

VIEWPOINTS 2000

The Healthy Workplace

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Canadian Labour and Business Centre Leadership Survey: The Healthy Workplace

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EXECUTIVE SUMMARY

The third bi-annual Canadian Labour and Business Centre Leadership Survey of 4,442 private sector business leaders, public sector management and labour leaders was conducted between March and April 2000 and achieved a response rate of 18 percent. Included in the survey for the first time were questions relating to the healthy workplace. The responses to these questions are summarized here.

Business and Labour Views Overall

- There was agreement between business and labour that the principal indicators of a healthy workplace are good working relationships and high morale. This was indicated by 70 percent of business and labour leaders and was true across different industry groups, organization sizes and most regions of Canada.
- Labour and business differed on the second tier of healthy workplace indicators (HWI). Approximately 55- 60 percent of business leaders cited the ability to attract and retain employees, low absenteeism and high motivation, whereas labour leaders indicated the ability to balance work and family pressures, safe and secure workplaces, and manageable stress. However, the differences between management and labour may not be as great as these results suggest. The two parties usually focus on different specific measures as symptoms, but often share common concerns at the workplace.
- While business and labour agreed on the most important HWIs, they differed on their performance. Business leaders believed that most indicators had improved in net terms (the percentage of those who believed the indicator had improved minus the percentage who believed it had worsened). However, only a small percentage believed there had been significant improvements. On the other hand, labour leaders thought that every HWI had worsened; many believed there had been significant deterioration.
- The ability to manage work and family pressures and the degree of stress were the only two indicators which both business and labour leaders agreed had worsened, in net terms.
- Difference in labour and business perceptions of HWI performance shapes their views of which factors have been important and what actions are needed to create a healthy workplace. Business believed a variety of factors had been responsible for the improvement in HWIs, whereas labour leaders saw the "more work-less people" phenomenon as responsible for the deterioration of overall workplace health.

Public Sector and Private Sector Views

- Significant differences between views in the private and public sector were revealed in the survey. In the public sector, good working relationships and high morale were again the important HWIs, but among the secondary indicators, manageable stress was more strongly identified by both labour and business than in the private sector.
- In examining perceptions of trends in HWIs, the labour responses are much more negative and the business answers much less positive, in net terms, in

the public sector. In particular, both labour and business leaders in this sector reported that workplace stress had increased in recent years.

- In the public sector the “more work-less people” factor was strongly identified by labour leaders as a factor in the deterioration of the healthy workplace (51 percent in the public sector compared to 30 percent in the private sector).

Views in Goods Producing and Services

- Among secondary HWIs, workplace safety and a low level of injuries were much more important for both labour and business in the goods producing sector. In services, balancing work and family is more important.
- Overall workplace health has improved the most, in net terms, in the private goods-producing sector, according to business leaders. Among labour leaders this is also the sector with the least negative views. The strength of the labour leaders’ perception of significant change (worsening) is also much lower than in service sector unions.

Differences in Regional Viewpoints

- In Quebec, unlike the other regions, high morale was not ranked high as a HWI. Good working relationships were, however, still the most important indicator. This finding is interesting in light of the fact that business-labour relations in Quebec, at the macro level, are recognized as being much more cooperative than in other regions of Canada.
- In British Columbia, labour leaders ranked a safe and secure workplace as the leading indicator, which likely reflects the importance of the resource sector in that province.
- Among business leaders, Manitoba/Saskatchewan, Alberta and Atlantic Canada were the regions with the biggest net improvement in overall workplace health, while Quebec and Ontario had improved the least in net terms. Labour leaders saw Manitoba/Saskatchewan and Alberta as having the worst records in terms of changes in overall workplace health and Quebec and British Columbia as having the least net deterioration.
- Public sector labour leaders had very large net negative figures for healthy workplace trends in Atlantic Canada (-84 percent) and Manitoba/Saskatchewan (-82 percent).

Differing Views by Size of Organization

- Responses were only possible by size of organization for business leaders. Small-sized organizations were generally very clear on the important HWIs: good working relationships and high morale. Among large organizations, the identified HWIs were more clustered, suggesting a diversity of workplace health issues in larger organizations.
- In terms of overall workplace health, the leaders of smaller organizations indicated greater net improvement in the last two years than those in larger-sized organizations.

Introduction and Context

The third biannual Canadian Labour and Business Centre Leadership Survey was conducted between March and April 2000, and was sent to 4,442 business leaders in the private sector, public sector management and leaders of trade unions. The total number of responses was 790, or an 18 percent response rate. This is in line with surveys of this type.

The survey asked a number of questions relating to labour and management perceptions of the problems facing the economy, labour-management relations, the changing nature of work and work arrangements, and other areas of interest to the Canadian Labour and Business Centre's Board of Directors.

Included in this year's survey for the first time were questions relating to the healthy workplace. This paper discusses the key indicators of a healthy workplace; trends in these key indicators; assessment of changes in workplace health and safety overall; the major factors behind these changes; and suggested action to ameliorate health hazards to employees at work.

A. Indicators of a Healthy Workplace

Overall Results (Charts 1, 2, 3)

Management and labour leaders in the public and private sectors, asked what they considered were the most important indicators of a healthy workplace, identified the following top five indicators:

Business/Management	Labour
Good Working Relationships (70%)	Good Working Relationships (75%)
High Morale (69%)	High Morale (70%)
Ability to Attract & Retain Employees (60%)	Balance of Work & Family Pressures (52%)
Low Absenteeism (59%)	Safe/Secure Workplaces (51%)
High Motivation (56%)	Manageable Stress (46%)

There was clear agreement among management and labour in both the private and public sectors that the two most important indicators of a healthy workplace were good working relationships and high morale. Seventy percent, or more, of management and labour leaders cited both of these. The figures were generally higher in the public sector: good working relationships were identified by 76 percent of managers and 79 percent of union leaders compared to 67 percent and 70 percent respectively in the private sector. High morale was identified by 68 percent of managers and 75 percent of union leaders in the public sector. The comparable private sector figures were 70 percent and 65 percent respectively (Charts 1, 2, 3).

The third and fourth ranked choices differed distinctly between management and labour. Among management, 60 percent indicated that the ability to attract and retain employees was an important indicator of a healthy workplace and 59 percent indicated that low absenteeism was a similar indicator. By contrast, labour leaders indicated that balancing work and family pressures (52 percent) and a safe and secure workplace (51 percent) were signs of a healthy workplace (Chart 1). The latter was more important in the private sector, reflecting the differing nature of production.

Generally, these secondary choices were similar in both the private and public sectors, with the exception that the fourth ranked choices were different in the public sector (Charts 2 and 3). Public sector management identified high motivation as an important indicator, whereas public sector labour leaders cited manageable stress as an important sign of a healthy workplace.

The differences between management and labour may not be as great as these results suggest. With their traditional perspectives on the workplace the two parties will attach importance to different measures. Management may tend to focus on performance measures (absenteeism, recruitment, retention) whereas labour leaders are more

concerned with the impact on the people who are inputs into the production process (work and family pressures, stress, and safety). Furthermore, different measures may be linked (e.g., motivation and stress). Highly motivated individuals tend to be able to manage the demands of their work; being able to manage stress can in turn promote high motivation. The two perspectives of management and labour may therefore reflect similar concerns; but each focuses on a different symptom. Consequently, the reported results for management and labour may overstate their differences in their overall concerns at the workplace.

Detailed Analysis

It is likely that healthy workplace indicators will vary across different workplaces. The responses were therefore broken out into different elements that might help capture the diversity of workplaces. These include size of organization, industry, and region.

Size of Organization (Chart 4)

As expected, there are some differences in the appropriate healthy workplace indicators between organizations of different sizes. (These responses are only from management. Responses of labour leaders were reported by union size and do not permit direct comparisons.) Although the ranking of healthy workplace indicators was the same among organizations of a different size, larger organizations (1,000+ employees) tended to employ a greater variety of indicators than small organizations (1 to 99 employees).

Small organizations overwhelmingly saw high morale and good working relationships as key indicators of a healthy workplace (the respective responses for these two indicators were 76 and 75 percent of management). The ability to attract and retain employees and low absenteeism were of secondary importance.

By contrast, as one moves to larger organizations (those with 1,000+ employees) the indicators are much more clustered. No less than six indicators were identified by approximately 60 percent of management of large organizations.

High morale (61%)	High motivation (60%)
Good working relationships (60%)	High productivity (58%)
Ability to attract and retain employees (60%)	Low absenteeism (57%)

The appropriate indicator of a healthy workplace varies between the different sizes of workplace. In small organizations, working relationships will be key and the state of morale can be infectious to a greater degree than in a large organization, hence the high responses from leaders of small organizations regarding these indicators.

Industry Group (Charts 5, 6)

The responses were broken out into private sector goods producers, private sector service providers and public services (health education and government). One would expect

some differences in the types of indicators of a healthy workplace among the different industry sectors. The results confirm this.

High morale and good working relationships continue to be the top two indicators across industries. However, there are significant differences among the secondary indicators of a healthy workplace between the different groups.

In the private sector goods producers, both business and labour indicated that safety and injuries were more important indicators of a healthy workplace than in the public sector. Given the nature of production in this broad sector, this result accords with expectations.

By contrast, in the public sector, manageable stress is more strongly identified as an appropriate indicator of a healthy workplace than in the other two sectors. Thus, 55 percent of labour leaders and 38 percent of managers identified this indicator compared to 32 percent and 17 percent respectively in the private sector.

Finally, in services, particularly in the private sector, balancing work and family is more important than in the goods sector (52 percent of labour leaders along with 38 percent – the comparable goods sector figures were 47 percent and 25 percent respectively).

Region (Charts 7, 8)

The responses were broken into seven regional groups, which included one for those management and labour leaders who had operations in more than one regional location. Again, some regional variation was expected, but the ranking of the important healthy workplace indicators was generally very similar to the overall ranking.

The most noticeable difference was in Quebec, where good working relationships continued to be the most important indicator of a healthy workplace, but high morale was not (in fact it was ranked sixth among Quebec management and a distant fourth among Quebec labour leaders). In all other provinces high morale was ranked much higher by both management and labour. The finding is interesting in light of the fact that at the macro level management-labour relations in the province of Quebec are recognized as being much more cooperative than in other regions of Canada (Canadian Labour Market and Productivity Centre Board Forum, February 1997). One interpretation of this result might be that what counts most in creating a healthy workplace is the development of good working relationships. On this interpretation, a good business-labour relationship would be a prerequisite for high morale.

One other regional difference occurred in British Columbia, where labour leaders ranked a safe and secure workplace as the leading indicator. This likely reflects the importance of the resource sector in that province and the type of workplace that is to be found in that sector.

B. Trends in Healthy Workplace Indicators

The responses regarding the relevant indicators of a healthy workplace say nothing about how these indicators have behaved over time. Management and labour leaders were asked how they perceived changes to various aspects of their workplaces over the last two years. They were also asked to indicate the strength of this change – significant improvement or worsening or some improvement or worsening.

Labour and management had agreed that the working relationships and employee morale were the two most important indicators. It would be appropriate to consider the behaviour of these two indicators before examining changes in other indicators and overall workplace health.

Changes in Working Relationships (Chart 9)

As Chart 9 clearly indicates, management and labour have very different views on how working relationships have fared over the last two years. Fully half of management believed that these relationships have improved over the last two years and only 17 percent believe they have worsened. Only 8 percent believed that there had been significant improvements. Among labour leaders only 15 percent believed working relationships have improved but 61 percent responded that they had worsened (and 20 said they had worsened significantly). Thus, while management and labour can agree on the importance of good working relationships, they disagree over how they changed.

In the private sector, business leaders were more positive and labour leaders less negative than their counterparts in the public sector. Thus, 54 percent of private sector business thought that the working relationship had improved compared to 43 percent in the public sector. Among labour leaders 69 percent in the public sector believed that the working relationship had worsened compared to 52 percent in the private sector.

Changes in Worker Morale (Chart 10)

Here again, the picture is one of stark contrasts: management believed worker morale has improved (45 percent), while only 10 percent of labour leaders believe this to be true. In fact, 82 percent of labour leaders believed worker morale has declined compared to 30 percent of management. Furthermore, only 5 percent of business believed that morale had worsened significantly compared to 51 percent of labour leaders. Clearly, there are very different views on the trends in a commonly agreed indicator of workplace health. The parties agree on the importance of this indicator but disagree about its behaviour.

Net Effects of Changes in Healthy Workplace Indicators

The views on the trends in the healthy workplace indicators can be summarized by taking the difference between the percentage of those who said a healthy workplace indicator had improved, minus the percentage that said the indicator had worsened. The calculation illustrates the net sentiment of the respondent's group. The results are shown in Table 1.

Table 1 NET TRENDS IN HEALTHY WORKPLACE INDICATORS Percentage who believed indicator improved minus percentage who believed indicator worsened						
Indicator	Overall		Private Sector		Public Sector	
	Managers	Labour	Managers	Labour	Managers	Labour
Working Relationships	34	-47	41	-32	15	-60
Worker Morale	14	-72	22	-64	-4	-81
Ability to attract/retain employees	6	-39	10	-23	-6	-55
Absenteeism	8	-38	14	-25	-7	-51
Work/Family Pressures	-32	-67	-28	-65	-41	-69
Workplace Violence	4	-34	7	-31	-1	-38
Workplace Injuries	24	-24	32	-18	7	-30
Stress Levels	-32	-77	-29	-73	-40	-81
Worker Motivation	25	-53	31	-39	10	-67
Productivity	54	7	57	22	47	-8
Environmental Safety	51	0	58	16	36	-15
Overall Workplace Health	27	-50	31	-31	18	-70

Table 1 clearly highlights the contrast between management and labour views. Management and labour have very different perspectives for virtually all the healthy workplace indicators. The responses for labour leaders are all net negative except for productivity and environmental safety. Management's responses are net positive for all aspects of the workplace except work and family pressures and stress levels. A partial explanation for these significant differences could lie in the tendency of management to focus on what has been achieved in the workplace while labour may focus on what still needs to be done.

The various aspects of the workplace are likely interrelated. Both management and labour consider the ability to balance work and family pressures and the degree of stress in the workplace to have deteriorated in the last two years. Some may argue that the effects of this may be apparent in other workplace aspects, such as the ability to attract and retain employees, absenteeism and workplace violence – three aspects of the workplace that have improved very little, according to management responses. This implies that efforts to improve the ability to juggle work and family responsibilities and to lower stress levels could not only contribute significantly to improving the health in the workplace but could also help improve other aspects of the workplace as well.

Another clear feature from the table is that the public sector responses are much more negative (or less positive) for both management and labour in the public sector as compared to the private sector. This would indicate that management and labour agree

that more work is needed in the public sector to improve the different workplace aspects and create a healthy workplace.

The strength of management and labour views can also be assessed by comparing the overall net sentiment regarding the change in the healthy workplace with the net figure for those who felt the change was significant. In the questionnaire, respondents were asked if the particular workplace indicator had improved or worsened significantly; improved or worsened somewhat; or no change at all. In Table 2 the first two columns report the net sentiment as calculated previously in Table 1. The next two columns repeat the calculation only for those how had indicated the change was significant, i.e. the percentage of those who indicated the workplace indicator had improved significantly minus the percentage who indicated the indicator had worsened significantly.

Table 2 STRENGTH OF PERCEPTIONS OF CHANGES IN WORKPLACE HEALTH Overall Net Sentiment Compared to Net Percent who felt the change was Significant				
	Overall Net Sentiment		Net percent who felt Change was Significant	
	Management	Labour	Management	Labour
Working Relationships	34	-47	6	-18
Worker Morale	14	-72	4	-50
Ability to attract/retain employees	6	-39	0	-15
Absenteeism	8	-38	0	-12
Work/Family Pressures	-32	-67	-2	-23
Workplace Violence	4	-34	1	-7
Workplace Injuries	24	-24	9	-6
Stress Levels	-32	-77	-9	-49
Worker Motivation	25	-53	3	-20
Productivity	54	7	11	5
Environmental Safety	51	0	9	-4
Overall Workplace Health	27	-50	5	-20

From the data presented in Table 2, it is clear that labour believe the change has been significant, i.e. the workplace indicators have worsened significantly in net terms. Business views, however, are more moderate – the indicators have improved only somewhat, rather than significantly. The net figure for those who believed the change was significant was less than 10 percentage points. Work and family and stress levels

have net negative figures throughout all four columns, indicating agreement on the worsening of these workplace aspects.

In terms of the severity of the worsening, two indicators – worker morale and stress levels – stand out among labour leaders, who believed the change was significant. Fully half of labour leaders (in net terms) believe there has been significant worsening for these indicators in the last two years. These are also the two indicators where there are the largest divergence of views between those management and labour respondents who view the change as significant.

C. Overall Workplace Health

In net terms, management believed workplace health has improved overall (the net figure was 27 percent) while labour leaders believed it had declined (minus 50 percent in net terms, Table 2). Labour holds their view more strongly than management holds theirs – only 6 percent in net terms of management believed there had been significant improvement in workplace health but 20 percent net of labour leaders believed there had been significant deterioration in workplace health.

Table 3 extends this analysis and shows the net perceptions of the trends in healthy workplace indicators by size of organization, industry and region, as well as the strength of these perceptions.

Table 3 OVERALL WORKPLACE HEALTH				
	Overall Net Sentiment		Net percent who felt Change was Significant	
	Management	Labour	Management	Labour
No. of EMPLOYEES				
1-99	34		9	
100-999	30		3	
1,000+	14		3	
INDUSTRY GROUP				
Goods Producing	38	-31	7	-12
Private Services	15	-33	2	-29
Health/Education/Government	18	-70	3	-23
REGION				
Atlantic	36	-55	3	-20
Quebec	19	-42	7	-15
Ontario	15	-53	0	-26
Manitoba/Saskatchewan	38	-63	6	-25
Alberta	37	-62	9	-19
British Columbia	25	-43	5	-17
Multi-regional	24	-44	4	-14
ALL	27	-50	5	-20

Size of Organization (Chart 11)

In terms of overall workplace health by size of organization (management responses only), the leaders of smaller organizations indicated greater improvement in the last two years than those in larger organizations sizes, particularly in the 1,000+ group of organizations. This result was more noticeable in the private sector where a greater than average proportion of business leaders in both the small- and medium-sized organizations reported a net improvement in the healthy workplace indicators overall. The average net percentage was 27 percent (Table 3 and Chart 11).

It was in the mid-size organizations that there was the greatest difference in trends in overall workplace health between the public and private sector. Thus, the net result was 39 percent points for private sector leaders of mid-size companies (100-999 employees) compared to 18 percentage points for the public sector leaders.

The net percent who felt this change was significant was higher among the small-sized employers, but was in line with the management perceptions overall.

Industry Group (Table 3)

The main split appears to be between goods producing and services (either private or public). According to business leaders, overall, workplace health has improved the most in the private goods-producing sector (38 percent net positive). Among labour leaders this is also the sector with the least negative (-31 percent compared to -70 percent net for the public sector). The strength of the labour leaders' perception of significant change (worsening) is much lower than in service sector unions.

In services there is little difference among private business leaders and public sector managers, and the change has generally not been perceived to have been significant. Among labour leaders there is considerable difference between the public and private sectors. Sentiment is much more negative among public sector union leaders (Table 3).

Region (Table 3)

Responses differed between management and labour among the different regions. According to management, Manitoba/Saskatchewan, Alberta and Atlantic Canada were the regions with the biggest net improvement in overall workplace health, while Quebec and Ontario had improved the least in net terms. Management saw the improvement as something less than significant.

Labour leaders saw Manitoba/Saskatchewan and Alberta as having the worst records in terms of changes in overall workplace health and Quebec, British Columbia has having the least net deterioration. Manitoba/Saskatchewan and Alberta are also the provinces with the largest net percent that saw significant worsening of overall workplace health. What is also of significance among the responses of labour leaders are the very large net negative figures for the public sector in Atlantic Canada (-84 percent) and Manitoba/Saskatchewan (-82 percent), which may indicate significant challenges in these areas.

D. Major Factors Behind the Change in Workplace Health

(Charts 12, 13, 14)

To try to get at the root of these very different perceptions of trends on healthy workplace indicators, management and labour leaders were asked two opened-ended questions concerning i) the main factors behind changes in workplace health and ii) the types of action that would improve the health of the workplace. Sixty-two percent of respondents answered these questions.

Given the results of the previous section on the trends in workplace indicators, it is important to realize that management and labour are trying to explain different phenomena. The interpretation of the question from a manager's perspective is to explain why workplace health indicators have improved, while a labour leader is looking to explain why they have worsened. In analyzing these responses it is important to keep this distinction in mind.

Of those who responded to the question on the main factors, management believed that a variety of factors were significant in explaining the improvement in the healthy workplace indicators. Management identified the following factors as important in explaining the improvements:

- the effects of expansion or restructuring;
- the need to create a better environment;
- the notion that more work is being done with less people;
- health and safety programs; and
- development of communication and trust.

However, the percentages were uniformly less than 20 percent (Chart 12).

By contrast, labour had more definitive views. The most often cited factor in explaining the worsening of the workplace indicators was the “more work – less people” phenomenon (Chart 12). Forty one percent of labour leaders who responded to this question identified this as a main factor. More work with less people is consistent with the workplace aspects that had been identified by labour leaders as having worsened the most: the increases in stress, declines in worker morale and increasing pressures balancing work and family responsibilities.

This pattern of responses between management and labour was generally similar between the public sector and the private sector. In the public sector, however, the “more work – less people” factor was more strongly identified by labour leaders than in the private sector (51 percent in the public sector and 30 percent in the private sector). This is not unexpected, since the public sector has been subject to more downsizing in recent years than the private sector. It would also account for the higher net negative figures for morale and stress levels reported for labour leaders in Table 1.

Disaggregation by size of organization, industry and region are generally not feasible given the small size of the samples in these cells.

Actions to Improve the Health of the Workplace

Charts (15, 16, 17)

Given the differences between management and labour on the healthy workplace trends, the interpretation of this question could be different between labour and management. Management could be seeking to explain what factors have been important in improving the workplace indicators, while labour could interpret the question as showing what should be important to improving the health of the workplace. This distinction should be borne in mind.

Of the actions to improve the health of workplaces, management and labour were agreed that the number one priority was for management to recognize the problems. Of those who responded to this question, 40 percent of management and 39 percent of labour leaders identified this as the principal action and was clearly the top action for both parties.

The finding may seem at odds with the labour and management views about the trends in workplace health – labour believed it had worsened and management believed it had improved. However, if management is answering the question from the view of what has been done, while labour is responding to what should be done, then the data may well be consistent with the responses on workplace health trends.

There were once again important differences between the public and private sector responses. The need for government action to assist in improving the health of the workplace was a view held more strongly in the public sector than in the private sector, not only by labour but also by public sector management. Thus, 38 percent of labour leaders and 26 percent of management in the public sector believe government action is required. The corresponding responses from the private sector were 11 percent and 8 percent. One possible factor could be that public sector management and labour see the government role as one of employer rather than as a governing body.

Conclusion

The Canadian Labour and Business Centre Leadership Survey 2000 has shown some major points of agreement, as well as some areas of stark contrast. In general, these areas of labour and management differences are consistent with previous Canadian Labour and Business Centre Leadership Surveys. Management and labour often use different language and measures to reflect their perceptions around workplace and labour-management relations, as well as the notion of a healthy workplace covered in this specific survey.

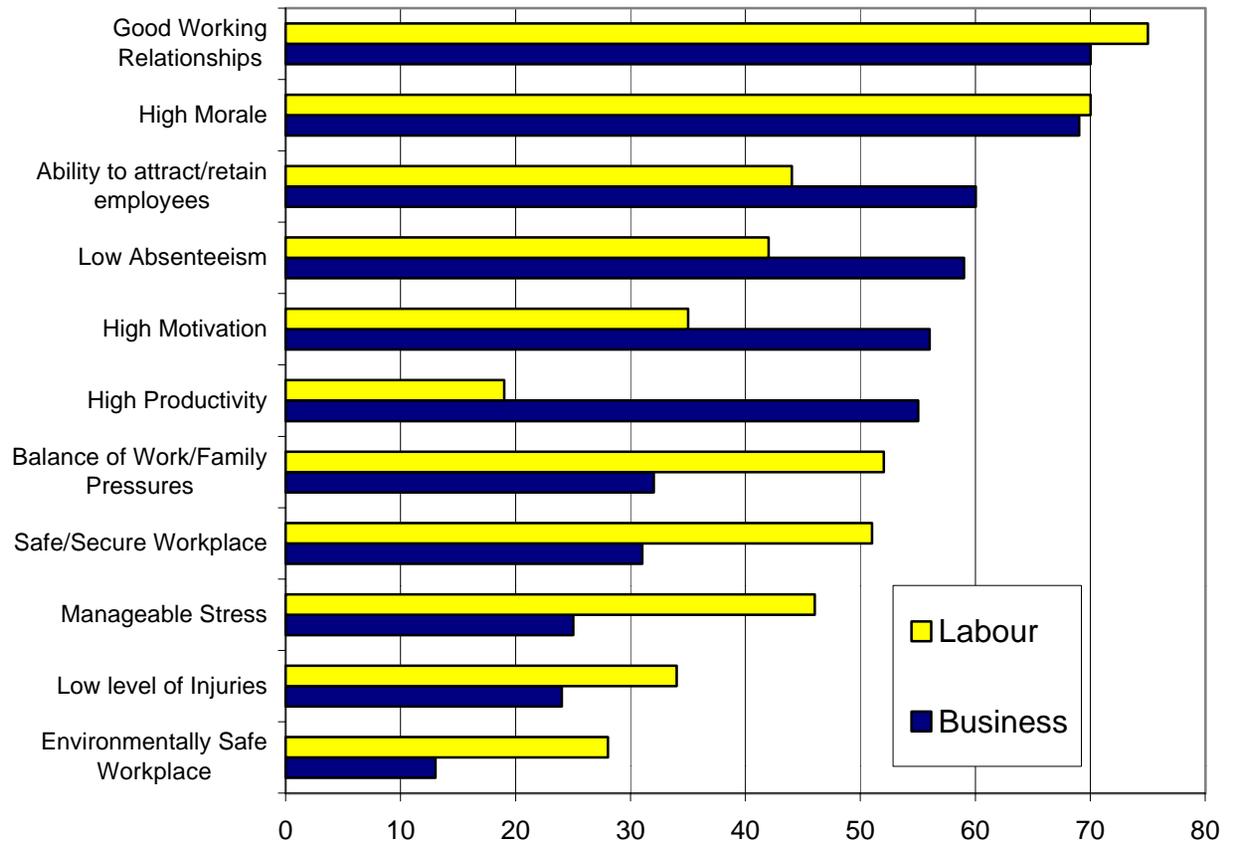
The diversity of responses across size of organization, region, industry, and between the private and public sectors indicates that a global, unique solution is not feasible to meet the many factors in play in these different workplaces. Instead, a more focused and targeted approach that recognizes common elements, and allows for differences among workplaces, would seem called for.

As the Canadian Labour and Business Centre Board of Directors concluded in their review of the survey's findings, the size and dimensions of Canadian workplace health and safety challenges have altered in recent years, in large part due to the impact of rapid economic change and its attendant pressures. Business and labour, in partnership with government and healthcare and education systems in Canada, must actively seek to redefine healthy workplace challenges in light of the hazards of increased incidence of job strain, stress and insecurity, among other effects.

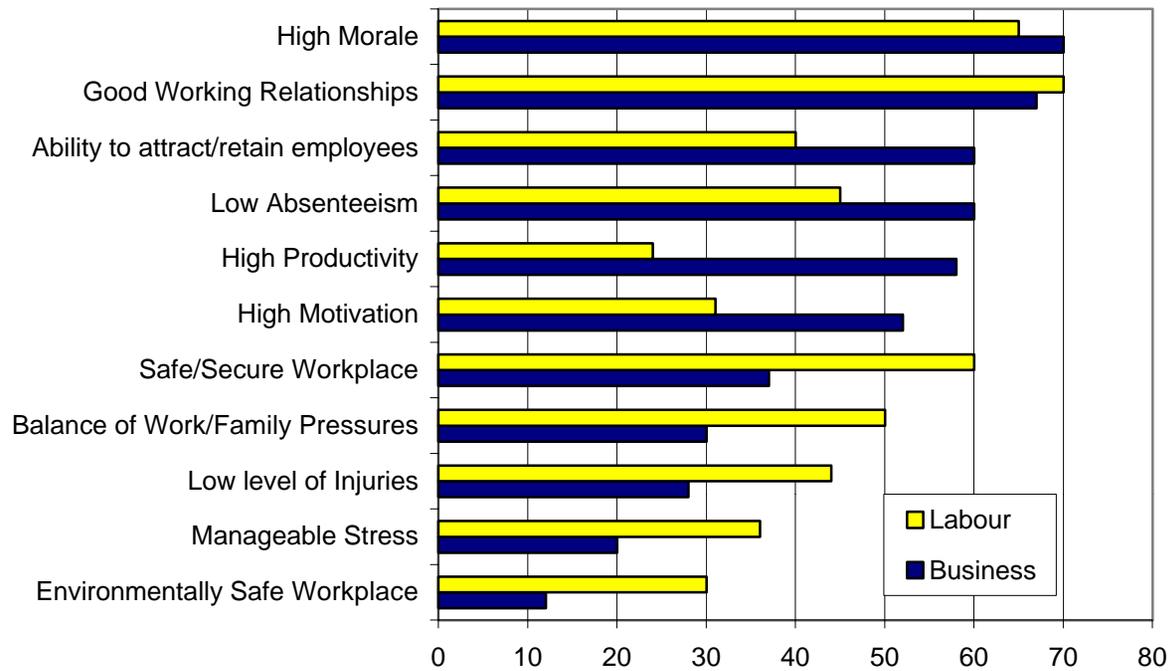
Only by properly identifying these new and emerging health hazards to Canadian employees can we design the appropriate strategies at the workplace, sector and economy-wide levels.

Before publication of this survey, the findings were the topic of a national Canadian Labour and Business Centre Board of Directors Forum on the healthy workplace (June 2000). This Forum, involving Canadian business and labour leaders as well as senior representatives of government and the academic community, agreed that survey results accurately reflect the state of the workplace health environment at the present time, as well as the current experiences and outlooks of employers and employees in individual firms. The Canadian Labour and Business Centre is anticipating releasing further conclusions from this forum in the near future.

**Chart 1: Healthy Workplace Indicators Identified
by Labour & Management**
(Percentage of Respondents)



**Chart 2: Healthy Workplace Indicators Identified
by Labour & Management: Private Sector
(Percentage of Respondents)**



**Chart 3: Healthy Workplace Indicators Identified
by Labour & Management: Public Sector**
(Percentage of Respondents)

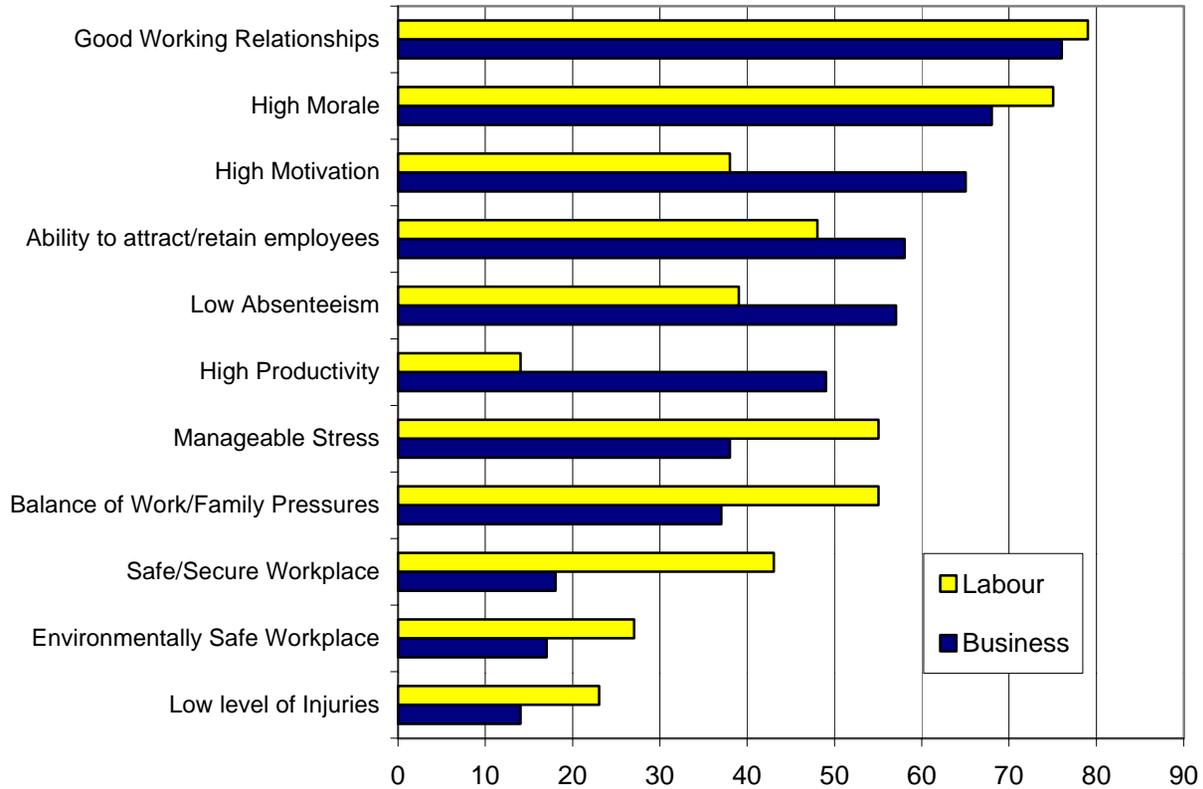


Chart 4: Healthy Workplace Indicators Reported by Management by Size of Organization
 (Percentage of Respondents)

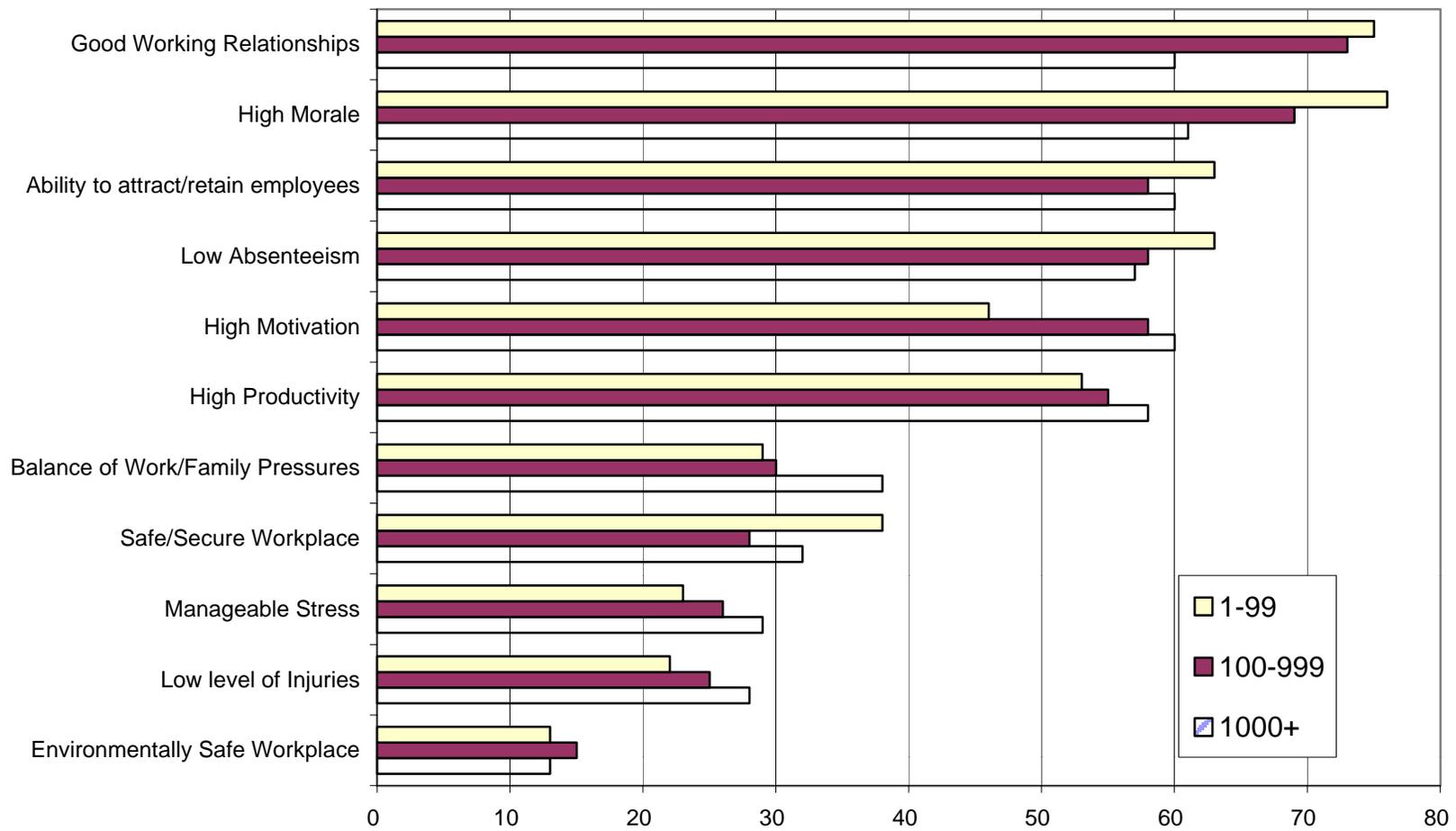


Chart 5: Healthy Workplace Indicators Reported by Management by Industry Group

(Percentage of respondents, Ranked by Management Overall)

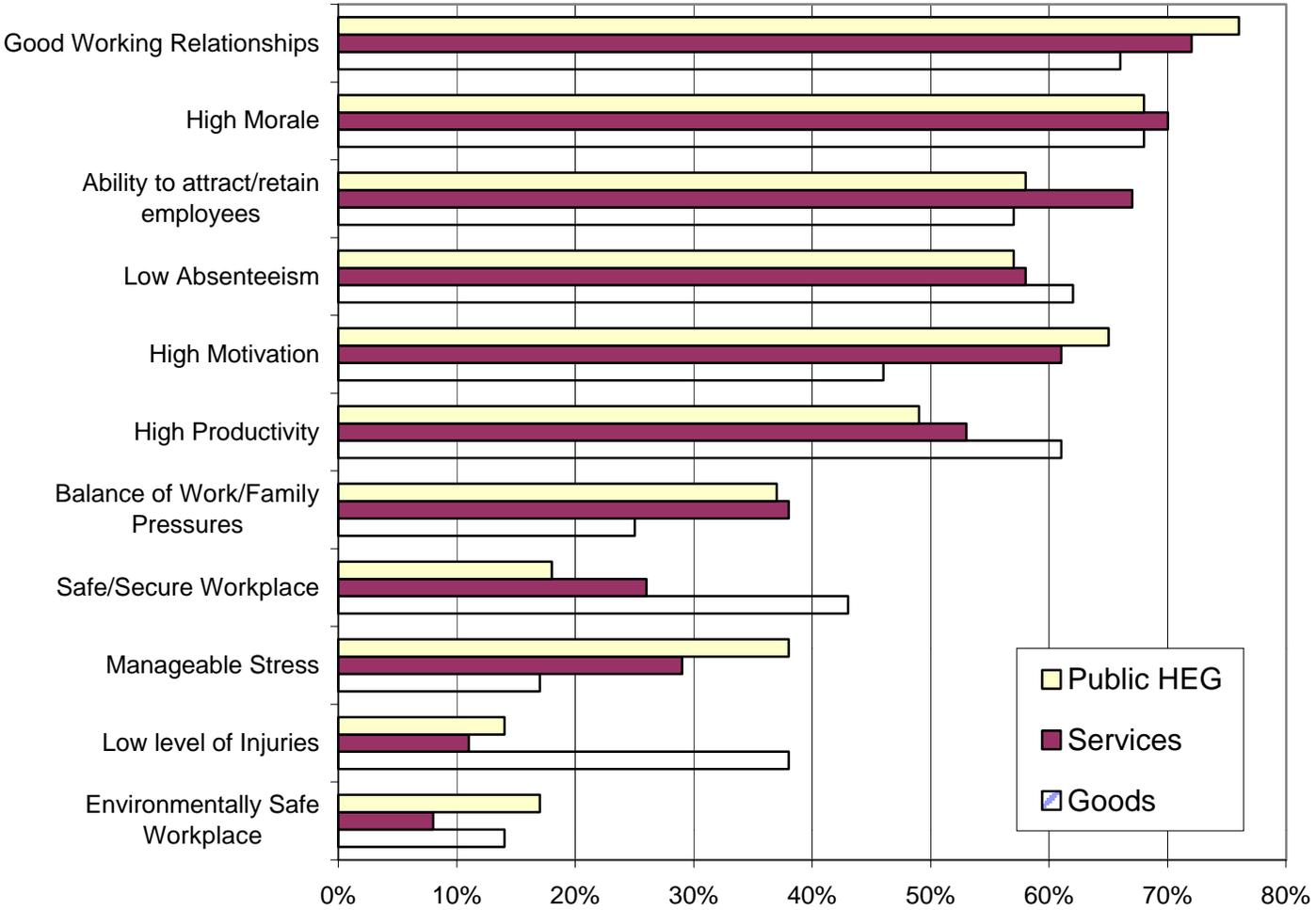
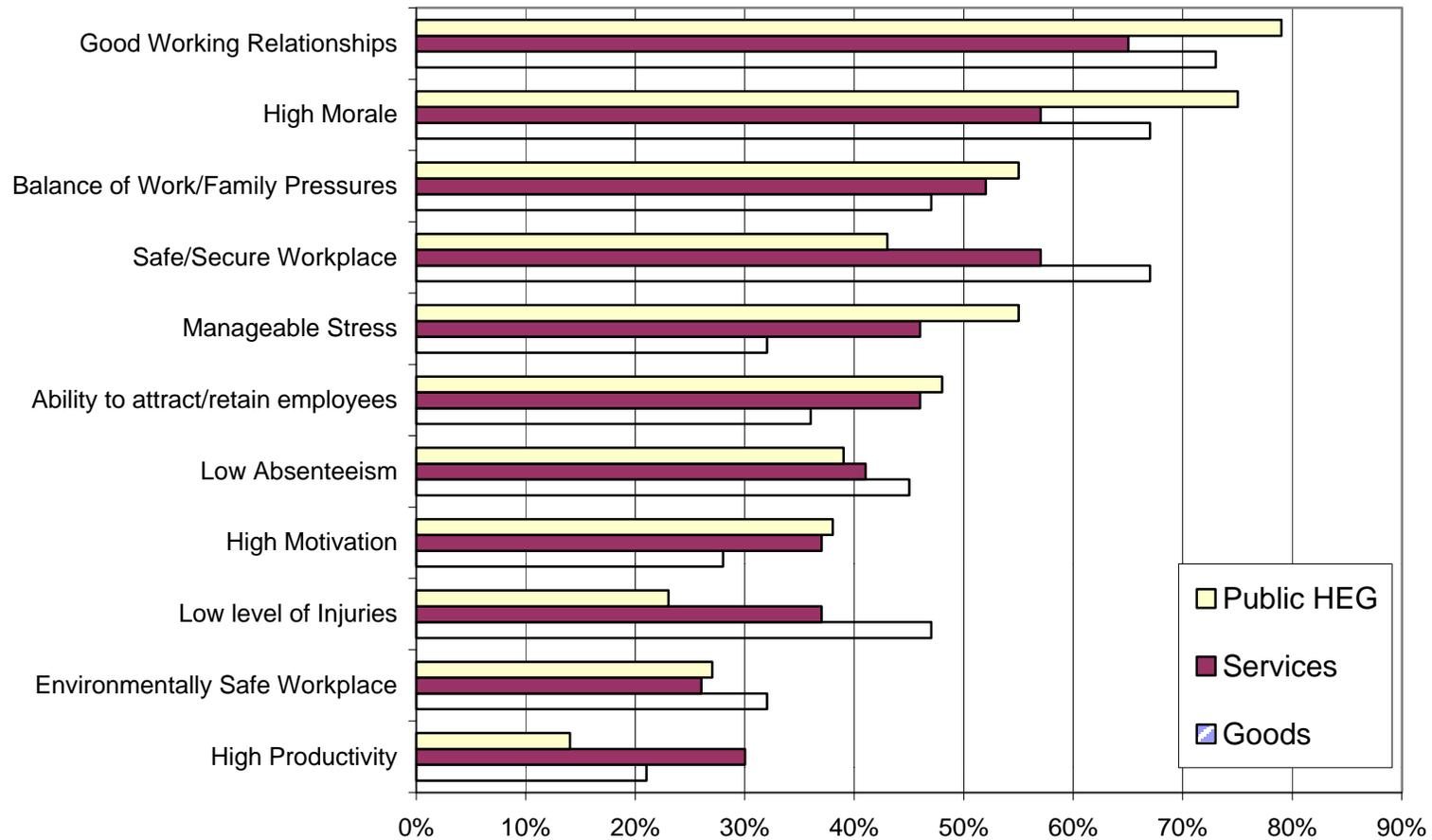
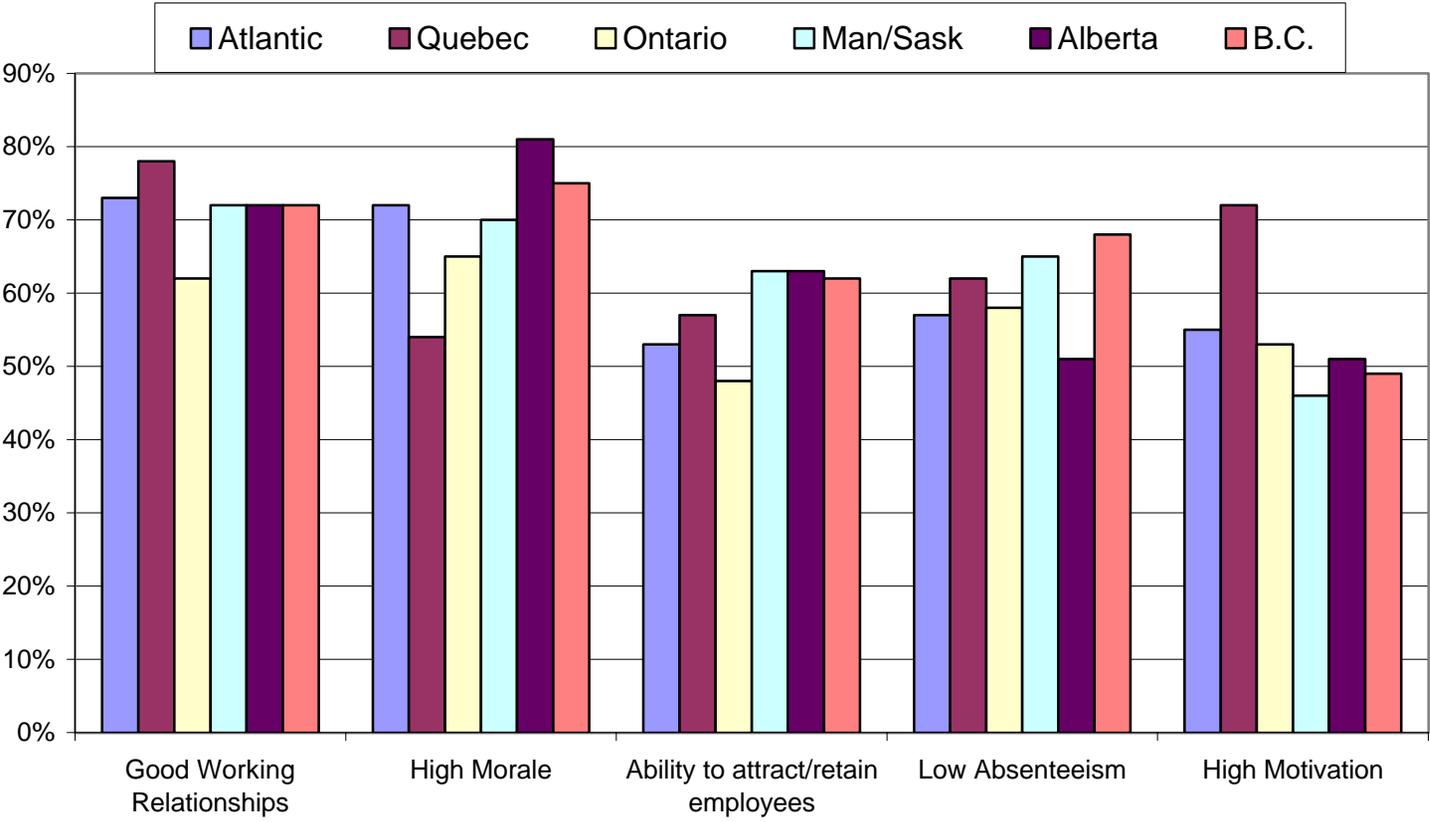


Chart 6: Healthy Workplace Indicators Reported by Labour by Industry Group

(Percentage of respondents Ranked by Labour Overall)



**Chart 7: Healthy Workplace Indicators Reported by Management by Region
(Top Five Overall)**



**Chart 8: Healthy Workplace Indicators Reported by Labour
by Region (Top Five Overall)**

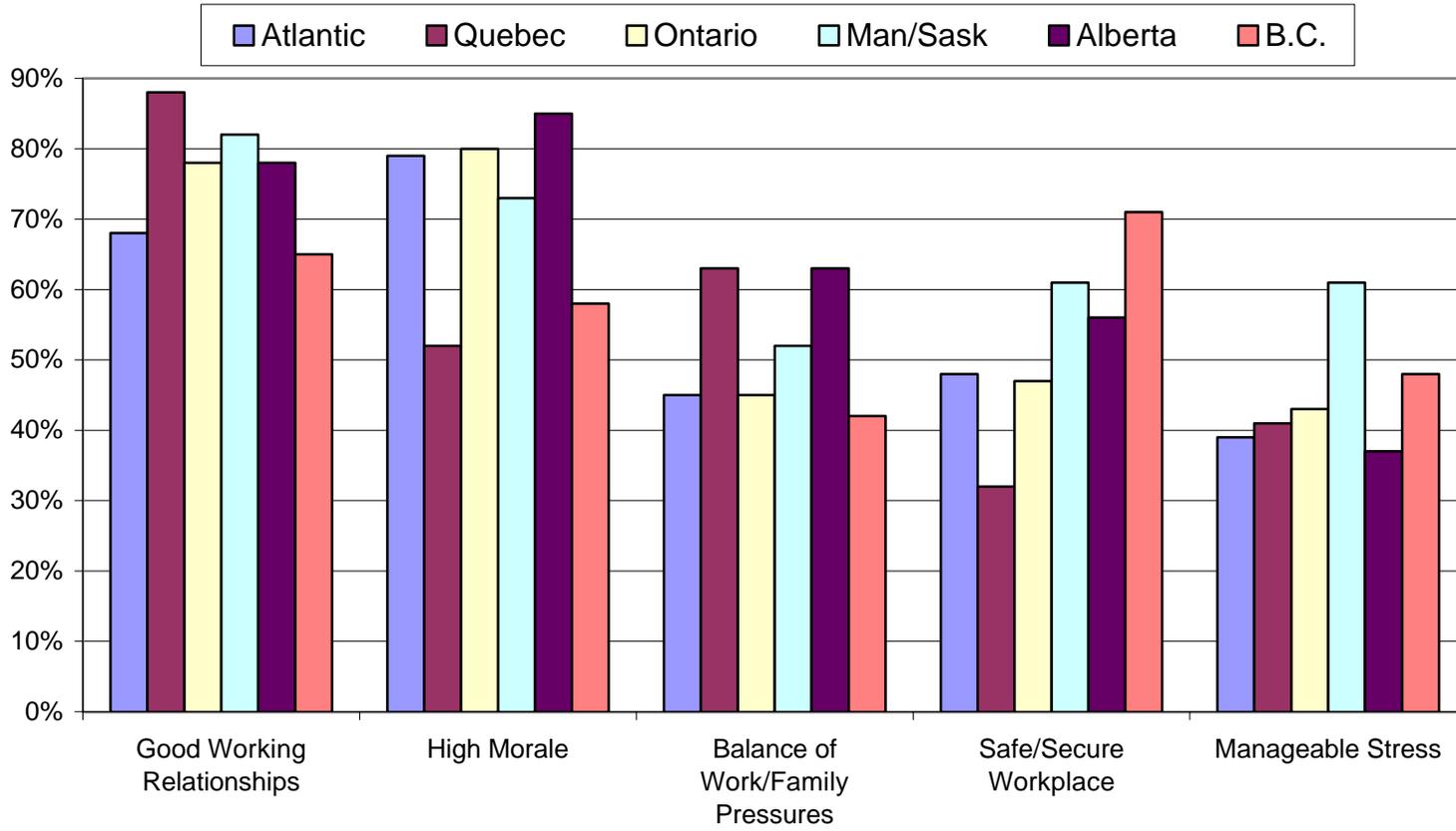


Chart 9: Change in Working Relationships in last 2 Years reported by Labour and Management
(Percentage of Respondents)

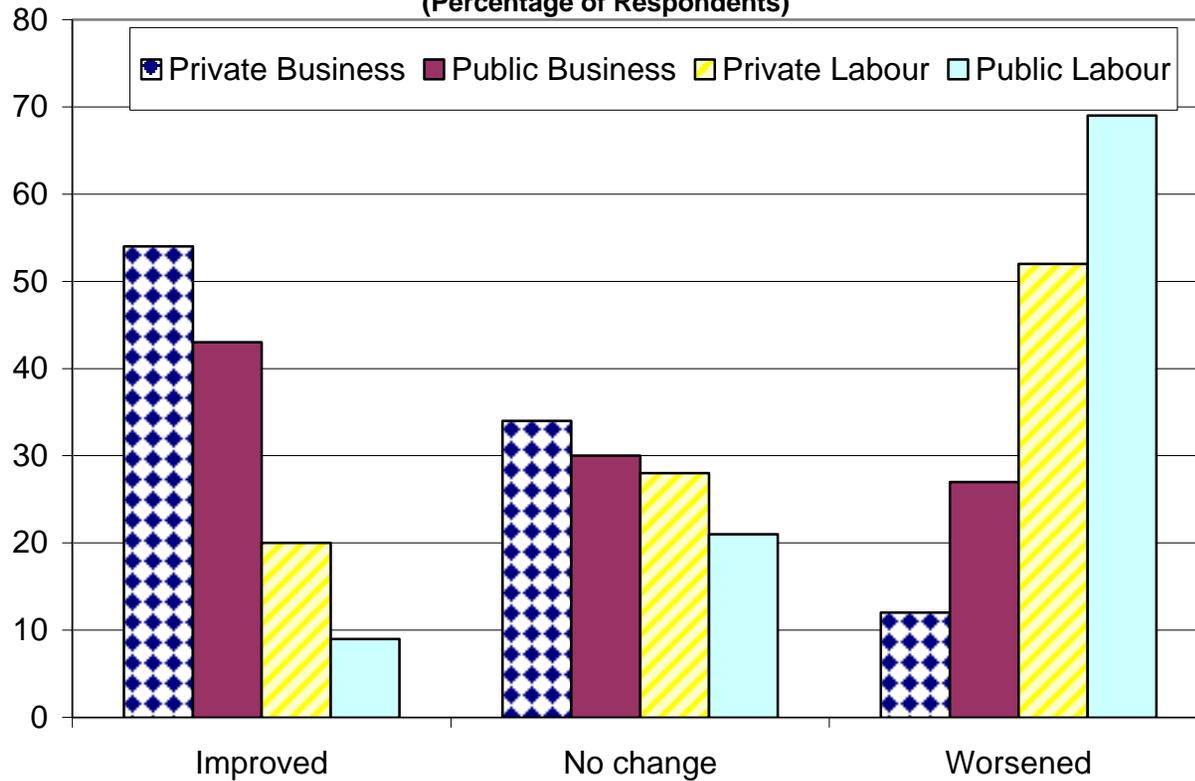
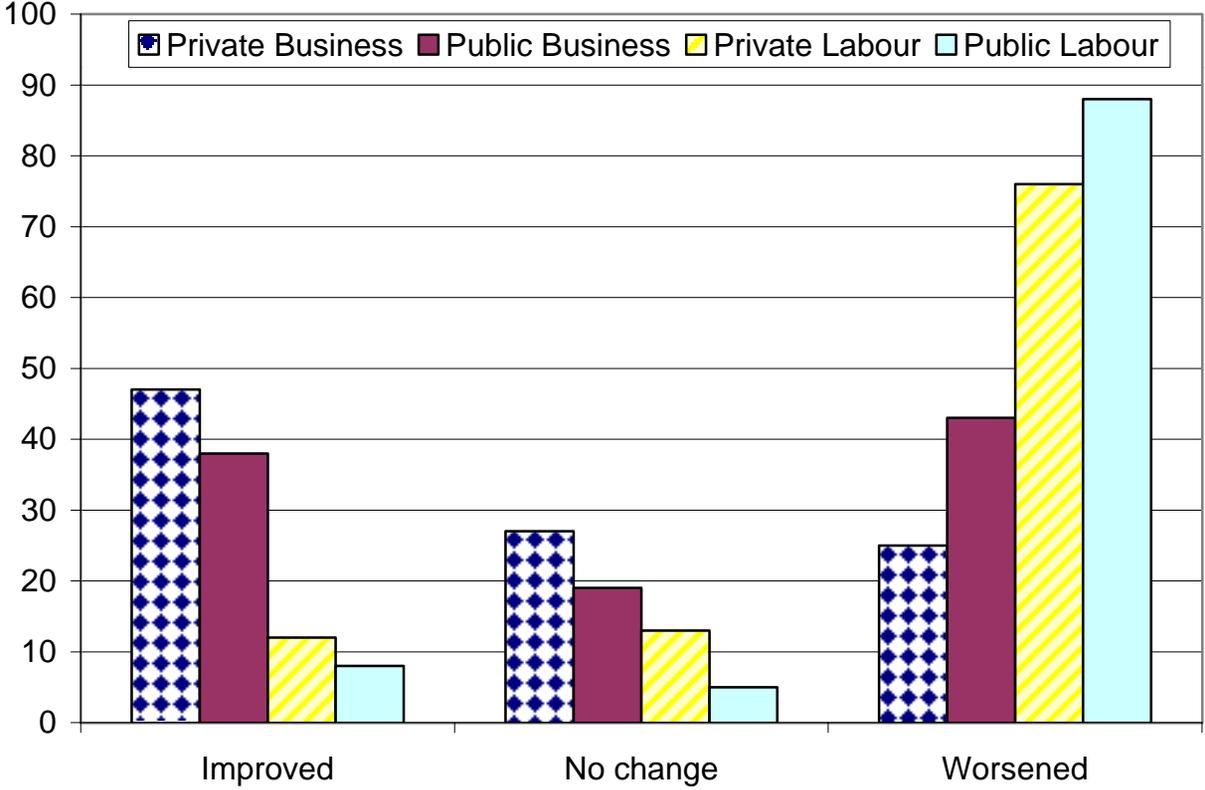


Chart 10: Change in Worker Morale in last Two Years reported by Labour and Management
(Percentage of Respondents)



**Chart 11: Net Trends in Overall Workplace Health Reported
by Management by Size of Organization
(Percentage of Respondents)**

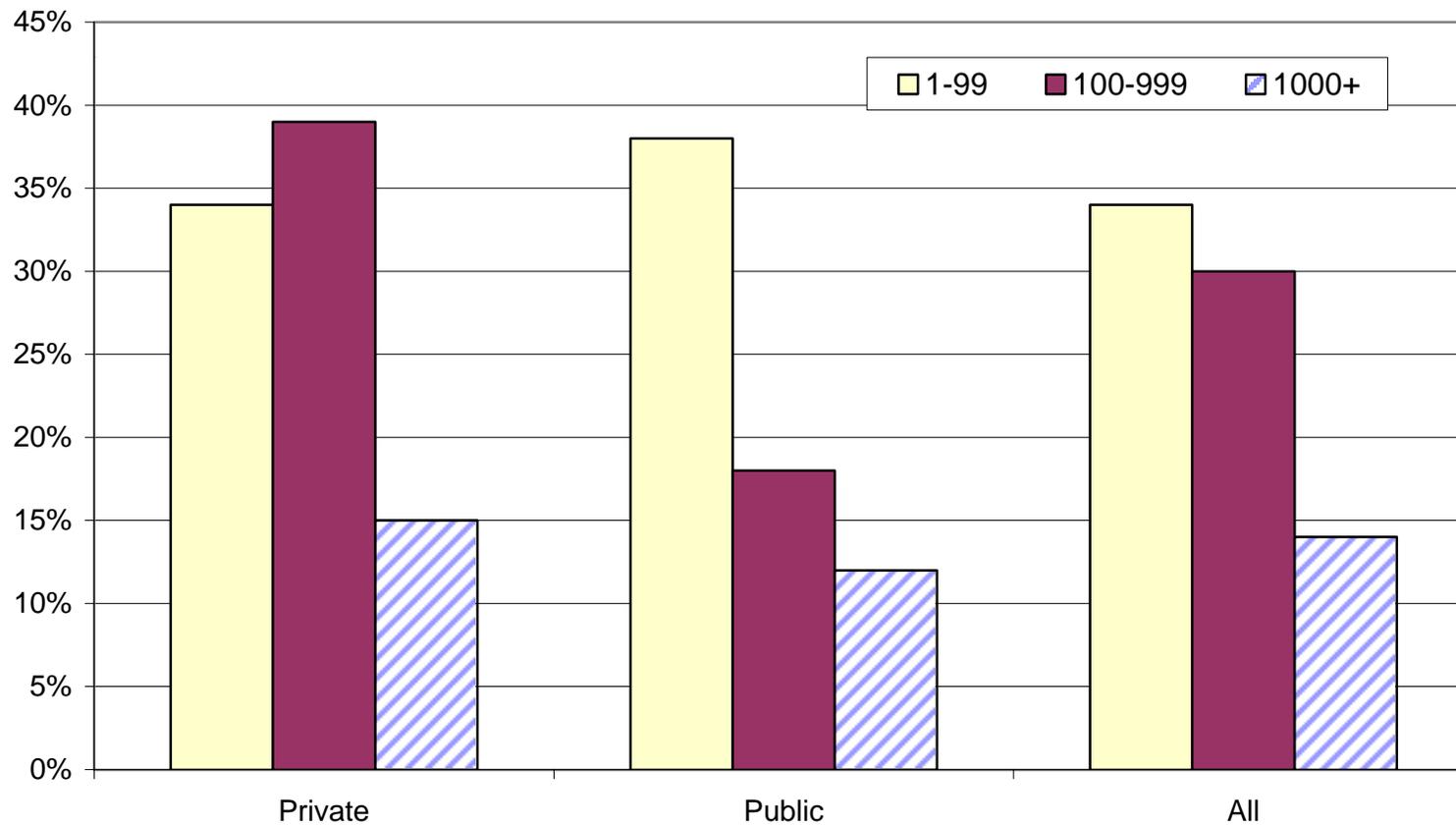


Chart 12: Main Factors in Change in Workplace Health Reported by Labour and Management
(Percentage of Respondents)

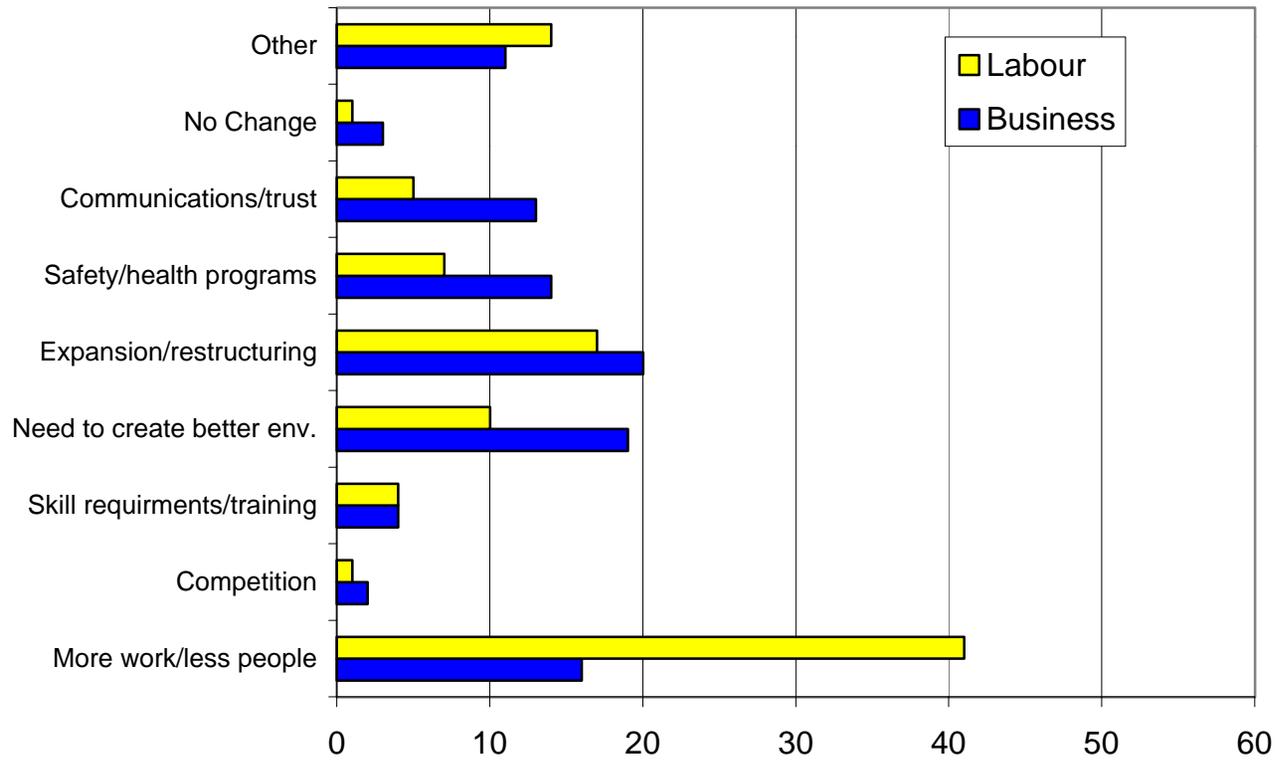
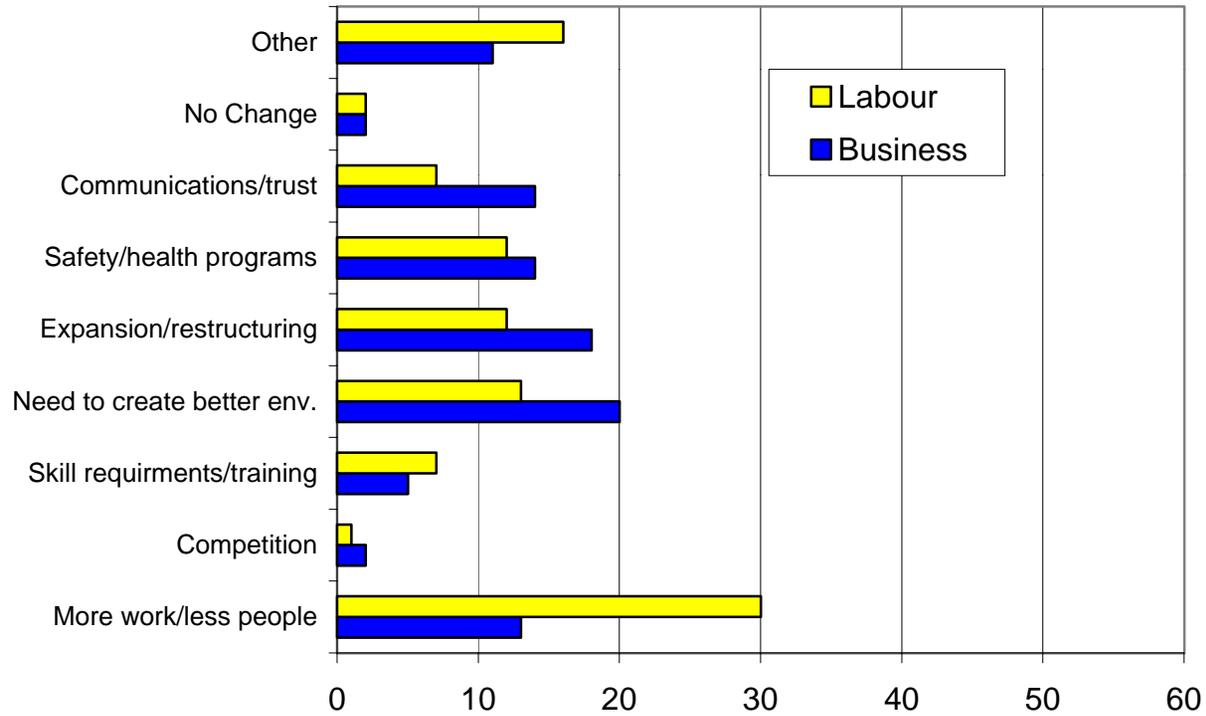


Chart 13: Main Factors in Change in Workplace Health Reported by Labour and Management: Private Sector



**Chart 14: Main Factors in Change in Workplace Health Reported by Labour and Management:
Public Sector
(Percentage of Respondents)**

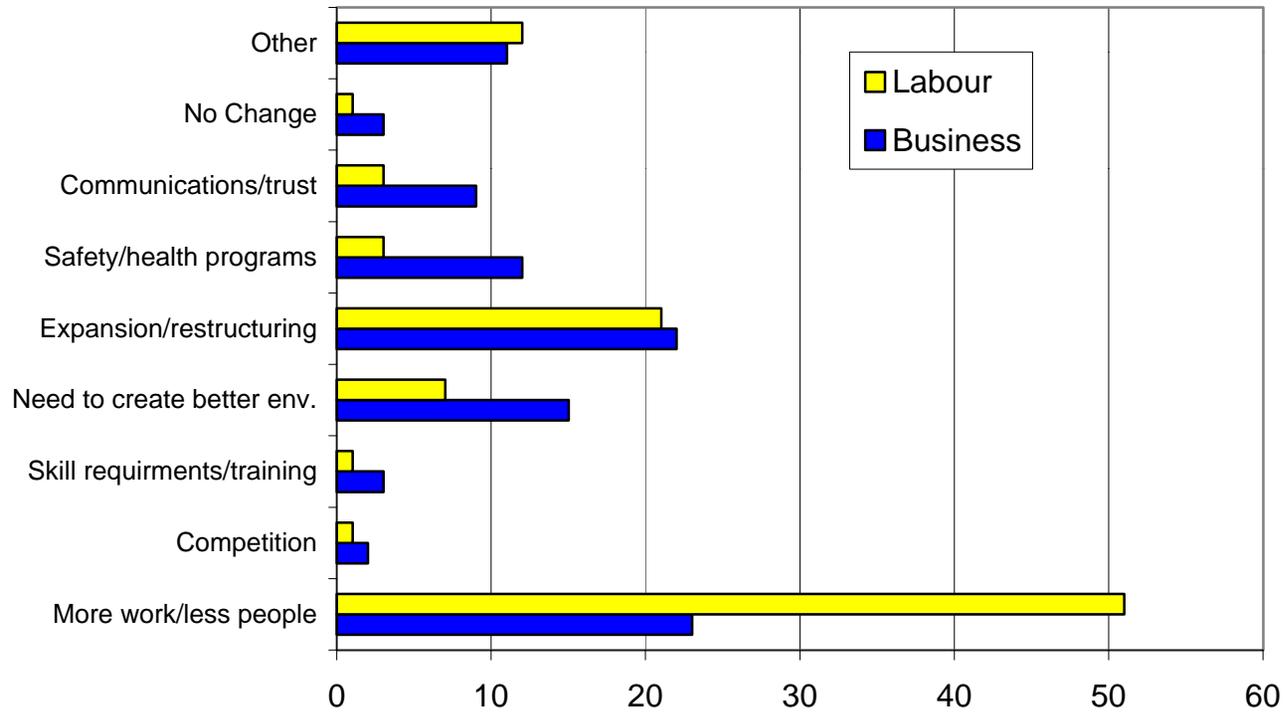


Chart 15: Actions Suggested by Labour and Management:
(Percentage of Respondents)

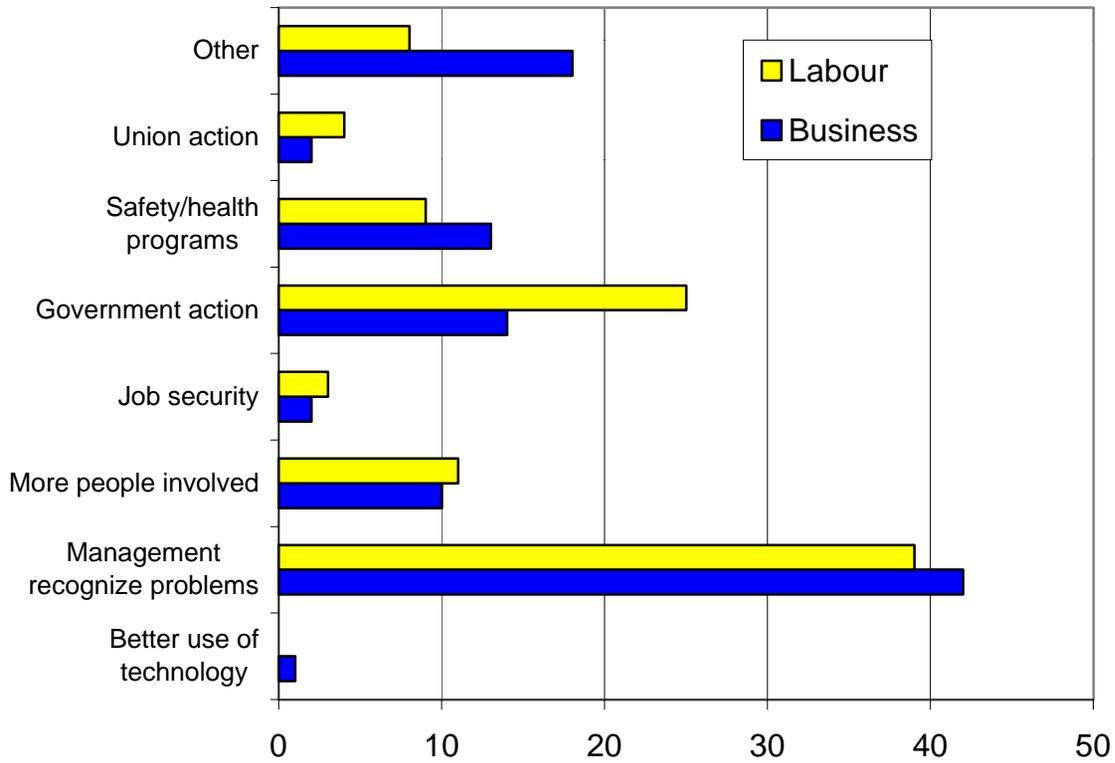


Chart 16: Actions Suggested by Labour and Management: Private Sector
(Percentage of Respondents)

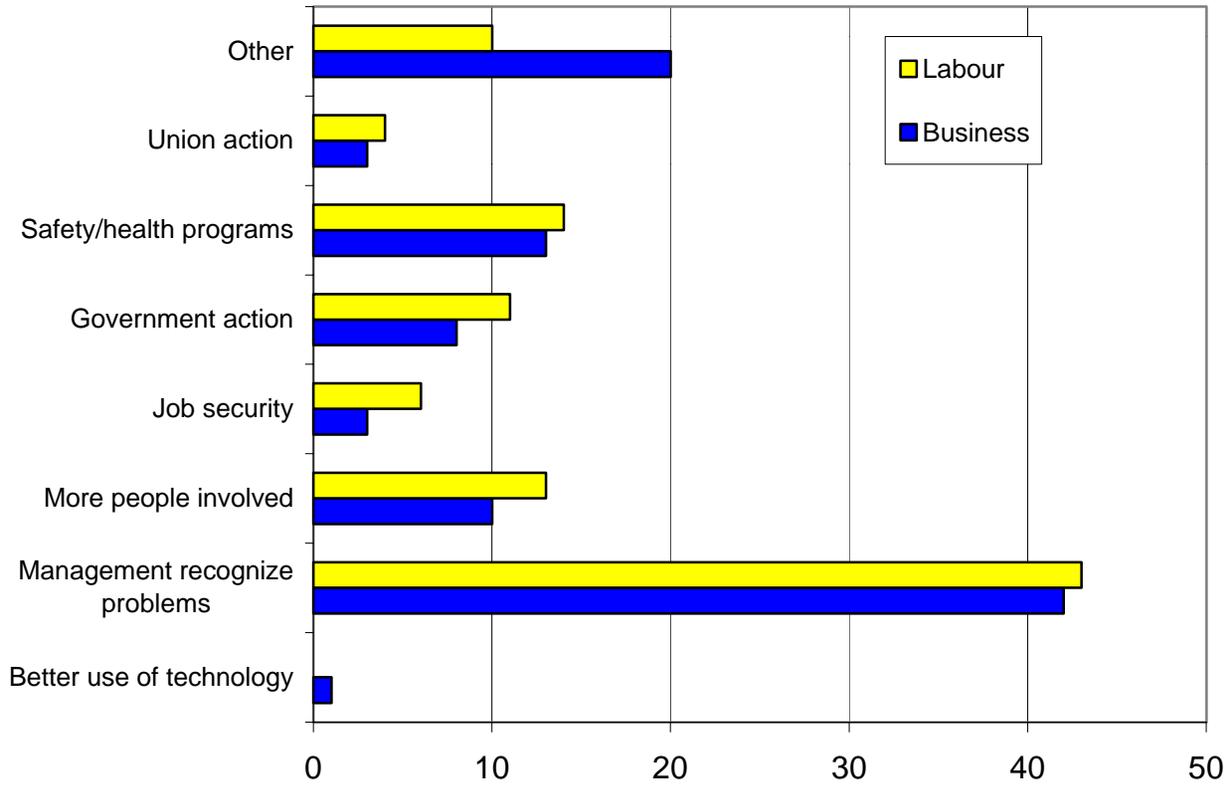


Chart 17: Actions Suggested by Labour and Management: Public Sector
(Percentage of Respondents)

