in me and I have spent a lot of time and know those that get the winter blues and those are the ones that will enjoy getting out for the weather. You usually see it impact our customers first.” (Stephen)
Coaching for Engagement

The PwC report acknowledges that leadership can shape the culture of a healthy workplace and it is critical for senior leaders to be engaged at the earliest stages in promoting the programs. The report identifies that senior leaders must go beyond endorsement and become visibly active through such support as nominating a wellness champion, demonstrating a healthy lifestyle themselves, and creating a diverse team of stakeholders for program buy-in. The third “C” of the 3C’s framework focused on establishing enablers and found creative thinking as a way to establish systems within organizations. The PwC report provides an example of what one company did with their senior leaders:

“A local authority that employs 9000 staff and has a number of wellness initiatives that include absence management and improved work-life balance policies. The authority used an innovative approach to involve senior management. A regular newsletter feature investigated the contents of a member of senior management and provided advice on better nutrition.” (PwC, 2008)

Research provides support that continuing to make employees aware of the benefits of healthy lifestyle choices and understand the value of a healthy lifestyle is needed to engage the employees in making changes in their personal life (O’Rielly, 2009). The research also supports the notion that employees seeing wellness as part of their job instead of an add-on will encourage employee participation and improved health (Conference Board of Canada, 2010). This case study finds that these companies are trying to engage their employees through new or enhanced programs. One company communicated they were using their imagination and enabling employees through creative thinking as suggested from the PwC report (2008). Company 1 has been involved in programs for more than two decades and Company 2 has been involved for a half-decade. The management from Company 2 says they are continuously improving. The
academic literature provides evidence to support Company 2’s beliefs that continuous improvement needs to occur for success.

When participants for this study were asked who they thought should provide the leadership for a HWP at their company, the responses were mainly senior leaders, top management, or senior officers of HR. However, when managers were asked what role these senior leaders’ played to encourage employee participation in the programs, the responses varied. The senior leaders of both companies in this case study provided details of the programs they were engaged in to improve the health and wellbeing of their employees.

Company 1 managers describe their leadership structure for a healthy workplace being driven from the Executive Office for the safety component and for the programs, resources, and financial support for the healthy workplace. Other programs such as Employee Assistance Program (EAP), harassment policies, blood pressure clinics and flu shots are driven through HR and not seen by most managers at Company 1 as part of the HWP. The senior leaders have shared that they believe it is the employees’ responsibility to determine the value of their own participation and not theirs.

For Company 2, managers said leadership for HWP is provided from senior officers within HR and committees made up of managers and employees. Managers’ participation in the programs is on an interest basis but is seen by employees as being lead from senior leaders to meet their needs. The managers believe in being actively involved and do not sit back and watch for results. Their idea was that if the programs or initiatives were not being used, through continuous evaluation and using their imagination, they changed the programs. The objective was to meet the needs of their employees and keep the employees at work.
Some of the managers at Company 1 shared other approaches to engage employees in a HWP. The managers have stated their beliefs of what the role of senior leaders should be to instigate change. Managers said senior leaders need to do more and be seen taking part in the HWP. A senior leader, Dave, felt he was taking part and supporting the program activities. What Dave described as support for the programs was their commitments to the financial investment and to have someone organize the implementation of the programs. The support of other managers was described as actually being physically involved in the HWP. Dave was quoted saying:

“There is a term in business called tone from the top used to reflect management style on how they prompt, support and organize to achieve their objectives and in this particular case the tone from the top is important. Management needs to demonstrate their support for the program both financially and visually. In other words they need to take part as well.” (Dave)

This same senior leader, Dave, communicated his view on what role senior leaders played and his leadership focus. Dave believes the focus has to be on the employees and not how it benefits the company. However, he believes that employees have to take the initiative on themselves to participate in the HWP. Dave’s leadership in implementing a healthy workplace, conveyed by other senior leaders at his Company as well, was cited as:

“The message has to be about the employee. You can’t focus on the benefit back to the company. There are a whole host of reasons to provide a healthy workplace and many of them social, many financial but at the end of the day we have to look at the sustainability of the company.” (Dave)

Academic literature provides evidence that slowly introducing change and programs has improved the success rate of engagement. Senior leaders of Company 1 shared their opinions that employees needed to be interested in changing their health to be engaged in the programs. One senior leader, Earl, didn’t feel that exerting a pull on individuals to participate through making programs more widely available or coach for such change would result in successful
engagement. Earl referred to other company programs he believed were drivers to encourage employees not his coaching to engage them in their own health and wellbeing:

“Some companies have more aggressive programs in the area of in-house fitness centers, in house daycares, support spa memberships and sometimes pay the whole amount, sometimes they provide physical exams, fitness exams, they encourage physical participation whether a running club at noon or activities after work that help prompt fitness.” (Earl)

Another consideration of one manager at Company 1 was only those physically active employees are involved in the HWP. This may be the case as these individuals see the benefit and are making healthy lifestyle choices. If employees see how HWP can benefit their health, researchers believe it promotes involvement (Blake, 2008). An employee from Company 2 agrees that people get involved because others are doing it. This employee said:

“I think in an environment you are sitting next to someone who is like minded like yourself and you want to sign up for something it is very easy to do it together and you all depend on each other and it snowballs from there.” (Focus Group #2)

An employee from Company 2 spoke of leadership and how the support from peers encouraged engagement. She reflected on the value of the walking club which was spoken about frequently by managers and employees:

“When you are in a group setting like this we went out for our first walk today and now I am signing up for the walking club. You tend to do it as a group and you don’t sit there on your break and have a donut because other people are depending on you.” (Focus Group #2)

This peer pressure has been seen as a form of leadership at Company 2. Another form of leadership was the presence of their senior leaders at the HWP initiatives. It was spoken by managers and employees that their presence and the consistent message encouraged engagement. One manager, Arlene, described what she saw filtering from senior leaders:

“So it is really filtering all the way down and the same and consistent message. So wanting healthy employees and happy employees comes right from the top down.” (Arlene)
CHAPTER 5: DISCUSSION AND CONCLUSION

The purpose of this exploratory study was to examine the differences in the role of senior leaders in workplaces with a HWP. I used the PwC 3C’s framework of effective leadership in healthy workplaces to guide the interviews, examine whether the senior leaders were instrumental in the transformation, and identify the practical approaches to implement the programs.

Summary of Study Findings

This research paper looks more closely at understanding the senior leaders’ role when it comes to engaging employees in a HWP. Four major findings were identified from this work. First, the study points to senior leaders as having a primary role in a HWP. This is one of the few studies on the role of senior leaders and further research is needed to flush out this leadership role. Second, it provides insight into the different leadership approaches used to endorse programs and different outcomes experienced from these approaches. Third, the communication is critical to engage employees in taking responsibility. Further analysis on the form of communication is needed to understand why there are such different levels of engagement. Fourth, further research is needed to understand whether the lifestyle choices of senior leaders influence employee participation.

Responsibility of Senior Leaders

The research points to senior leaders playing a fundamental role in development, implementation and sustainment of a HWP and is supported by research by Benjamin (2006).

Company 1 was contributing to a HWP predominantly through financial support. Senior leaders did not see themselves as role models to create change towards healthy lifestyle choices for employees. The senior leaders believed their role was to provide the channels for the
transformation in terms of support. They identified their strategy as one of financial investments to develop a HWP. The majority of managers and employees saw senior leaders demonstrating concern for the health and wellbeing of employees and their families, but not engaging with them in the program initiatives.

There was little money to invest in the programs at Company 2. The senior leaders believed that a lot could be done in their environment for very little money and that some of their most successful activities have been of little or no cost. Company 2 managers communicated their need to retain employees and to demonstrate a genuine concern for their wellbeing. The senior leaders had developed internal and external partnerships to support this effort. Their focus was to respond to employee requests while still meeting the overall business objectives of healthy, happy employees by understanding their needs. The culture of Company 2, when it came to the leadership for employee health and wellbeing, was one of active participation. The senior leaders were involved in the HWP with their employees.

**Programs - Endorsed Differently**

This case study showed that senior leaders had different leadership approaches to creating, developing and implementing a HWP and is consistent with findings from O’Reilly (2008). The senior leaders’ differences in approaches to endorsing programs to create a healthy workplace provided different outcomes.

The managers in Company 1 varied on their views of what a healthy workplace meant and how to endorse a HWP. The senior leaders communicated a consistent message that their endorsement for the programs was to provide the financial support and the resources to implement the programs. The managers believed that senior leaders should be involved in the programs with the employees. The HWP was not championed by one leader. The programs were
lead by different departments and individuals. The employees spoke of how they didn’t feel they were involved in the initiation of the programs. However, senior leaders and managers said they were trying to engage employees and to understand what employees needs were for a HWP. The over arching leadership approach to a HWP was for employees to discover the value of their health and wellbeing and decide whether to participate in the program initiatives.

The managers at Company 2 provided a consistent message and delivery of what they believed a healthy workplace meant to their organization. The employees felt they had input from the start of a new program initiative and the company values were aligned with theirs. The senior leaders’ endorsement showed the way by their participation in the programs. The senior leaders also believed the programs were all about their employees getting involved with the objective of creating a healthy and happy work environment.

Communicating

Communication is critical to changing employees’ attitudes toward increased responsibility for benefit decisions and health and wellness (Patten, 2007). Researchers have found that senior leaders need to engage employees through forms of communications such as information sessions for them to understand how to make good choices and to use preventative measures. Researchers also found senior leaders communicating healthy lifestyle choices can change the direction of the increasing health problems and start reducing the trend (Hall, 2008).

The two companies from this study believed they were using effective forms of communication and alleged to be encouraging a healthy workplace environment. They say they are trying to engage their employees in healthy lifestyle choices at work and are using forms of communication that are a part of their company cultures to deliver messages.
Employees of Company 1 communicated they didn’t feel they were part of developing the programs but senior leaders believed that they had been inviting them to participate. Company 1 was using formal and informal communication, but reaching employees with the healthy workplace message was an issue for them. Senior leaders of Company 1 were not actively involved in HWP initiatives, but were committed to providing financial support.

Company 2 used the same communication channels as Company 1. However, they had a different approach and are experiencing results. They have a committee made up of approximately 12 employees who communicate with the senior leaders, managers, and employees. This approach is in contrast to Company 1, where they only had one person responsible for the program initiatives and communicating the HWP. What was shared as being a primary form of communication was senior leaders lead by example. Company 2 provided little financial support for the programs, but senior leaders were seen involved in the program initiatives with their employees. Senior leaders believed if they participated, team managers will participate as well and then employees will participate. The employees at Company 2 felt they were a part of the implementation of the HWP initiatives. They believed they were being listened to if they had a suggestion for an improvement or a new program initiative.

_Lifestyle Choices of Leaders_

Researchers provided evidence that if employees observed senior leaders participating in health lifestyles such as the HWP it creates an image in the employees mind and encourages the employees to get involved (Morris, 2008). The 3C’s framework from the PwC report (2008) acknowledges that a successful HWP is designed to meet employee needs and are customized in overall program elements. The lifestyle choices and level of participation of senior leaders in the programs at the companies in this case study revealed varied opinions and outcomes.
Senior leaders at Company 1 believed they were involved by providing financial support. They believed their financial support and endorsement of the programs demonstrated their involvement and support for a healthy workplace.

Company 2 employees shared their experiences at their company of senior leaders participating in the programs with them. Company 2 was experiencing growing numbers of employee participation in their program and community events. The same level of employee participation in program initiatives was not shared by Company 1.

The 3C’s framework is a good framework when it comes to evaluating the role of senior leaders in the implementation of a healthy workplace. It provides guiding principles from what enables change, to the planning, executing, and managing a new business model. Further research is needed on how senior leaders deal with their personal health and how this impacts employee engagement in making healthy lifestyle choices.

Research Implications

Senior leaders, managers, and employers are now feeling the impacts of unhealthy lifestyle choices. In recent years, there has been a shift to increase employee awareness to making healthier lifestyle choices through HWP that focus on preventative measures. The end result of such programs is whether the employee recognizes the need to get involved. Observations from this case study show that these companies are implementing many HWP initiatives to encourage a healthy lifestyle and to reduce the impacts of workplace absences due to illness and disease. However, the findings from the study also suggest that implementing the program is not enough. Senior leaders have a role for successful implementation, development and sustainment of the program in order to achieve results. Taking these programs that are working well for another company and implementing them into another environment is not
providing the same outcome. In other words, contingencies such as leadership and culture play a significant role in the actual successful implementation of the program into the workplace.

This research is important from both an academic and a practical point of view. Academically, it identifies that further research is needed on how senior leaders engage employees to participate in a healthy workplace. This research provides deeper insights for practitioners. First, it provides a more specific outline of HWP practices. Second, it reveals that a HWP requires creative thinking to meet the needs of employees and encourage them to change their lifestyle choices. This exploratory study supports Morris’ (2008) evidence that there must be a champion of the HWP to keep the idea alive (Morris, 2008).

My research suggests that more needs to be done to understand senior leaders’ part in the development of a HWP and the perceptions of employees on the approach of their senior leaders. Senior leaders are implementing programs either without understanding employees’ needs before starting the program or not integrating strategic human resource management in the process. The significant differences in these two companies were the cultures and the leadership of senior leaders. The findings indicated that those leading by example were experiencing greater success with the implementation of their programs than the company not providing the visible leadership and participation.

Limitations and Future Research

The research involved a case study of two call centres in Atlantic Canada. This research used case study methodology and is not generalizable. The findings do provide insights suggesting that the role of senior leaders is important to engage employees. This finding supports Blake and Lloyd’s (2008) claim that a more in-depth analysis of other factors is required in this area. They stated that, “Although many employers currently have programs
linked to wellness, these are often limited in scope and do not accurately measure improvements in health and productivity”. For a more in-depth analysis, further research to investigate the relationships in the healthy workplace model needs to be examined.

This is one of the few studies that examine the role of senior leaders and their approaches in the development of healthy workplaces and requires a great deal of further research. Based on my findings and the limitations, further studies of qualitative research are needed to examine the culture and leadership within organizations and how employees are impacted with the implementing of a HWP.

Conclusions

This study begins to establish the role of senior leaders in developing a HWP to respond to governments call for organizations to lead a radical change with their employees through making better lifestyle choices and use of the health care systems. Through this exploratory study, it emerged that senior leaders need to develop an understanding of what a healthy workplace is to begin implementing a HWP. Understanding the needs and value of these programs to employees and engaging them in the implementation are central to the program success. It became apparent that organizations need to transform their culture and rethink their strategies of implementing a HWP to contribute to the health and wellbeing of employees.

There is evidence that it is possible to implement a HWP and senior leaders have a role to play in its success. Even if programs are the same, implementation is influenced by other unforeseen measures such as leadership and culture. It was evident that it doesn’t take a lot of money to engage employees in a HWP. Further studies will help us understand this more directly.
References


Appendix A: Interview Questionnaire

The role of senior leaders in the development of healthy workplaces:
A case study of practices in call centre workplaces.

Definition of Employer Workplace Wellness

Employer Workplace Wellness is the promoting of wellness as a combination of health and safety (abiding by statutory regulations and government requirements); managing ill health (through best practice, use of occupational health absence management, and disability management), and prevention and promotion (health promotion, work life balance and stress management, career and social development) and primary care (PwC. 2008 p.10).

Workplace Wellness Experience:

What does a healthy workplace mean or look like to you?

What have you seen in your workplace that would contribute to a healthy workplace?

What are your perceptions of employees’ participation in the programs? (What employees participate more or less?)

Is there any one program you can think of that worked really well?

Do you see any barriers to a healthy workplace?

Leadership

Does your organization currently have programs linked to Health and Wellness? If so:

Who do you think provides the leadership for these programs?

Following question manager’s Only

What role do the senior leaders’ play to encourage employee participation in the programs? (Should get the role of visionary leaders in facilitating change of employee behaviors in health and wellness and the detriment to good health out of this.)

Communication

How do you hear about these Wellness Programs?

Are [is] these [this] communication channels effective? (Value the information communicated to the employees in improved health and wellness awareness?)

If yes, why? If no, what other ways could it be communicated?
Appendix A: Interview Questionnaire (Cont’d)

The role of senior leaders in the development of healthy workplaces:
A case study of practices in call centre workplaces.

Culture & Performance

What are the key messages about healthy workplaces?

- Are there any financial impacts (i.e. Related to the sharp increase in health benefit costs),
- Is there any corporate social responsibility (i.e. promoting and educating on healthy lifestyle choices) and/or
- What about behavioral prevention (i.e. encouraging employees to adopt healthy lifestyle choices such as cessation smoking, exercising, maintain a healthy diet, managing stress, etc.)

Other than financial (or CSR or BP) do you think there are other reasons why organizations provide the resources and support to achieve a healthy workplace?

How do you measure improvements in the health and productivity from these programs?

About You

Have you made any changes to modify life-style choices in the past year?

If you have made life-style changes, why?

If you have not, why?
Appendix B: Sample Letter to Company 1

January 11, 2010

Company #1

Mailing Address

Dear Mr. Dave:

As a graduate student in the Masters of Business Administration in the School of Business at the University of Prince Edward Island, I am required to complete a research project as part of my EMBA. I am conducting my research under the supervision of Dr. Wendy Carroll from the School of Business, and we are inviting you to participate in our study. The purpose of the study is to identify themes of what leaders do in healthy workplaces. This research will be one of the few studies that have focused on the role of the leaders.

Employees’ unhealthy life choices are exposing them to new and serious health risks causing increased costs to society. Through this research, I aim to understand the role of the senior leaders and their part in the development of workplace wellness interventions to improve employee health and wellbeing. The research will examine the role of the senior leader as described by leaders themselves, their managers, and their employees.

The study will be conducted during the month of January 2010. We would appreciate Maritime Electric’s participation in this study through one-on-one interviews with two senior level management responsible for directing human resources and operations of a work unit, a minimum of six (6) mid-level managers including human resources, and a focus group made up of a maximum of eight (8) employees, supervisors and front-line, from the call centre. The participation will take an approximately forty-five minutes (45) for each one-on-one interview and forty-five (45) to sixty (60) minutes for the focus group. These interviews and the focus group can be conducted at our facilities.

Your participation in this study would be greatly appreciated. If you are interested in volunteering, please provide dates and times that would be convenient for you and the work unit.

Jacqueline Baird, EMBA Student
University of Prince Edward Island

cc: Dr. Wendy Carroll
Appendix C: Sample Letter to Company 2

November 16, 2009

Company #2
Mailing Address

To Whom It May Concern:

I am a graduate student in the Masters of Business Administration in the School of Business at the University of Prince Edward Island. As part of my EMBA, I am conducting research under the supervision of Dr. Wendy Carroll from the School of Business, and we are very keen on having you participate in our study. The purpose of the study is to identify themes of what leaders do in healthy workplaces and to understand the role of the senior leaders and their part in the development of workplace wellness interventions to improve employee health and wellbeing. This research will be one of the few studies that have ever focused on the role of the leaders.

Employees’ unhealthy life choices are exposing them to new and serious health risks causing increased costs to society. I understand your organization has won an award for its leadership in a healthy workplace program. What has your organization done to change employee behaviors and how are your employees responding? The research will examine the role of the senior leader as described by leaders themselves, their managers, and their employees.

The study will be conducted during the months of January 2009. We would appreciate your organizations participation in this study through one-on-one interviews with an operations director, a human resources director, and six (6) mid-level managers and a focus group made up of a maximum of eight (8) employees from a call centre. The participation will take approximately forty-five (45) to sixty (60) minutes for the focus group and a maximum of forty-five minutes (45) for each one-on-one interview. These can be conducted face to face at your facility.

Your participation in this study would add considerable value to the research and would be greatly appreciated. If you choose to volunteer, please advise and provide several dates and times that would be convenient for you and your work unit. I can be contacted by telephone at (902)629-3659 or email jbaird@upei.com.

Jacqueline Baird, EMBA Student
University of Prince Edward Island

cc: Dr. Wendy Carroll
Appendix D: **REB Approval**

September 29, 2009

Ms. Jacqueline Baird  
School of Business

Dear Ms. Baird,

Re: REB Ref # 6003312

"The role of senior leaders in the development of healthy workplaces: A case study of practices in call centre workplaces."

The above mentioned research proposal has now been reviewed under the expedited review track by the UPEI Research Ethics Board. I am pleased to inform you that the proposal has received ethics approval. Please be advised that the Research Ethics Board currently operates according to the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans* and applicable laws and regulations.

The approval for the study as presented is valid for one year. It is your responsibility to ensure that the Ethics Renewal form is forwarded to the ORD prior to the renewal date. The information provided in this form must be current to the time of submission and submitted to ORD not less than 30 days of the anniversary of your approval date. The Ethics Renewal form can be downloaded from the ORD website at http://www.upei.ca/research/reb_forms

Any proposed changes to the study must also be submitted on the same form to the UPEI Research Ethics Board for approval.

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<td>• You will be required to stop research activity immediately</td>
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*Lapse in ethics approval may result in interruption or termination of funding.*

Notwithstanding the approval of the REB, the primary responsibility for the ethical conduct of the investigation remains with you.

Sincerely,

Lori Weeks, Ph.D.  
Chair, UPEI Research Ethics Board

cc. Dr. Wendy Carroll
Appendix E: Sample Consent Form – One-on-one Interview

CONSENT FORM

I am a graduate student in the Masters of Business Administration in the School of Business at the University of Prince Edward Island. As part of my Executive MBA, I am conducting research under the supervision of Dr. Wendy Carroll from UPEI School of Business. Through this research, I aim to further understand the role of the senior leaders and their part in the development of workplace wellness interventions to improve employee health and wellbeing.

Your participation in the study, through a one-on-one interview, is to identify themes of what leaders do in healthy workplaces and whether their leadership drove transformational change in the organization? Specifically, the role of the senior leader as described by leaders themselves, their managers, and their employees will be examined. Your participation in this study would be appreciated. The study will consist of 2 focus groups and 16 one-on-one interviews. There will be 30 participants in total from front-line employees to middle and senior management. The Interviews will take approximately forty-five (45) to sixty (60) minutes. Your participation is completely voluntary. You may withdraw from this study at any time or have the freedom not to answer any question without penalty.

All information obtained in this study will be kept strictly confidential and anonymous within the limits of the law. My supervisor, Dr. Wendy Carroll, and I will be the only persons with access to the data including your identity. All interview participants will be randomly assigned a pseudonym and all audio, electronic and paper files will be coded only with the pseudonym. Retrieval of such files will be done using the pseudonym. To further protect individual identities, this consent form will be sealed in an envelope and stored separately. All efforts will be undertaken to ensure confidentiality; however, due to the nature of the research question and the small number of participants it may not be possible to guarantee anonymity.

If you have any questions, please contact me, Jacqueline Baird, at (902) 629-3659 or email [baird@upei.com](mailto:baird@upei.com).

This research has been reviewed and approved by the University of Prince Edward Island’s Research Ethics Board. If you have any concerns about the ethics of the study, you understand that you can contact the UPEI Research Ethics Board at (902) 566-0637 or by emailing Lynn MacPhee at [lmacphee@upei.ca](mailto:lmacphee@upei.ca).

By signing this consent form, you are indicating that you fully understand the above information, including audio taping, and agree to participate in this study. You are also, providing permission to use quotes, with no reference to your name, from the interview.

Participant Signature: ___________________________ Date: ___________________________

Please keep one copy of this form for your own records.
Participant Request for Final Report: Yes______ No_____
Address to forward:

Email ____________________________
Mailing _________________________________________________________________
Appendix F: Sample Consent Form – Focus Group Interview

CONSENT FORM

I am a graduate student in the Masters of Business Administration in the School of Business at the University of Prince Edward Island. As part of my Executive MBA, I am conducting research under the supervision of Dr. Wendy Carroll from UPEI School of Business. Through this research, I aim to further understand the role of the senior leaders and their part in the development of workplace wellness interventions to improve employee health and wellbeing.

Your participation in the study, through a Focus Group, is to identify themes of what leaders do in healthy workplaces and whether their leadership drove transformational change in the organization? Specifically, the role of the senior leader as described by leaders themselves, their managers, and their employees will be examined. Your participation in this study would be appreciated. The study will consist of 2 focus groups and 16 one-on-one interviews. There will be 30 participants in total from front-line employees to middle and senior management. The Interviews will take approximately forty-five (45) to sixty (60) minutes. Your participation is completely voluntary. You may withdraw from this study at any time or have the freedom not to answer any question without penalty.

All information obtained in this study will be kept strictly confidential and anonymous within the limits of the law. My supervisor, Dr. Wendy Carroll, and I will be the only persons with access to the data including your identity. All interview participants will be randomly assigned a pseudonym and all audio, electronic and paper files will be coded only with the pseudonym. Retrieval of such files will be done using the pseudonym. To further protect individual identities, this consent form will be sealed in an envelope and stored separately. All efforts will be undertaken to ensure confidentiality; however, due to the nature of the research question and the small number of participants it may not be possible to guarantee anonymity.

If you have any questions, please contact me, Jacqueline Baird, at (902) 629-3659 or email [baird@upei.com].

This research has been reviewed and approved by the University of Prince Edward Island’s Research Ethics Board. If you have any concerns about the ethics of the study, you understand that you can contact the UPEI Research Ethics Board at (902) 566-0637 or by emailing Lynn MacPhee at [lmacphee@upei.ca].

By signing this consent form, you are indicating that you fully understand the above information, including audio taping, and agree to participate in this study. You are, also, providing permission to use quotes, with no reference to your name, from the interview.

Participant Signature: ______________________ Date: ________________

Please keep one copy of this form for your own records.

Participant Request for Final Report: Yes______ No_____

Address to forward:

Email ____________________________
Mailing ______________________________________________________________________
## Appendix G: Word Frequency

### Signature Project Word Frequency (top < or = 200 words)

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<td><strong>Workplace</strong></td>
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<td><strong>Yoga</strong></td>
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<td><strong>Manager(s)</strong></td>
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<td><strong>Communication</strong></td>
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<td><strong>Participate</strong></td>
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<td><strong>Senior</strong></td>
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<td><strong>Safety</strong></td>
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<td><strong>Plan</strong></td>
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<td><strong>Financial</strong></td>
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<td><strong>Involved</strong></td>
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<tr>
<td><strong>Try</strong></td>
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<tr>
<td><strong>Physical</strong></td>
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</table>
### Manual Observation of Word Phrases for Themes on Healthy Workplace

<table>
<thead>
<tr>
<th>Community Involvement</th>
<th>Executive provide consent for it to take place</th>
</tr>
</thead>
<tbody>
<tr>
<td>Happy healthy employees, healthy, healthy business, and healthy happy customers</td>
<td>Healthy workplace because a healthy, happy workplace is more productive workplace you get more done, save money &amp; have less down time. Employee perspective if they are healthy &amp; happy &amp; not sick or injury they will like to come to work.</td>
</tr>
<tr>
<td>Managers volunteer support</td>
<td></td>
</tr>
<tr>
<td>HR Commitment</td>
<td>HR pushes</td>
</tr>
<tr>
<td>Values and integrity</td>
<td>Listen to its employees rather than just sloughing them off</td>
</tr>
<tr>
<td>Consistent message</td>
<td>personal thing with everybody</td>
</tr>
<tr>
<td>Listen and communication</td>
<td>attitudinal, educational</td>
</tr>
<tr>
<td>Budgets (Corporate &amp; Personal)</td>
<td>Tone from the top</td>
</tr>
<tr>
<td>Absenteeism</td>
<td>Absenteeism</td>
</tr>
<tr>
<td>Turnover rates</td>
<td>Measure employee Turnover</td>
</tr>
<tr>
<td>Partnerships</td>
<td>Encouraging sponsorships</td>
</tr>
<tr>
<td>Attendance Management</td>
<td>Measure attitude</td>
</tr>
<tr>
<td>Leadership pledges/mission statement</td>
<td>Take little bit side chunks</td>
</tr>
<tr>
<td>Team Care values are instilled</td>
<td>Safety and team meetings</td>
</tr>
<tr>
<td>Team meetings</td>
<td>Making it just about cost then you send the wrong message to employees</td>
</tr>
<tr>
<td>Management concern</td>
<td>Does not always have to be senior mgmt being actively involved but provide the env. &amp; opportunity for those who desire the support.</td>
</tr>
<tr>
<td>Not hear just to make money and keep working</td>
<td>Respectful workplace</td>
</tr>
<tr>
<td>Events</td>
<td>non-financial burden for people</td>
</tr>
<tr>
<td>One on one wellness sessions</td>
<td>Holistic, concerned with employees work environment, reasonable supports in place</td>
</tr>
<tr>
<td>Community initiative awareness</td>
<td>Executive are busy</td>
</tr>
<tr>
<td>Finding time for physical activity</td>
<td>Clinics</td>
</tr>
<tr>
<td>Running clinics</td>
<td></td>
</tr>
<tr>
<td>Benefit of employees Managers jump on board</td>
<td>H&amp;W Programs run by one individual was heading for HR</td>
</tr>
<tr>
<td>Show them Leaders have problems to</td>
<td>Leadership depends on what it is - sanctioned or sponsored by the company than obviously comes from the top.</td>
</tr>
</tbody>
</table>
### Appendix H: Manual Phrase Recognition (Continued – Page 2 of 3)

<table>
<thead>
<tr>
<th>Company 2 Themes</th>
<th>Company 1 Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead by example</td>
<td>Support financially a number of activities</td>
</tr>
<tr>
<td>People believe in me and I believe in them</td>
<td>Employee bring events to the Company</td>
</tr>
<tr>
<td>Using the imagination</td>
<td>Donation Programs</td>
</tr>
<tr>
<td>Annual Wellness Fair</td>
<td>Once or twice a year have a talk on work life or have specialized talks</td>
</tr>
<tr>
<td>Ergonomics</td>
<td>Diabetes, heart health</td>
</tr>
<tr>
<td>WCB</td>
<td>Workers Compensation</td>
</tr>
<tr>
<td>OH&amp;S committees</td>
<td>OH&amp;S</td>
</tr>
<tr>
<td>Dental and medical</td>
<td>Benefit policies</td>
</tr>
<tr>
<td>EFAP Program</td>
<td>EAP Program</td>
</tr>
<tr>
<td>Programs</td>
<td>Wellness Programs</td>
</tr>
<tr>
<td>Doing things together</td>
<td>Financial investment in the welfare and health of their employees</td>
</tr>
<tr>
<td>Subsidizing</td>
<td>Mental Illness, respectful workplace issues, addictions,</td>
</tr>
<tr>
<td>Occupational Therapist</td>
<td></td>
</tr>
<tr>
<td>Mental Health</td>
<td></td>
</tr>
<tr>
<td>Walking Club</td>
<td>Walking Club</td>
</tr>
<tr>
<td>Smoking sensation</td>
<td>Smoking sensation</td>
</tr>
<tr>
<td>Things you can do with no money</td>
<td>Everything costs today</td>
</tr>
<tr>
<td>Scheduling</td>
<td>Scheduling sessions</td>
</tr>
<tr>
<td>Physical Activity on Breaks &amp; Lunches</td>
<td>Mostly paid time to attend. CC suggests using breaks &amp; lunches</td>
</tr>
<tr>
<td>Culture</td>
<td>Not enough encouragement, sensitivity</td>
</tr>
<tr>
<td>How society sees it health</td>
<td>Responsible for myself</td>
</tr>
<tr>
<td>Tie things together to keep people aware</td>
<td>It may not be all at the same time and June we have a speaker and I may be having the time of my life and don’t need to go.</td>
</tr>
<tr>
<td>Time commitment</td>
<td>People don't have time at home</td>
</tr>
<tr>
<td>Individual commitment</td>
<td>Engagement in their work</td>
</tr>
<tr>
<td>&quot;40&quot; age demographics</td>
<td>Aging Workforce</td>
</tr>
<tr>
<td>Incremental goals</td>
<td>Focus on exercise to build up their shoulders and knees</td>
</tr>
<tr>
<td>Healthy frame of mine and not stressed</td>
<td>Cultures and mindsets</td>
</tr>
<tr>
<td>Snowballs</td>
<td></td>
</tr>
<tr>
<td>Balance</td>
<td>Physical, emotional, balance</td>
</tr>
</tbody>
</table>
## Appendix H: Manual Phrase Recognition (Continued – Page 3 of 3)

<table>
<thead>
<tr>
<th>Company 2 Themes</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Payroll deductions</td>
<td>support gym membership to come off employee pay</td>
</tr>
<tr>
<td>Walking to Tim's and sitting at desk for breaks/lunches</td>
<td>Providing access to the ability to lead a healthy lifestyle</td>
</tr>
<tr>
<td>Good attitude to inspire a positive workplace</td>
<td>prompts health and good attitude</td>
</tr>
<tr>
<td>2 way communication</td>
<td>Should be mentioned at safety meeting on the programs available</td>
</tr>
<tr>
<td>Resolution of interests/concerns</td>
<td>low participation</td>
</tr>
<tr>
<td>Level of rules and things (relaxed environment)</td>
<td>Premiums increasing</td>
</tr>
<tr>
<td>Choice of programs internally vs. buying whole memberships</td>
<td>Bring in Professionals something on the internet that says how are you feeling today sort of like a little booster that lets you rate yourself because you don’t know how you are feeling until you have these choices</td>
</tr>
<tr>
<td>Daily wow's</td>
<td>Upbeat &amp; positive, self-talk</td>
</tr>
<tr>
<td>Positive Outlooks</td>
<td>Prompting healthy snacks by bringing in vs. unhealthy food</td>
</tr>
<tr>
<td>Adjusted Menus</td>
<td>Bright lights over cash and your head is just ready to explode and it was brought up and can we change these lights and the response was just turn some of them off. It does help when you shut them half off.</td>
</tr>
</tbody>
</table>
| Good maintenance (lighting, etc) | }