Advancing Employee Engagement through Implementation of a Healthy Workplace Strategy

Understanding organizational health, culture and environment to create an evidence-informed strategy

CCHSE Fellowship Paper

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KEY MESSAGES

River Valley Health strives to be a Canadian leader in terms of workplace health. This goal is based on and guided by the following research and knowledge:

1. Significant focus is placed on recruitment in the healthcare industry. Although this is important, healthcare organizations must also recognize the criticality of retention to the long term sustainability in this industry and renew efforts to create workplace environments that inspire and engage employees.
2. The traditional concept of health, as individual responsibility and the product of only individual behavior, is changing. There is recognition that personal health is influenced by factors both internal and external to the individual. In this sense, successful healthy workplace strategies focus on workplace wellness and employee well-being in a broad sense. Together, the impact of physical health, workplace culture and environmental work/job design conditions on employee performance and productivity can be used to assess the overall health of the organization.
3. There is a recognized relationship between employee engagement and the extent to which an organization is concerned for employee health. "Of fundamental importance to engagement (is) a commitment to employee well-being… demonstrated by taking health and safety seriously, working to minimise accidents, injuries, violence and harassment, and taking effective action should a problem occur" (Robinson et al., 2004). Focusing solely on health promotion or corporate occupational health and safety policy will not result in long-term advancement of employee engagement, or in the creation of a healthy workplace. To create and sustain a healthy workplace and engage employees, initiatives must focus on improving corporate culture and environmental/job design conditions.

4. A growing body of literature suggests that targeted workplace health interventions, sustained over time and embedded in culture, will result in both improved organizational performance and engagement of staff. "Given the costs of ill health, and pressing issues such as the serious challenges of an aging workforce, there is a 'bottom-line' incentive for employers to focus on a healthier workplace" (CCIH, 2002).

EXECUTIVE SUMMARY

There is increased focus on the quality of work life in health care due to the significant shortage of health professionals, and the realization that those already in the field are struggling under the burden of heavy workloads, limited resources, and rising consumer expectations and demands. Evidence supports the overwhelming toll that the demands of healthcare delivery have on the lives of workers. In the last six years, healthcare employees (nurses, technical and support) missed more time from work due to personal illness or injury than all other occupations in Canada (CIHI, 2006). Days lost were double the national average for all six years. The trend for healthcare workers in New Brunswick is similar- days lost due to personal injury or illness are 56.8% higher than the total of all NB industries for the same six year period (Statistics Canada, 2006).

While health professionals have the highest commitment of any occupation in Canada to their work, they have the lowest commitment to their employers (CPRN-Ekos, 2002). Lowe (2002) concludes that "health professionals have the weakest employment relationships on…trust, commitment, communication, and influence…of any occupation in Canada, including unskilled manual and service workers." Research shows that these findings can be addressed by organizations that commit to a comprehensive approach to workplace health. Over the last three years, recognition of the growing need for leadership in workplace reform has prompted the World Health Organization, Canadian Council on Integrated Healthcare, Conference Board of Canada, and Canadian Council on Health Services Accreditation to acknowledge health of the workforce as a critical component of health service delivery sustainability. Tangible support for an acceleration of the healthy workplace agenda occurred in December 2005 when ten leading national healthcare associations and organizations began actively advocating for a stronger

Canadian emphasis on workplace health through the Quality Worklife-Quality Healthcare Collaborative.

Research consistently identifies three guiding principles of successful programs. That is, healthy workplace strategies must be comprehensive in nature, focused on the employees needs, and perceived to be a partnership effort between the employer and the employee.

In 2004, River Valley Health (RVH) officially recognized the importance of workplace health and established *Strong People-Strong Partnerships* as one of four strategic directions for the organization. As such, there was an explicit commitment to focusing on the health and well-being of employees, and to improving the overall safety of the environment. This direction was implicitly tied to evidence demonstrating that specific workplace health initiatives vary from organization to organization because of differences in demographics, management philosophy, culture and history. Given these fundamental differences in organizations RVH began the process by developing an understanding of the unique characteristics of its health workforce and environment, recognizing that improved worker engagement is a realizable outcome of a healthy workplace strategy.

This intervention project was designed to develop an organization-wide healthy workplace governance structure; to assess, through a combination of approaches, the health risks of its employees; and to initiate an approach to implementation. To inform this work, the intervention project was expanded to include a comprehensive health risk assessment (HRA) and organizational survey. The results were aggregated and presented to all staff at the launch of the Healthy Workplace Initiative in October 2006. The final report includes analysis and interpretation of individual, organizational and musculoskeletal health data, along with recommendations for practices, polices and procedures. The findings and recommendations are

being used by the Healthy Workplace Steering Committee (HWSC) to guide the development of programs, policies and approaches that will make RVH a national leader in workplace health.

There are both individual and organizational challenges associated with an intervention project such as this. Encouraging employees to take active and concrete personal steps towards health promotion and prevention is difficult. Traditional change management strategies must be supplemented by an application of the theory of planned behaviour, and this must be incorporated into the development of programs that are targeted at staff with different levels of understanding and intention, and at varying stages of the change cycle. Initiatives must be phased, transparent, aligned, and well communicated.

This paper will demonstrate how research has been used to inform direction of RVH in its' journey to create a healthier workforce, an environment that is conducive to excellence, and a culture that promotes healthy relationships and lifestyles.

INTERVENTION PROJECT REPORT

Context

Organizational Context and Climate

Situated in west-central New Brunswick and spanning 23,251 square kilometres, River Valley Health (RVH) is the largest geographic region in the province. The regional health authority is comprised of an integrated network of hospitals, health centres, and specialty care programs that provide a broad range of healthcare services to 166,000 residents or 21.7% of the province's population. Care is provided in nine in-patient facilities (including the provincial tertiary rehabilitation facility, addictions and veteran's long term care) and four comprehensive Extra-Mural home care units. In addition, staff provides service to residents on an out-patient basis through community-based Mental Health and Public Health programs, nine community health centres and a collaborative practice. RVH employs 3900 people. Over 21% of all healthcare workers in New Brunswick work in this region.

In 1992, the Province of New Brunswick restructured healthcare to create eight regional hospital corporations from the previous 52 independent hospitals. Local autonomy was substantially affected by this restructuring, buy-in to the new structure was poor, and communities were in a state of turmoil. In 1996, the care delivery units of the Extra-Mural Program (home care) were integrated despite the protest of staff and management.

In 2002, healthcare was once again restructured. While eight organizations remained, they became Regional Health Authorities (RHA) with expanded responsibility for all community-based healthcare delivery within the geographic area. As such, the RHA became accountable for Public Health and Community Mental Health. It took three years for this transfer of responsibility to occur.

For more than a decade, RVH has also been immersed in system redesign. Virtually all facilities were downsized in 1992. A community hospital in the south of the region was closed in October of 2002 and converted to a community health centre. In the north of this region a new 70-bed district hospital was built and opened in November 2007. Initially, the new facility was intended to consolidate services offered in four facilities, two would close permanently and two were to substantially downsize. Despite the significant enhancement of services (MRI, bone densitometry, cardiac echo and increased surgical services), there was a volatile reaction from community and medical staff. As a result of public and health professional outcry, this decision was reversed soon after the provincial election in 2006, which saw a change in governing party. The new hospital now replaces two existing facilities, leaving services and beds in the other two communities untouched.

There is evidence that the decade of change has had a negative impact on people and service sustainability. The HRA results demonstrate decreased morale of staff in the rural part of the region compared to those in the urban, a turnover rate for nursing that is higher than the provincial average, and difficulty in recruiting and retaining staff. Regional human resource statistics highlight that the situation is further exacerbated by the age of the workforce (average 42), and the imminent departure of many baby boomers (+13% employees > 55 yrs). It is anticipated that the decreased supply of graduating health professionals and the availability of alternative employment opportunities in the adjacent U.S. state of Maine will also affect stability of the workforce in RVH.

Evidence also indicates that system restructuring and rationalization increases employee turnover and decreases employee productivity and engagement (Morell et al., 2002). Research demonstrates that job insecurity, lack of job control, role stressors, work scheduling difficulties, and problematic interpersonal relationships, along with individual preferences, needs and job

content significantly affect performance and retention (DeBoer et al., 2002; Polakoff et al., 1990; Lowe, 2002). Thus, this continuous redesign of the healthcare system has likely had a destabilizing effect on the human resource of RVH and supports the relevance and importance of this healthy workplace initiative.

Intervention Project Context

In the fall of 2004, following an intensive consultation process, the Board of Directors of RVH released a four-year strategic plan. The third of four directions, *Strong People-Strong Partnerships*, commits RVH to "the cultivation of a rewarding work environment and to becoming an employer and partner of choice." Under this direction the strategic plan identifies specific initiatives that will further the development of: a culture of learning and development; **a safe and healthy workplace;** supported and enhanced recruitment; new and strengthened partnerships, and a strong research focus.

Prior to release of the strategic plan, a three-year concerted effort had been made to reduce sick time and increase performance. Return to work policies, attendance management programs, WHSSC and performance review systems were implemented to positively affect the bottom line of the organization. For the most part these programs produced quantifiable positive results. Laterally, however, the organization has recognized that sustainability of these results without a longer-term "assets view" of the workforce is unlikely.

New initiatives were also developed over the last few years to address quality of work life. These initiatives included a nursing recruitment and retention plan, expansion of employee and family assistance programs, implementation of annual performance review for non-bargaining and bargaining staff, and implementation of an integrated leadership program and philosophy. Although each useful in their own way, these disparate activities evolved over time without an

integrated framework or structure, without clearly integrated objectives or goals, and with no real way to capture or measure the impact on employees. The intervention project focused, therefore, on developing an overall structure and framework.

To inform this approach, an HRA was undertaken that consisted of physical testing of staff for blood glucose, cholesterol, blood pressure, weight, and height and body mass index. Information was also collected (via on-line staff survey that was completed as part of the HRA) on workplace culture, individual health practice, and environmental impacts on physical health.

The findings of the assessment were presented to the Healthy Workplace Steering Committee, Senior Management, and the Board of Directors and to all staff at the launch of the Healthy Workplace Initiative in October of 2006. The 205-page report includes an executive summary, methodology, analysis and interpretation of individual, organizational and musculoskeletal health data, broad recommendations, data charts and references.

Problem Statement

"What facilitating conditions or strategies must be implemented to promote adoption of a healthy workplace that addresses issues of social culture, management and leadership; promotes safety of the workplace and encourages modification of unhealthy organizational and staff practices?" The questions that guide this research are as follows:

Do workplace health promotion initiatives have a long-term positive impact on employee engagement and on individual, organizational and societal outcomes?

What is the most effective approach to establishing a baseline index for employee health and engagement?

Is there a significant relationship between a healthy workplace and the improved performance of the organization as demonstrated by increased patient/client satisfaction, organizational productivity, employee retention, and employee safety?

Evidence Review

Sources

The initial review for this project focused on identification of research evidence from scholarly literature/research, including ABI Inform, Ebsco, PubMed, Cochrane, and Wiley Science. Additionally, web searches such as Google Scholar were used to identify relevant conference and commission proceedings, and commissioned reports.

Despite the number of articles written on this subject, and existing evidence of individual factors relating to human resource management in healthcare, there is an absence of randomized controlled trials and a scarcity of systematic reviews or meta-analyses related to healthy workplace and its relationship to performance of healthcare organizations. The majority of research evidence that has integrated and analyzed groups of factors associated with effective human resource management in healthcare has been found in the psychology and behavioral sciences collection and in management journals containing indexes and abstracts from business and interdisciplinary resources. There is also a significant volume of research related to job satisfaction and an emerging recognition of the relationship of job satisfaction to engagement and performance.

The Conference Board of Canada, the National Quality Institute, the Canadian Council on Health Services Accreditation and the Centre for Management Evidence offer insight into key trends and issues in the areas of human resources, strategy, quality and organizational effectiveness through research on best practices. Industry journals and publications were

identified to provide evidence from other industries relative to the impact of health promotion on the performance of the organization, and on the engagement of employees. In conducting the search for relevant research, the following key words were used: healthy workplace, quality workplace, health promotion, workplace wellness, employee engagement, healthy workplaces and cost efficiencies, and change management.

Statistics Canada, the Government of New Brunswick, and Canadian Institute of Health Information were sources of human resource trend analysis and statistics. The following sources of utilization data were used to establish benchmarks: RVH Human Resource and Utilization data; Medavie Blue Cross RVH inConfidence data; Medavie Blue Cross RVH inConnection data; Medavie Blue Cross prescription drug data; Medavie Blue Cross extended health data; NB Health Human Resources Supply and Demand Analysis, 2002; and RVH health risk assessment data.

RVH decision support and human resources department were sources for indicator data and analysis. RVH and the Government of New Brunswick historical employee and customer satisfaction survey results were reviewed to evaluate applicability to this project.

Other secondary research was conducted in an effort to determine depth of organizational knowledge related to the concepts of a healthy workplace. Sixty managers and front-line staff members were surveyed informally via e-mail, and responses were tabulated and grouped into key themes. The response to this survey was used as a starting point for discussion of research findings and how they pertain to RVH culture, context, and expectation.

Secondary research was also conducted by a research summer student to develop an understanding of structure, approach, and policy in best practice organizations in Canada. Following an informal survey of over thirty organizations relative to healthy workplace practice, a telephone survey was conducted with eight leading healthcare organizations using a

standardized questionnaire. Results from this exercise were used to inform development of governance structure and policy for RVH.

Assessment

Over the last five years, there has been a growing recognition that supply of healthcare providers is just one part of the equation in ensuring an adequate body of health human resources. The Canadian Council on Health (CCHSA) identifies that support of existing workers is also an integral component of employee retention. The Council suggests that organizations must create quality of worklife, defined as "a work atmosphere conducive to performance excellence, full participation, personal/professional and organizational growth, health, well-being, and satisfaction", by offering ongoing education to increase knowledge and skills, a safe and healthy workplace, and work-life balance in order to ensure adequate numbers of providers in the future.

Notwithstanding this, few Canadian health service organizations have developed comprehensive strategies to address work environment issues. This could be due to the lack of scientific evaluation of the effect of such strategies. Makrides (2004) indicates that despite methodological concerns, the weight of evidence suggests that a comprehensive approach to workplace health promotion will assist employees and employers in creating healthy workers and healthy workplaces.

There is support for this conclusion. The World Health Organization (2006) recognized that the workplace is the single most important channel to systematically reach the adult population through health information and health promotion programs. "The workplace directly influences the physical, mental, economic and social well-being of workers and in turn the health of their families, communities and society. It offers an ideal setting and infrastructure to support the

promotion of health of a large audience". This broader societal impact is also recognized by Lowe (2004), Duxbury (1999), and the Industrial Accident Prevention Association (2004).

Further, in its November 2002 final report *Building on Values*, the Commission on the Future of Healthcare in Canada reported that lack of human resource planning has contributed to the decline in quality of work life for health professionals. They cited that low morale (attributed to working longer hours under more stressful conditions); concerns regarding scope of practice, shortages among several professional groups, and the trend toward "poaching" of scarce health professionals across regions/jurisdictions are all key issues that must be resolved. The report concludes that what is required is "a fundamentally new approach to the people side of the healthcare system – treating employees as assets that need to be nurtured rather than costs that need to be controlled" (Koehoorn et al., 2002).

This discussion leads to the important question of what, specifically, is a healthy workplace? The traditional concept of health as largely the product of individual behavior and individual responsibility is changing. There is a growing recognition that personal health is also influenced by a number of factors that are outside the direct control of the individual. Three of the elements that research indicates are contained in successful healthy workplace strategies will be discussed further in this paper. They are: a comprehensive committed approach to workplace wellness, partnership between employer and employee, and a focus on employees needs.

The national Quality Worklife-Quality Healthcare Collaborative (QWQHC) defines a healthy healthcare workplace as "a work setting that takes a strategic and comprehensive approach to providing the physical, cultural, psychosocial and work/job design conditions that maximizes the health and well-being of healthcare providers, quality of patient outcomes and organizational and system performance" (QWQH, 2005). This definition highlights the multiplicity of factors that impact on an employee's performance. It recognizes that health of

employees in the workplace requires an action plan and strategy that is far broader than the traditional occupational health and safety approach of the last two decades.

There is support for this expanded definition of workplace health. According to Lowe (2002) the "research on workplace health promotion…healthy organizations, converge around the importance of supporting employees to be effective in their jobs in ways that promote, but not compromise, their health. The ingredients include leadership that values employees as key assets, supportive supervision at all levels, employee participation, job control, communication, opportunities to learn, and a culture that gives priority to work-life balance and individual wellness".

The World Health Organization (2006) also recognized that coherence between an individual's healthy living choices and an organization's comprehensive workplace health promotion activities must be achieved in order to realize long term benefit. They describe the move away from "health promotion activities in the workplace" that focus on single risk factors such as prevention of heart disease, or a focus on altering health practices and behaviours, to more comprehensive workforce health promotion initiatives, that include personal, environmental, organizational, community and societal factors and integrate policies, systems and practices that influence health at all levels of the organization.

There is concurrence, then, that a *comprehensive committed approach* to workplace wellness is a critical requirement if organizations are to impact the overall health of the individual, the performance of the workplace, and potentially the health of the community. This becomes the first required element in a healthy workplace program.

Dr. Martin Shain defines a healthy workplace as "….an approach to protecting and enhancing the health of employees that relies and builds upon the efforts of employers to create a supportive management culture and upon the efforts of employees to care for their own well-

being (Shain, 2001). There is a body of evidence that supports this concept of mutual responsibility and the impact that shared control or influence has on commitment to the organization and on overall health of the employee (Meyer et al, 2001; Lowe, 2002; Kelloway et al., 2005). The CHSRF Policy Synthesis, *Commitment and Care* summarizes major issues relevant to nurse's well-being that were found in literature review, interviews and focus groups. This comprehensive review of the quality of worklife for nurses supports *partnership between employer and employee* as a second critical element of a successful healthy workplace approach.

This second construct of a healthy workplace is supported in the Canadian Policy Research Network's (CPRN) *Changing Employment Relationships (CER) Project,* which identifies that employment relationship factors are strongly predictive of a number of important workplace outcomes, including job satisfaction, turnover, and absenteeism. Moreover, they report that "a supportive work environment is the crucial factor in creating robust employment relationships".

This concept of supporting employees to be effective is prevalent in the healthy workplace research. Roget's Interactive Thesaurus defines support as "to encourage", "to help", "to cheer on", "to aid or assist". It implies a consultative rather than directive role for management of the organization. While it is expected that healthy workplaces will deliver increased quality of service and economic gain, the focus must not be on maximizing economic benefit to the organization but on maximizing quality of life benefit for employees. Organizational practices that support employees tend to be seen as commitment to employees by the organization, resulting in a positive work environment that increases the quality of work life (Barling, Kelloway and Iverson, 2003). *Focus on employees needs* is the third element of a healthy workplace program.

These then, are the basic and underlying constructs of the healthy workplace approach to long term retention of staff. They suggest that a broad focus on workplace psychosocial,

physical and policy factors will create an environment in which employees feel valued, have input, have some measure of job control, and have opportunity to improve health status, and will in turn will lead to improved employee engagement and ultimately to improved organizational performance.

Saks (2006) identifies that the Social Exchange Theory (SET) provides a theoretical foundation that helps us to understand the relationship of employee engagement to healthy workplace programs. In essence, Saks concludes that "the amount of cognitive, emotional, and physical resources that an individual is prepared to devote in performance of one's work role is contingent on the economic and socio-emotional resources received from the organization". In other words, investment by the organization in the constructs and programs that contribute to "a healthy workplace" will create the foundation for improved employee engagement leading to increased retention as well as improved individual, organizational and, ultimately, societal outcomes.

There is also an economic argument and evidence for taking a healthy workplace approach. In 2004 CIHI estimated that Canadian healthcare expenditures topped 131.8 billion dollars. This represented approximately 10.3% of Canada's GDP. In 2006, the largest category of spending (hospitals) is projected to be 39.9 billion which represents 30.3% of total healthcare spending. It is estimated that approximately 70% of this expenditure (or 27.8 billion dollars) relates to remuneration for physician and other healthcare professionals in the hospital setting (Health Personnel Trends in Canada, July 2006; National Health Expenditure Trends 1975-2006, 2006).

Given that a significant proportion of total national healthcare expenditures are for providers within the hospital system, healthcare organizations have a public accountability to ensure efficient and optimal utilization of health human resources. There is evidence that this is not occurring. The Statistics Canada Labour Force Survey documents nurses, technical and

support healthcare staff missed more time from work due to personal illness or injury than all other occupations in Canada, for each of the last six years. Healthcare days lost were double the national average for all six years. The trend for workers in New Brunswick is similar- days lost due to personal injury or illness are 56.8% higher than the total of all industries for the same six year period (Statistics Canada, 2006).

The CPRN-Ekos Changing Employment Relationships Survey found a strong correlation between absenteeism and organizational commitment. The results show that health professionals have the highest sick time and the lowest commitment to their employer of any occupation in Canada while at the same time having the highest commitment to the work itself. "The most striking conclusion from this benchmarking exercise is that health professionals have the weakest employment relationships on all four dimensions- trust, commitment, communication, and influence- of any occupation in Canada, including unskilled manual and service workers" (Lowe, 2002).

The CPRN-Ekos Study is a sentinel study for healthcare administration. The findings are significant. Firstly, from an economic perspective, low level of commitment has a direct relationship to operational expenditures for sick time. Secondly, level of commitment to your employer has a direct correlation to your intention to stay in or with an organization, which has a direct impact on both your turnover cost and on overall quality of organizational performance (Harter et al., 2002).

Intervention Model and Strategies

Objectives

The short-term objective of this project was to develop and implement an overall governance structure that would ensure sustainability of the healthy workplace initiative.

The mid-term objective of this project was 1) to implement an employee health assessment to evaluate the current status of workplace culture through a staff survey and as a result establish a baseline index for employee engagement; 2) evaluate the physical health of employees in the organization by offering health screening to all employees; and 3) use the results of the staff survey and the aggregated results of the health risk assessment to inform development of a Healthy Workplace Strategic Plan, in conjunction with analysis of internal data, benchmarking, and review of research findings.

The long-term objective of this project is to develop and maintain a culture that values and promotes a healthy workplace through the achievement of sound health practices, strong organizational procedures, and leadership at all levels. A second long-term objective is to attain the National Quality Institute's *Healthy Workplace Award* of the Canada Awards for Excellence program by 2009.

Model and Methods

An overall governance structure that would ensure sustainability of the healthy workplace initiative was developed as a first step. The outcome was creation and adoption of a Healthy Workplace conceptual model (Appendix A), and development of RVH Steering Committee Terms of Reference (Appendix B), Call for members and selection criteria (Appendix C), Communication strategy (sample Appendix D), and HWSC values (Appendix E). This activity was guided by the findings of a comprehensive literature review outlined in section 3.3.1, and the results of a survey to assess best practices of leading healthcare organizations (Appendix F).

Intervention design then focused on the establishment of the components of the health risk assessment. Based on review of the 2003 Vital Statistics report it was decided that HRA tools with Atlantic database content would provide a better opportunity for comparison and

analysis of RVH results. This allowed comparison of the organization to the larger community. An unanticipated benefit of this approach was that the alignment of our results to the larger Atlantic population allowed RVH to depersonalize the findings and avoid the creation of a situation in which employees felt that "blame" was being attributed.

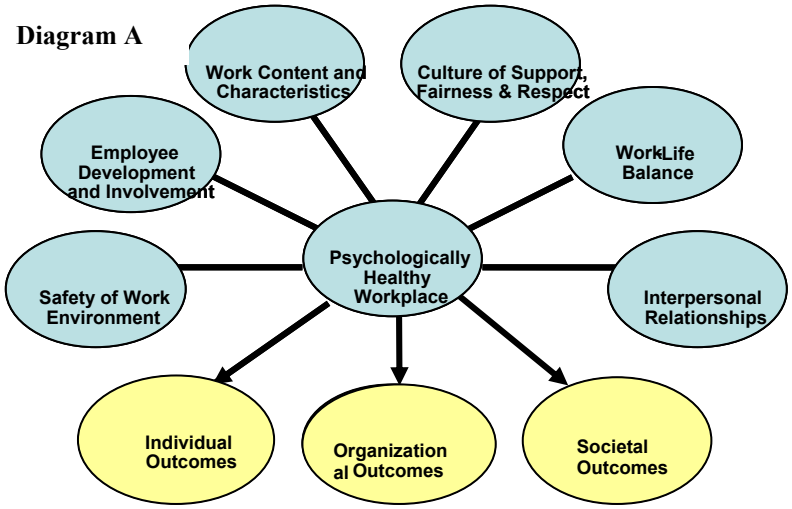
A systematic analysis (Scott, 2003) was assessed to understand the key instruments that measured organizational culture, and to determine if there were validated tools available that could be applied to this intervention. The conclusion of the analysis was that the choice of instrument should be determined by how organizational culture is conceptualized by the research team, the purpose of the investigation, and the intended use of the results. Given this, the RHA decided to implement the Healthy Workplace Questionnaire developed by the research affiliate of Creative Wellness Solutions, Atlantic Health and Wellness Institute (AHWI). The division of results followed the format of their tool and measured the three components identified in this organizations healthy workplace model: practice, environment and culture.

The AHWI questionnaire consisted of 70 questions. Forty related to personal health and lifestyle as measured with The Personal Wellness Profile^{TM}. This proprietary tool is a health and lifestyle assessment tool that is based on national guidelines and rated by the Centre of Health Promotion, University of Toronto and validated by the University of Southern Florida.

A further nineteen questions related to organizational health/workplace culture. Fifteen of these questions were a composite of items based on Gallop's top 12 drivers of business outcomes, and the Sears Employee Index and mapped to the psychologically healthy workplace model proposed by Kelloway and Day, which suggests that workplace health is related to safety of work environment, employee development and involvement, work content and characteristics, a culture of support, respect and fairness, work-life balance and interpersonal relationships at

work. The remaining four organizational health/culture questions were the validated questions of Shain's Business Health Culture Index assessing demand, control, effort and reward.

Diagram A



(Kelloway & Day, 2005)

The tools selected above were used to gather evidence or information that can then be used to identify healthy workplace initiatives (related to culture, environment, and health practice). Progress will be measured using the following core operational indicators which will be reported quarterly to the Healthy Workplace Steering Committee, Senior Management, Professional Advisory Council and the Board of Directors. Every three years, a health risk assessment will be conducted and indicators will be refreshed and analyzed to measure impact of initiatives and programs on the health status of employees. The RVH HW indicators, which map to the measures developed by the QWQH Collaborative and adopted by CCHSA, are attached in Appendix G.

A baseline of cost was established for the initial introduction of the HRA to River Valley Health. The following table delineates the investment for this activity, and extrapolates total cost to a cost per employee. It is important to note that development cost of marketing and communication tools have been included in this initial cost estimate. Approximately one month

of staff time was required for development of tools and communications materials. Infrastructure (technology, etc.) was provided by the organization for the duration of the project. The estimated value of this is included in the table below.

HRA Estimated Costs	Net Cost	Cost per Participating Employee
Clinical Supplies (cholesterol strips, glucose strips, gloves, Kleenex, swabs, band aids, Virox wipes, gauze pads, sanitized, control solutions)	7530.49	4.59
Equipment (Cholesterol/Glucose Meter X 3, Body Fat Analyzer, Measuring Tape, Scale, Scale carrying case) (5 year estimated life expectancy, up front cost of 1250.90)	250.18	.15
Technology (Laptops, Printers. 3 year life expectancy, 3 month usage, up front cost of 10,000)	833.33	.51
Promotional Materials (incentives, communications, supplies)	9,070.00	5.52
Travel Expenses (Hotel, meals, gas, flight)	3,677.09	2.24
HRA Consulting	22,800	13.89
HRA Administration (salaries students, RN)	20,281.10	12.36
Total Direct Cost	**$64,442.19**	**$39.27**
Opportunity Cost (Completion of the HRA took approximately 35 minutes, occurred primarily during scheduled work time, and staff was not replaced during this period. The following therefore are expressed as lost opportunity costs: 150 Non-Bargaining @ 32.38/hr 133 SHCP @ 22.70 148 ParaMed @ 21.78 406 NBNA @ 26.94 731 CUPE @ 13.03	 2914.20 1811.46 1934.06 6562.58 5714.96	
Total Indirect Costs	**$18,937.26**	**$11.54**

Intervention Project Implementation

There is evidence that specific workplace health initiatives will vary from organization to organization because of differences in demographics, management philosophy, culture and history. Given this, RVH decided to begin the process by developing an understanding of the unique characteristics of its health workforce and environment. At the same time, RVH focussed energy on the development of governance structure and approach. The intervention project needed to be consistent with and demonstrate the three principles of a healthy workplace. That is, be *comprehensive and committed, demonstrate partnership between employer and employee,* and *focus on the needs of the employee.*

There were several reasons why this approach was used. Firstly, implementation of the HRA could run concurrent with the development of the overall governance structure required to ensure long term sustainability of this initiative. This approach allowed the Healthy Workplace Steering Committee to develop an understanding of the scope and inter-dependencies of a comprehensive workplace strategy without delaying engagement of staff.

Secondly, introduction of the HRA jump started the healthy workplace initiative. It engaged the entire organization in discussion about health and in taking action related to personal health promotion and illness prevention. Almost one out of every two staff members participated in the HRA process that ran from May 29 to August 7, 2006.

Finally, the HRA results provided information specific to the health needs of employees of RVH, resulting in initiatives that could be targeted to the high risk or high volume health needs of staff. The HRA allowed RVH to develop a baseline against which the effect of subsequent initiatives and activities can be measured. At the same time, it provided staff with immediate information specific to their own health and well-being, including educational materials and recommended actions.

It was important that RVH demonstrate that the Healthy Workplace initiative had both substance and action, a commitment to helping staff understand their own health needs, and a desire to engage staff in the discussion of how best to accomplish workplace transition. It was equally critical to long term sustainability to invest in the development of structure (policy, values, philosophy and management) that would ultimately support programs and services in the workplace. The approach for healthy workplace was determined by a working group that had been established to guide overall project performance, under the direction of the VP Health Information and the VP Corporate Services.

Prior to project launch, all staff received targeted communiqués related to the establishment of a healthy workplace governance structure. Employees were invited to apply for membership on the Healthy Workplace Steering Committee (HWSC). The selection process was transparent, and the CEO communicated directly with staff to announce the membership of the HWSC, and to encourage participation in the HRA itself. The Board chair addressed the entire organization during Healthy Workplace Week and spoke to the importance of a culture that supports staff in living well.

The Health Risk Assessment was undertaken. Based on participation rates experienced in other workplaces, RVH set an aggressive target of 50% of all staff. A schedule was established that ensured that the health risk assessment team visited twenty-three sites within the region, creating the opportunity for full staff participation. Pilot testing started on May 29, 2006 when thirty-two managers were invited to be healthy workplace “pioneers” in the pilot week of HRA testing. They helped the intervention team to identify barriers and challenges, and assisted in smoothing out the testing and questionnaire process. Through their involvement, they became ambassadors of the program and this had a significant impact on uptake.

The HRA consisted of physical testing for height, weight, waist circumference, blood pressure, blood sugar, and cholesterol and completion of the on-line questionnaire comprised of 40 questions assessing personal health and current lifestyle; 19 questions on work-related issues and culture; and 11 questions relating to recent pain or discomfort in specific body areas and impact of this on ability to work. Clinical testing took approximately 15 minutes; the on-line questionnaire took approximately 20 minutes.

All participants received their own personal wellness profile (PWP) based on the responses entered on the 40 questions assessing personal health and current lifestyle. The PWP health and lifestyle assessment tool that provides an individual with his or her wellness score, health age, current fitness and nutrition habits, and recommendations for preventative exams and actions based on specific personal needs. The eight page document identifies health behaviour and risks that require primary prevention strategies or actions and chronic disease risk factors for secondary follow-up.

The aggregated results of the 40 questions assessing personal health and current lifestyle were provided to RVH by AHWI. AHWI also coordinated responses on the two other components of the survey. Results of the 19-question culture survey were analyzed by AHWI utilizing the expertise of Dr. Mark Fleming, AHWI consultant and co-director of the CN Centre for Occupational Health and Safety. Results from the Musculoskeletal Survey were assessed by Dr. Sandra Curwin, adjunct professor of the Dalhousie University School of Physiotherapy. Participation of third party participants added credibility to the results of the survey.

Midway through the project, it was suggested that a formal ethics review would provide assurance that privacy and anonymity of staff were assured, as well as establishing the pre-requisite approvals for results or academic publications. Approval was received post implementation, with no requirement for revision or addendum. A secondary and unexpected

ethical process was also required prior to commencement of the intervention project. Concerns expressed by the head of Biochemistry relative to the accuracy of point of care (POC) screening for cholesterol resulted in a request to the Canadian Agency for Drugs and Technology (Health Technology Inquiry Service), for a health technology assessment. A referral of this matter to the bio-ethicist was also undertaken. The ensuing opinions supported continuation of approach.

Laterally, it was determined that the Healthy Workplace initiative should become a component of the RVH Community Wellness Strategy as a "community within the overall community". This will ensure that initiatives map directly to the New Brunswick Wellness Strategy, the Healthy Eating and Physical Activity Coalition of New Brunswick strategy, and the New Brunswick Anti-tobacco Coalition Strategy.

Results

The results from the Healthy Workplace Questionnaire were divided into three categories: personal health (practice), organizational health (culture) and musculoskeletal health (environment). It is important to note that the three elements (practice, culture, and environment) now form the basis for this organization's healthy workplace model and strategies and actions are mapped to these key areas. Appendix L contains the detailed summarization of results. The first draft was reviewed on September 14, 2006 and the final report was presented to HWSC and Senior Management on September 24, 2006.

Staff from 23 RVH sites participated in the employee screening which began on May 29, 2006 and continued until August 7, 2006. A total of 1641 employees (43% of total employees) completed the online Healthy Workplace Questionnaire. The sample consisted of 196 men and 1,445 women, which is representative of the gender composition of RVH. Employees self

selected to participate, however overall results had a strong correlation to provincial population health profile, indication that the sample was representative of the overall population.

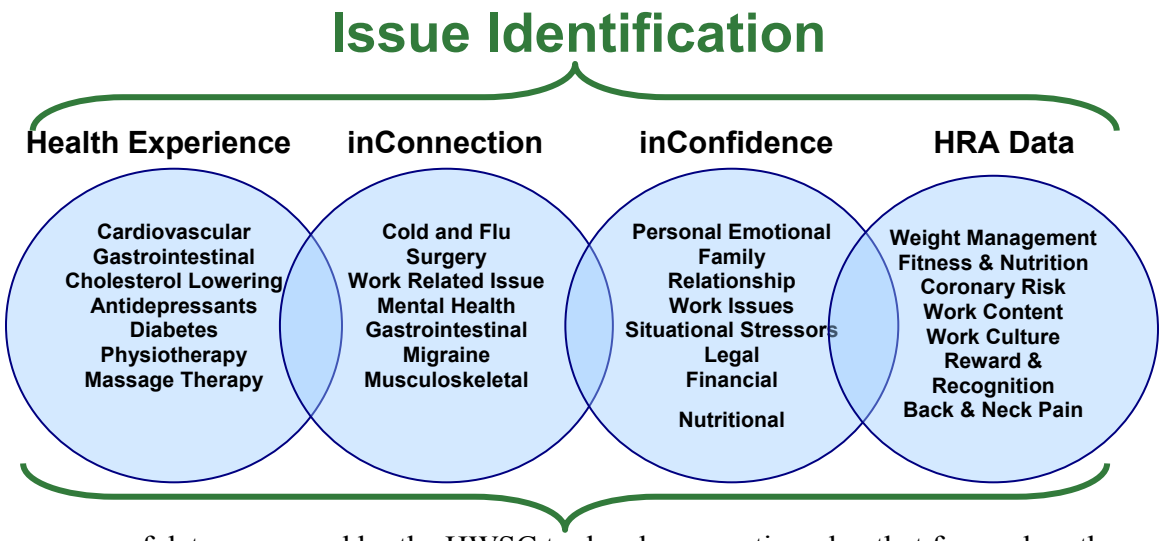
The physical testing component of the HRA concluded that employees' top four personal health needs include weight management (60% have a BMI >25), improved fitness (51% need to improve overall level of physical activity), improved nutrition (41% need to improve eating habits), and decreased coronary risk (50% had two or more modifiable risk factors).

Overall, the organizational health component of the health survey was positive. Results indicate that most employees perceive a culture of support, respect and fairness; an environment characterized by development and involvement; satisfying work content and characteristics; good work-life balance; and positive communication with colleagues. At the same time, respondents noted several areas for improvement. Only 53% of all respondents indicated that they believe that everyone strives to deliver quality work; 39% said that they were not encouraged professionally; 38% did not feel that their work contributed to the strategic direction of the organization; 34% showed concern about the working environment; and 31% indicated that they did not believe their manager cared about them as a person. Further, the Business Health Culture Index (BHCI) (Appendix L, Table 2) which consists of four scientifically validated questions that measure demand, control, effort and reward, showed that satisfaction in the organization is only marginally outweighing stress. These results are significant as research shows that in organizations where there is high organizational demand with low control and high effort with low reward, there is a potential for greater injuries, infections, conflicts, mental health problems, back pain, substance abuse, and certain cancers (Health Canada, 2000).

The findings of the musculoskeletal health component of the survey indicate that musculoskeletal disorders (MSDs) account for many cases of employee absenteeism. Many

employees have had one or more MSDs during the last 12 months (89%), and some reported that an MSD interfered with their normal work (15%).

The comprehensive results from the HRA were summarized and mapped against data from RVH Attendance Support Program (inConnection), Employee and Family Assistance Program (inConfidence) and drug claims data (Health Experience). There was a high level of correlation between all data sources. The aggregated view is presented in the following table.



The four sources of data were used by the HWSC to develop an action plan that focused on the key areas - cardiovascular, mental health, weight management, nutrition and fitness. Employing a CQI approach to workplace wellness (identify area of focus, review evidence, collect data, identify areas for improvement, implement small cycle changes through testing, refine, adapt), is relevant to any organization. For RVH, it was successful in creating opportunities for open dialogue with staff about health, health promotion, and organizational culture. Surprisingly, staff focus groups provided feedback validating that the specific area of focus was not as important as establishing, communicating and committing to a focus.

On October 23, 2006 the Healthy Workplace Initiative was formally launched and on the first day of Canada's Healthy Workplace Week a live video conference between all RVH sites

occurred. The Board Chair and CEO publicly recognized the strategic importance of the health and well-being of our staff, and reinforced the alignment of this initiative with the Strategic Direction "Strong People, Strong Partnerships".

Since that time, the organization has: attained National Quality Institute membership Level One certification; allocated healthy workplace human resources (coordinator and EXTRA fellow); realigned Employee Health Services to encompass staff safety; and established corporate policy. These accomplishments demonstrate the high level of organizational commitment to a healthy workplace.

Resources have also been allocated to establish a Workplace Safety Coordinator who is accountable for developing and implementing Safety and Industrial Hygiene Programs, providing guidance to personnel on occupational health and safety issues, and developing and recommending policies and procedures to reduce injuries and promote a culture of safety.

Targeted health promotion initiatives have been undertaken to raise awareness and generate interest of staff while a comprehensive strategy, addressing key issues identified in the HRA, is being developed. These include:

- Celebration of Healthy Workplace Week,
- 30 educational sessions related to shift work, family conflict, healthy heart, and peptic ulcer disease, and portion distortion,
- Elimination of fried foods in the cafeteria,
- Proposal development for "Inspire at Work" (asthma education and management),
- Cross Canada Challenge (promoting physical and mental healthy practices),
- Introduction of a Walking Club and Learn to Run program,
- Introduction of fitness centre in new facility, and

• Recognition months for individual professions celebrating health in the workplace.

Finally, activities are underway that promote and further a healthy workplace culture. These include the Integrated Leadership Program, Mentoring Program, Management Development Series (includes curriculum on respectful workplace, progressive discipline, labour relations, mediation and hiring) and Change Leadership Workshops.

The approach of this organization has been to design and implement strategic, comprehensive strategies that positively influence behaviour through health promotion, increased on site education (including targeted programs to assess risk), mass reach information strategies, expansion of key programs that impact culture and increased linkages to community based programs.

Although there has been considerable discussion about development and implementation of on-site physical activity programs, there is evidence that this approach may not derive long term benefit to employees or to the employer. A meta-analysis of thirty-two studies, focused on the impact of workplace physical activity initiatives that occurred in isolation of other initiatives, concluded there no evidence of sustained health improvement practices and only "some evidence of reduced absenteeism, inconclusive evidence of an effect on job satisfaction, job stress, and employee turnover, and no evidence for a positive effect on productivity", that resulted from the physical activity programs. (Marshal, A., 2004) Further, Marshall concluded "positively influencing behaviour in the workplace requires a shift in focus from individual/personal behaviour change to more strategic, comprehensive approaches…..so that intervention are not seen as short-term programs, but as part of the culture of the workplace". Given this, the approach undertaken by this organization in focusing on health promotion and awareness activities may have relevance and transferability to other jurisdictions.

LESSONS LEARNED

There are both individual and organizational challenges associated with this intervention project. Encouraging employees to take active and concrete personal steps towards health promotion and prevention is difficult. Traditional change management strategies must be supplemented by an understanding of the theory of planned behaviour. This must be incorporated into the development of programs that are targeted at staff that have different levels of understanding, and of intention and perceived behavioural control. Activities must be targeted to behaviours and activities that staff has a desire to change; initiatives must be transparent, aligned, and well communicated.

There is a steep learning curve around actual development and implementation of tools. In order to gain the required skills and develop a better understanding of how to design programs to impact personal behaviour, RVH partnered with the Atlantic Health and Wellness Institute. AHWI provided guidance relative to the delivery of the HRA, and built capacity within RVH. Partnership with an external organization was beneficial because it provided both implementation assistance and knowledge transfer.

Finally, sustainability of this project is a challenge given the size and geographic distribution of the region. It was important to create site specific "champions" who are both front-line and management staff. To accomplish this, members of the Workplace Steering Committee were selected to ensure participation from all sites and employee groups. They were active participants in the development of approach and strategy, and were integral to project success. In January of 2007, this group was supplemented by a senior staff member who, under the direction of the HWSC, will coordinate activity and ensure progress and momentum is maintained.

TRANSFERABILITY

The evidence is not definitive relative to strategies that will work in all settings. Although there may be a core group of practices that could be established, there is not agreement on what that "core group" consists of. For example, in the High Performance Work Systems (HPWS) studies, job security and training are always included, but newer HPWS evidence (Barling, J., 2005; Takeuchi, R., 2007; Zacharatos, A., 2005) shows that there is likely to be variability dependant upon the environment, organization, and people characteristics. "HR bundles, irrespective of their nature, are mutually reinforcing". (Wood, S., 2002). Given this, the approach undertaken by RVH is transferable within the Canadian healthcare setting. The defined starting point and the specific detail in approach, combined with the identification of constraints and challenges of the current context increases the potential for transferability of the tool (albeit an amended tool if that is warranted). Future work will include more research across organizations to determine which elements are the most critical for success, depending upon the context.

DISSEMINATION

There is a growing desire for information relative to this subject in New Brunswick and elsewhere. River Valley Health has been recognized provincially for their focus on workplace health as invited presenter to the Provincial Wellness Conference 2006, and as a participant in a panel discussion with industry leaders on workplace wellness strategies. RVH has also been invited to co-present the results of this initiative at the national 2008 Health, Work and Wellness Conference.

This project will further contribute to the development of knowledge in Canada through the publication of two articles. The first publication occurred in January of 2008 in CCHSE

FORUM. (Seymour, A., Dupre, Kathryne E. (2007). An organizational intervention aimed at improving employee health. Healthcare Management Forum, 20 (3), 10-13). The second article has been accepted for publication in the Journal of Health Services Research and Policy, anticipated in February of 2008. (Seymour, A., Dupre, K. (2008). Advancing employee engagement through a healthy workplace strategy. J Health Services Research Policy; 13 (Supp. 1): 35-40). Additionally, as a result of this work, the author has been invited to sit as Associate Editor, Health Policy and Practice, for the new International Journal of Workplace Health Management. In this way, there is an opportunity to influence international knowledge and dissemination of information related to workplace health.

The regional health authority intends to share approach, tools, results and progress by creating a "toolkit" of resources. By doing this, RVH will demonstrate leadership and commitment to the development of a provincial approach to healthy healthcare workplaces. This toolkit will include information on:

- **Governance** Healthy Workplace Steering Committee Terms of Reference, Values, Model, and Healthy Workplace Policy
- **Communications** Communications strategy and key communication templates including; Request for HWSC Application and Letter of Acceptance; Newsletter; Cross Canada Challenge; HRA posters; HRA pamphlet; Incentives program
- **Framework** Program logic model, evaluation methodology
- **HRA tools** Questionnaire; screening station set-up; training materials for blood pressure, cholesterol and anthropometric data; referral forms for physician follow-up cholesterol, blood pressure, blood sugar; value charts; weight and height conversion charts
- **Evidence** Bibliography of research, CADTH HTIS Health Technology Assessment results: POC cholesterol testing, best practices healthy workplace survey and results

NEXT STEPS

There are several major administrative activities that must be completed to move from planning to sustained action. Firstly, this organization must ensure adherence of all staff to the policy that has been developed based on the results of the HRA and research initiative.

Secondly, the HWSC must conduct focus groups to determine future initiatives that employees feel are important. The results of the focus groups, combined with the data collected from the HRA and questionnaire, must be used to create a strategy map that will guide the development of a five year action plan.

Finally, the HWSC must develop methods to calculate potential return on investment (ROI) related to impact of HW programming. The aggregated results will create a baseline measurement for the overall health of the workplace. A repeat HRA will be conducted every three years, targeting a reduction of one risk factor per employee, and signifying an overall improvement in employee health status. The organization has already begun discussion with AHWI and Medavie BlueCross to assess capability of these programs to develop RVH specific health and productivity estimates that will detail anticipated cost-savings based on the risk factor profile of employees and applying published Canadian cost data to actual operational expenditures. These estimates will establish baseline data against which future HRA results (anticipated reduction in risk factors) can be measured.

CONCLUSION

Research suggests improved worker health, job satisfaction, productivity, engagement, and retention are attainable outcomes of a healthy workplace strategy (QWQH, 2005; Polakoff, 1990). Opportunity for success is greater if the strategy is based on reliable and organizationally relevant data and an approach that is tailored to the specific environment in which it is being

implemented. To date, however, few Canadian health service organizations or provincial health jurisdictions have developed comprehensive strategies to address work environment issues and there is very little concrete material (e.g., policy, structure, programming) available to health care employers that would help to initiate and develop a healthy workplace approach (Shamian et al, 2007). By sharing the methodology, results and knowledge gained through organizational interventions such as the one outlined here, it is hoped that development of a best practice approach to healthy workplaces will be accelerated.

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Healthy Workplace Model for RVH

Appendix A

Culture

Promoting a healthy workplace where people feel valued, respected and satisfied in their jobs.

Environment

Creating a healthy workspace where people can perform in a safe environment.

Practice

Promoting healthy living practices to support our employees in achieving and maintaining a healthy lifestyle.

Appendix B

HEALTHY WORKPLACE COMMITTEE - TERMS OF REFERENCE

Preamble

River Valley Health believes that a healthy workplace is vital to the satisfaction and well being of its employees. A healthy workplace will positively impact the ability of all staff to contribute fully to the achievement of our vision and mission and will inspire employees to demonstrate the values of RVH.

Implementation of this Steering Committee is based on a belief that development of a healthy workplace is a shared responsibility of River Valley Health and its employees. A joint employee-management advisory committee will ensure that strategies and programs aimed at achieving a healthy workplace represent the needs, interests and priorities of all employees.

The RVH healthy workplace conceptual model will be based on the framework established by the National Quality Institute (NQI) Healthy Workplace in conjunction with Health Canada. The RVH model will consist of three inter-related elements (see Appendix 'A')

- Culture
- Practice
- Environment

Purpose

The Healthy Workplace Steering Committee will provide focused leadership and oversight in the development, implementation, communication and evaluation of an organization wide healthy workplace program.

Goals

To develop strategies that will help to improve overall health, wellness and satisfaction of employees.

To be recognized for our reputation of providing a safe and healthy workplace through the achievement of the National Quality Institute Gold Award for Healthy Workplaces by 2009.

Responsibilities

1) To promote, through communication, an increased level of knowledge about safety and wellness in the workplace.
2) To develop, implement, communicate and evaluate a multi-year healthy workplace plan.
3) To provide recommendations, develop new policies and strategies, and to review annually existing policies that may be required to ensure a safe and healthy workplace.
4) To increase the participation and the level of health and safety of staff by ensuring that healthy workplace initiatives are consistently offered in all RVH sites.
5) To meet or exceed applicable safety legislative requirements and hospital accreditation standards.
6) To establish and monitor indicators. Data sources could include health risk assessment survey, WHSCC claims data, employee injuries, attendance, health fairs, EFAP reports etc.
7) To work in collaboration with both internal and external service providers to ensure ongoing support and alignment of the corporation and the community in regard to wellness, health and safety

Guiding Principles
The Healthy Workplace Committee has adopted the Workplace Health Shared Values, a modification of the values of the Industrial Accident Prevention Association. (See Appendix E attached)

Composition
The committee should be representative of the composition of the organization including rural/urban representation and distribution of workforce. Ad Hoc working groups will be convened as required to support the mandate of the committee.

Membership
By application and not to exceed twenty five members.

Term of Membership:
The term of membership will be staggered with 50% appointment for two years, and 50% appointment for three years. Thereafter appointments will be every two years.

Meetings:
Meeting will be held six times per year in September, October, November, January March and May, or at the call of the chair as required.
A quorum of fifty percent plus one must be met in order to proceed with the meeting.
When making decisions, the Healthy Workplace Committee will strive for consensus. Consensus is defined as being able to live with, accept, and support a decision, where there is not total agreement.
Minutes will be taken at each meeting and distributed to Committee members within one week of the meeting.

Reporting Mechanism:
The Healthy Workplace Committee will report to the Senior Management Team and through the quarterly Strategic Plan update to the Board of Directors.

Roles and Responsibilities
Chairperson(s)
The Chairperson(s) will be appointed by the CEO. The Chair is responsible to:
- Draft the agenda for meetings and ensure minutes are recorded
- Preside over all regular and special meetings
- Prepare and present reports, with input from members, to Senior Management
- Set agenda, location and meeting dates with guidance from HWP Committee members
- Champion a healthy workplace
- Model workplace health shared team values
- Ensure the Committee's Terms of Reference are reviewed by the Committee annually

Members
Members are responsible to:
- Attend meetings and be prepared to discuss the items on the agenda
- Represent the interests of all members of the organization
- Participate in ad hoc groups or teams when specific tasks are required.
- Champion a healthy workplace
- Model workplace health shared team values

Appendix C

Healthy Workplace Steering Committee

Call for Members

Members of the Healthy Workplace Steering Committee will play a key role in influencing River Valley Health's approach to workplace wellness. As a member, you will be part of a dynamic team of staff, who will provide focused leadership and oversight in the development, implementation, communication and evaluation of an organization-wide healthy workplace program.

QUALIFICATIONS

Current staff member or member of the medical staff, of River Valley Health.

Willing to play a leadership role in establishing and championing healthy workplace policies and programs.

Ability to work collaboratively with others to advise on the development, implementation, communication and evaluation of a multi-year healthy workplace plan.

ROLE

As a member of the Healthy Workplace Steering Committee, you will bring knowledge and experience to the development of strategies that will help to improve overall health, wellness and satisfaction of employees. Your role will be to ensure that strategies and programs represent the needs, interests and priorities of all employees. Rather than requesting discipline specific representation, we are asking all appointees to be prepared to represent the interests of all staff irrespective of discipline or facility.

TERM

First appointments of voting members to the Healthy Workplace Steering Committee will be staggered, one-half expiring in December 2007, one-half in December 2008. All subsequent appointments will be for a two-year term.

For further information, please contact Tom Maston or Andrea Seymour at 452-5667.
Physicians should contact the President of the Medical Staff Executive.

DEADLINE FOR APPLICATIONS: APRIL 3, 2006

Appendix D

To all employees, physicians and board members:

I am pleased to announce our organization's most recent initiative to promote a safe and healthy workplace. As part of the commitment to our strategic direction, ***Strong People, Strong Partnerships***, we have established a Healthy Workplace Steering Committee. This committee will be responsible for playing a key role in River Valley Health's approach to workplace wellness. Thank you to all those who offered to sit on the committee.

Healthy Workplace Steering Committee:
The first members of the Healthy Workplace Steering Committee are:

Our next step – Employee Health Risk Assessment:
Your health is important to us. As leaders in health promotion and disease/injury prevention, we believe a safe and healthy workplace can have a significant and positive impact on the health of the people in our organization.

Our next step towards a healthy workplace is to collect information that will help to inform healthy workplace initiatives. We have engaged the **Atlantic Health and Wellness Institute (AHWI)**, an incorporated, non-profit organization that conducts research in workplace health promotion, to offer a confidential and private on-line health-risk assessment to everyone in the organization. Participation is voluntary, but we hope that you will take advantage of this opportunity.

How it works:
The **Health Risk Assessment (HRA)** is a tool for assessing personal health and current lifestyle. It involves completing an on-line questionnaire pertaining to physical activity, nutrition, stress, safety and general health. There will also be clinical data collection by University of New Brunswick nursing students that will include height, weight, waist circumference and blood pressure. A blood sample will be taken to measure blood sugar and cholesterol. On completion, you will receive an individual report that identifies potential health risks and recommends improvements.

The results are 100% confidential. **River Valley Health will only receive an overall group summary of the workplace from AHWI. No individual information will be supplied to RVH.**

More information will be provided as we move forward with this exciting health initiative. If you have questions, please feel free to contact Bonnie Fulton or Tina O'Connor in Employee Support Services.

John McGarry, CEO

Appendix E

River Valley Health

Healthy Workplace Steering Committee

Shared Team Values

Caring ***Integrity*** ***Excellence*** ***Respect*** ***Responsibility***

As members of the Healthy Workplace Committee we are role models for River Valley Health. We will exemplify the values of River Valley Health by:

- having a personal commitment to the principles of the healthy workplace system and to the promotion of health,
- respecting the confidentiality of all discussions in the meetings,
- respecting opinions and treating each other with respect,
- giving an opportunity to be heard and listening attentively,
- being open and honest in our communication with each other,
- recognizing and dealing with conflict openly and constructively,
- sharing responsibility for team process and outcome as equal partners,
- keeping an open mind to new and different ideas,
- fostering two-way communication between the committee and all employees of RVH,
- fully representing the interests of the whole organization,
- committing to follow through with what we say we will do,
- regarding set-backs as part of the process- taking a positive approach recognizing that sometimes we may fail because of uncontrollable outside forces,
- attending meetings, being on time for meetings, being prepared for meetings, and
- beginning and ending meetings on time.

Appendix F

Questionnaire to Identify Best Practices in Healthy Workplace Organizational Structure, Approach, Policy

RVH Goal: To develop a structure that supports, implements and sustains a healthy workplace, and also meets the criteria for NQI certification.

NAME OF ORGANIZATION:
NAME AND POSITION OF INTERVIEWEE:
RVH INTERVIEWER:
DATE:
1. Does your organization have a program or set of programs promoting health, safety, and wellness in the workplace?
2. If yes, what approaches or strategies has your organization used to ensure the success of your healthy workplace program? In other words, what resources (e.g., staff, dollars), structures, or policies have been put into place to support these initiatives?
Prompts
a) How is workplace wellness aligned to your organizational strategy? Are the vision, goals and communications strategies integrated with community health promotion and wellness?
b) Do you have resources dedicated to achieving a healthy workplace? Are these resources integrated with any healthy population/community health promotion strategies?
c) Where does ownership for your workplace wellness/healthy workplace program reside within your organization?
d) How is senior leadership involved?
e) Do you have corporate policies supporting a healthy workplace (health promotion/wellness/safety)?
f) Do you have a committee structure responsible for developing, guiding, and overseeing your healthy workplace program?
• Who is on this committee? (e.g. management, staff, physicians)
• Who leads the committee?
• What is its reporting relationship?
g) Do you have dedicated staff within the organization responsible for leading/managing your overall healthy workplace program/initiatives?
• If yes, please describe where they fit within the organizational hierarchy? (What department; reporting relationships). What is their role/responsibility?
• If no, how are responsibilities distributed and coordinated across the organization?
3. How have you integrated workplace wellness into your organizational strategy and measurement systems? (e.g. nurturing a culture of health/safety/wellness within your organization)
Prompts
a) How do you ensure awareness and uptake of your healthy workplace program across your organization?
b) How do you engage staff/physicians in building/sustaining a healthy workplace? (e.g. Do you have wellness mentors?)
c) What metrics are you using to measure the benefits/effectiveness of your healthy workplace program? (e.g. participation rates; adherence to ergonomic, safety, signage, and clean air standards in the workplace, injury rates, etc.)
4. What advice would have for organizations that are moving toward a formalized healthy workplace program? (lessons learned)?
5. Are you willing to share your health, safety, and wellness policies with RVH providing we acknowledge your organization if we incorporate your ideas into our own policies?

Appendix G

River Valley Health
Healthy Workplace Indicators

1. Core Operational Indicators:

Productivity Indicators

sick days per FTE
sick incidents per FTE
Overtime as % of total payroll
Turnover rate- % percentage of separations to total paid positions

Culture Indicators

# of grievances
# of harassment complaints
staff enrolled in leadership development
staff attendances at *Respect in the Workplace* in-services

Engagement Indicators

Training hours per FTE
% performance reviews completed

Organizational Success Indicators

% patient satisfaction with care (two indicators)
- # of behaviour/attitude complaints
- # of quality of care complaints

Safety Indicators

employee incidents resulting in harm
of needle sticks
# of back injuries

2. Health Risk Assessment Indicators

Engagement Indicators

Employee Engagement Survey indicators
- Development and Involvement (5 indicators)
- Work Content and Characteristics (6 indicators)
- Culture of Support, Respect and Fairness (2 indicators)
- Worklife Balance (1 indicator)
- Interpersonal Relationships (1 indicator)

Personal Health Indicators

Wellness Score
Health Age and Potential Health Age
% Health Risk Factors
% BMI ≥25
% Improve Nutrition
% Physically Inactive
% Moderate to High Coronary Risk

Organizational Success Indicators

Stress and Satisfaction Business Health Culture Index

Appendix H

Progress Towards Achievement of Key Milestones to January 14, 2007

Key Milestone	Activity	Status
1. Establish regional governance model and HWSC	Strategic Plan commits RVH to "the cultivation of a rewarding work environment and to becoming an employer and partner of choice".	Completed September 2004
	Healthy Workplace working group struck to establish preliminary framework for organizational approach to Healthy Workplace	Complete October - April 2006
	Limited sample survey conducted to determine mgmt culture related to healthy workplace (32 managers, 16 front-line supervisors, 25 HWSC members). October 2005	Complete October 2005
	Senior Management led regional forums to update staff on progress towards strategic plan, directions, and initiatives. Healthy workplace commitment reaffirmed.	Complete January - March 2006
	Literature review for Healthy Workplace commenced and survey conducted to inform development of HWSC Terms of Reference.	Ongoing January 2006
	Terms of Reference developed and approved by Senior Management	Complete March 2006
	CEO Invitation to staff requesting applications for Healthy Workplace Steering Committee	Complete March 2006
	Steering Committee selected.	Complete April 2006
	Healthy Workplace Steering Committee launched Terms of Reference and conceptual model modified and ratified. Values and guiding principles adopted. Working committees struck to develop Healthy Workplace week agenda, communications strategy, and certification approach. Validation of health risk assessment approach and key messages	Complete April 30, 2006 May 25, 2006 June 26, 2006 May 25, 2006
	Environmental scan conducted. Organizations contacted to provide information regarding approach, barriers, mitigation strategies, and evaluation methodology.	Complete December 2006
	Healthy Workplace Coordinator hired for term contract to ensure progress continues and current gains are sustained over time	**Complete * January 19, 2007**

Key Milestone	Activity	Status
2. Health Risk Assessment approach developed	Literature review conducted and approach developed regarding undertaking of organization wide health risk assessment. Components include physical health risk assessment- blood glucose, cholesterol, blood pressure, weight, height, calculated BMI on-line survey questions established: 19 culture, 40 health practice/history, 11 musculoskeletal pain	Complete December - March, 2006
	Contacted Trent University, University of New Brunswick, and Dalhousie University re: content development for culture survey	Complete November- March 2006
	Requested information and subsequently contracted Atlantic Health and Wellness Institute (through Dalhousie University)	Complete January - March 2006
	Health risk assessment approach developed including: Culture component of survey questionnaire developed based on Danielle Pratt balanced Scorecard, includes Martin Shain's validated Business Culture Survey questions, Gallup employee engagement survey, IES employee engagement survey University of New Brunswick nursing students hired to conduct physical testing and oversee survey completion Training sessions conducted for HRA team Space acquired in each of 23 sites, schedule developed for HRA screening clinics Technological approach developed (laptop computers, on-line HRA access through corporate intranet to Atlantic Health & Wellness secure site) Acquisition of POC screening technologies, scales, educational materials Development of on-line HRA procedures (informed consent, electronic privacy bulletins, privacy processes, questionnaire format) Development of physician referral forms for abnormal screening results (chol, glucose, BP) Incentives solicited (300+ prizes including 2 grand prizes - digital camera and get-away week-end) Water-bottles (2500) with slogan "Promoting a Healthier Workplace" for giveaway to participants HRA offer (over 1600 staff or almost 43% of all staff voluntarily completed HRA by August 4, 2006)	Complete April 2006 April - May 2006 May 2006 May 2006 April - May 2006 April - May 2006 April – May 2006 April - May 2006 April - May 2006 May 2006 June – Aug, 2006
	▪ Bioethics consultation occurred regarding validity of point of care cholesterol testing ▪ Research Ethics expedited approval	Complete April 2006 September 2006
	CADTH health technology assessment completed on the reliability of point of care cholesterol testing for screening purposes	Complete April 2006

Key Milestone	Activity	Status
3. Development of Communications Strategy	Healthy Workplace established as Strategic Direction for organization and communicated Quarterly to Board and organization via balanced scorecard report Annually to all staff through senior management strategic plan update forums	Ongoing
	Developed link on corporate intranet to communicate progress to staff via announcements and bulletins	Ongoing
	Developed HRA component of communications strategy Announcement of Healthy Workplace Steering Committee to organization (CEO) HRA presentation to Senior Management Communication Forum (Regional and Program Directors) Managers Forum (middle managers) Integrated Leadership Program cohorts 1 and 2 (32 middle managers and supervisors). This included pilot testing HRA tools and processes to ensure usability and comprehension Invitation to all staff to participate in health risk assessment (Co-chair VP's) Posters, e-messages, health risk assessment pamphlet (HWSC and HRA team) Follow-up messages and schedules (HRA team) Wrap up message. (Co-chairs)	Complete April 15, 2006 May 2, 2006 May 11, 2006 May 24-26, 2006 May 29, 2006 April-May 2006 Weekly July 20, 2006
	Healthy Workplace working committee struck to develop "Healthy Workplace Week" calendar of activities and communications strategy (Appendix G) and Health Promotion Activities (Appendix H)	Complete
	Communications working group established to develop strategic communications plan	Ongoing July 2006
Key Milestone	**Activity**	**Status**
4. Develop consensus and scientific approach	Developed and adopted conceptual model, framework, and principles. Ratified by HWSC and SM	March 2006
	Preliminary discussion with National Quality Institute included evaluation of current status, determination of requirements for NQI certification, understanding of the NQI model and PEP program	Complete July 2006
	Scheduled two day workshop to build consensus and common language. Planning underway.	Complete October 2006
	Internally evaluated NQI certification process and organizational impacts	Complete September 2006
	Obtained CCHSA and CHSRF draft papers to understand directions and purpose of the Quality Worklife- Quality Healthcare Collaborative and	Complete December 2006

	reviewed research to inform RVH processes	
	Dissemination of information internally (meetings, document circulation, distribution of minutes, posting of documents on corporate intranet.	Ongoing
	Reviewed methodology for culture survey with RVH internal research staff, examined five models and modified to reflect R VH environment, language and culture. Input from psychology staff to ensure appropriateness of psychosocial approach. This broadened understanding.	Complete May 2006
Key Milestone	**Activity**	**Status**
5.Implement and Promote Health Risk Assessment	Deployed regional team to 23 sites, communicating opportunity through internal messaging, posters, bulletins, intranet, and flyers	May 29 2006 Complete August 7, 2006
	Provided direction to regional managers through Senior management Communications forum to ensure staff were encouraged and enabled to participate during regular working hours	Complete 0June 2, 2006
	Provided health risk assessments to 1641 staff, volunteers and physicians (43% of total staff, average age 40.6 years) 196 males 1445 females	Completed August 7, 2007
	All participants received a "Promoting a Healthier Workplace" water bottle, weekly prizes (300+ awarded) to promote interest and awareness	Weekly to conclusion of HRA testing
Key Milestone	**Activity**	**Status**
6. Analyze/Communicate Findings	Process for analysis of data determined (St. Mary's University, Dalhousie, and Atlantic Health and Wellness Institute)	May 2006
	Methodology established for data collection, ensuring that the employee's right to privacy (as legislated) is protected	May 2006
	Timelines and deliverables established	July 2006
	Data Validation Data submission process tested and validated Survey data reviewed and validated prior to aggregation Results compared to CIHI population health data to assess reliability	 June 2006 September 2006 September 2006
	Data analysis, review, and presentation of findings Healthy Workplace Steering Committee Senior Management All Staff (Video-conferenced to 6 sites, teleconferenced to 3 sites) as part of Healthy Workplace Week and to formally launch Healthy Workplace at RVH Professional Advisory Committee Board of Directors- Quality Committee	Commences September, 2006 September 2006 October 2006 November 2006 November 2006

Key Milestone	Activity	Status
7. Next Steps	HWSC **Structure Working Group** struck to develop sustainable structure for supporting HW Initiatives Developed survey to incorporate policy and structure questions Conducted "best practices" survey of ten leading healthcare organizations involved in HW activities Conduct literature review Develop inventory of RVH current activities Develop GAP analysis to determine how structure needs to be positioned organizationally to best address identified areas	Commenced October 2006 November 2006 Underway November 2006
	HWSC **Policy Working Group** struck to develop comprehensive Workplace Health Policy that will guide RVH activity Leveraged best practices survey to gather overall corporate policy information, and operational policy information from best practice sites Conducted GAP analysis of RVH operational policies based on literature review and best practice survey (Appendix I) Contacted Workers Safety and Insurance Board for permission to adopt segments of policy Initial Draft produced January 2006 Contacted NS Department of Justice for permission to reference policy document	December 2006
	HWSC **Communications Working Group** struck to develop ongoing and sustainable communications strategy	Ongoing fall 2006
	Develop application for NQI Level One certification	Underway January 2007
	HWSC Working Group struck to develop process for soliciting feedback from front-line staff via focus groups, work unit surveys, senior management communication forums, and intranet on-line survey.	Target March 2007
	HWSC **Change Management Working Group** struck to develop change management strategy	January 2007

Appendix I

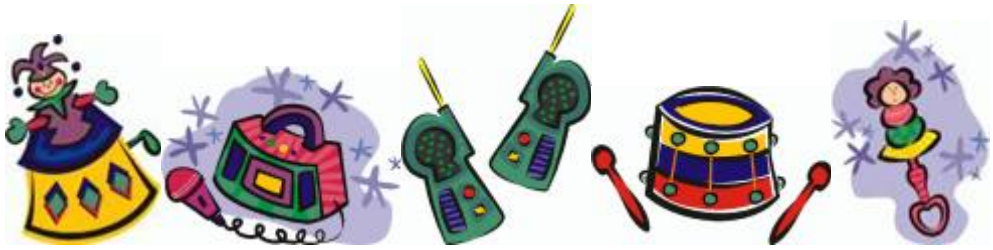
HEALTHY WORKPLACE WEEK

During Healthy Workplace Week, the following sessions have been scheduled. To register, please contact Learning Services @ 452-5050. The registration deadline is one week prior to the session.

DECH SCHEDULE			
DATE	**TIME**	**SESSION**	**LOCATION**
Oct-24	0930 - 1030	Pathway to Heart Healthy Lifestyle	EMP Boardroom
	1100 - 1200	Living Well with Shift Work	EMP Boardroom
Oct-25	0900 - 1000	Creating a Great Family Life	Conference Room 1C
	1030 - 1130	Living Well with Shift Work	Conference Room 1C
Oct-26	0930 - 1030	Living Well with Shift Work	Conference Room 1B
	1100 - 1200	Pathway to Heart Healthy Lifestyle	Conference Room 1B
WOODSTOCK SCHEDULE			
DATE	**TIME**	**SESSION**	**LOCATION**
Oct-24	0930 - 1030	Pathway to Heart Healthy Lifestyle	Boardroom 2nd Floor
	1100 - 1200	Living Well with Shift Work	Boardroom 2nd Floor
Note: Video conferencing of the above two sessions will be available in Bath, Perth Andover and Plaster Rock.			
Oct-25	0930 - 1030	Creating a Great Family Life	Boardroom 2nd Floor
	1100 - 1200	Living Well with Shift Work	Boardroom 2nd Floor
Note: Video conferencing of the above two sessions will be available in Bath and Perth Andover.			
Oct-26	0900 - 1000	Living Well with Shift Work	Boardroom 2nd Floor
	1030 - 1130	Pathway to Heart Healthy Lifestyle	Boardroom 2nd Floor
Please see the schedules for the other facilities in the Upper River Valley as some sessions from those facilities will be available in Woodstock via video conference.			
BATH SCHEDULE			
DATE	**TIME**	**SESSION**	**LOCATION**
Oct-24	1400 - 1500	Living Well with Shift Work	Video Conference Room
	1500 - 1600	Pathway to Heart Healthy Lifestyle	Video Conference Room
Note: Video conferencing of the above two sessions will be available in Woodstock,Perth Andover and Plaster Rock.			

PLASTER ROCK SCHEDULE			
DATE	**TIME**	**SESSION**	**LOCATION**
Oct-26	1000 - 1100	Living Well with Shift Work	Video Conference Room
Please see the schedules for the other facilities in the Upper River Valley as some sessions from those facilities will be available in Plaster Rock via video conference.			
PERTH ANDOVER SCHEDULE			
DATE	**TIME**	**SESSION**	**LOCATION**
Oct-25	1400 - 1500	Living Well with Shift Work	Video Conference Room
Note: Video conferencing of the above session will be available in Woodstock, Bath and Plaster Rock. **Please see the schedules for the other facilities in the Upper River Valley as some sessions from those facilities will be available in Perth Andover via video conference.**			
OROMOCTO SCHEDULE			
DATE	**TIME**	**SESSION**	**LOCATION**
Oct-24	1400 - 1500	Living Well with Shift Work	Boardroom
	1500 - 1600	Pathway to Heart Healthy Lifestyle	Boardroom
MINTO SCHEDULE			
DATE	**TIME**	**SESSION**	**LOCATION**
Oct-25	1400 - 1500	Pathway to Heart Healthy Lifestyle	Community Room
	1500 - 1600	Creating a Great Family Life	Community Room

Appendix J



Noisy TOYS are FUN, but HEARING is for LIFE!

Healthy hearing is an important part of healthy living. Toys, even toys that make noise, are an important part of a child's development. The Audiologists at River Valley Health want everyone to be aware of the potential danger of noisy or loud toys and to help you buy the SAFEST toys for the kids in your life. It's all about PREVENTION!

Some toys have the potential to harm hearing if they are activated at a child's ear level. **Eighty-five decibels** (dB) is a safe hearing level, but one of the loudest toys our audiologists have tested is a squeaky toy that could produce up to 110 decibels.

In addition to toys, teenagers like to listen to music at high levels. With some MP3 players, they can crank up the sound to 125 decibels. We can help you determine a safe hearing level for your and your teen's music.

This holiday, if you are planning to give a noisy toy or an MP3 player to an infant, toddler, pre-teen, teenager, or even an adult, we can help you by screening the sound level of that item and can advise you how to use it safely.

Starting **Wednesday, December 6 until December 15** (or longer), the Audiology Department will have an information booth set up outside the cafeteria at the Dr. Everett Chalmers Regional Hospital. Their staff will be available **Mondays, Wednesdays and Fridays, 12:00 p.m. to 1:30 p.m.** to measure the sound level of your gift and provide you with other useful information.

Bring along that noisy toy or MP3 player - even if it's an item your child is currently using - and we'll tell you if it is at a safe hearing level. We can also tell you how long the item can be used before it can become dangerous to your child's hearing.

We want to help you and your child have a safe and healthy listening experience.

Cross Canada Challenge BONUS:

By visiting our booth, you can claim an extra 10km under Ounce of Prevention on your way to Vancouver!

Andre

André Lafargue, B.A.,B.Sc.,M.A.,M.Sc., Aud (C)
Regional Manager, Audiology & Speech - Language Pathology

Appendix K

RIVER VALLEY HEALTH					
Staff and Workplace Health Related Policies					
Policy	**Date**	**Policy Name**	**Developed by**	**Last revision**	**Component**
ORGANIZATION					
1.2.1	June, 95	Mission, Vision, Values and Goals	Strategic Planning Steering Committee	June, 04	Culture
1.3.1		Strategic Plan			Culture
	Jan, 07	Healthy Workplace Policy	HWSC, VP Health Information, VP Corp	under development	Culture
SAFETY					
3.7.6.1	Sept, 95	Employee Identification	Security Policy Working Group	June, 06	Environment
3.7.6.2	March,98	Safety Footwear	Safety Footwear Working Group	Dec., 03	Environment
3.7.6.11	May, 06	Health & Safety	Employee Support Services	May, 06	Environment
3.10.1	Nov. 96	Harassment in the Workplace	HR management Division, Dept. of Finance & VP Corporate Services	Nov., 96	Culture
3.12.6.1	April,97	Prevention and Management of a Potential or Actual Exposure to HIV	Occupational Health Stakeholders Group	July,98	Practice
3.12.9.1	July,00	Healthcare Incident Reporting -employee accident	Employee Health Services	Dec.,04	Environment
3.12.9.3	July,00	Health Incident Reporting system - downtime procedures for employee accident	Employee Health Services	Dec.,04	Practice
SUPPORT					
3.12.8.1	Sept.,09	Employee Family Assistance Program	Program Design Committee	Sept.,93	Practice
3.12.8.2	June,93	EFAP Responsibilities and access	EFAP Coordinator and EFAP Program Committee	Jan.,03	Practice
3.13.3.1	Oct.,94	Attendance support policy	Staff Relations Department	April,04	Practice
3.13.4	Oct.,94	Attendance policy	Staff Relations Department	Oct.,96	Practice
	Jan, 07	Flexible Working Hours	Human Resources, VP Corporate	under development	Culture

	Jan, 07	Job Sharing	Human Resources, VP Corporate	under development	Culture
HEALTH					
2.1.1	June,05	Smoke-free Property	Smoke-free Property Implementation Committee	June,06	Environment
3.12.3.1	May,96	Confidentiality of Employee Health Information	Employee Health Services	Sept.,04	Culture
3.12.4.4	Feb.,97	Scent Policy	Director of Communication	Feb., 97	Environment
3.12.5.2	Nov.,96	Influenza Vaccine	Employee Health Services	Nov., 04	Practice
3.12.6.1	Apr.,97	Management of healthcare Workers with HIV or acquired AIDS	Occupational Health Stakeholders Group	July,98	Practice
3.12.6.3	Nov.,96	Management of exposure to Hepatitis B	Occupational Health Stakeholders Group	Nov.,96	Practice
3.12.6.4	Sept.,02	Treatment of Healthcare workers exposed to Scabies	Employee Health Services	Sept.,02	Practice
3.12.6.5	Jan.,00	Meningitis -exposure follow-up	Employee Health Services	Oct.,03	Practice
3.12.6.8	March,01	Management of Healthcare Workers exposed to Blood Borne Pathogens	Occupational Health Stakeholders Group	Dec.,04	Practice
3.12.9.2	Jul.00	Healthcare Incident Reporting -follow-up	Employee Health Services	Dec.,04	Environment
COMMUNICATION & RECOGNITION					
3.8.2.3	July,93	Employee Service Recognition	Human Resources Department	April,06	Culture
3.6.3		Exit Questionnaire			Culture
3.7.1.5	Aug.,93	Exit Interview	VP HR	Aug.,93	Culture
3.13.1.1	Oct.,04	Perf. Development System-Bargaining	Human Resources Department	Oct.,04	Culture
3.13.2.1	April,99	Perf. Development System- Non Bargaining	Human Resources Department	Oct.,04	Culture
10.4.1.2	Sept.,95	Communication Advisory Committee	Director of Communications	Jan.,06	Culture
10.7.6	Oct.,96	Editorial Policy -River Valley Health News	Director of Communications	Dec.,04	Culture

Appendix L

Personal Health

The average age of employees at River Valley Health and those included in the AHWI database is similar, 41.6 years and 41.7 years respectively. In terms of health age, RVH employees had an average health age of 40.3 years, lower than their average chronological age of 41.6 years. However, their average achievable health age was 36.6 years, indicating that there is a lot of room for improvement in adopting a healthier lifestyle and in addressing modifiable risk factors.

The average wellness score of RVH employees was 53, at the low end of the "doing well" category (50-74) although over half of the employee population (53%) were found to be in the "need to improve" and "caution" categories with an average wellness score of 38, ranging from 10 to 49.

The top four health needs of RVH employees include Weight Management, Improving Fitness and Nutrition and Decreasing Coronary Risk.

The top health interest and need for RVH is weight management. Sixty percent of participants have a BMI greater than 25 and 43% are interested in receiving health information on weight management. Over half of employees are either thinking about losing weight, preparing to lose weight or have recently starting losing weight. Forty one percent of all participants need to improve their overall nutrition and almost half of them (43%) do no eat breakfast daily. Thirty-eight percent are interested in improving nutrition.

Fitness is the second highest health need for RVH. Fifty-one percent of employees who took part in the screening need to improve their fitness score and 83% have no regular strength training program. About a third of employees are interested in information related to fitness and 56% of participants are either thinking about starting a fitness program, preparing to start a fitness program or have recently started a fitness program.

The prevalence of modifiable risk factors (cholesterol 27%, blood pressure 8%, smoking 13%) was higher than that in a "healthy" company (Eddington et al., 1997). Specifically, 50% of RVH employees had 2 or more modifiable risk factors as compared to only 32% of employees in a "healthy" company. Furthermore the prevalence of employees with multiple risk factors, 4 plus, was found to be double that of a "healthy" company, 16% vs. 8% respectively.

Musculoskeletal Health

Musculoskeletal Disorders (MSDs) account for many cases of employee absence from work. Lower back pain is the most common MSD reported by River Valley Health employees (57% of employees reported low back pain during the last 12 months) followed by neck pain (49%). Many River Valley Health employees have had one or more MSDs during the last 12 months (89%) although a much smaller percentage reported that an MSD interfered with their normal work (15%). Approximately 22% of

employees have missed work due to a MSD at some point in their careers. This figure is consistent with the estimate by Health Canada that musculoskeletal disorders account for 16-20% of absenteeism costs (Health Canada, 1998).

Organizational Health

Overall participants reported a very positive perception of the organizational factors that influence their psychological well-being, for example over 80% of participants responded positively (agree or strongly agree) to eight of the survey items. An overview of the results for each organizational factor is outlined below.

Development and involvement

The survey results present a positive picture of development and involvement within River Valley Health with no differences among employee groups or facilities. The vast majority of respondents indicated they have the training, clear job expectations and empowerment to perform their jobs effectively. The only areas where further improvement could be achieved are opportunities for learning and encouraging professional development. Specifically 9% of respondents disagreed with the statement "I feel good about my opportunities to learn and grow and 13% disagreed with the statement that "there is someone at work at work who encourages my professional development". Since these items are highly correlated (r=0.5), perceptions of professional development could be enhanced further by ensuring that all employees are assigned an individual with responsibility for encouraging their professional development.

Work content and characteristics

Participants report positive perceptions of their work content and characteristics of their work, with the majority giving positive responses (agree or strongly agree). The vast majority of participants were positive about their contribution to River Valley Health's success, their job (88%) and their pride (80%) in working for River Valley Health. Further improvement could be achieved by investigating why 47% did not agree with the statement that "everyone at river valley strives to deliver quality work". Further investigation is also required to identify the reason why about a third of respondents did not agree (34% were neutral or disagreed) that they were happy with their work environment and why about a third (38%) did not understand the strategic direction of River Valley Health.

Culture of support respect and fairness

The results provide evidence that there is a culture of support, respect and fairness at River Valley Health. The majority of participants responded positively to both items. However, participants were more positive about their co-workers (87%) than their direct line manager (69%). Specifically over 30% of respondents did not agree that their boss seems to care about them as a person.

Work life balance

The survey results provide some evidence that the majority (77%) of respondents are able to balance work and life as they report that they can complete their work within scheduled hours. Further investigation is required to identify the factors that led 13% of respondents to disagree with this statement.

Interpersonal relationships

Eighty-nine percent of respondents reported very positive perception of the communication with their colleagues which is an important indicator of interpersonal relationships at work. Other factors not examined include having a close friend in the workplace, etc. No differences were reported by employees in different employee groups or facilities.

Section 2 - Business Health Culture Index

The overall result based on the Business Health Culture Index is Caution, as satisfaction is only marginally outweighing stress. In addition, three of the four items are interpreted as Caution, which suggests that RVH needs to make improvement in the amount of control that employees have over their work, in the effort that must be expended to perform certain functions, and in rewarding good performance.

Table 1

Statements	Mean	Disagree	Neutral	Agree	Total Responses	No Response
Development and involvement						
I am trained and equipped to do my job well	4.3	2%	4%	94%	1454	187
I know what is expected of me in my job	4.3	2%	3%	95%	1464	177
I am empowered to make decisions that affect how my work is performed	3.9	1%	14%	80%	1519	128
I feel good about the opportunities I have to learn and grow	3.7	9%	19%	72%	1530	111
There is someone at work who encourages my professional development	3.6	13%	26%	61%	1539	102

Statements	Mean	Disagree	Neutral	Agree	Total Responses	No Response
Work content and characteristics						
I understand how my work contributes to our organization's success	4.2	2%	6%	92%	1493	148
I understand the strategic directions of River Valley Health	3.7	7%	31%	62%	1551	90
In my opinion, everyone at River Valley Health strives to deliver quality work	3.4	14%	33%	53%	1567	74
I am proud to say I work for River Valley Health	4.0	2%	18%	80%	1586	55
I am happy with our work environment	3.7	12%	22%	66%	1591	50
I like my job	4.2	2%	10%	88%	1592	49
Culture of support, respect and fairness						
My manager/ boss seems to care about me as a person	3.8	9%	22%	69%	1501	140
My co-workers treat me with consideration and respect	4.1	3%	10%	87%	1513	128
Work life balance						
I am able to complete all important tasks within my scheduled work hours	3.8	13%	10%	77%	1526	115
Interpersonal relationships						
My co-workers and I communicate effectively	4.1	3%	8%	89%	1515	126

The organizational health results must be weighed against the results from the Business Health Culture Index which shows that satisfaction is only marginally outweighing stress at RVH (Table 2). In order to improve overall culture, the report concludes that RVH must make improvements in the workplace by introducing strategies related to job control, effort, and reward and recognition for work well done.

Table 2.

Statement: 16. I am satisfied with the amount of involvement I have in decisions that affect my work. (CONTROL) **Overall Result:** .63 **Interpretation:** Caution	**Statement:** 1. In the last six months, I have experienced worry or stress from mental fatigue at work. (EFFORT) **Overall Result:** .40 **Interpretation:** Caution	Using the Stress & Satisfaction formula, marks were assigned to each of the four domains and tabulated to yield an overall score.
Statement: 17. I feel I am rewarded (recognition & praise) for the level of effort I put out for my job. (REWARD) **Overall Result:** .52 **Interpretation:** Caution	**Statement:** 19. In the last six months, too much time pressure at work has caused me worry or stress. (DEMAND) **Result:** .37 **Interpretation:** Full speed ahead	**Stress & Satisfaction Business Health Culture Index** **Score:** +.39 When the score is positive it means that satisfaction outweighs stress. **Interpretation:** Caution

The third component of the HRA concludes that the top four Personal Health needs of RVH employees include weight management (60% have a BMI >25); improving fitness (51% need to improve overall level of physical activity); improving nutrition (41% need to improve eating habits; 43% do not eat breakfast!); and decreasing coronary risk (50% had two or more modifiable risk factors). Table 3 summarizes the health risks by employee group.

Table 3

	CUPE	NBNU	Non Barg	Paramed	SHCP	All
Average wellness score (out of 100)	48	55	54	57	65	53
Average Difference Achievable Health Age – Health Age	4.3	3.3	4.0	3.4	2.5	3.7
Over weight (BMI >25) (%)	69	59	63	53	35	60
Need to improve nutrition (%)	52	32	41	34	22	41
Need to improve Fitness (%)	55	52	67	46	37	51
Moderate to high coronary risk (%)	40	26	33	23	14	32
Higher Cancer Risk (%)	72	59	59	53	37	62
High blood pressure (>140/90) (%)	11	6	6	5	3	8
High Cholesterol (>5.2 mmol/L) (%)	30	27	24	18	29	27
Smoking (%)	20	10	10	10	4	13
Excessive Stress (%)	16	14	17	18	14	15
Number of Participants	731	406	150	148	133	1641