



Workplace Health Works!

A Seminar on Innovative
Workplace Health Practices

Conference Proceedings

Vancouver, B.C.
June, 2003



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The CLBC is a unique Canadian forum for business-labour dialogue and consensus-building. Its Board includes labour, business, government and education representatives. It applies a balanced and inclusive approach to all aspects of its research and consultation activities in the broad labour market field.

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Background

Issues of workplace health and wellness are an ongoing priority for the Canadian Labour and Business Centre (CLBC), which is a joint organization founded on strong membership from the main workplace parties – business and labour. The CLBC and its Board of Directors believe that approaches which promote workplace health and wellness are in the best interests of both employers and workers – a clear ‘win-win’. In particular, in a period of anticipated growing skill shortages, those employers who pay attention to workplace health issues will have a competitive advantage over others in recruiting and retaining workers with much-needed skills.

As part of its efforts to improve our collective understanding of healthy workplace concepts and to promote healthy workplace practices more broadly within the business and labour communities, the CLBC carried out case studies on the safety and health initiatives of 12 Canadian workplaces. The cases were selected because their approaches to workplace health are innovative and effective in improving workplace safety and health, and in improving business performance. It was felt that the case study approach would be a persuasive way to promote these practices and encourage their adoption by other organizations.

The case studies were carried out between September, 2001 and December, 2002. The 12 organizations that participated in the studies were drawn from six provinces, varied in size from 30 to 7,300 employees, reflected public and private sector organizations ranging from hospitals to steelmakers, and included both unionized and non-unionized workplaces. This variety reflected an important objective of the study, which was to explore the form that workplace health initiatives took in vastly different types of workplaces and try to derive common features of these.

Each of the 12 case studies features:

- The comprehensiveness of the organization’s workplace health initiatives;
- The process by which the workplace health initiatives were developed, including the roles of unions/employees in this process;
- The relationship between the workplace health initiatives and the organization’s overall business strategy;
- The impacts of the workplace health initiatives on both employee health and organizational performance.

In addition to the individual case studies, the CLBC prepared an overall summary document outlining the key features common to these workplaces and their workplace safety and health initiatives. The case studies and the overall summary document are available on the CLBC’s website.

Regional Seminars on Workplace Health

To promote healthy workplace practices more broadly within the business and labour communities, the CLBC is hosting a series of regional seminars on workplace health and wellness¹. The purpose of the seminars is to share the results of case studies on innovative workplace health practices, in order to demonstrate the value of these practices in enhancing employee health and workplace performance, and in reducing health-related costs. The overall goal is to encourage management, unions and employees to initiate and/or maintain workplace health practices.

Vancouver Seminar on Workplace Health

The first of three regional seminars – *Workplace Health Works!* – was held in Vancouver, B.C. on March 24-25, 2003². The seminar, which consisted of an evening plus a full-day session, drew a total of 105 participants from a variety of sectors and constituencies. About one-half were representatives of business establishments, while 20% were representing labour groups, and a further 20% were from government organizations (not including the Workers' Compensation Board (WCB) of B.C. staff). The remaining participants were comprised of CLBC and WCB staff.

Program Overview: Vancouver Seminar

The evening session of the Vancouver seminar began with opening remarks from Angie Schira, Secretary-Treasurer of the B.C. Federation of Labour. This was followed by the Plenary Address, in which François Lamontagne (CLBC) provided an overview of labour and management views on workplace health. The presentation, based on the results of CLBC's *Viewpoints 2002 Survey* of business and labour leaders, included information about the health, safety and wellness features most commonly found in Canadian workplaces, the perceptions of managers and labour leaders about changes in workplace health, and the factors that contribute to improvement or deterioration in workplace health. The presentation also set the stage for the second day of the seminar by giving an overview of the CLBC's 12 case studies.

The full-day session of the Vancouver seminar was opened by Roberta Ellis, Vice-President, Prevention Division, Workers' Compensation Board of B.C. The main part of the day's agenda featured presentations by representatives of both management and unions/employees from three British Columbia workplaces which were participants in CLBC's initial case studies. The featured presentations were from:

- Vancouver International Airport Authority, Richmond
- Petro-Canada Burrard Products Terminal, Port Moody
- Vancouver Shipyards, Vancouver

¹ Funding support for these seminars is provided through the Population Health Fund (Health Canada) and the Labour Market Partnerships Program (HRDC).

² Additional funding support for the Vancouver Seminar was received from Workers' Compensation Board of B.C. The WCB of B.C. was also instrumental in providing assistance with the organization of the seminar and roundtable discussions.

Presenters described the key features of their respective workplace health initiatives and their link to corporate strategy; assessed the role of management and union/employees in the development of the initiatives; and commented on the impacts of the initiatives on both employee health and workplace performance.

A key component of the seminar was the roundtable session that followed the featured presentations. The roundtable discussions were led by pre-assigned facilitators at each table, and explored questions relevant to the case study presentations. Participants were pre-assigned to tables to ensure a good cross-section of views and a constructive and lively exchange of experience and perspective.

The seminar was concluded by remarks from Brian Scroggs, Chairman, Farmer Construction Ltd., and CLBC Board member.

Summary of Proceedings

The following summary of seminar proceedings has four main components:

1. Key messages from the Seminar. These are common themes which merged from seminar presentations and discussions.
2. Excerpts from the opening remarks made by Roberta Ellis of the Workers' Compensation Board of B.C. Ms. Ellis' remarks provided a thoughtful context for the featured presentations, suggesting that while law and regulation set basic civil standards for health and safety, we need to go beyond these minimums to successfully address the health and safety challenges of the 21st century.
3. Summary of Roundtable Discussions. Participants engaged in lively facilitated discussions using information from the presentations and from their own experience, to answer pre-assigned questions.
4. Participants' Assessments. These include selected comments from participants on the value of the Seminar.

The PowerPoint slides prepared and presented in the opening session and by the featured B.C. workplaces can be accessed directly from the CLBC web site as follows:

Viewpoints 2002 Survey
Vancouver International Airport Authority
Petro-Canada Burrard Products Terminal
Vancouver Shipyards

Key Messages from the Seminar

The three workplaces which made presentations – indeed, all twelve of the workplaces which CLBC described and summarized in its case study research – demonstrated a rich variety of experience and practice in the field of workplace health and wellness. Yet, as the presentations and roundtable discussion summaries above clearly indicate, there were common themes which applied across all the workplaces discussed. These included the following:

- 1. Workplace health pays.** All presenting workplaces pointed to benefits, either in terms of employee health indicators ('human' goals) or in terms of workplace performance and 'bottom line' indicators (business or financial goals). While the indicators varied in terms of their focus and formality, they were sufficient to convince the workplaces to continue with their workplace health activities.
- 2. Workplace health must be an integral part of the organization's business strategy,** rather than a 'nice-to-have' add-on. This begins with the crucial role of leadership in expressing this priority, supported by genuine employee participation, with the involvement of unions, if present. But employees are much more than 'program participants'; they must first 'buy into' and support the workplace health culture within which individual initiatives are put forward.
- 3. Impacts take time to be seen and recorded,** yet monitoring and measurement of impact is critical to the sustainability of the initiatives. There is not an absolute standard or requirement on what constitutes 'acceptable' impact indicators. Yet what is critical is whether the organizations themselves find these indicators sufficiently convincing to justify the continued investment in workplace wellness.
- 4. Workplace health is one sign of organizational excellence.** In a real sense, workplace health constitutes only one dimension on which the excellence of organizations might be assessed. In the final analysis, all the participating organizations conveyed an impression of being well-run – an impression which would likely hold whether viewed through the lens of workplace health or from some other perspective. The conclusion is that workplace health and good overall management are essentially inseparable.

Excerpts of Opening Remarks by Roberta Ellis, Vice-President, Workers' Compensation Board of B.C.

"I am delighted to join you today. It is always a pleasure to participate in events dealing with health and safety – especially those which bring to the table both labour and management perspectives. With almost two decades of research and public policy formulation under its belt the Canadian Labour and Business Centre remains among the forefront of institutions that further the business-labour dialogue. And one of the Centre's most valuable contributions is demonstrated in conferences such as this one.

Let me offer my congratulations specifically to the Vancouver International Airport Authority, to Petro-Canada Burrard Products Terminal, and to Vancouver Shipyards for their willingness to share their experience with us today through their case studies. It is through our collective knowledge that we will most effectively improve the well-being of the workers of this province – and we distribute that hard earned knowledge most effectively by sharing our stories.

The case studies you will hear today broaden the scope of the health and safety debate.

At their heart they acknowledge the challenges of 21st century – as we re-examine our long-established assumptions about work, jobs, and family. Increasing use of part-time workers, flex-time, and contracted services continue to contribute to our health and safety challenges. The information revolution is redefining what we mean by workplace. Life on the home front also continues to change. In most families, both parents must work at outside jobs. Shift work has become a way of life for many. Industries need skilled workers to remain competitive; employees need more flexibility in working arrangements. On top of all this, the baby boom generation is heading for retirement. Maybe! Many are part of the so-called sandwich generation, taking care of both children and aging parents. The social and cost implications for all levels of society are significant. And not the least of this is our individual physical and mental health.

In the field of health and safety we rely on law and regulation to set the basic civil standards to be adhered to in order to protect workers and create safe workplaces. But we also have to go beyond those standards. The business we are in is injury and disease prevention – and that also includes working collaboratively with industry to find the best practice that will create the safest possible work environment. The results you will hear about today are a product of that collaboration. Life and work realities are challenging us to foster a culture of safety that promotes healthy lifestyles and a concern for the social environment and our personal resources. The cases studies you are will hear about today explore this in detail – and we have a great deal to learn from them.”

Summary of Roundtable Discussions

Participants engaged in lively discussions, using information from the seminar presentations as well as their own experiences to answer three questions:

- Based on the presentations today, what is the key ‘message’ you are taking away?
- As you consider possible workplace health initiatives in your own workplace: What major barriers you foresee in implementing these initiatives? How important will it be to measure the impacts of these initiatives on employee health and workplace performance?
- What roles should employers, workers and government play in promoting workplace health?

At each roundtable, the facilitator or designate was asked to record key elements of the discussion. These notes were then organized and summarized by CLBC staff to capture key themes and messages.

Key Takeaways from the Presentations

Management Leadership is Essential

The roundtable participants strongly supported the idea that a successful workplace health program depends on a company's management taking a strong leadership role in promoting policies and practices. Managers can fulfill this role by demonstrating a strong and visible commitment to wellness in the workplace, and this in turn reflects an understanding on their own part that the effective management of health and safety is a core part of an organization's operations, and that it is also 'good for the bottom line'.

It was noted that although the impetus derives initially from a top-down approach, leadership on health and safety issues is conducive (or even essential) to creating a participatory environment at all levels of the organization.

An important part of management's 'visibility' on this issue is 'leading by example'. Participants felt strongly that managers, at all levels, must be seen to adopt and live by the policies and practices that have been implemented if healthy workplace practices are to be observed by employees.

A Workplace Health 'Champion' Helps

Just as important as strong leadership is the presence of a 'champion' in the workplace to advocate for the organization's health and safety strategy. It was noted that in many workplaces, initial decisions to follow wellness activities are based on the influence of champions, and much less on more technical appraisals (e.g., cost-benefit analysis). As an important builder of trust and confidence among staff, the champion must be empowered by management to enact the company's strategy, and he or she must be able to communicate well with people.

Trust and Commitment are Key Elements

There was strong agreement among the participants that one of the key elements of introducing and implementing a workplace health strategy is the building of employee trust in management. Trust is the key for the buy-in and participation that is subsequently needed to successfully put workplace health strategies into action. This may be especially true when health initiatives emerge in the wake of workplace crises (injuries, etc.), and where employee attitudes may sometimes be hostile or wary of management's motivation for introducing new initiatives or policies.

Participants felt that it was important that managers/employers follow through on the stated commitments they have made to improving health and safety in the workplace. Management's visibility is again an issue, as the building of employee confidence in new healthy workplace initiatives arises not only from what management *does* in this regard, but is also *perceived* as doing.

In practical terms, participants noted a number of possible strategies for building trust and confidence. These included: bringing new people to lead initiatives as they have not been associated with prior events that have led to mistrust; building in independent actors if it is necessary to carry out health assessments; and, dealing with workers' concerns rather than simply introducing a new strategy without consultation.

Participation and Buy-in are Required

Roundtable discussants noted that progressive and flexible management is needed in order to broaden participation and to ensure that both managers and workers are on board with a company's plans to implement healthy workplace practices. Indeed, some participants believed it would be difficult to even *develop* a health and safety program without broad support and participation from all levels. In unionized workplaces, union-management collaboration is of course key.

The Importance of a Holistic Approach

There was much discussion of the importance of taking a 'holistic' approach workplace health. Participants expressed a variety of views as to what this meant:

- Workplace health is an integral part of a business strategy.
- Wellness and safety are interconnected policies rather than isolated programs. Reflecting this holistic orientation, some participants offered the term 'wellness' as a substitute for 'health and safety'. This term again reflects taking a larger view of the problem, and goes beyond simply considering health and safety as a regulatory phenomenon.
- Workplace health is connected with family and community health. As such, this approach prescribes taking a view of an employee's workplace health condition as being situated in a broader context of health or wellness in other parts of an employee's life.

A Health and Safety "Culture" is Critical

An effectively healthy workplace requires more than just a policy or program. It also requires the adoption of a health and safety 'culture' in the workplace. This entails recognizing the value of a safety culture, addressing issues proactively rather than reactively, and fostering the inclusion of employees in building that culture.

At the same time, it also means that each workplace will develop its own culture, appropriate to the circumstances and characteristics of the workplace. In this sense, workplace health strategies must be built up recognizing that "one size does not fit all" and that different approaches will fit different contexts. For example, in older workplaces, the aging workforce may provide an exceptional opportunity to promote wellness.

Recognize Good Results and Celebrate Success

Many participants acknowledged the importance of recognizing good outcomes and of celebrating success. They felt that rewarding and recognizing improvements in workplace health ought to be an integral part of any strategy. This could, for example, include

reward schemes which compensate managers and workers according to the number of safe man-hours logged in the company.

Set Realistic Goals and Timelines

Participants recognized that the process of successfully implementing a workplace health strategy can take time (up to 10 years, according to one participant). With this in mind, it is important to 'start small', and for there to be a sustained and committed long-term effort to implement a strategy.

Barriers to Implementations in Workplaces

Continuity and Consistency of Management Attitudes, Characteristics, Practices

Some concern was raised about problems of continuity and consistency in the implementation of a workplace health strategy. Several comments addressed the possibility that changes in senior leadership in a company or organization could lead to changes in policy, or a lack of follow-through on proposed initiatives. Promotions of personnel from middle to upper management may require bringing in new middle managers who have little history, knowledge or commitment to the program for which they have now become responsible. Other comments reiterated that a failure to 'lead by example' and to raise employee trust and confidence could pose significant barriers.

Failure to Connect Employee Wellness/Health with Corporate Health

The failure to make workplace health an integral part of a company's operations was another significant barrier. Participants reiterated that it was important to view health and safety concerns as part of a company's overall goals, rather than as an adjunct program.

Some felt that managers often do not fully understand the impact of an unhealthy workplace on product quality and costs. This may be due to a lack of institutional data on the cost of absenteeism to the company, or the absence of employee surveys that can gauge attitudes towards the work environment. The absence of information or knowledge about the link between unhealthy workplaces and business performance was seen as a major barrier to implementation.

However, it was also felt that quantifying the benefits of workplace health can be a difficult task. Health may involve costs avoided rather than costs saved, the former being difficult to identify or calculate.

Insufficient Management Support and Resources

A lack of support from management – in terms of money, personnel and time – can set back workplace health programs significantly. Management often faces problems in either securing resources or justifying its expenditure on workplace health programs. In some companies, the cost may be difficult to justify at the top level. It can also be very difficult to find the time to develop systems of prevention because there can be other pressing claims on a company's time, and it may find its hands full simply maintaining the status quo.

These problems can pose a particularly difficult barrier to smaller companies with fewer resources. The same may hold for larger employers facing pressures to cut costs and resources (this is a particularly strong concern in the public sector). In times of austerity, it becomes more difficult to justify new program expenditures, however necessary they may be. Thus, even in cases where management agrees to proposals about workplace health, employees are often left on their own to find resources and carry through with initiatives.

Poor Reception to Proposals for Change

Participants observed that implementing changes in the workplace create expectations. Once these expectations are created, it is important to follow through on initiatives and build trust by being consistent. In some senses, the failure of an initial program can be problematic because it may increase employees' resistance to subsequent attempts at implementing a successful strategy. Employees may not invest much confidence in a program or strategy if it begins to look like the 'flavour of the month'. This will have an impact on subsequent employee involvement.

Poor Worker-Employer Relations

Other aspects of worker-employer relations can frustrate implementation of a successful program. Labour-management problems in other areas can have a negative impact on joint efforts in the domain of health and safety. In unionized workplaces, this indicates a need for strong and functional management-union committees.

Such problems may well be compounded in organizations that have recently undergone downsizing or large layoffs. Under such circumstances, management may find it difficult to convince staff of its good intentions.

Lack of Communication and Information

Overcoming many of these barriers involves good communication and fostering participation, and the lack of these is a very significant barrier. It is essential that management and workers or their union communicate well, and that information reach all levels of an organization. These are crucial elements in securing buy-in from all staff members. All elements of the organizational ladder must consistently receive the same message, the same training, and the same information, whether these are workers, supervisors, middle managers or upper management.

Rigid Employee Attitudes

Employee attitudes can often be as rigid as management attitudes. In some workplaces, it is difficult to overcome workers' perception that wellness programs are contrary to their work culture (the 'macho' factor). Getting older workers to participate in physical activity can also be difficult. And, in general and depending on an organization's circumstances, it can often be difficult to overcome employee resistance to the implementation of new initiatives.

Lack of Accountability

An inclusive and broad process of participation in implementing initiatives requires accountability. Discussants noted that in some cases, no single person or group within an organization or company is willing to take ‘full ownership of responsibilities’.

One related best practice mentioned during the roundtables was a program called CARS (Corrective Action Report System) employed at Molson. The system records reports filed by employees in a safety book which is reported to the company’s OSH committee. By identifying the person who is responsible for addressing the identified problem, it helps to make supervisors more accountable.

Operational and Functional Barriers

Participants identified a number of barriers that emerge in the actual implementation of workplace health strategies.

Informational barriers were a recurring theme, and were to be found at all stages of the process. It can be difficult to get the right information needed to make change possible at the outset, and some organizations may not even know how to initiate the process. Those companies that do have the right information may not know how to use it to change the workplace culture. Measuring performance around safety and well being can be difficult as the appropriate tools and methods may sometimes be missing. Other measurement problems can also occur, e.g., calculating cost effectiveness or cost-benefit, and these can impede the success of a workplace health strategy.

Participants noted that the size of a company can potentially be a barrier. Large companies may face organizational and implementational problems, and may find it difficult to provide consistent services and support to all employees. This problem can be compounded if there are several job locations or worksites. Small companies, on the other hand, may be more likely to face constraints on both their resources and time, thus preventing them from effectively implementing a workplace health strategy.

Importance of Measuring Impacts

General Observations on the Importance of Measuring

Participants largely agreed that measuring results is a critical component of workplace health initiatives. Measurement yields information that is vital in not only tracking performance but also in convincing both workers and senior management that a program has achieved valuable results – it is thus an important component of ‘buy-in’.

“What gets measured, gets managed.” It is important to evaluate effectiveness, and positive results can sustain a prolonged commitment to ensuring a health workplace. Measuring results is thus not only necessary for determining a program’s effectiveness, but equally important in focusing attention on the continued management of a program. It also provides a good back-up for retaining good strategies.

Good and Appropriate Methodologies

Participants made a number of comments regarding particular aspects of the measurement process. Despite the difficulties noted above, they believed it was important to try to differentiate between quantitative measures and qualitative measures. In addition they felt measurement should be a long-term process to allow for the identification of trends. Climate or perception surveys were deemed to be useful, particularly in combination with other quantitative measures.

Possible Variables for Measurement Included:

- absenteeism
- stress leave versus absenteeism
- claim amounts
- employee attitudes

At the outset, *broad* performance measures are more important while individual or more focused measures assume greater importance as initiatives mature. Finally, discussants also felt that knowledge transfer of ‘best practices’ and case studies in the area of measurement were potentially valuable.

Measurement Problems

Participants acknowledged that certain measures of wellness or health were difficult if not impossible to quantify meaningfully. Similarly, it can be difficult to strictly connect causes to their effects; in other words, while overall benefits or good outcomes may be measurable, it may not be possible to determine what aspect of a program contributed the most benefit.

Still, some managers insist on a strong quantitative demonstration of benefits. Providing such information can be costly and difficult to do, particularly when costs are being cut from other areas of a company.

There may be dangers to measurement, and monitoring too closely, if the activities measured are not constructive. This may lead people to do things that are counterproductive or even unsafe.

Roles of Employees, Workers and Government

General Observations

While there were many different opinions as to the individual roles that employers, workers and government ought to have in promoting workplace health, there was broad agreement that *partnerships* between these three groups were key to the successful promotion of workplace health. It was noted that responsibility must be taken by industries as a whole. Within this partnership, employers and workers have interdependent and complementary roles to play at different levels, while government has an important role in supporting workers and employers. However, partnerships of this sort sometimes require that all parties step outside their normal patterns of behaviour, and take risks in order to achieve meaningful change.

Employers: The Lead Role

Employers have the crucial role of shaping and giving top-level direction to initiatives, leading by example and of course backing up commitments with resources (most importantly, in providing for adequate and appropriate training). In leading healthy workplace initiatives, it falls to employers to set health and safety as top organizational priorities within the company. This would be demonstrated by the incorporation of workplace health programs into overall business plans, and the introduction of workplace health concepts and message's into an organization's 'vision and values'.

Workers: Participation and Support

Workers must participate in healthy workplace programs, they must commit to these programs once they have been appropriately introduced by the employer, and they must also be accountable for their own safety and health in the workplace. Taking responsibility for their actions and their active participation in promoting and ensuring workplace health does, however, depend on the employer's willingness to empower employees with the ability to speak freely and to play a useful and significant role in developing initiatives. As the employer demonstrates its commitment to change and innovation in creating a healthy workplace, workers, for their part, must be open to change in order for strategies to move forward.

In unionized workplaces, union leadership, as a body, must buy into proposals for change. Once the union's commitment is secured, it will play a vital role in supporting the process and activating the participation of the employees it represents.

Government: Promotion and Resources

Aside from its key role in providing a compliance framework for health and safety in the workplace, participants also assigned to government an important role in championing worksite safety and carrying out the social marketing needed to promote workplace health. It was also felt that government had an important role in health and safety education, and that it was well placed to act through the education system to bring about change.

At the same time, there was a feeling that excessive government exhortation or 'preaching' on the subject of workplace health was counterproductive. Participants suggested that government could play a very significant role by providing resources to support initiatives by creating incentives. These included:

- Incentives (through the taxation system or otherwise) for employers that actively prevent health care cost increases.
- Funds for organizing conferences and seminars, to celebrate and promote excellence in workplace health initiatives.
- Seed monies for small investments in company programs (e.g., the \$13,000 provided by WCB to Vancouver Shipyards for health club memberships).

Participants' Assessments

In organizing this seminar, the Canadian Labour and Business Centre reflected its strong belief in the value of a 'proactive', practical dissemination of research findings to workplace representatives who can use them. In their written comments as they evaluated the seminar, participants universally appreciated the opportunity to hear the experience of other workplaces which were wrestling with common problems. Specific comments varied, but the following examples of commentary indicate that participants appreciated:

- “The specific examples of how different workplaces found ways to dramatically improve their workplaces that were appropriate to them.”
- “Actual work cases that demonstrate how different organizations chose to address issues.”
- “Seeing/learning what others are doing.”
- “Common themes demonstrate different workplaces similarly benefit.”

For some participants, furthermore, the presentations reinforced that their own initiatives were on the right track. Others, especially labour participants, were very interested to see how unions in other workplaces had handled both the issues and the relationships involved. Different participants thus derived different specific value from the event.

Perhaps above all came the realization, as one participant put it,

- “That it can be done. It will work if you commit and believe. The statistics of the three cases presented prove it works. ”

These comments demonstrated that while research has its value and its place, it risks being ignored unless actively shared and disseminated. There are significant benefits to additional effort to put practical examples in front of practical workplace people. Reflecting these conclusions and observations, the Canadian Labour and Business Centre will replicate this seminar elsewhere in Canada, learning and improving the program as it goes.