



Canadian Labour
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Viewpoints 2002

The Perspective of Business, Labour
and Public Sector Leaders, Spring 2002



Healthy Workplace Practices



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Viewpoints 2002 Healthy Workplace Practices

'Workplace wellness is really a way for us to put money where our mouth is. We also see the wellness focus as a big drawing card in a tight labour market.'

Seven Oaks General Hospital CEO, Winnipeg.

Background

The Canadian economy is facing significant challenges that are evolving over time. Competitive pressures are a continuing part of the economic environment. Demographic trends combined with anticipated growth in demands for skills increasingly point to skill shortages and deteriorating work conditions as growing issues to be faced by business, labour, governments, and the educational community. In this context, workplace health takes on added importance.

In April and May, 2002, the Centre surveyed about 6,000 leaders from the business, labour and public sector (education, health, and government) communities to determine their perspectives on a range of issues including:

- challenges facing the economy and potential directions for solution;
- skills and skill shortages;
- healthy workplace practices; and
- the current state of labour/management relations in Canada;

This biennial survey was the fourth in a series initiated in 1996, and provides an opportunity to assess how the perspectives of these leaders on key issues have changed over six years. The 2002 survey received an 20% response rate, normal for surveys of this type.

This report summarizes key findings on healthy workplace practices from the Canadian Labour and Business Centre's (CLBC) Viewpoints 2002 Survey. Research on the determinants and costs of workplace diseases supports the notion, expressed in the 2000 Viewpoints Survey by business and labour leaders, that psycho-social factors such as morale, trust and good working relationships play an important role in maintaining or improving workplace health, and that their absence can be costly.

On this subject, a 1998 study of the costs of work-related diseases in German workplaces found the direct and indirect costs from psychological workload – such as stress and low control over work – to be almost as high as those from physical workload.¹ In the Canadian context, Shain and Shehadeh (1990) established that there is a demonstrable connection between sense of control over work and individual health and wellness.

¹ As reported by Gregor Breucker, *Strategies and Policies for Workplace Health Improvement – Lessons Learned from Europe*, European Network for Workplace Health, Ottawa, October 4, 2002.

Methodology

In April and May, 2002, the CLBC surveyed 1,145 business and labour leaders, drawing from a sample of about 6000 leaders from the business, labour and public sector (education, health, and government) communities to determine their perspectives on a range of issues covering a broad range of topics. It draws from 409 responses from private sector and 291 from public sector managers – for a total of 700, and 264 responses from private sector and 181 from public sector labour leaders (totalling 445 responses).

This is only the second time that questions specific to the healthy workplace were asked of managers and business leaders. In Viewpoints 2000, there was agreement between business and labour that the principal indicators of a healthy workplace are good working relationships and high morale.

The survey questions were meant to assess the presence or absence of different health, safety and wellness features, identify changes in various aspects of workplace wellness, and seek out factors responsible for changes in workplace wellness. Given differences in the wording of some questions, findings from management representatives are discussed separately from those of labour representatives.² Where relevant, results are broken down between the private and public sectors, and on the basis of industrial sectors and regions.

Incidence of Healthy Workplace Practices

Participants to the survey were first asked to indicate which specific safety, health or wellness features are present in their organization. They were provided with a list of ten key features to choose from, ranging from health and safety committees to flexible work hours, wellness committees, to wellness needs assessments. Some of these features are not, strictly speaking, wellness programs but they all contribute, directly or indirectly, to employee well-being and workplace health.

It is important to note that questions to labour representatives on the incidence of healthy workplace practices differ from those asked to managers in one important way. *Labour leaders* were asked to report on the presence of certain safety/health/wellness features based on the percentage of the organizations where their members work that have those features, whereas *managers* were asked about whether the workplace health features were present or absent from their organizations. Labour leaders were thus asked to indicate, for each of ten suggested features, whether it was present in less than 10%, 10-25%, 26-50%, or over 50%. For the purpose of the analysis presented here, *only when a given feature is present in at least 50% of the organizations where members work is it considered to be present.*

Starting with management views, our results indicate that joint safety/health committees represent the most common safety/health/wellness features found in both private and

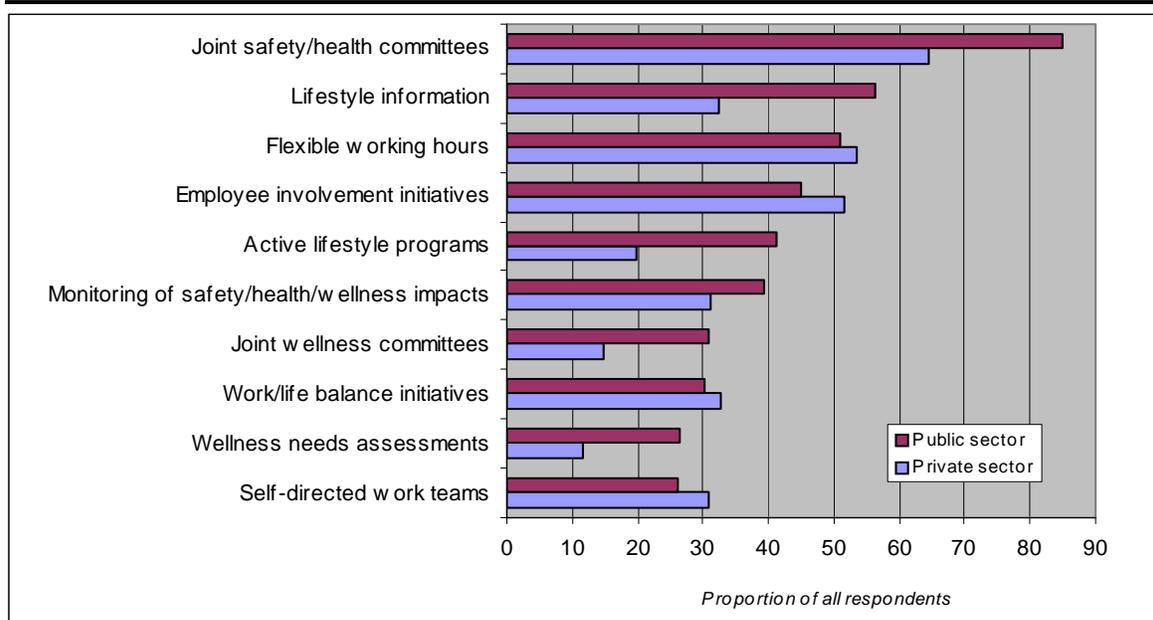
² For example, labour representatives were asked to identify healthy workplace features in 'organizations where their members work,' whereas management representatives were probed on the presence of such features in their own organization only.

public sector organizations, according to 64% of managers in the private sector and 85% of those in public sector organizations (Chart 1). By contrast, only a small proportion of both private and public sector managers – 31% and 27%, respectively – have alluded to the presence of self-directed work teams, and 12% of private sector managers and 27% of their public sector counterparts indicated the presence of wellness needs assessments.

Chart 1

'Please indicate which safety/health/wellness features are present in your organizations'

Proportion in the private and public sectors – management responses



Source: Canadian Labour and Business Centre, *Viewpoints 2002*.

The incidence of safety/health/wellness features appears to be higher overall in the public than in the private sector, owing in part to the fact that organizations in that sector are larger on average, and that they are more unionized than their private sector counterparts.³ As shown in the chart, the incidence of safety/health/wellness features is higher in the public than in the private sector in six out of ten workplace health features (for three of these features, by more than 20%).

Several of the features designed to increase employees' control over their work environment – such as self-directed work team and joint wellness committees – are not the most frequently found ones, since they exist in less than 35% of managers' workplaces. Such results may signal a lack of awareness about the potential benefits of

³ In terms of organization size (as reported by managers), 36% of firms in the private sector have less than 30 employees, compared to 10% for public sector firms. Conversely, 21% of surveyed private sector organizations have 500 or more employees, significantly less than the 49% of public firms reporting the same range of numbers of employees. Likewise, 85% of public sector managers reported the presence of unions in their workplace, compared to 33% of their private sector counterparts.

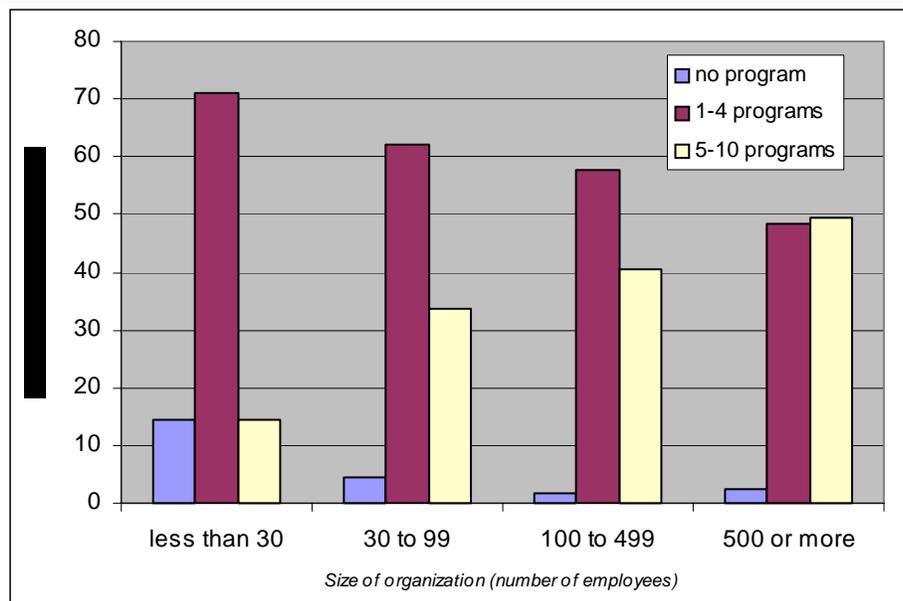
increasing employee involvement in decision-making, as suggested by recent research.⁴ In its recent report summarizing 12 case studies of healthy workplace initiatives, the CLBC found that ‘the involvement of employees in the decision-making around workplace health is critical to the success of a healthy workplace program.’

The same report found that size matters, in that there tends to be more wellness programs – and a broader range of programs – in the larger firms. Such findings seem to be supported by the Viewpoints 2002 results, where a correlation between firm size and number of features was found (Chart 2). Only 15% of organizations with less than 30 employees had between 5 and 10 safety/health/wellness features, compared to 49% of those with 500 or more employees. The former group also contains the highest proportion, 15%, of organizations that offer no such features.

Chart 2

Incidence of safety/health/wellness features within organizations

By organization size and by number of initiatives present – **management** responses



Source: Canadian Labour and Business Centre, *Viewpoints 2002*.

When compared to management responses (Charts 1 and 2), the views of *labour leaders* differ in terms of the incidence of safety/health/wellness features. Labour leaders generally reported fewer such features in organizations where their members work than were reported by managers. Part of the discrepancy is most certainly due to differences in how the question was asked, as discussed earlier. It may also be due to the fact that labour leaders did not associate – to the same extent than managers did – several of the features discussed in the context of the survey with a healthy workplace. There is also the possibility that labour leaders, for a given workplace health feature, may look for a higher

⁴ Breucker (2002) reported that *low control* in the workplace was the second most important factor contributing to work-related diseases in a 1998 study of German workplaces. In the Canadian context, Shain and Shehadeh (1990) developed a general model of influences on wellness in the workplace that establishes a direct link between sense of control over work and individual health and wellness.

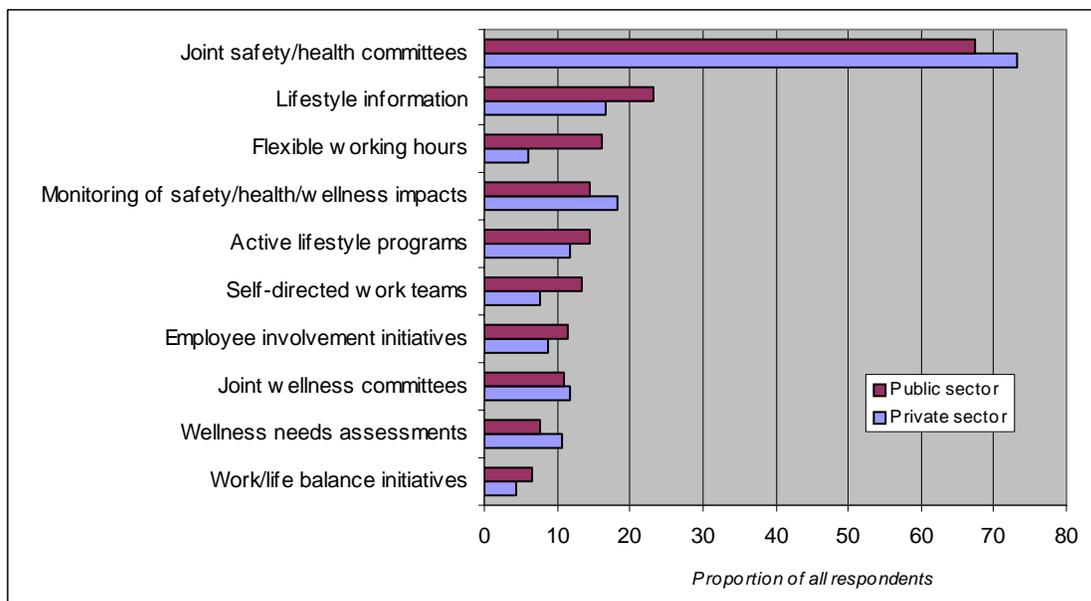
threshold or level of activity than managers before concluding whether the safety/health/wellness feature in question is present or absent.

As Chart 3 can attest, *joint safety/health committees* were by far the most popular form of safety/health/wellness features found in at least 50% of organizations, reflecting the fact that those committees are required by legislation, and that they are generally well-known to labour. They are slightly more prominent in private sector organizations (73%) than in their public sector counterparts (67%).⁵ These committees were also reported by managers as the most popular form of safety/health/wellness features.

Chart 3

‘Please indicate which safety/health/wellness features are present in organizations where your members work’

Private and public sectors – **labour leaders** reporting the presence of the feature in at least 50% of organizations where their members work



Source: Canadian Labour and Business Centre, *Viewpoints 2002*.

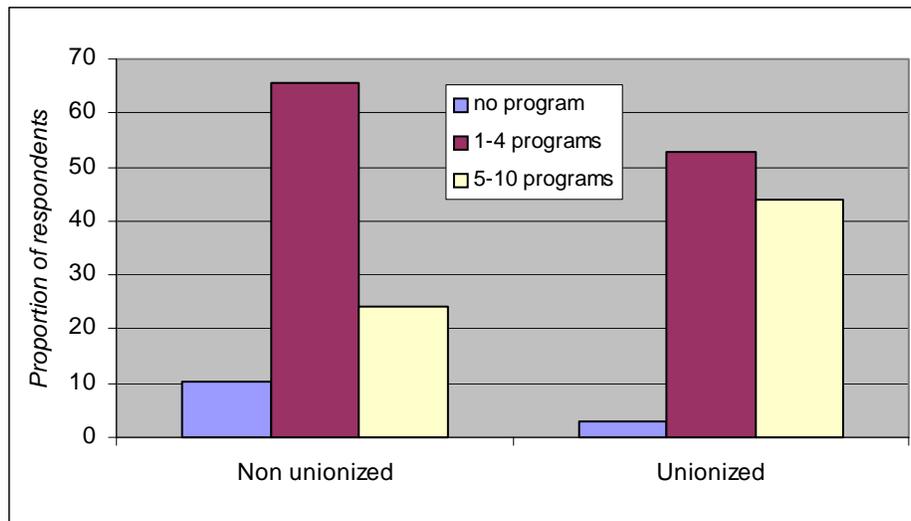
Generally speaking, the views of public sector leaders do not significantly differ from those of private sector respondents, except perhaps that twice as many respondents from the public sector than from the private sector reported the presence of flexible working hours. Except for *lifestyle information*, which was found in 23% of public sector organizations, no other workplace health features were reported by more than 20% of labour leaders in either the public or the private sector, a percentage much lower than was the case with management responses. Again, this lower incidence may largely be due to differences in how the question was asked.

Reverting back to *managers’* perspectives, Chart 4 examines the incidence of

⁵ In *Viewpoints 2002*, labour leaders’ views can be broken down between private sector (264 respondents) and public sector (181 respondents) responses. Manufacturing – 17% of the sample – and construction (13%) are the private sector industries with the largest representation, while education (17% of total sample) and health (9%) draw the most public sector responses.

safety/health/wellness features according to the organizations' union status. The evidence is mixed when considering organizations with 1 to 4 features, but the proportion of organizations with 5-10 features is highest among unionized firms (44% for unionized firms compared to 24% for non-unionized ones), possibly because of the correlation between firm size and the presence of unions in this sample of management respondents.⁶ Conversely, 10% of the non-unionized organizations offer no safety/health/wellness features, compared to only 3% of the unionized workplaces.

Chart 4
Incidence of safety/health/wellness features within organizations
 By union status – management responses



Source: Canadian Labour and Business Centre, *Viewpoints 2002*.

⁶ Based on managers' responses, 87% of firms with less than 30 employees have no union, while 91% of those with 500 or more employees are unionized. The case was made that larger firms generally offer more workplace health programs than smaller ones.

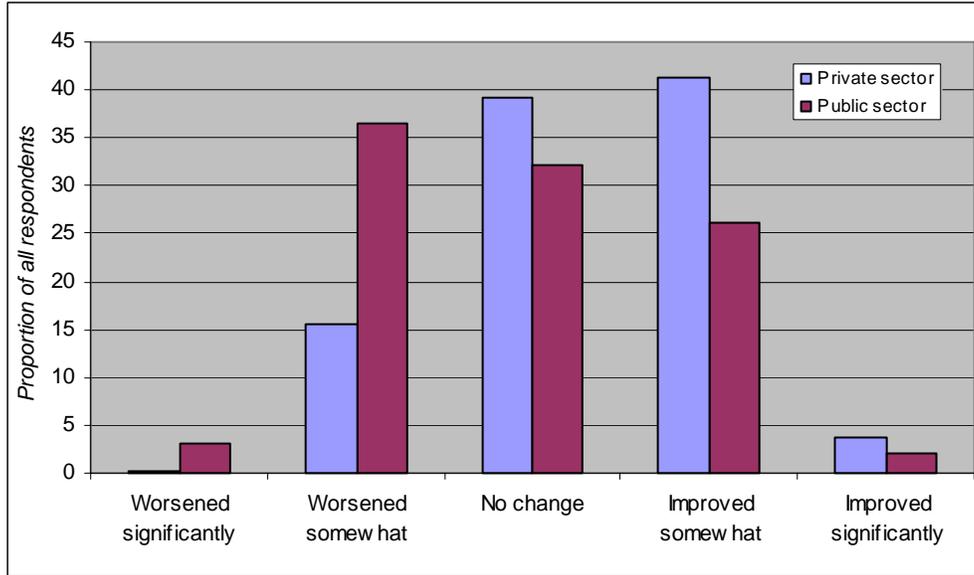
Changes in and factors responsible for workplace health

Changes in overall health of the workplace

Chart 5

'How has the overall health of your organization changed over the past two years?'

Proportion in the private and public sectors – **management** responses

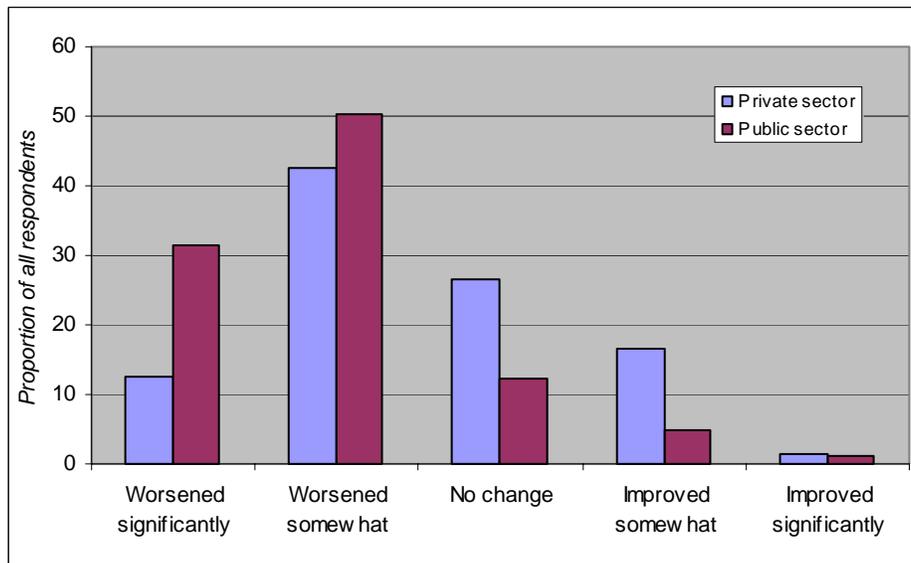


Source: Canadian Labour and Business Centre, *Viewpoints 2002*.

Chart 6

'How has the overall health of organizations where your members work changed over the past two years?'

Private and public sectors – **labour leaders** reporting the presence of the feature in at least 50% of organizations where their members work



Source: Canadian Labour and Business Centre, *Viewpoints 2002*.

In order to identify trends in healthy workplace indicators, a question was asked about how the overall health of organizations has changed over the past two years. The results, depicted in Chart 5 for management responses and Chart 6 for labour leaders, indicate that managers generally assess more positively than labour leaders changes in overall organizational health. Furthermore, the views of respondents from the public sector – whether they be managers or labour leaders – tend to be less positive than those of private sector respondents.

The analysis of *manager* responses reveals that significant differences exist between the private and public sectors (Chart 5). A much higher proportion of managers from the public sector – 40% – indicated that the overall health of their organization worsened somewhat or significantly, compared to only 16% of private sector managers. Conversely, 45% of private sector managers but only 28% of public sector ones mentioned that their organization's overall health has improved somewhat or significantly over the past two years.

Such findings appear to support the mounting body of evidence pointing to labour shortages – and associated increase in workload – in public sectors such as health and education as a factor responsible for deteriorating workplace health. Breaking down the survey results by sector appears to support this assertion. For instance, 51% of managers in the health sector indicated that the overall health of their organization has worsened over the past two years, compared to only 22% of all other managers. For labour respondents, the corresponding figures are 90% (in the health sector) and 63% (in all other sectors).

Not only are public sector managers generally less positive than private sector leaders about trends in overall workplace health, it appears that their views are also less positive now than it was at the time of the 2000 Viewpoints survey. Indeed, a comparison of results indicates that a larger proportion of public sector managers experienced in 2002 than they did in 2000 a worsening of workplace health – 40% in 2002 versus 23% in 2000 while, conversely, a smaller proportion of them experienced an improvement in overall workplace health – 28% in 2002 versus 42% in 2000. For private sector managers, there is no evidence of a significant shift in perceptions between the two time periods. These differences between the private and the public sectors can be more or less paralleled to those obtained from labour leader respondents (see below), perhaps signaling that management and labour agree that more work is needed in the public sector to create a healthier work environment.

Labour leaders were also asked whether the overall health of organizations where their members work has worsened or improved over the past two years (Chart 6). A vast majority of labour respondents – 82% of public sector labour leaders and 55% of their private sector counterparts – reported a worsening, either small or large, in overall workplace health. The results also show that the view in the public sector is much more pessimistic than that held in the private sector, implying that more work will be required in this sector to improve working conditions and create a healthy workplace. By comparison, the views of business leaders reported in the previous section differ markedly in that a majority of them reported an overall improvement in workplace health

(proportions of public and private sector managers in that category are 40% and 16%, respectively).

These broad results do not significantly depart from those of the Viewpoints 2000 survey, where it was found that in net terms, management believed workplace health has improved overall while labour leaders believed it had declined. The explanation provided at the time, which may still hold true today, was that management may tend to focus on what has been achieved in the workplace while labour may emphasize what remains to be done.

Aspects of the workplace that have changed

The survey has also shed light on the specific aspects of the workplace that have improved or worsened over the past two years, providing a sense of how various aspects of workplace health had evolved and what their contribution to overall workplace health may be. Survey participants were asked to indicate whether each of twelve aspects of the workplace had improved or worsened over the past two years. The results for managers are found in Chart 7 and those for labour leaders in Chart 8. At a broad level, one finds a considerable degree of congruence between management and labour in terms of the five key aspects of the workplace that have worsened over the past two years, and the two or three that have improved.

Zeroing in on management responses (Chart 7), one can observe that there is a certain polarization of views for several aspects of workplace health, meaning that as many respondents reported an improvement as those reporting a worsening. This phenomenon can be seen for *worker morale*. The same can be said, albeit to a lesser degree, in the areas of *ability to retain employees* and *ability to attract employees*. The reasons explaining such polarizations are unclear, but it probably has to do with the fact that respondents represent industries and come from regions that result in very different workplace characteristics.

In terms of individual aspects of the workplace, *productivity* and *environmental safety* are the ones where the highest proportion of respondents reported an improvement (46%), followed by *working relationships* (43%). By contrast, *stress level* (58%) followed by *work/family pressures* (42%) and by *worker morale* (36%) represent the aspects of workplace health where the highest proportion of management respondents reported a worsening. Some of these findings are in line with a recent national survey on wellness, which found *stress level* to be the number one health risk concerns within surveyed organizations.⁷ As one can imagine, separating out private sector responses from those of the public sector would give very different results, as would be the case if the results were broken down by industry or by region.⁸

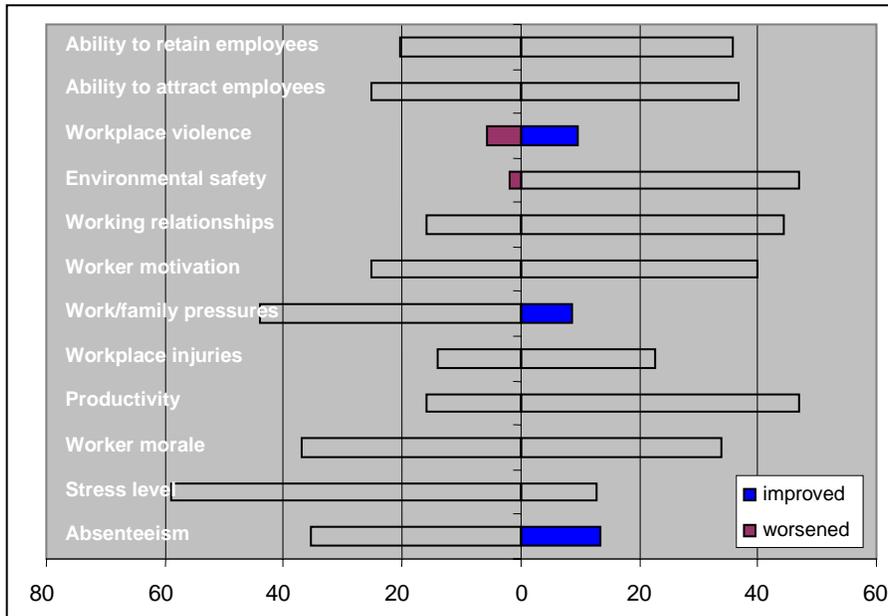
⁷ Buffett Taylor, *National Wellness Survey Report 2000*.

⁸ As said earlier, the views of private sector respondents are generally more positive than those of public sector respondents and they account for 58% of all manager responses.

Chart 7

Aspects of the workplace that improved or worsened (somewhat or significantly) over the past two years

Percentage of all **management** responses by category

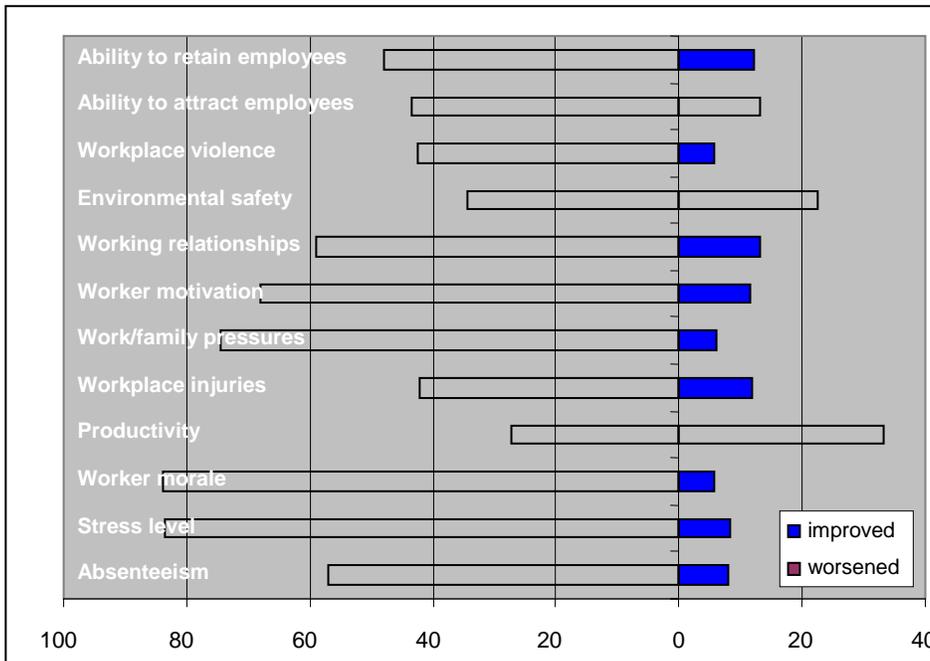


Source: Canadian Labour and Business Centre, *Viewpoints 2002*.

Chart 8

Aspects of the workplace that improved or worsened (somewhat or significantly) over the past two years

Percentage of all **labour** responses by category



Source: Canadian Labour and Business Centre, *Viewpoints 2002*.

Overall, though, components that have worsened the most tend to relate to wellness or psycho-social aspects of the workplace, whereas those that have improved the most relate to more diverse aspects of the organizations' health. If one were to calculate a 'net' perception – by subtracting, for each aspect of workplace health the proportion of those who saw an improvement from those who observed a worsening, we would find that managers believed that workplace health has improved on most fronts.

By comparison, the views of *labour leaders* reported in Chart 8 show some similarities to those of business leaders in the relative ranking of several factors identified to have worsened, such as *stress level* and *work/family pressures*. Beyond that, however, labour respondents reported overwhelmingly that most aspects of the workplaces where their members work have worsened. In only one area, *productivity*, did more respondents – 33% of all responses – report an improvement than a worsening (23%). *Environmental safety* ranks second in terms of aspects of the workplace that have improved over the past two years, with 22% of responses, but an even larger proportion of respondents – 34% – mentioned that it had actually worsened.

Aspects of the workplace that relate to psycho-social concerns of employees – as opposed to physical health or safety issues – were those identified by the largest numbers of respondents as having worsened: 84% of labour leaders reported a deterioration of both *worker morale* and *stress level*, 75% reported mounting *work and family pressures*, and 68% indicated a worsening in *worker motivation*.

Overall, these results are consistent with those of Viewpoints 2000, whereas *stress levels* (85%) and *worker morale* (81%) were the factors identified by the highest proportion of labour respondents as those that have worsened (either somewhat or significantly).⁹ These results speak to widespread concerns among labour leaders about a degrading work environment, which may be brought about by increasing work pressures and other factors (see next section).

Factors responsible for changes in workplace health

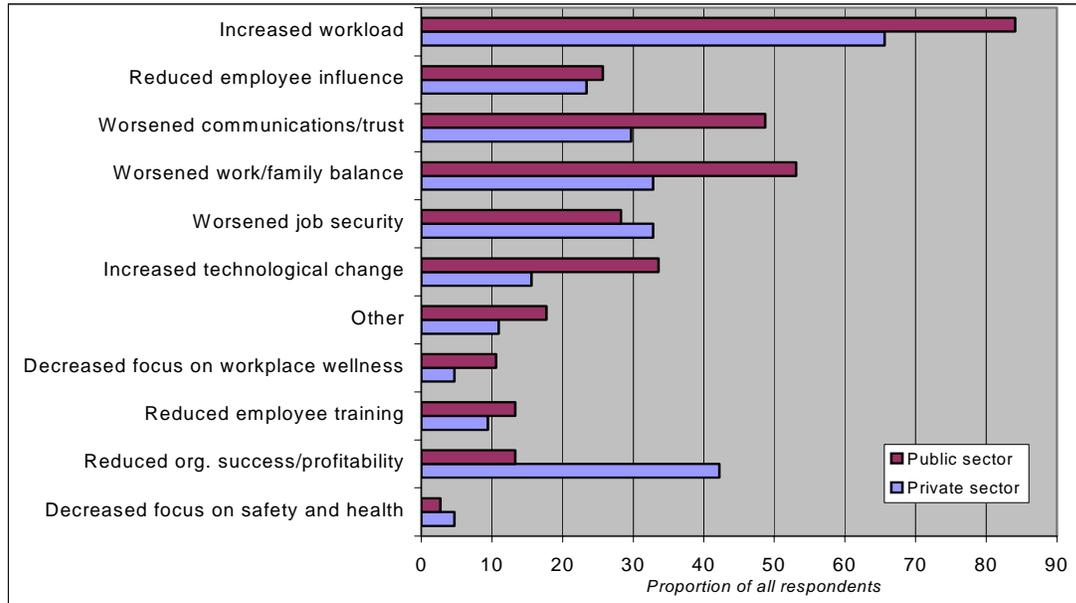
In order to better understand the causes behind observed trends in workplace health, respondents were asked to identify the major factors behind the worsening or improvement in workplace health, selected from a list of ten possible factors. Charts 9 and 10 provide a detailed account of, respectively, management and labour leader responses regarding the factors responsible for a worsening in workplace health. Overall, managers and labour leaders agree on the aspects contributing the most to a worsening in workplace health – increased workload, worsened communications/trust, and worsened work/family balance. Conversely, managers and labour leaders also agree in terms of aspects of workplace that contribute the least to a worsening in workplace health, namely a decreased focus on safety and health, and reduced employee training. By and large, the most important aspects relating to a worsening in workplace health relate to overall workplace organization, while the least important ones relate to actual wellness initiatives.

⁹ It should be noted, however, that the list of factors contained in the Viewpoints 2000 questionnaire is not directly comparable to that included in the Viewpoints 2002 version.

Chart 9

'What are the major factors behind the worsening in workplace health?'

Managers who indicated a worsening of overall workplace health over the past two years, by sector

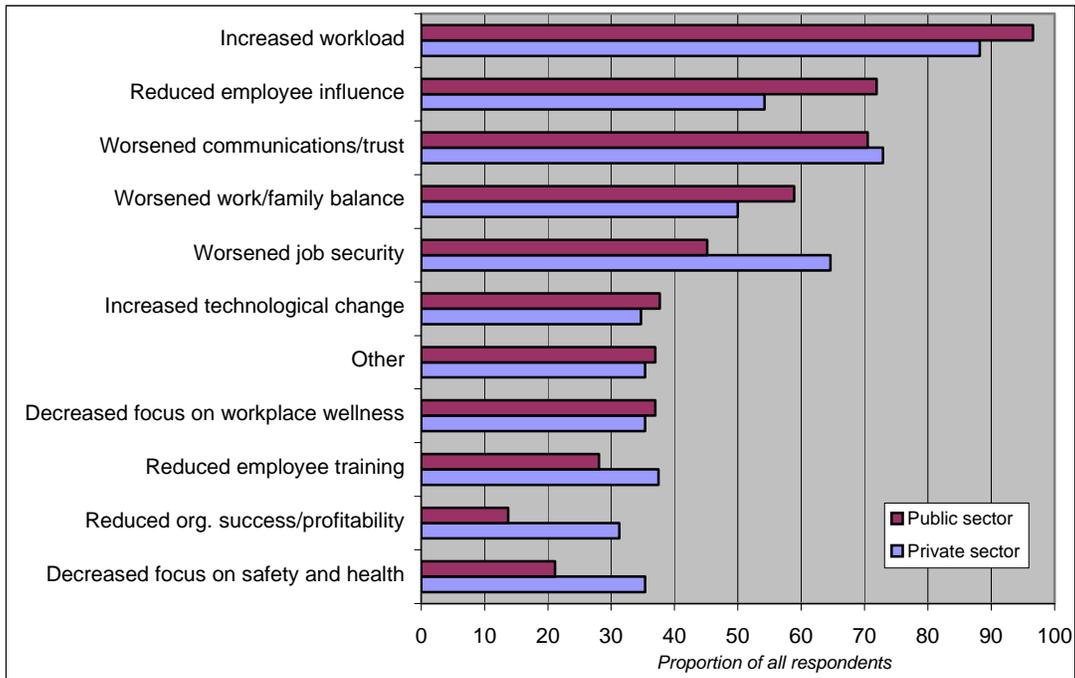


Source: Canadian Labour and Business Centre, *Viewpoints 2002*.

Chart 10

'What are the major factors behind the worsening in workplace health?'

Private and public sector **labour leaders** who indicated a worsening of overall workplace health over the past two years



Source: Canadian Labour and Business Centre, *Viewpoints 2002*.

For those *managers* who indicated a worsening in overall workplace health, the views of public and private sector representatives differ somewhat in terms of the relative ranking of factors, except that both ranked *increased workload* as the number one factor. Eighty-four percent of public sector managers and 66% of their private sector counterparts identified this factor as a major one (Chart 9).

In the public sector, other factors contributing to a worsening of workplace health are *worsened work-family balance* – identified by 53% of respondents from this sector – and *worsened communications and trust* (49%). In the private sector, factors ranking the highest (but below *increased workload*) are *reduced organizational success/profitability* (42%) followed by *worsened work-family balance* and *worsened job security* (both at 33%). These findings are in line with the workplace aspects that have been identified by the highest proportion of respondents as having worsened: stress level, work/family pressure, and worker morale (reported earlier in Chart 8).

Such findings are consistent with those from labour leaders, who also ranked *increased workload* number one (Chart 10). Moreover, they appear to be consistent over time as well, since in the Viewpoints 2000 survey the most often cited factor explaining a worsening of workplace health was the ‘more work – less people’ phenomenon. It could be that mounting labour shortages and the widespread ‘rationalization’ of operations (downsizing) which took place in the 1990s have been taking their toll on employees. These factors may be affecting public organizations to a greater extent than private sector firms.

Chart 10 provides an overview of how the various factors responsible for a worsening in overall workplace health rank according to *labour leaders*. The results are broken down between private and public sector responses. Views are fairly consistent among private and public sector respondents in terms of the most important factors. *Increased workload* has been identified by 97% of public sector labour leaders and 88% of private sector leaders as a major factor explaining a worsening in workplace health, ranking first among all ten factors.

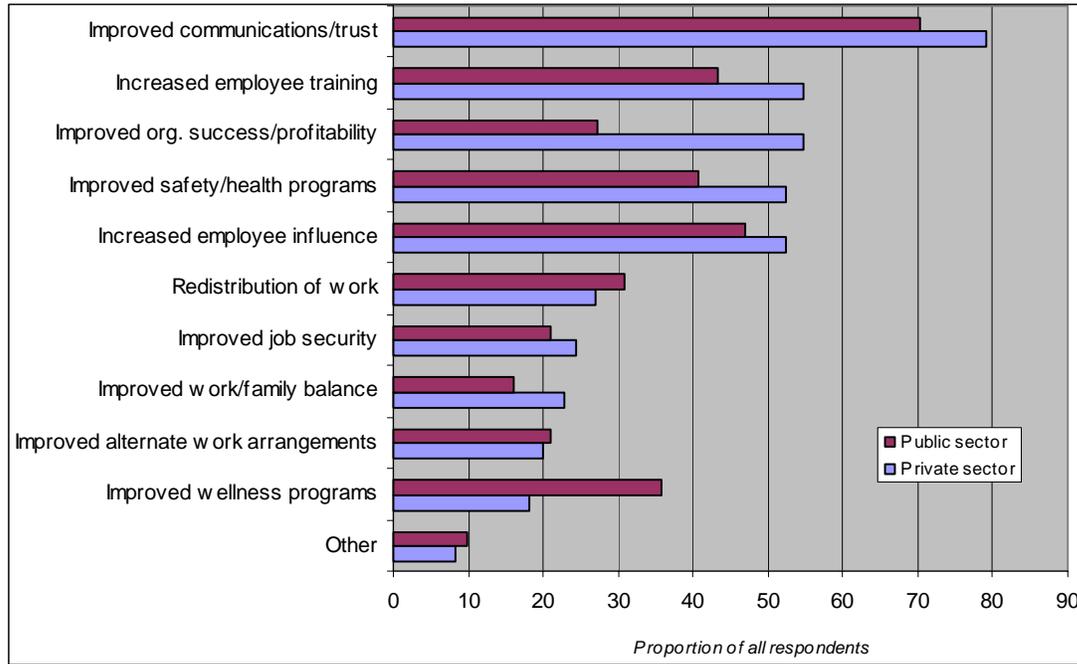
However, views differ between public and private sector respondents as to what factors come second and third. For public sector labour leaders, *reduced employee influence* (72%) and *worsened communications and trust* (71%) represent the second and third most important factors, whereas *worsened communications and trust* (73%) and *worsened job security* (65%) are the choices made by private sector leaders.

Other factors such as *reduced employee training*, *reduced organizational success*, and a *decreased focus on wellness, safety and health* play a significant but less important role in explaining worsening workplace conditions, each of these factors being mentioned by less than 40% of respondents. Overall, these findings suggest that the causes of deteriorating workplace health are numerous, but they seem to be more closely associated with psycho-social issues than with health and safety, or organization performance, concerns.

Chart 11

'What are the major factors behind the improvement in workplace health?'

Managers who indicated an improvement in overall workplace health over the past two years, by sector

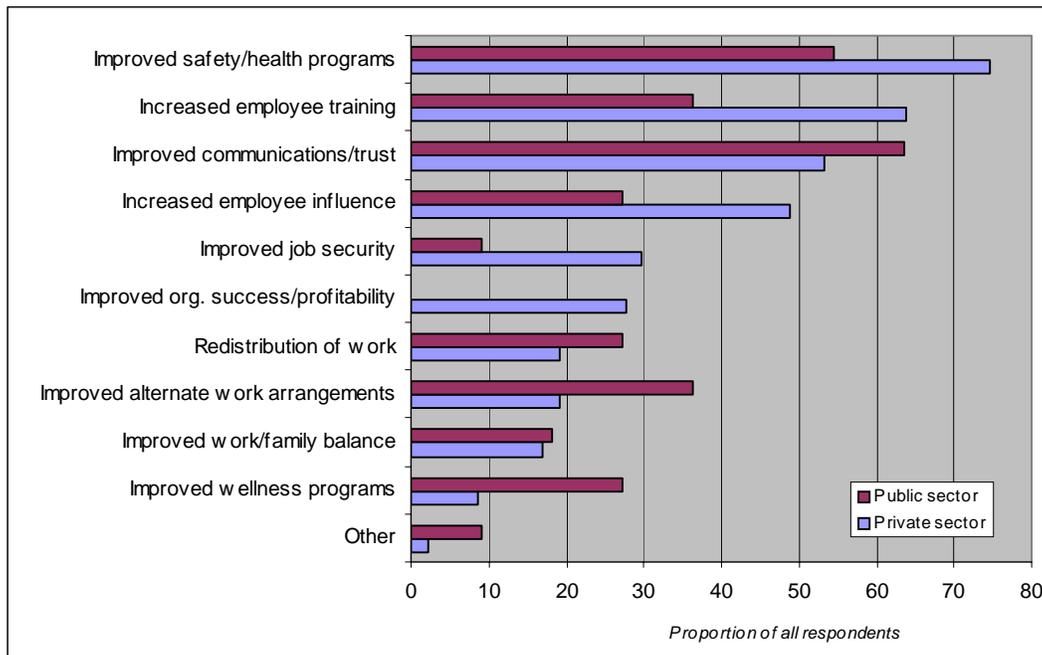


Source: Canadian Labour and Business Centre, *Viewpoints 2002*.

Chart 12

'What are the major factors behind the improvement in workplace health?'

Private and public sector **labour leaders** who indicated an improvement in overall workplace health over the past two years



Source: Canadian Labour and Business Centre, *Viewpoints 2002*.

Turning to factors responsible for an improvement in workplace health, *management representatives* reported that *improved communications and trust* was identified by the vast majority of both public (70%) and private (79%) sector managers as a major factor behind the improvement (Chart 11). For public sector managers, other factors of importance include *increased employee influence* (47% of respondents in this group) and *increased employee training* (43%). In the private sector, other factors ranking high include *increased employee training* and *improved organizational success and profitability* (both at 55%).

It is interesting to note that 36% of public sector managers – versus only 18% of private sector ones – have identified *improved wellness programs* as a major factor contributing to improvement in workplace health. This finding suggests that the concept of employee wellness may be gaining ground more rapidly in the public than in the private sector, but it is still relatively unfamiliar to both groups. In their 2000 National Wellness Survey Report, Buffett Taylor reported that a modest 18% of survey participants offer a comprehensive wellness program, thus supporting some of our Viewpoints 2002 findings.

For *labour representatives* who reported an improvement in workplace health over the past two years, views differ somewhat between the private and the public sector in terms of the major factors responsible for it (Chart 12). For private sector labour leaders, factors such as *improved health/safety programs* (75%), *increased employee training* (64%), and *improved communications and trust* (53%) were cited most often as contributing factors. For their public sector counterparts, *improved communications and trust* (64%) and *improved safety/health programs* (55%) were the most popular selections.

Comparing these results to those relating to factors responsible for a worsening of workplace health (Chart 10), psycho-social factors seem to have less influence in improving workplace health than they do in worsening it, except perhaps in terms of the impact of *communications and trust*, which can significantly influence workplace health, either negatively or positively.

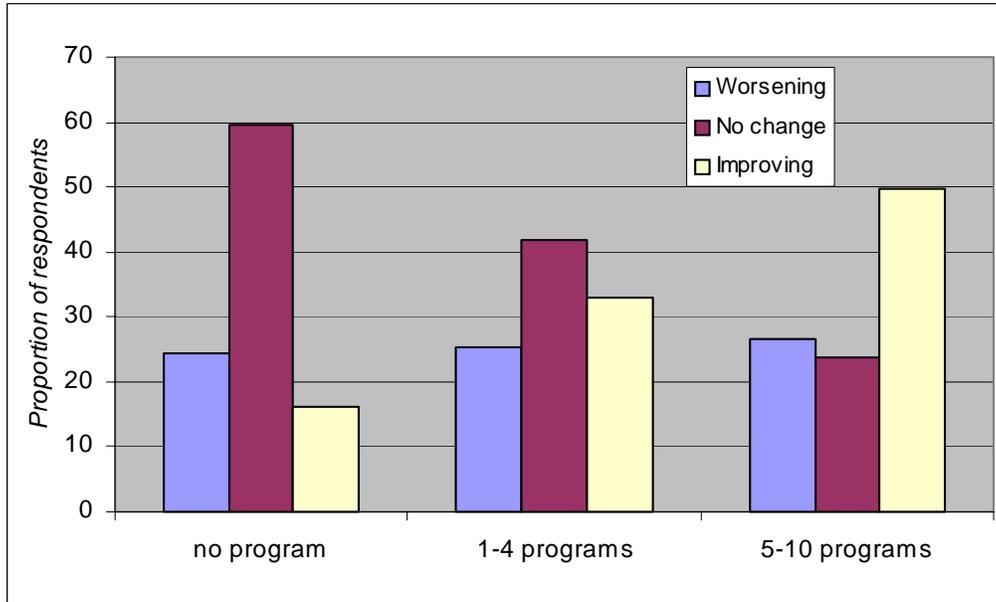
Along the same lines, it is interesting to note that the presence of factors such as employee training and health/safety programs was deemed important for improving workplace health by a vast majority of respondents, while their absence was not deemed important, also by a majority of respondents, for worsening workplace health. Likewise, the presence or absence of formal wellness programs does not appear to be a significant factor in explaining an improving or a deteriorating work environment, suggesting again the importance of a wide range of factors – both internal and external to organizations – for workplace health.

Further insights into trends in workplace health can be gained by matching the incidence of safety/health/wellness features with trends in overall workplace health, as depicted in Chart 13 for *managers responses* and in Chart 14 for *labour representatives*. In its recent (2002) workplace health research project, the CLBC found anecdotal evidence of public and private sector organizations where wellness programs have impacted positively on organizational performance – measured by reduced absenteeism, reduced worker compensation claims, and lower turnover rates, and so on – and employee well-being.

Chart 13

'How has the overall health of your organization changed over the past two years?'

By incidence of safety/health/wellness features within organizations – **management** responses

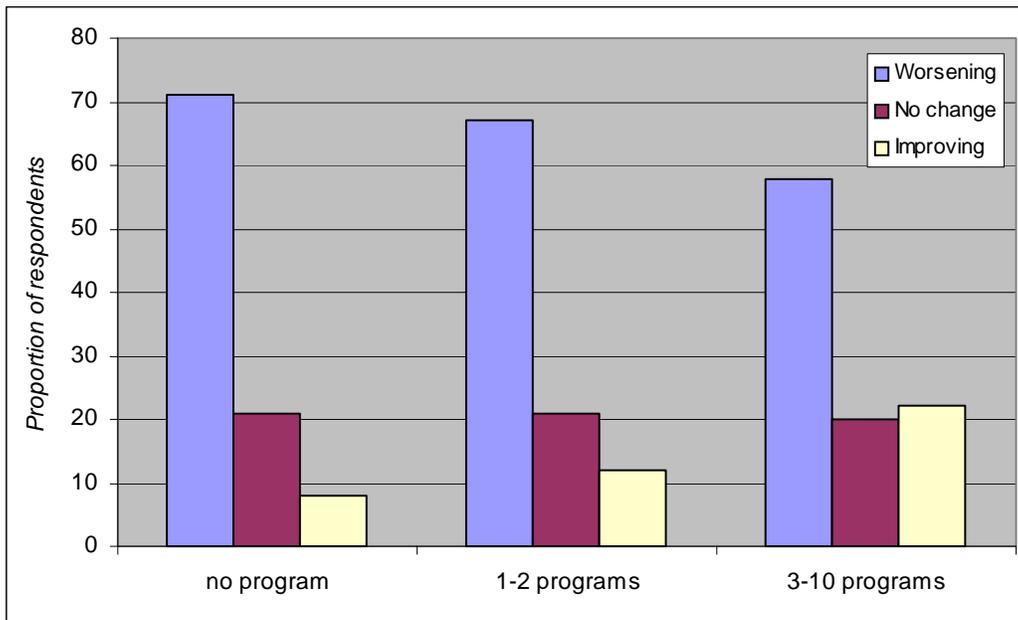


Source: Canadian Labour and Business Centre, *Viewpoints 2002*.

Chart 14

'How has the overall health of organizations where your members work changed over the past two years?'

By incidence of safety/health/wellness features within organizations where members work – **labour** responses



Source: Canadian Labour and Business Centre, *Viewpoints 2002*.

Overall, survey results indicate that labour and management views do not differ broadly, in that the incidence of safety/health/wellness features is positively correlated with the likelihood of an improvement in workplace health over the past two years. Within each group, however, the perspectives differ between private sector and public sector respondents.

Reporting on *management responses*, Chart 13 shows that organizations with the highest number of these features were more likely to see their overall workplace health improve over the last two years than organizations with fewer such features. Fifty percent of organizations exhibiting 5-10 features saw overall workplace health increase over the past two years, while only 27% of organizations with the same number of features saw their workplace health worsen.

For organizations featuring less safety/health/wellness features – either none or between 1-4 features – the evidence is less clear. It would seem, thus, that these results from the Viewpoints 2002 survey partly support the notion that organizations that invest heavily in safety, health and wellness increase the likelihood of improved overall workplace health.

In Chart 14, we tabulated the incidence of safety/health/wellness features against perceptions about changes in overall workplace health for *labour leaders responses*. The results suggest that organizations featuring larger number of features increase their chance of seeing their overall workplace health improve (keeping in mind that, overall, labour leaders reported that workplace health has generally deteriorated over the past two years).

The chart indicates that labour leaders from organizations with 3-10 safety/health/wellness features were almost three times as likely (22%) to report an improvement in overall workplace health than those representing organizations with no such features (8%). Conversely, 71% of those representing organizations with no safety/health/wellness features reported a worsening in overall workplace health, compared to 58% for those in organizations featuring 3-10 features.

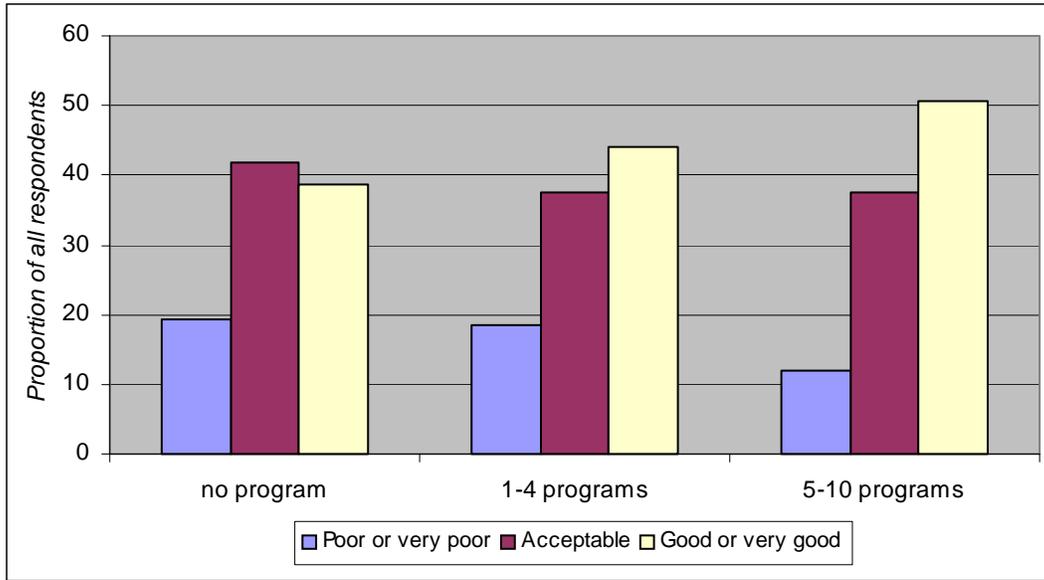
Another perspective on the possible impact of health and safety programming on the workplace can be gained by matching the incidence of safety/health/wellness features with the state of labour-management relations. Chart 15 shows the proportion of *managers* who reported the current state of labour-management relations in their organization as either poor, acceptable or good, broken down by varying numbers of features. Chart 16 does the same for *labour leaders*.

The results indicate that, according to *management responses*, the more safety/health/wellness features an organization offer, the better its chances are that the current state of its labour-management relations will be *good* or *very good*. Conversely, the largest proportion of organizations experiencing poor or very poor labour-management relations is found among those with no such features.

Chart 15

'How do you view the current state of labour-management relations at the organizational level'

By incidence of safety/health/wellness features within organizations – **management** responses

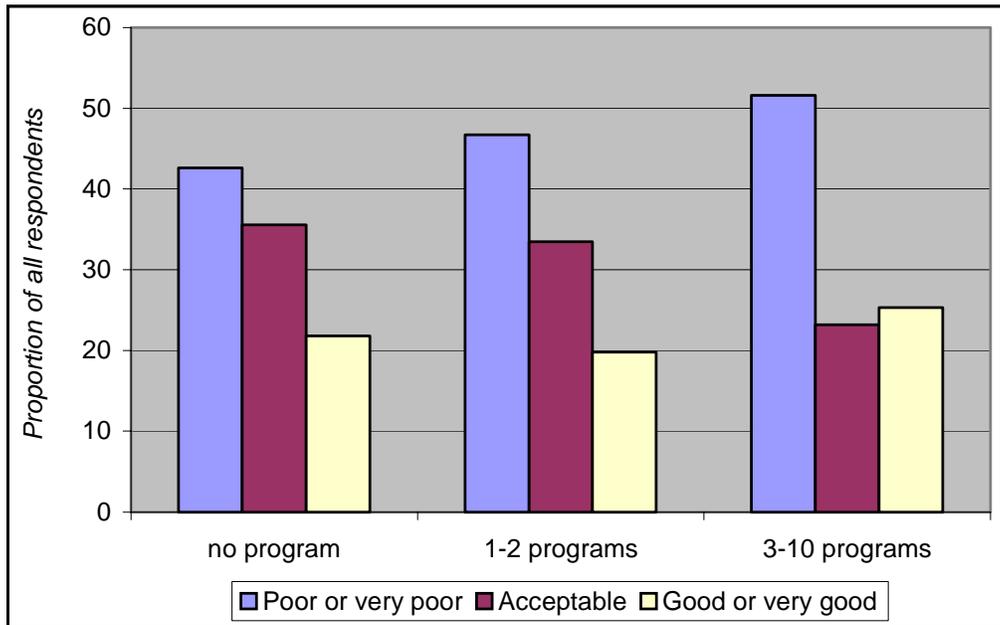


Source: Canadian Labour and Business Centre, *Viewpoints 2002*.

Chart 16

'How do you view the current state of labour-management relations at the organizational level'

By incidence of safety/health/wellness features within organizations – **labour** responses



Source: Canadian Labour and Business Centre, *Viewpoints 2002*.

More than half of the organizations with 5-10 safety/health/wellness features reported the state of their labour-management relations as *good* or *very good*, compared to 39% of organizations with no such features reporting the same. By contrast, 19% of organizations with no safety/health/wellness features described the state of their labour-management relations as *poor* or *very poor*, compared to only 12% of organizations offering 5-10 such features.

By and large, the analysis of management responses indicates that there is considerable variation in the intensity and distribution of safety/health/wellness features, and in their impact at the organizational level. Small organizations tend to exhibit fewer features than larger ones, firms in the private sector generally display higher levels of workplace health than public sector organizations, and all types of organizations with a high incidence of safety/health/wellness features are healthier and have more harmonious labour-management relations than organizations offering few or no such features.

As for *labour* responses, no findings of this type could be detected (Chart 16). There is little by way of relationships that could be identified between the number of safety/health/wellness features and the state of labour-management relations in organizations represented by labour leaders, even accounting for factors such as public sector/private sector split or industrial sector split.¹⁰ It may be that labour's perception of the impact of workplace wellness on labour-management relations differs from that held by managers, or other factors may be at play. Data limitations currently make it difficult to isolate such factors of influence and, in light of that, further refining of the Viewpoints survey instruments may be a useful next step.

Conclusions

This analysis of the Viewpoints 2002 survey results provides both a sense of comfort about the seemingly positive impacts workplace health programming can have on overall workplace health, as well as concerns about deteriorating work conditions in many a workplace. Much like what was found in CLBC's first incursion into leaders' perception of a healthy workplace in 2000, rapid economic change and the outcome of the restructuring of the early 1990s have left a sizable proportion of both public and private sector organizations with increased workload and stress for their employees. Business and labour, working with their government and education partners, will need to find innovative solutions to the healthy workplace challenges that were identified in this study.

Confirming a trend identified in other CLBC analyses of the Viewpoints 2002 results, we have found that labour and management are often at odds in their appreciation of changes in overall workplace health, and of the factors responsible for those changes. While labour generally reported a worsening of overall workplace health, management was inclined to report in larger numbers and on more aspects of the workplace that have improved over the past two years. Both sides agreed, however, that psycho-social factors such as increased communications and trust and greater control over one's work

¹⁰ Which was accomplished by running special tabulations of the data.

environment are essential in improving workplace health.

That said, it is clear that no factor can be singled out that explains changes in workplace health. In fact, one can think of workplace health and employee well-being as part of a complex web of internal and external influences that, together, contribute to shape organizations. The determinants of workplace health are varied, and the interrelationships between them are multifaceted. There is no silver bullet to better workplace health, but we derive satisfaction knowing that a higher incidence of workplace health features within an organization normally translates into a healthier workplace.