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The Effect Of Healthy Workplace Culture

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Abstract

This paper is an examination of workplace culture, specifically detailing the characteristics of a healthy workplace culture, dangers of an unhealthy workplace culture, benefits of creating a healthy workplace culture and the strategies available to help make this possible. Also detailed is how a healthy workplace culture leads to increased productivity, as well as improved individual and group well-being for employees.

This paper examines several academic journal articles on a variety of topics related to workplace culture including Emotional Intelligence, Workplace Health Promotion Programs and presenteeism, as well as co-worker dialogues as a strategy for promoting health, personal development and empowering the development of culture in the workplace. Each of these topics is critical in understanding the dynamics of a workplace culture, and all are detailed in this paper, providing insight into what a healthy culture looks like, and how that can be achieved.

Conclusions detailed in this paper as a result of these studies and the available research suggest that as the health of a workplace culture increases, so too does the productivity and well-being of the employees within the culture. This is driven by factors such as strong leadership, organizational trust, personal meaning, comprehensive benefits and incentives, and workplace safety.

Keywords: Emotional Intelligence, Workplace Health Promotion (WHP), Co-worker dialogue (CWD), presenteeism, work-life balance

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The Effect of Healthy Workplace Culture

Defining Workplace Culture

Workplace culture is a universal element in the fabric of any working society, but a consensus definition of the term is not so universally agreed upon or understood. For this reason, it is important to establish a coherent definition of the term in order to make sense of any analysis on the subject. In order to avoid oversimplification of the subject, Dr. Oluwafemi Emmanuel (2017) of Anglia Ruskin University states:

It is better to regard organizational culture as referring to the shared values, beliefs and assumptions, actions as well as artefacts and language patterns in an organization. It should be regarded as an acquired body of knowledge about how to behave and shared meanings and symbols, which facilitate everyone's interpretation and understanding of how to act within an organization. (p. 14)

Emmanuel (2017) elaborates by quoting Schein (2011) stating, "organizational culture are created by leaders and one of the most decisive functions of leadership may well be the creation, the management, and – if and when that may become necessary- the destruction of culture" (p.14). Since this paper aims to target specifically a review and understanding of not just workplace culture, but a healthy workplace culture a definition from the World Health Organization, detailed by Joan Burton (2010) in "WHO Healthy Workplace Framework and Model: Background and Supporting Literature and Practice" reads:

The WHO definition of a healthy workplace is as follows: A healthy workplace is one in which workers and managers collaborate to use a continual improvement process to protect

and promote the health, safety and well-being of workers and the sustainability of the workplace by considering the following, based on identified needs:

- health and safety concerns in the physical work environment;

- health, safety and well-being concerns in the psychosocial work environment including organization of work and workplace culture;

- personal health resources in the workplace; and

- ways of participating in the community to improve the health of workers, their families and other members of the community. (Executive Summary)

Is There a Link Between the Health of a Workplace Culture and the Effectiveness of an Organization?

Within the definition itself we gain some insight into what elements make up a workplace culture. These include, but are not limited to, values, beliefs, behaviors, meaning, and leadership. Daft (2000) states that organizational performance is the organizations capacity and capability to accomplish its goals effectively and efficiently. This paper reviews how the health of a workplace culture reflects upon workplace performance at an organizational level. Research by Denison and Fey (2003), "has developed an explicit model of organizational culture and effectiveness and a validated method of measurement." This model evaluates the role culture plays on effectiveness within an organization based on four cultural traits: involvement, consistency, adaptability, and mission. Regarding the link between culture and organizational success and efficiency, Emmanuel (2017) states, "strong cultures help organizations operate like 'well-oiled' machines, engaging in outstanding execution with only minor adjustments to existing procedures as needed." This point

is reiterated further by Emmanuel (2017). "organizations can achieve high performance only when employees share values. In essence, organizational culture, depending on variables like type and strength of the organizational culture will determine the organizational performance." Denison and Fey (2003) detail some cultural effects on organizational effectiveness as follows:

> For example, organizations that are market-focused and opportunistic often have problems with internal integration. On the other hand, organizations that are well-integrated and over-controlled usually have a hard time adapting to their environments. Organizations with a top-down vision often find it difficult to focus on the empowerment and the "bottom-up" dynamics needed for alignment. At the same time, organizations fostering broad participation often have difficulty establishing direction. Effective organizations are those that are able to resolve these contradictions without relying on simple trade-offs. (p. 5)

This description emphasizes the balance, integration, and delicacy involved in creating a proper workplace and required in order to generate optimal organizational results. Given the proposed link between an organization's workplace culture and their organizational success, what does an optimal and healthy workplace culture look like?

Characteristics of a Healthy Workplace Culture

According to Michael Barton in "Culture at Work" figure 3, some components of culture include values, norms, leadership, patterns of behavior, communication style, beliefs and rituals, mission, cultural sensitivity, diversity, formality, and innovation (Barton, 2006, p. 9). Barton elaborates on each element, identifying what a healthy version of each component looks like. Regarding values, Barton states, "Shared values are a critical cultural driver because they help give

meaning and shape to the organization. When an organization begins building its long-term strategy, it is the shared values that will help develop a successful strategy" (p. 9-10). Both Denison and Fey (2003) and Barton (2006) emphasize the role of an organization's mission in creating a healthy workplace culture. Denison and Fey (2003) stress the value of having a clearly defined mission and link this to organizational success stating, "research found that profitability was most highly correlated with the traits of mission and consistency" (p. 5). Barton (2006) expresses the importance of aligning the organizational enacted mission with the espoused mission stating, "The mission can be a driving force for the culture or a useless statement that some "management geek" made up to appease the public" (p. 15).

The alignment of the values and mission within an organization's workplace culture is a vital precursor for the development of cultural trust, particularly driven by the leadership within and organization. Trust within an organization is pivotal, as it promotes healthy and open communication, respect among employees and employer, and creates an honest and open work environment. The organizational leaders drive this cultural trait, particularly through informal leadership. As defined by Barton (2006), "Informal leaders are those individuals to whom employees look for support and approval", and emphasizes the importance of these key people, "Smart organizations know the importance of the informal leader and will voluntarily involve them in the decision-making process" (p. 13). Founded in organizational trust, leaders help to shape the culture by aligning the people, motivating and empowering others, creating a shared vision and shared solutions (Barton, 2006, p. 12).

Emotional intelligence appears also to be a critical characteristic of a healthy workplace culture that is deeply linked to leadership and trust. Evidence of this link and its significance is

detailed in the Int. Journal of Business Science and Applied Management, in the article reviewed below.

Emotional Intelligence, Leadership, and Trust as Characteristics of a Healthy Workplace Culture- A Journal Article Review:

The article, "Workplace culture emotional intelligence and trust in the prediction of workplace outcomes" by Luke A. Downey, Jason Roberts, and Con Stough, all faculty members in the Brain Sciences Institute at Swineburne University of Technology, is a properly titled and thoroughly written review of a study done analyzing the reliability of group emotional intelligence (EI) measurements, and its link to the leader/member relationship within a given workplace culture. While much research has been done on the effects of individual emotional intelligence, this study aimed to assess emotional intelligence at the group or cultural level using the Workplace Culture version of the Swineburne University Emotional Intelligence Test (SUEIT). The hypothesis was that trust between leader and team member was a prerequisite for the manifestation of an emotionally intelligent workplace culture at a group or organizational level, as opposed to the more commonly studied individual level.

The authors organize their article into five sections: Introduction, Method, Results, Discussion, and Conclusion. This style of structure and organization helps them present their findings and analyses in a very clear and concise manner that is easy to follow and reference, leaving little to question in regard to detail and data. Beyond the content of the article itself, the abstract is specific and reflective of the methods and findings of the study, as well as the analysis done in the review itself. The authors also provide tables and charts that were critical to the understanding of the study's findings, which also makes the results easier to follow and understand.

The Introduction section of the article is split into three subcategories: Organizational Culture, Emotional Intelligence, and Trust. The authors use the Introduction to provide a research-based understanding of these three concepts, as they are critical to the content of the study itself. Within the description of organizational culture, Downey, Roberts, and Stough (2011) further clarify one aim of the study, "Given this recent focus on the emotional needs of employees, this study aimed to identify whether how groups express, understand, use, manage and control emotions and the trust engendered by the leader of teams was predictive of organizational outcomes" (p. 31). The authors (Downey et al., 2011) further clarify their aims in the Emotional Intelligence description:

> The current study aims to assess a new measure of group level EI, a cultural version of the existing Workplace Swinburne University Emotional Intelligence Test (SUEIT: Palmer & Stough, 2001). This modification of the SUEIT will allow the current study to assess whether group, or cultural levels of EI (assessing emotional recognition and expression, understanding of emotions, use of emotions, management and control of emotions at the group level) are related to the important organizational variables of job satisfaction and organizational commitment. (p. 32)

They then move on to provide research evidence regarding the importance of trust between leaders and team members and emphasize the aim to determine whether this trust is necessary in order to create an emotionally intelligent workplace culture.

Once the aims of the study and foundational concepts have been clearly and thoroughly described, the authors outline the methodology of the study. According to Downey et al. (2011), "The sample comprised 142 participants (54 males and 88 females) aged between 21 and 66 (M=44.66; SD= 10.04)" (p. 34). These participants, who ranged from senior management to

team members, then completed a series of questionnaires meant to determine their group

emotional intelligence, job satisfaction, organizational commitment, and trustworthiness.

The results of the questionaries' were then mapped out on a table, and multiple mediation

analyses were then conducted to determine exactly how the variables of the study were

correlated, and what effect this might have on workplace outcomes. The authors provide both the

tables and the mediation models applied to the data, along with a detailed description of the

findings and the potential implications of the findings as well as a description of the overlap

originally hypothesized. For example, Downey, et al. (2011), writes:

> For Organizational commitment, the regression models involving Understanding
>
> Emotions (z=2.27, p=0.02) were significantly reduced with the addition of Trust,
>
> confirming that it mediated the relationship. For Job Satisfaction, the relationship with
>
> Understanding Emotions (z=2.75, p=0.005) was significantly mediated by the addition of
>
> Trust. A representation of these relationships is presented in Figure 1. (p. 36)

These results were in line with the original hypothesis of the study and concluded the Workplace

Culture SUEIT to be a valid tool for determining group emotional intelligence and showed a

significant correlation between the level of cultural EI and the amount of leader to team member

trust.

This unique analysis, emphasizing the role of trust between leader and team member and

its effect on group emotional intelligence, and the group EI's effect on workplace culture and

outcomes highlights the value of developing these important healthy workplace characteristics.

The role of emotional intelligence and its correlation to effective leadership is critical in the

development of a healthy workplace culture and is a relationship that cannot be overlooked.

Detailing extensively this relationship is David Rosete and Joseph Ciarrochi in article titled, "Emotional intelligence and its relationship to workplace performance outcomes of leadership effectiveness." This study examines a cross-sectional survey exploring the relationship between emotional intelligence and leadership effectiveness. The result of the study confirms that there is an association between a higher emotional intelligence and higher leadership effectiveness. Ciarrochi and Rosete (2005) also suggest that this higher leadership effectiveness was not linked to personality or IQ, but emotional intelligence. Below is a deeper analysis of this study detailing the hypotheses, methodology, findings, and value of this detailed study as it relates not only to emotional intelligence and leadership, but also performance in the workplace.

The study and review, published in the Leadership & Organization Development Journal titled, "Emotional intelligence and its relationship to workplace performance outcomes of leadership effectiveness", written by David Rosete and Joeseph Ciarrochi of the Department of Psychology at the University of Wollongong details extensively the relationship between emotional intelligence and leadership effectiveness as well as personality and cognitive intelligence. Rosete and Ciarrochi (2005) set out in this study to resolve three clear hypotheses:

1.) "An ability-based model of EI is positively associated with effective leadership as measured via a performance management system" (p. 391).

2.) "An ability- based measure of EI is distinct from the Big Five personality factors" (p.392).

3.) "An ability-based measure of EI is related to IQ but distinguishable from it. EI will relate to variance in performance that can not be explained by IQ" (p. 392).

Rosete and Ciarrochi preface these aims with an introduction identifying the research already

performed on the subject, but emphasizing the lack of understanding we have regarding objective

performance as a result of EI stating:

> This research has been valuable in understanding the link between EI and leadership, but
>
> it has yet to examine objective indices of leadership performance. Thus, we can not be
>
> certain if EI is related to actual leadership performance rather than perceived
>
> performance. (p. 388)

They go on to identify and define some key principles and terms that are vital to their study and

hypotheses including ability models, emotional intelligence, leadership effectiveness,

transformational and transactional leaders, personality, and cognitive intelligence (Rosete and

Ciarrochi, 2005). Rosete and Ciarrochi (2005) use the ability model in order to measure

emotional intelligence due to the limitation of self-reporting EI, including personality overlap,

bias, as well as the benefits of the ability model which is a more objective approach which

decreases the potential self-reporting limitations.

Rosete and Ciarrochi (2005) also identify the type of leader sought out and shown to be

most effective, which is expressed as a transformational leader rather than a transactional leader.

They distinguish these leadership types stating:

> Transformational leaders are seen as those executives that are able to create a vision,
>
> communicate this vison, build commitment amongst subordinates to the vision and model
>
> of the vision within the workplace. Transactional leaders are viewed more as managers
>
> that maintain the status quo. Their focus is on linking job performance to rewards and
>
> ensuring subordinates have the necessary resources to undertake their roles. It is felt that

as transformational leaders are able to deal with strategic matters more efficiently and in

turn are able to build commitment in employees, these leaders are more likely to take an

organization forward. (p. 389-390)

This is an important distinction, not only with regards to this particular study, but in

understanding the goal characteristics of a healthy workplace culture. This distinction is similarly

described in "Culture at Work" as Barton (2006) differentiates the qualities of a leader vs. the

qualities of a manager. While transactional leaders and managers are important in the success of

an organization, it is the transformational leaders that will drive and shape an organization's

workplace culture in the healthiest way (Rosete and Ciarrochi, 2005; Barton, 2006).

Rosete and Ciarrochi (2005) express the relationship between emotional intelligence and

transformational leadership stating, "Specifically, the inspirational, motivation and

individualized consideration components of transformational leadership correlated with the

ability to monitor emotions and the ability to manage emotions" (p. 390). Having extensively

detailed some of the information present at that time regarding self-reported emotional

intelligence, Rosete and Ciarrochi (2005) summarize the findings, "the available research

supports the hypothesis that EI is linked to indices of leadership styles and effectiveness" (p.

390), but then set their aim to evaluate this relationship in a more objective manner using an

ability based test to measure emotional intelligence. Beyond the more objective means of

measuring emotional intelligence, the means of measuring leadership effectiveness is also done

in an objective manner as possible. The measures used for their study are the performance

management system a 360-degree assessment. As described by Rosete and Ciarrochi (2005):

They are measures that are intended to assist one's understanding of whether a leader has

managed to attain organization goals in such a manner that the organizational is also able

to grow. The purpose of the performance management system is to evaluate an

employee's performance in achieving agreed business outputs (e.g. increased product

turnover) in the previous financial year (known as the "what, i.e. what has been

achieved?) and to evaluate how the employees demonstrate the expected leadership

behaviours in achieving those outputs (known as the "how", i.e. how has this been

achieved? Did the executive model the core values of the organization?). (p. 391)

These more stringent and objective operations used to measure emotional intelligence and

leadership effectiveness provide a more detailed look into this relationship and link specifically to

both performance and the health of a workplace culture.

Given the systems of measurement, aims of the study, and history of prior research on the

matter, Rosete and Ciarrochi (2005) then transition into their own study which includes the

Hypotheses, Method, Results, and Discussion.

Regarding the specific ability-based emotional intelligence measurement, they use the

Mayer-Salovey-Caruso Emotional Intelligence Test, Version 2.0, or MSCEIT. This test is different

from the more commonly used self-report emotional intelligence tests and is outlined by Rosete

and Ciarrochi:

The MSCEIT is based on the premise that EI involves problem solving with and about

emotions (Mayer et al., 2003). This concept is quite different to the many self-report

measures of EI in that it does not correlate highly with personality, and tends instead to

correlate modestly with IQ (Ciarrochi et al, 2000; MacCann et al., 2004; Dawda and Hart,

2000).

This difference is important as it creates a more objective and repeatable study, as opposed to a self-report EI test that is more subjective and prone to bias.

As for the Method of the study, participants, "consisted of 41 (N for the entire study) executives from a large Australian Public Service organization" (Rosete and Ciarrochi, 2005, p.392). There was variance in the age and gender of the participating executives, and all were then tested on a number of characteristics effecting productivity which represent workplace culture attributes within an individual including, emotional intelligence, personality, cognitive ability, and leadership effectiveness (Rosete and Ciarrochi, 2005).

As described above, Rosete and Ciarrochi (2005) used the MSCEIT V2.0 to assess the participants emotional intelligence which focuses on four primary abilities: perceiving emotion, using emotion to facilitate thought, understanding emotion, and managing emotions. Personality is measured by a 16-personality factor questionnaire (16PF), commonly used in the Australian Public Service sector (Rosete and Ciarrochi, 2005). Cognitive ability was measured using the Wechsler Abbreviated Scale of Intelligence test (WASI), which focuses on vocabulary, block design, similarities, and matrix reasoning (Rosete and Ciarrochi, 2005). Rosete and Ciarrochi state, "The WASI is seen as a good measure of IQ, yielding the traditional measures of verbal performance and full scale IQ in a relatively convenient fashion" (Rosete and Ciarrochi, 2005, p. 393). Previously identified above is the unique method used for measuring leadership effectiveness in this study: the performance management system and the multi-rater 360-degree assessment. With regards to the performance management system, Rosete and Ciarrochi (2005) explain:

> both the "what" and "how" are rated on a five point scale (1-5) by the participants' direct manager. Individuals are not rated for their innate abilities, knowledge or skills, but rather on how well they achieved business outputs over the financial year. (p. 393)

This is useful because it takes away the subjectivity and provides a statistical analysis of performance assessed by the subordinate's manager, measuring the results as well as the subject's ability to achieve effective working relationships (Rosete and Ciarrochi, 2005). In addition to the performance management system, the multi-rater assessment is extensive and has the participant self-evaluate their leadership effectiveness, but is also evaluated by their direct staff and manager on the same criteria, providing additional layers of evaluation and validity (Rosete and Ciarrochi, 2005).

Having collected the results from the variety of tests completed by the participants, the results are evaluated and analyzed using Pearson correlation coefficients as well as Stepwise regression analyses (Rosete and Ciarrochi, 2005). These results are then mapped out onto multiple tables showing the numeric significance of the study results for each characteristic measured. The results of the relational analysis between emotional intelligence and leadership effectiveness confirms the author's first hypothesis as expressed, "These results support the notion that EI is related to a leader's effectiveness in being able to achieve organizational goals through the obtainment of higher performance ratings this supporting our H1" (Rosete & Ciarrochi, 2005, p. 394). Hypotheses 2 and 3, regarding the relationship of EI and personality, and EI and IQ, respectively, were also supported by the study's results. Specifically summarized are the results and implications of this study by Rosete and Ciarrochi (2005):

> The findings suggest that executives higher on EI are more likely to achieve business outcomes and be considered as effective leaders by their subordinates and direct manager. Regression analysis revealed that EI, specifically the capacity to perceive emotions, was able to predict effective leadership. These result may have important implications on how we performance manage, select and develop executives. (p. 396)

One setback of the study is simply the sample size for the study itself, and there would certainly be great benefit in replicated this process across industries and with a larger sample size. Despite the scale of the study, this does give us further insight into the relationship between emotional intelligence, leadership ability, and overall performance- all of which are vital components of a healthy workplace culture (Barton, 2006).

Another critical characteristic to a workplace culture is diversity. On the value and significance of diversity in the workplace is Barton (2006):

Workplace diversity should help create an all-inclusive environment where divergent skills, cultural perspectives and ethnic backgrounds are valued. When this happens, there are many benefits for the organization. Figure 12 lists some of these benefits and helps answer the diversity question. The diversity process helps the organization achieve better outcomes for its employees, customers, and shareholders/stakeholders. By harnessing the brightest and most talented individuals, without regard to stereotypes or profiles, the organization is making a commitment to diversity. (p. 31-32)

Figure 12 in Barton's, "Culture At Work" (2006) details specifically 'Why Diversity Matters':

- Helps the organization work with changing demographics

- Improves interpersonal relationships

- Makes the organization more productive and successful

- Enhances synergy and teamwork

- Complies with federal law and other regulatory guidelines

- Prevents high turnover of talented employees

- Enhances the organization's ability to communicate effectively

- Helps build a learning organization

- Improves morale and job satisfaction

- Values all employees equally

- Helps attract new talent

- Develops a positive reputation in the community

- Eliminates strife and personal distractions at work

- Improves service delivery by valuing all individuals

- Provides unique perspectives

- Takes advantage of the talent offered by diverse individuals. (p. 32)

The concept of diversity is an extensive one that includes several cultural factors according to Barton (2006) including, "work experience, geographic location, religion/religious beliefs, marital status, socioeconomic status, education, sexual orientation, physical ability, personality, ethnicity, race, gender, age" (p. 33). Because diversity is such a broad and overlapping component to an organization's workplace culture, it is critical for organizations to appropriately integrate diversity into the culture (Barton, 2006). To facilitate the healthy integration of diversity into the workplace culture Barton (2006) identifies and explains, "four key components for integrating culture and diversity: strategy, values, intergroup relationships, and leadership styles" (p. 35). The cultural component of diversity and its significance has a great deal of overlap into other key characteristics of a healthy workplace culture including aligned value systems, morale, communication, productivity, teamwork, and talent development, and thus, must be a focal point in the structure of every organization's culture. Diversity in the workplace also has an ethical element which Burton, (2010) outlines on behalf of the WHO stating, "a healthy workplace should provide an open,

accessible, and accepting environment for people with differing backgrounds, demographics, skills

and abilities" (p. 15).

Lowe (2004) provides the below table outlining particular job characteristics and how they

relate to workplace health from the perspective of the employee:

Relationship between employees' perceptions of a healthy work environment and selected job characteristics

Work environment is healthy:

☐ Neutral/disagee ■ Agree/strongly agree

Job characteristics:

- Trust employer to treat me fairly
- Treated with respect by employer
- Safe work environment
- Good communication among coworkers
- Job allows me to balance work and family/life
- Good job security
- Good relationship with supervisor
- Freedom to decide how to do work
- Friendly and helpful coworkers

Percent

Adapted from "Healthy Workplace Strategies: Creating Change and Achieving Results" (Lowe, 2004, p. 9).

This suggests that these characteristics must be evaluated and addressed when working to create an optimal workplace environment, and the failure to do so leads to the deterioration of the workplace culture (Lowe, 2004). In alignment with the characteristics emphasized by Barton (2006), Lowe (2004) provides a list of characteristics that must be tackled in any organizational workplace health model which includes: 1) a strong vision; 2) people-centered values; 3) teamwork; 4) customer service; 5) well-informed management decision-making; 6) employee involved decision-making; 7) open communication; 8) resources for employee learning and development; 9) innovation and creativity; and 10) work-life balance (Lowe, 2004).

Providing a comprehensive review of the scientific literature on characteristics of healthy workplace cultures is Lindberg and Vingard (2012) in their article, "Indicators of healthy work environments- a systematic review". The aim of their study was to "systematically review the scientific literature and search for indicators of healthy work environments" (Lindberg & Vingard, 2012, p. 3033), because as they put it:

> There has been no systematic approach to summarize present knowledge of what constitutes a healthy work environment and what might be its indicators. Knowledge of such indicators may serve as tools for e. g. employers, safety delegates, occupational health services, and labour inspectorates to operationalize ambitions to achieve healthy work places. (p. 3033)

In order to gather the proper scientifically researched Lindberg & Vingard (2012) conducted a metasearch including a number of databases on all things related to work environments and culture.

The criteria consisted of peer-reviewed journals and original articles related to work environments, and 19,768 publications were found (Lindberg & Vingard, 2012). Once duplicates were eliminated and the criteria was refined, 24 publications were included in the study (Lindberg & Vingard, 2012). These final publications were categorized as "1. Indicators, 2. Employee's views, and 3. Guidance documents" (Lindberg & Vingard, 2012, p. 3034). The most common factors discovered through these metanalysis were, "collaboration/teamwork; growth and development of the individual; recognition; employee involvement; positive, accessible and fair leader; autonomy and empowerment; appropriate staffing; skilled communication; and safe physical work" (Lindberg & Vingard, 2012, p. 3032). These factors can be seen visually below (as cited by Lindberg & Vingard, 2012, p. 3035-3036):

Table 1
Factors at work described essential for a healthy work environment as described by employee

Factor	Agervold, 1991	Arnetz et al, 2007	Aronson et al, 1999	Baptiste, 2009	Heath el al, 2004	Hjalmers et al, 2004	Kroth et al, 2007	Lindin-Arwedsson et al, 2007	Lowe et al, 2003	MacDermid et al.2008	Nilsson el al, 2009	Parsons et al, 2005	Parsons et al, 2006	Thomsen et al, 1998	Wreder et al, 2007
Use of personal qualities			x												
In line w. personal values			x			x					x	x	x		
Recognition	x	x			x		x				x				
Treated w. respect	x				x		x	x			x			x	
Autonomy, empowerment			x		x	x	x		x						
Control at work	x														
Role clarity							x								
Clarity of expect. & goals		x		x			x								
Reward strategies				x					x						
Growth & development	x	x	x			x	x	x		x	x	x	x		x
Intellectually stimulating						x									
Employee involvement	x	x	x		x	x	x	x							
Collaboration/teamwork	x			x	x		x	x		x		x	x	x	x
Skilled communication				x	x		x		x	x					
Quick problem solving							x								
Pos. accessible, fair leader	x			x	x		x				x			x	x
Positive & social climate	x	x			x		x	x			x			x	
Reasonable work load		X									x			x	
Work content											x	x	x		
Safe physical work							x	x		x		x	x		
Appropriate staffing							x	x	x			x	x		
Adm./personal support												x	x	x	
Working time schedule				x				x		x					
Work-life balance															
Relations to stakeholders			x												x
Benefit to society				x											

Table 2
Guidelines for factors at work essential for creating a healthy work environment

Factor \ Publication	AACN Standards, 2005	Clark, 2004	Grawitch et al., 2006	Kuehn, 2010	Lowry & Hanges, 2008	Miracle, 2008	Schmalenberg & Kramer, 2007	Lindström, 1994
Use of personal qualities								
In line w. personal values								
Recognition	x		x	x		x		
Treated w. respect								
Autonomy, empowerment		x			x		x	
Control at work							x	x
Role clarity								
Clarity of expect. & goals								
Reward strategies								
Growth & development			x		x		x	
Intellectually stimulating								
Employee involvement	x	x	x			x		x
Collaboration/teamwork	x	x		x		x	x	x
Skilled communication	x					x		
Quick problem solving								
Pos. accessible, fair leader	x				x	x		
Positive & social climate								
Reasonable work load								
Work content								x
Safe physical work			x					
Appropriate staffing	x					x	x	
Adm./personal support				x			x	x
Working time schedule								
Work-life balance			x					
Relations to stakeholders					x		x	
Benefit to society								

Given the characteristics identified in a healthy workplace culture, what are some reasons an organization might need to focus on and develop this sort of environment, and what are the risks of neglecting to do so?

Why Work to Develop a Healthy Workplace Culture? Reasons and Risks

   Though cultural components are individualized and specific, they are also interrelated

and not mutually exclusive. This is an important reason that properly integrating health into the

workplace through aligning culturally shared values, increasing trust and emotional intelligence,

developing transformational leadership, promoting diversity, and establishing a worthwhile

mission with a shared culture is key in the creation, maintenance, and progress of organizational

culture (Barton, 2006; Rosete and Ciarrochi, 2005; Downey et al., 2011; Burton, 2010). In

addition to the aforementioned positives that spring from creating a healthy workplace culture,

there are equivalent and opposite risks to neglecting they health of the workplace which include

a lack of value structure, negative norms, poor morale, increased workplace stress, increased

presenteeism, worsening employee health, decreased productivity, lack of diversity and trust, and

a closed culture (Burton, 2010; Cassidy, Ammendolia, & Cote, 2011; Barton, 2006).   There is

also considerable financial risk for failing to properly develop a healthy workplace environment

that promotes good physical health as well as work attendance and decreased turnover

(Grawitch, Gottschalk, & Munz, 2006).

   In addition to both the positive and negative drivers mentioned that would promote the

benefits of developing a healthy workplace culture, the World Health Organization, Burton

(2010), outlines ethical, business, and legal reasons for an organization to adopt the

responsibility of creating a healthy workplace framework. Not surprisingly the WHO's

standpoint focuses on the health and well-being of the worker within an organization, as stated

by Burton (2010):

   Clearly, creating a healthy workplace that does no harm to the mental or physical health,

   safety, or well-being of workers is a moral imperative. From an ethical perspective, if it is

> considered wrong to expose workers to asbestos in an industrialized nation, then it should
>
> be wrong to do so in a developing nation. (p. 5)

Regarding the WHO's business explanation for promoting a healthy workplace, they link an unhealthy and unsafe workplace to work-related stress, which increases the risk of accidents, job dissatisfaction, unhealthy personal habits, chronic disease, absenteeism, presenteeism and disability (Burton, 2010). They show these issues linking to increased turnover, workers compensation, and grievances which means increased cost, decreased productivity, poor quality or work and product, and potentially business failure suggesting again that poor workplace culture doesn't just mean the deterioration of an employee's health and wellness, but also it also leads to the financial instability and potential financial failure (Burton, 2010). Burton (2010) continues, providing the legal imperative organizations face to do what they can to create a healthy workplace culture stating:

> Most countries have some legislation requiring, at a minimum, that employers protect
>
> workers from hazards in the workplace that could cause injury or illness. Many have much
>
> more extensive and sophisticated regulations. So complying with the law, and thus
>
> avoiding fines or imprisonment for employers, directors and sometimes even workers, is
>
> another reason for paying attention to the health, safety and well-being of workers. (p. 7)

Research conducted by Kelloway and Day (2005), and published in the Canadian Journal of Behavioural Science, delves deeply into the effects of negative workplace culture, specifically the stressors involved from a workplace environment and their effects on employee health. In their article titled, "Building healthy workplaces: What we know so far", Kelloway and Day (2005) outline work as a cause for ill health, dividing this topic into six different categories of stressors, "1) workload and work pace; 2) role stressors (such as conflict, ambiguity, and inter-role conflict);

3) career concerns; 4) work scheduling; 5) interpersonal relationships; and 6) job content and control" (p. 224).

Regarding category 1) workload and work pace, Kelloway and Day (2005) show how average work hours are increasing overtime, linking this to increased exhaustion, as well as decreased mental and behavioral health as a result of being overworked. The next stressors addressed are role stressors. Elaborating on the topics of conflict, ambiguity, and inter-role conflict is Kelloway and Day (2005):

> role conflict exists whenever individuals face incompatible demands from two or more sources. Role ambiguity reflects the uncertainty employees experience about what is expected of them in their jobs; the opposite of role ambiguity would be role clarity. Inter-role conflict exists when employees face incompatible demands from two or more roles. (p. 225)

The experience of workplace role stressors was even shown to predict mental health (Kelloway & Day, 2005). Also creating an opportunity for ill health is the third category discussed by Kelloway and Day (2005): career concerns. Career concerns include, "factors such as job insecurity, fear of job obsolescence, under and over promotion, and more generally, concerns about career development" (Kelloway & Day, 2005, p. 225). Beyond these career concern stressors exists the stress caused by working in an unsafe work environment, as explained by Kelloway & Day (2005), "experience of safety events (i.e., injuries) was associated with a diminished sense of control, more negative job attitudes and greater intent to leave the organization" (p. 225). Category of stressors 4) workplace scheduling, is well researched and established enough to dictate labor laws with regards to shift and rest regulation requirements (Kelloway & Day, 2005). Stressors such as swing shifts, or night shifts negatively affect workers on multiple dimensions that include physical,

mental, and social (Kelloway & Day, 2005). The fifth category of stressors identified by Kelloway and Day (2005), interpersonal relationships, is another subject that has been well researched and documented. Kelloway and Day (2005) specify the parameters of the term 'interpersonal relationships' stating:

> Recent research has focused on interpersonal relationships as stressors in the workplace, in terms of: 1) a lack of coworker and supervisory support; and 2) the presence of violence and aggression. First, there is a well-established body of literature that indicates having well established sources of social support (i.e, receiving support from coworkers and supervisors) is associated with positive individual outcomes. (p. 226)

In addition to the value of healthy social relationships in the workplace, is the quality of leadership present within an organization, as poor leadership leads to increased employee stress. (Kelloway & Day, 2005). At its extremes, this poor leadership manifests as aggression and violence and is also outlined by Kelloway and Day (2005) stating. "employees who perceive their supervisors to be abusive tend to experience low levels of job satisfaction, life satisfaction, and affective commitment, and increased levels of work-family conflict" (p. 226). We also see in the investigation of category 6) job content and control, that the work itself plays a big role in the stress and employee experiences (Kelloway & Day, 2005). Research shows that skillful, high-variety work is associated with improved psychological health, while a lack of stimulation in job task increases strain and stress (Kelloway & Day, 2005). Kelloway and Day (2005) also show that an employee's lack of control in the workplace leads to increased heart rate and blood pressure, lower job satisfaction and general well-being.

Another point of concern is the cost both in health and productivity of having a poor and unhealthy workplace culture (Kelloway & Day, 2005). This is something that is very difficult to

measure, due to the complexity of the issue being addressed. For example, the job stress and lack

of health can create anxiety or depression, which lead to behavioral issues and is linked to cardiac

problems, which also leads to increased absenteeism and poor workplace effectiveness (Kelloway

& Day, 2006). These stressors cause tremendous strain across multiple dimensions of well-being

that all affect one another. Kelloway and Day (2005) suggest physical and psychological work

stress also impacts sleep and, "there is consistent evidence associating negative job conditions with

cardiovascular disease" (p. 228), which effects healthcare cost in a way which is again, very

difficult to measure exactly, but it is estimated that 20% of health care costs can be attributed to

unhealthy workplaces (Lowe, 2004). In fact, "a conservative estimate of costs of work-related

stress in the 15 European Union nations is 20 billion euro (over $30 billion Canadian) annually"

(Lowe, 2004, p. 24).

Kelloway and Day (2005) also suggest behavioral issues resulting from unhealthy

workplace conditions stating:

> Behavioural strain reactions can take a variety of forms. Individuals under increased stress
>
> may develop nervous habits (e.g., nail-biting) or nervous tics, they may avoid certain
>
> situations, or they may reduce personal involvement in activities, either because of a lack
>
> of interest or as a means of reducing demands on their time. (p. 228)

Research also suggests that high levels or workplace stress can increase negative behaviors like

smoking, alcohol consumption, eating disorders, and even violence (Kelloway & Day, 2006).

The reasons to develop a healthy workplace culture are many, and wide ranging from

employee health and wellness, to incredible risk for having poor workplace culture, to ethical,

legal and financial advantages. Given the risk of neglecting the workplace culture, or failing to

develop a healthy work environment, how might an organization go about developing a culture that promotes and nurtures the health of a workplace culture?

Strategies and Best Practices for the Development of a Healthy Workplace Culture

Given the importance of developing a healthy workplace culture, it is fortunate that there has been a great deal of research done regarding strategies for building and developing those healthy workplace characteristics and environments detailed thus far. The following will be reviews and evaluation into many of the preexisting studies and strategies on the subject of healthy workplace culture development covering strategies for evaluating employees, developing trust, implementing health promotion programs, improving presenteeism, promoting work-life balance and more.

Regarding employee evaluation, the article, "Co-worker dialogue- a tool for health, personal development, and an empowering development culture in the workplace" by Petra Nilsson Lindstrom and Asa Bringsen, both faculty members in Health Science at Kristianstad University in Sweden, aims to highlight the benefit of coupling a co-worker dialogue model of employee evaluation along with the standard performance appraisal model with regard to personal development and the development of workplace culture. The article details an interview study done at a Swedish hospital in which seventeen managers volunteered and documented their experiences giving a co-worker dialogue evaluation in addition to the more traditional performance appraisal.

The authors offer an introduction that details some of the standard strategies that organizations utilize in order to track and evaluate employee performance, set short and long-

term goals, and generate personal and cultural development within the individual and workplace. As stated by Lindstrom and Bringsen, "annual co-worker meetings are in general divided into three parts: (1) a monetary based performance appraisal [PA]; (2) a dialogue about the co-workers health and personal development [CWD]; and (3) a meeting with notice of the new salary" (p. 2). As the article's title straightforwardly suggests, they emphasize the co-worker dialogue [CWD] method of evaluation and its potential to "foster co-workers' health and personal development, and contribute to an empowering development culture in the workplace" (p. 2).

The article provides a detailed description of the specifics of the interview study, and explains thoroughly all of the procedures in place in order to leave little to the imagination, providing a comprehensive view of the process executed. The study included seventeen managers, many of whom worked in different departments within the hospital, and who varied greatly in age, years of management, occupation, and gender. There was also some variance documented in the amount of employees for which each manager was responsible, and thus, how many co-worker dialogues each manager had to administer. The quantity of CWD's per manager would prove to play a significant role in the execution of evaluations required, as time available became an issue for the managers with a greater number of employees.

Each manager was interviewed by an interviewer they had already been acquainted with, promoting more openness and honesty to the questions posed. The interviewer's aim was to develop and document an understanding of how each manager administered the CWD, their understanding of the procedure as it was assigned to them, as well as their experience with their co-workers. Due to the nature of this procedure, we are only offered the results of the CWD from the perspective of the managers, and not from their employees. Each interview was recorded

verbatim and was used in order to compare and create a thematic data analysis. This analysis was categorized into three main themes "labeled: 1.) Utility, 2.) Content, and 3) Implementation" (p. 4).

The authors go on to present the findings, elaborating on each of the three themes in detail. Each manager found utility in the CWD, both for the managers and their employees, but not necessarily in a uniformed way. This was likely due, in part, to the fact that the content of the co-worker dialogues, as well as the style in which the managers implemented them differed greatly from manager to manager, and even from employee to employee. At this point in the article it becomes clear that there was no a standard operating procedure put in place for administering the CWD. This lack of procedure and apparent discord in the process is expressed by the authors, as Lindstrom and Bringsen (2018) write:

> The participants wished that the organization had gone out with a joint approach where there was a clear link between the hospital-wide goals (in relation to monetary, patient, and co-worker aspects), and the unit goals (of assignments to meet the overall goals), so the co-workers' individual goals could finally be clarified with regard to what actual work tasks and activities helped to fulfil unit goals. This was not done. (p. 4)

This variance, likely driven by the lack of organized procedure and clear instruction, translates into the content and implementation themes and was acknowledged subjectively by the managers as well.

There is value in the article and the study analysis for application on a wide-ranging scale. The authors did a thorough job of objectively detailing what this manager-employee evaluation process looks like, where organizations fail in their execution, and shedding light into strategies that might combat the pitfalls outlined in the study. The strategy of emphasizing a

CWD, an approach that places value on the well-being of the employee both in the workplace and beyond as opposed to metric-driven performance based approach, in order to more fully develop the individual and the larger workplace culture is an advancing theory in business everywhere.

As stated by Grawitch et al. (2006), "Positive change starts with the recognition of the need to change and a clear vision of the outcome of the change process. Healthy organizations are not created by accident" (p. 145). Much research has been conducted on best organizational practices for creating a healthy workplace, and Grawitch et al. (2006), offer a detailed an elaborate synthesis of this research, linking best practices to well-being and organizational improvement, in their article featured in the Consulting Psychology Journal titled, "The path to a healthy workplace: A critical review linking healthy workplace practices, employee well-being, and organizational improvements". This synthesis of the research proposed focuses on the wellness of the individual first, and the effect this well-being has on the organization as a result, as stated by Grawitch et al. (2006):

> Organizations are composed of employees, and without those employees, there would be no organization. Employees within healthy workplaces are viewed as both assets and vehicles to achieve success. Therefore, every organization should develop programs designed to maximize the physical, mental, and emotional health of all employees, in addition to the health of the organization. Healthy workplaces recognize the need to look past the bottom line to the most vital business component, the people. Successful healthy workplace program initiatives will be reflected not only in the financial returns but also in the lives of each and every employee. (p. 145)

Their article begins by defining a healthy workplace and providing some context for the historical evolution of how a healthy workplace has been viewed over the last 60 years. This evolution began by attempting to avoid poor health then transitioned into social inclusion via outings and picnics (1940's), and later moved to even providing fitness programs (1970's & 80's) (Grawitch et al., 2006). As stated by Grawitch et al. (2006), "Now, employees in companies worldwide are inundated with a multitude of organizational programs designed to maximize employee health and the health of organizations" (p. 129), and further, "it is understandable that so many organizations spend a significant amount of time and energy developing, implementing, and monitoring health promotion programs" (p. 130). Having defined the concept of a healthy workplace and described its unfolding in the working world, Grawitch et al. (2006) express their aim , "the purpose of this article is to detail the various forms of health initiatives undertaken by organizations and their influence on employee well-being and organizational improvements" (p. 130). In order to fulfill their outlined aim, the authors draw from 15 years of research from a vast variety of related disciplines including, but not limited to, psychology, economics, public health, and medicine (Grawitch et al., 2006). From this broad range of research founded on four key foundational categories, they developed what they call the PATH, or Practices for the Achievement of Total Health, model for optimizing health in the workplace (Grawitch et al., 2006). See this model from Grawitch et al., (2006) below:
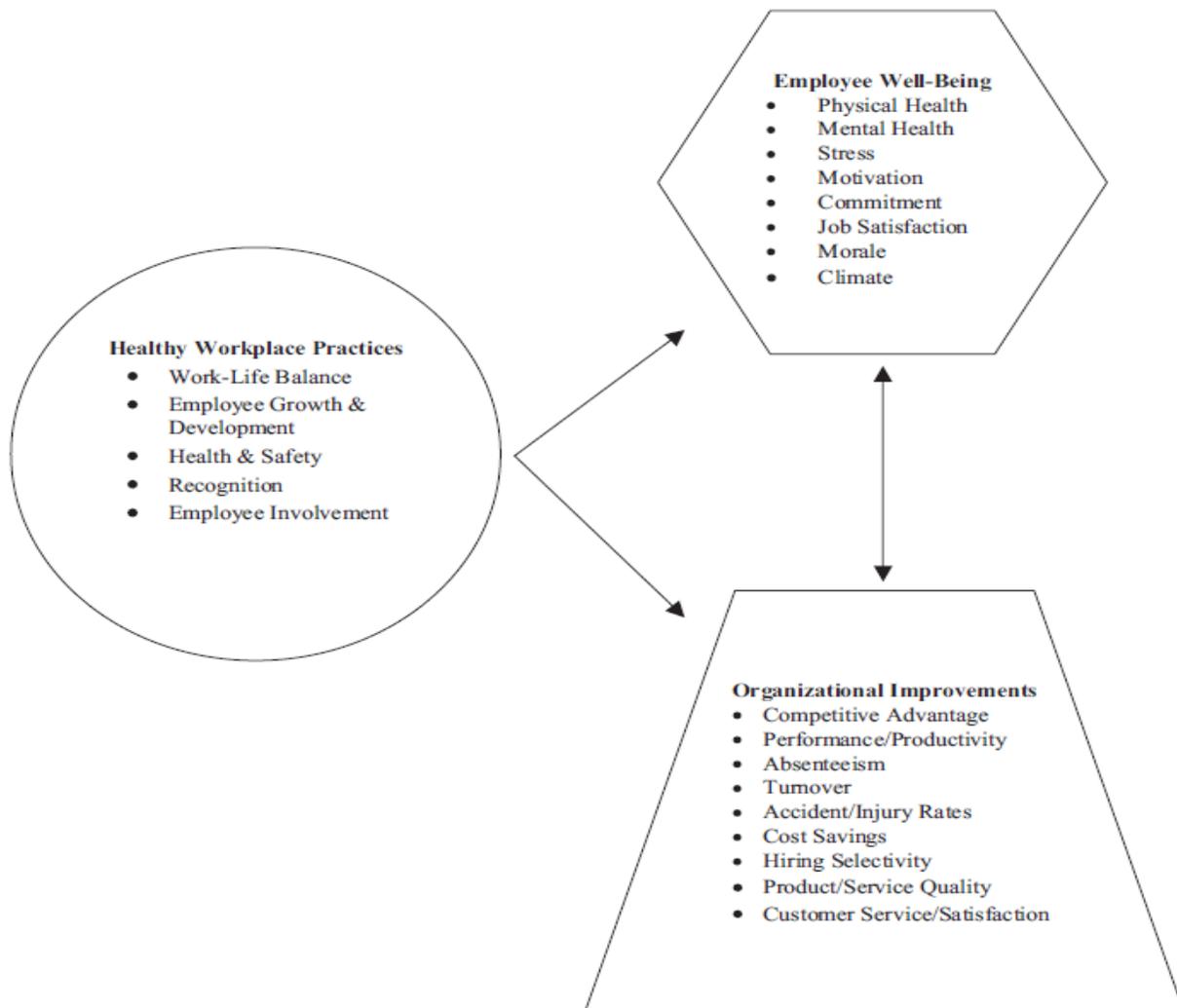
Figure 1.   The PATH model.

<div align="right">(p. 133)</div>

Grawitch et al. (2006) identify the PATH model as, "a framework for exploring healthy workplace practices in relation to employee well-being and organizational improvements" (p. 132). This model reflects the pathways leading to organizational success with the core of these pathways beginning with healthy workplace practices (Grawitch et al., 2006). These pathways are considered to be direct and indirect as expressed by Grawitch et. al. (2006):

> The first is a direct pathway from workplace practices to organizational improvements. In
> addition to this direct pathway, there exists an indirect path from workplace practices to
> organizational improvements, through employee well-being. The model reflects the
> concept of a healthy workplace, building on the premise that organizations that foster
> employee health and well-being are also profitable and competitive in the marketplace.
> (p. 135)

The four bodies of literature used to create the PATH model are expressed by Grawitch et al.
(2006):

> (1)   the definition of key healthy workplace practices; (2) the establishment of the
> relationship between employee well-being and organizational improvements; (3) the
> relationship between healthy workplace practices and organizational improvements; and
> (4) the connection among healthy workplace practices, employee well-being, and
> organizational improvements. (p. 130-131)

The definition of a healthy workplace used by Grawitch et al. (2006) suggests an
interrelationship between employee, their wellness, productivity, and how this translates to
meeting organizational objectives (Grawitch et al., 2006). The guiding principles required for
achieving this state of cultural health propose that wellness is a constant process, existing on a
continuum and is reliant upon a spectrum of factors that should be monitored from an
organizational level that is founded on the fulfillment of relationships (Grawitch et al., 2006).
Clarifying these principles and the process for success Grawitch et al. (2006) states, "any
successful attempt to promote health within the organization must be accomplished at the
organizational level, rather than the department or group level", and furthermore, "healthy
workplace programs and policies must be tailored to meet the needs of employees" (p. 131-132).

Given the PATH model and their research analysis, (Grawitch et al., 2006) place a tremendous amount of emphasis on healthy workplace practices as the foundation which links employee well-being with organizational improvements and success. This relationship and its effects can been seen in a clear manner in the below table provided by Grawitch et al. (2006):

Table 1

Examples of the Relationship Between Healthy Workplace Practices, Employee Well-Being, and Organizational Improvements

| Healthy Workplace Practice	Employee Well-being Outcome	Organizational Improvement Outcome
Work-life balance	Organizational commitment (+) Job satisfaction (+) Employee morale (+)	Productivity (+) Absenteeism (−) Turnover (−)
Employee growth & development	Job satisfaction (+) Job stress (−) Motivation (+)	Organizational effectiveness (+) Competitive advantage (+) Quality (+)
Health & safety	Job stress (−) Physical health risks (−) Organizational commitment (+)	Health care costs (−) Absenteeism (−) Accident/Injury rates (−)
Recognition	Job satisfaction (+) Motivation (+) Job stress (−)	Hiring selectivity (+) Productivity (+) Turnover (−)
Employee involvement	Job satisfaction (+) Organizational commitment (+) Employee morale (+)	Productivity (+) Turnover (−) Absenteeism (−)

(p. 136)

For each of the five categories of Healthy Workplace Practices within the PATH model, several initiatives are reviewed and suggested as means for bringing about employee well-being and organizational improvement (Grawitch et. al, 2006). Regarding Work-life balance, they

explore programs such as flextime policies and giving employees more control of their work structure and how it relates to their family life, showing an increase in loyalty to the organization and productivity, as well as a decrease in both absenteeism and turnover (Grawitch et al., 2006). Employee growth and development initiatives and opportunities were also shown to have a profound effect on employee well-being and organizational outcomes. In fact, Grawitch et al. (2006) state, "In addition, training was predictive of job stress. Overall, out of the five practices studied, training was the best single overall predictor of all three outcomes, specifically organizational effectiveness, job satisfaction, and job stress" (p. 137). Perhaps the most well-researched and well documented category of Healthy Workplace Practices is that of health and safety. Regarding health promotion programs as they relate to absenteeism, and health care costs Grawitch et al. (2006) write:

> Across studies, health promotion programs were related to lower absenteeism and health care expenditures. The average cost-benefit ration for health promotion savings associated with reduced health care costs was 3.48, a cost savings of $3.48 for every dollar spent. The average cost-benefit ratio reported was 5.82 for health promotion program savings associated with absenteeism related expenditures. (p. 137)

Grawitch et al. (2006) also link health promotion programs to the expression of support at an organizational level stating, "Implementation of healthy workplace initiatives, such as those designed to promote health and safety, are a form of organizational support. Provision of such support is beneficial for employees, who experience less stress as a result" (p. 138). As it relates to the recognition category, the most effective form or recognition and compensation is monetary in nature, but is not the only avenue available as a strategy for promoting employee satisfaction or self-esteem (Grawitch et al., 2006). Other potential strategies include plaques, awards, or

ceremonies representative of good work (Grawitch et. al, 2006). As shown in Table 1, Employee

involvement, the last of the Healthy Work Practice, also has a multifold effect, showing that

participants in such programs see positive effects in relation to job satisfaction, morale, turnover

and productivity (Grawitch et al., 2006). In order to properly delineate the Healthy Workplace

Practices, Grawitch et. al. (2006) created the SHAPE framework, meaning "Stimulating Health

And Practice Effectiveness", to pair with the PATH model:
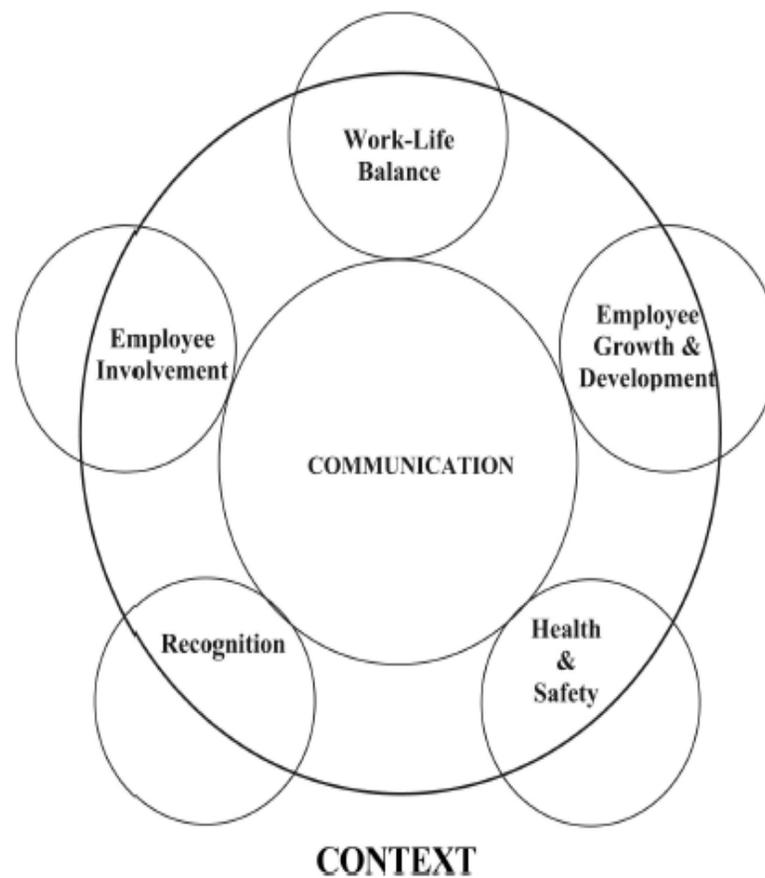
Figure 2.   The SHAPE framework.

(p. 139)

. The SHAPE framework is meant to depict "the relationship between primary types of healthy

workplace practices and the organizational context in which those practices are implemented.

Healthy workplace practices do not exist in a vacuum" (Grawitch et al., 2006, p. 139). As shown

clearly in this framework, communication is the central component to successful implementation

of the best healthy workplace practices. Grawitch et al. (2006) solidifies this notion stating,

"Communication is the foundation upon which all five organizational practices must be

developed to achieve the desired outcomes for the employee and the organization" and again,

"the effectiveness of employee involvement initiatives relies specifically on the effectiveness of

communication" (p. 141).

The PATH model and SHAPE framework developed by (Grawitch et. al., 2006)

utilize a large body of work in order to develop healthy workplace cultures, health employees,

and successful organizations. Echoing their research and emphasis on workplace health

promotion programs (WHP), is the article from BMC Public health, "Are workplace health

promotion programs effective at improving presenteeism in workers? a systematic review and

best evidence synthesis of the literature". This article primarily aims "to review and scientifically

appraise the literature on WHP programs to see if they are effective in improving presenteeism

among employees" according to authors Cancelliere, Cassidy, Ammendolia, & Cote (2011).

Carol Cancelliere is Master of Public Health Program at Lakehead University. J. David Cassidy

and Pierre Cote work with Cancelliere in the Divison of Health Care and Outcomes Research in

Ontario, and also work in the Division of Epidemiology, the Department of Health Policy,

Management and Evaluation, and Faculty of Medicine at the University of Toronto. Carlo

Ammendolia joins Cassidy and Cote and also works at the Institute for Work and Health and the

Department of Medicine at Mount Sinai Hospital in Toronto. "The secondary objectives are to

identify components of successful WHP programs and to identify risk factors for presenteeism (Cancelliere et al., 2011)."

The authors screened 2,032 titles and abstracts published between 1990 and January, 2010, critically reviewed 47 of those articles and found 14 of the 47 critically reviewed articles scientifically admissible. Their best evidence synthesis and conclusions are based on those 14 studies regarding workplace health promotions (WHP) and their effectiveness in improving presenteeism. The authors detail the rigorous and lengthy article screening process, define some crucial ideas related to their objectives, and present the components of successful WHP and potential risk factors contributing to presenteeism. Cancelliere and company clearly and honestly express the strengths and weaknesses of their study as well. The article title is appropriate and clear, and the abstract is indeed detailed and representative of the article and its content. The discussion and topic were also novel, as much emphasis in the workplace is focused on absenteeism, and very little on presenteeism and the financial and physical effects of losing productivity due to working while sick, exhausted, or in poor health.

The authors organize their findings into five categories: Background, Methods, Results, Discussion, and Conclusions. Beginning with background, several key terms are explained with a particular emphasis on presenteeism in general and, more specifically, the newness of the research done on the topic as well as how it is measured in the workplace. As stated by Cancelliere et al., (2011), "Research on interventions to improve presenteeism is still relatively new compared with other workplace issues such as healthcare costs and absenteeism". The infancy of the research they describe ends up being a major limiting factor in clearly designing any coherent strategy for implementing WHP that have a true and objective effect on workplace

presenteeism. The authors also outline several self-report tools used to measure presenteeism in workers.

The methodology used to sort out appropriate literature that examined WHP was a rigorous one that included electronic database searches, manual searching, reference list checking, and researcher contact. Regarding the criteria, Cancelliere et al., (2011) stated the following:

> To be included, studies had to be original research that contained data on at least 20 human participants; focused on adults 18 years of age or older; and examined WHP programs including all types of measures aimed at promoting health and wellness, or reducing the risk of ill-health. These could be targeted at behavioural, physiological, organizational or environmental changes. (p. 3)

Once the scientifically substantiated studies had been identified, they were assessed for quality the Effective Public Health Practice Project *Quality Assessment Tool for Quantitative Studies*, which "consists of six criteria: selection bias, allocation bias, control of confounders, blinding of outcome assessors, data collection methods, and withdrawals and dropouts" (Cancelliere et al., 2011, p. 3). From the results of this assessment was extracted the following data: country and workplace, study design, characteristics of participants, inclusion and exclusion criteria, interventions and controls, outcome measurements and follow up periods, and key findings and limitations (Cancelliere et al., 2011, p. 3).

According to Cancelliere et al., 2011:

> A best evidence synthesis was performed and is based only on the results of the strong and moderate studies [40]. Interventions were deemed successful if they improved the outcome of interest and their program components were subsequently identified. Possible

risk factors contributing to presenteeism were identified through the literature review.

(p. 3)

The results of the 14 scientifically admissible studies contained evidence for a positive effect of some WHP programs. 10 WHP interventions were deemed successful and included interventions of a lifestyle email, extra rest break time, occupational health programs, participatory programs, blue light exposure, exercise, mental health promotion, and a telephone intervention for depressed workers. The authors go into great detail about the specifics of the successful vs. unsuccessful interventions studied and summarize each study that had been chosen as admissible for their research.

Along with identifying the characteristics of a successful WHP program, they list some potential risks contributing to presenteeism including being overweight, lack of exercise, high stress, and poor workplace relationships. They concluded that there is preliminary evidence that WHP programs can reduce workplace presenteeism, but emphasize greatly the importance of unbiased future research needing to be implemented in this area in order to more accurately analyze the data, develop WHP program strategies, and gain a more clear insight into the monetary costs of presenteeism.

Workplace culture is a dynamic, complex, and deeply interconnected system with considerable variables, risks, benefits, characteristics, and strategies which include a wide spectrum causes and effects and work-life outcomes. As such, it is important that the approach to the development of health in the workplace culture is well thought out, inclusive and dynamic (Grawitch et. al., 2006; Kelloway & Day, 2005).

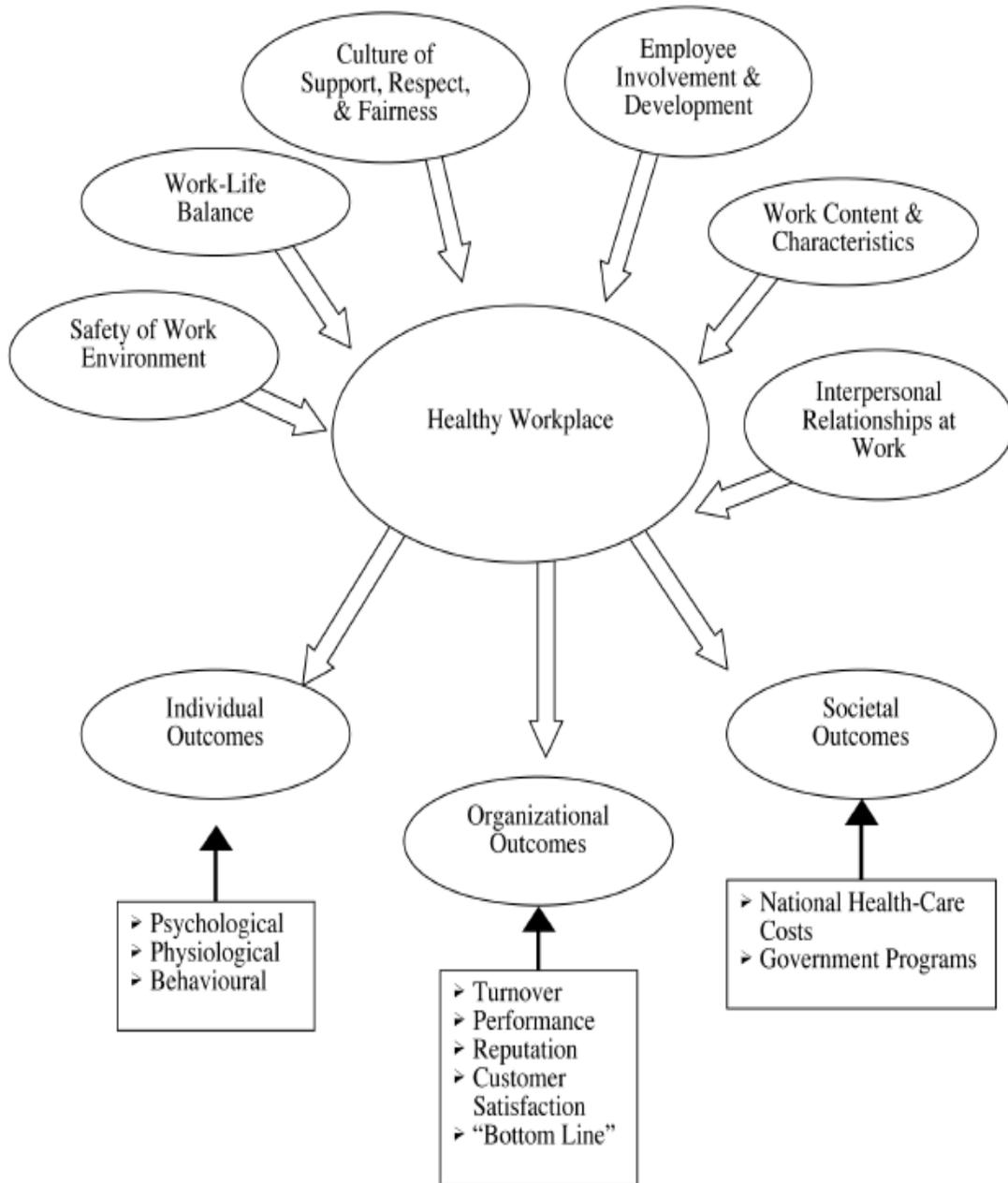Providing such a model is Kelloway and Day (2005), displayed below:

Figure 1. Antecedents and outcomes of healthy workplaces.

(p. 229)

This model is meant to give a comprehensive visual overview of the required elements that make

up a healthy workplace culture, as well as show the broad ranging effects of a healthy workplace

on the individual, organizational, and societal dimensions (Kelloway & Day, 2005). This model

echoes the PATH model created by Grawitch et al. (2006), though this model is meant to be

viewed in relationship to the job stress model (Kelloway & Day, 2005). This is emphasized by

Kelloway and Day (2005) stated, "these antecedents can be viewed both as potential direct

"stressors" (e.g., poor work relationships), as well as moderators (e.g., social support may

moderate the relationship between other stressors and strain)" (p. 230). Regarding the potential

individual outcomes resulting from this healthy workplace model, Kelloway and Day (2005)

summarize by saying:

> In keeping with the "holistic approach, we also include *consequences* of healthy
>
> workplaces, not only in terms of individual and organizational outcomes, but also in
>
> terms of societal outcomes. As we previously mentioned, individual outcomes such as
>
> psychological, physiological, and behavioural indicators of individual health, are all
>
> importance healthy workplace criteria. Similar to the assumptions about antecedents of
>
> healthy workplaces, these individual consequences parallel the individual strain reactions
>
> in models of job stress. (p. 230-231)

The organizational and societal outcomes detailed in this model reflect more financial

consequences, as opposed to the psychological, physiological, and behavioral consequences of

individual outcomes (Kelloway & Day, 2005).

Lowe (2004) states, "a healthy workplace is a prerequisite for business innovation in

products and services" (p. 4); the design and maintenance of this healthy workplace is precisely

what Lowe (2004) outlines in his work, "Healthy Workplace Strategies: Creating Change and

Achieving Results". Healthy workplace strategies should be approached from an organizational

perspective that emphasizes transformational change, rather than superficial change, and does so

rooted in guiding principles and a call to action (Lowe, 2004). The mandatory guiding principles

outlined by Lowe (2004) in this report are:

1. Create a supportive culture and values.

2. Establish strong leadership support.

3. Use a broad definition of health.

4. Take a participative, team approach.

5. Develop a customized plan.

6. Link this plan to strategic goals.

7. Provide ongoing support.

8. Evaluate and communicate progress. (p. 27)

In addition to these principles is the action model presented by Lowe (2004) below:

© The Graham Lowe Group Inc.
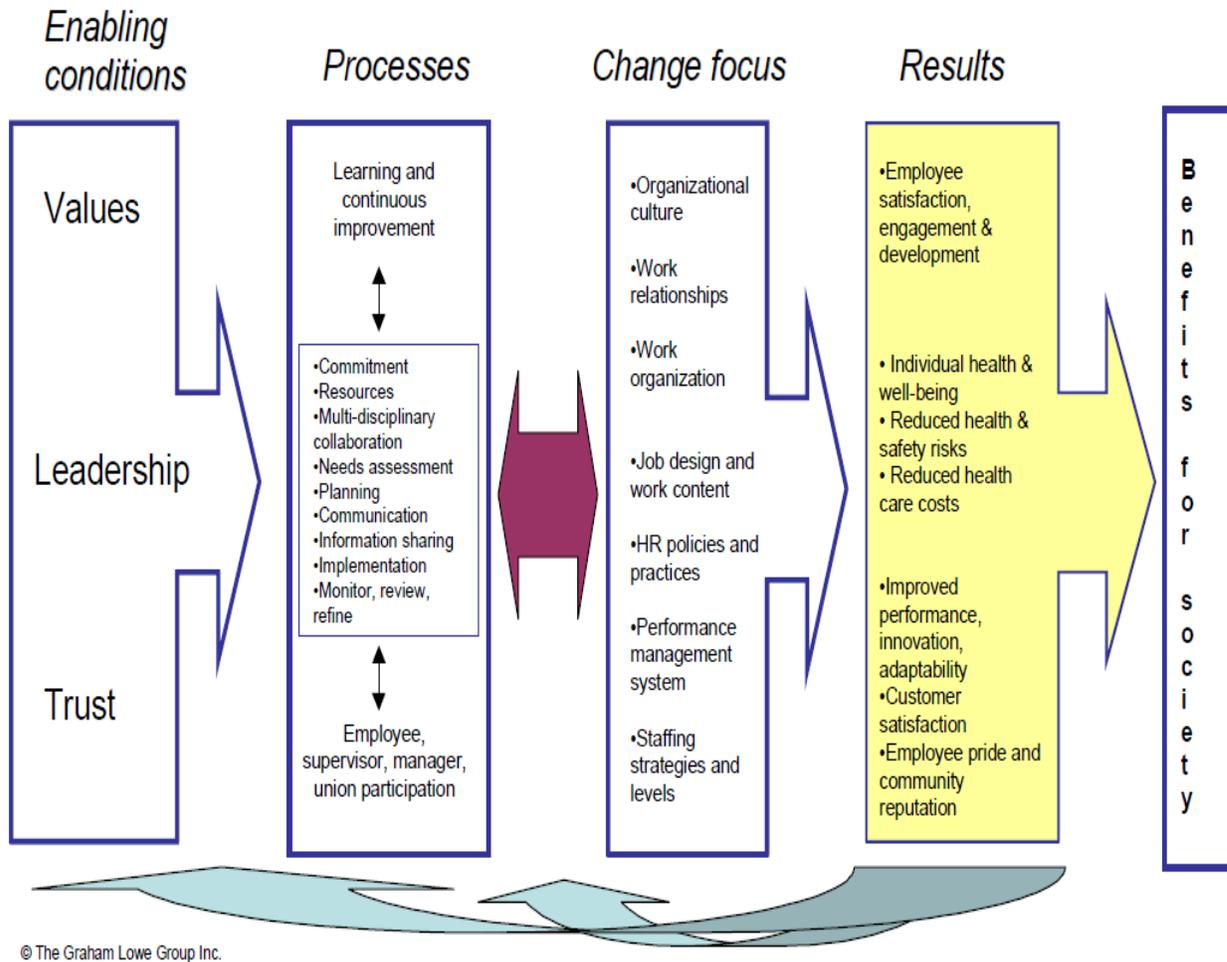
(p. 15)

Lowe (2004) identifies this action plan as, "the 'causal logic' that underlines the concept of a

healthy organization" (p. 15). This model does a great job of visually displaying the

interconnectedness of the components and elements that make up a healthy workplace strategy as

there is an emphasis on the cyclical nature of this process where each component is mutually

influencing all other components (Lowe, 2004). Creating a healthy workplace culture is no small

task and this model is meant to tackle this issue on all fronts, because such a change requires

effort from individuals and policies at every organizational level. Due to gravity of this task and

the effort required, Lowe (2004) suggests the design, implementation, and scaling of a healthy

workplace culture "can easily take 3 to 5 years and requires a sequence of small steps that are guided by a compelling vision" (p. 27).

In order to transition into action as it relates to creating organizational change, the recognition and removal of common barriers must occur (Lowe, 2004). Some of these barriers include lack of information, job stress, resistance to change from employees, and top-down leadership (Lowe, 2004.) Some strategies suggested (Lowe, 2004) to overcome these hurdles are detailed in the action model and rely on systematic process changes, employee engagement, trust, and the measurement of progress.

An interesting but less extensively studied strategy for improving the workplace environment is increasing exposure to nature (Largo-Wight, Chen, Dodd, and Weiler, 2011). This topic is explored by Largo-Wight et al. (2011) in their study and article titled, "Healthy Workplaces: The Effects of Nature Contact at Work on Employee Stress and Health". Contact with nature can mean actual outdoor exposure or can even be as simple as having plants in your workspace (Largo-Wight et al., 2011). Contact with nature in the workplace is a health promoting agent because of its ability to reduce stress on a biological level (Largo-Wight et al., 2011). This stress reducing effect was reflected in their study, as "employees with more nature contact at work reported significantly less perceived stress and stress-related health complaints" (Largo-Wight et al., 2011, p. (128). A major appeal of increasing exposure to nature as a means for creating a healthier individual and healthier work environment is its cost efficiency, especially relative to many workplace health promotion program alternatives. Simply adding plants to your work environment is a strategy echoed as a means to improve the workplace environment by Chandrasekar (2011) in an article titled, "Workplace Environment and its Impact on Organisational Performance in Public Sector Organisations".

Conclusion

The cultural state of health in a given workplace environment is vital component impacting organizations on multiple levels of wellness and profitability. Workplace culture is a critical and unavoidable component to every organization and workplace composed of an organization's shared beliefs and assumptions (Emmanuel, 2017; Barton, 2006), employee health, community, and workplace safety (Burton, 2010; Barton, 2006), and is driven greatly by the leadership within the organization (Schein, 2011). Effective workplace cultures are developed by organizations that are most effectively able to implement the proper characteristics into their culture (Denison & Fey, 2003), aligning the organizational vision with their policies and actions (Barton, 2006; Denison & Fey, 2003).

Organizations who are most able to able to create such an environment where wellness is reached on multiple dimensions share some common characteristics within their workplace cultures. These cultures are founded in organizational trust stemming from strong leadership with good communication (Barton, 2006; Downey et al., 2011; Lindberg & Vingard, 2012; Lowe, 2004). The leadership it takes to move a culture forward can be gauged by the leader's emotional intelligence, which is a predictor of both trust among employees as well as effectiveness among leaders (Downet et al., 2011; Rosete & Ciarrochi, 2005). Organizations with healthy workplace cultures also make diversity in the workplace a priority (Barton, 2006). All healthy workplace cultures also provide working environments that prioritize safety (Burton, 2010; Lindberg & Vingard, 2012; Lowe, 2004).

Some other common characteristics within healthy workplace cultures include:

- Strong Vision/Mission (Barton, 2006; Lowe, 2004)

- Opportunity for Employee Growth and Development (Lindberg & Vingard, 2012; Lowe, 2004)

- Workplace Health Promotion Programs (Cancelliere et al., 2011; Grawitch et al., 2006; Largo-Wight et al., 2011)s

- Emphasis on Employee Work-Life Balance (Lindberg & Vingard, 2012; Lowe, 2004; Grawitch et al., 2006)

- Healthy Workplace Relationships (Grawtich et al., 2006; Kelloway & Day, 2005; Lindberg & Vingard, 2012; Lowe, 2004)

The reasons to develop a healthy workplace culture are many, as are the great risks involved if an organization fails to make workplace culture a priority. The benefits shown to creating a healthy work environment are physical, psychological, and behavioral (Kelloway & Day, 2005) as well as substantially financial (Grawitch et al., 2006). These benefits are also not just experienced at an individual or organizational level, but also at the societal level (Kelloway & Day, 2005; Lowe, 2004). The potential for harm in a negative or unhealthy workplace includes increased stress (Kelloway & Day, 2005), decreased morale (Barton, 2006), worsened productivity and increased presenteeism (Cancelliere et al., 2011), as well as lack of physical safety in the workplace environment (Burton, 2010).

Due to the scope of the subject of healthy workplace culture as well as its effect on organizational well-being and productivity, there is a great deal of research and many strategies in place for improving the culture and increasing overall wellness within the workplace. Common strategies include:

- Workplace Health Promotion Programs (Cancelliere et al., 2011; Grawitch et al., 2006; Largo-Wight et al., 2011)

- Co-worker Dialogue as a means for Employee Evaluation and Trust Development (Lindstrom & Bringsen, 2018)

- Leadership and Employee Growth/Development Programs (Grawitch et al., 2006; Lowe, 2004)

- Health and Safety Policies and Programs (Burton, 2010; Grawitch et al., 2006)

- Exposure to Contact with Nature (Largo-Wight et al., 2011; Chandrasekar, 2011)

- Alignment of Organizational Values and Actions (Barton, 2006; Lowe, 2004)

- Recognition and Financial Incentive Programs (Grawitch et al., 2006)

The implementation of these strategies both improves the benefits of a healthy workplace culture while simultaneously limiting the negative effects generated by a poor workplace culture. Each of these strategies offer effective ways to positively impact the workplace culture, and in turn improve the well-being of the individual, organization, and society (Kelloway & Day, 2005).

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