

**Case Study of a Municipal Workplace Wellness Initiative: 1991-1996**

by

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to the required standard**

  
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## ABSTRACT

This paper describes the evolution of a municipal workplace wellness initiative over the five year time period from its inception in 1991 until 1996. The purpose of the study was to determine how the initiative evolved with respect to the development of its employee discount program to the recreation centres, employee awareness of the initiative, municipal participation in a Healthy Workplace Project, and key outcomes reported for this time period.

Qualitative content analysis was used to describe the evolution of the initiative based on 14 in-depth interviews with employees from all levels of involvement with the initiative, including committee members, senior managers and municipal councillors. Data from the interviews was triangulated with available documents pertaining to the wellness initiative, such as committee meeting minutes, agenda items, and proposals prepared for council. The qualitative data was interpreted according to predominant themes emerging from the interviews and documents, as well as researcher field notes.

A survey was used to determine the current level of awareness of the initiative and a Chi Square analysis was performed on the results. The employee awareness survey indicated that overall, the employee awareness of the initiative was low, however, more respondents were aware of programs at the municipal hall after 5 months of implementation of the walking group, wellness newsletter, bulletin board, and lunchtime seminars.

The conceptual framework used for this study was based on Bolman and Deal's (1991) framework for organizational analysis. Themes corresponding to various components of the wellness initiative were labelled according to one of four frames: structural, human resource, political, or symbolic. Each frame was associated with underlying assumptions regarding organizational behaviour.

The results indicated that the development of the Corporate Wellness Pass was dominated by the political framework as the discussion at council focused on a concern for public scrutiny regarding the use of public funds for employee benefit. Symbolically, a lack of internal marketing of the program was perceived by the employees as reluctance by the organization to offer the employees a discount. Employee awareness of the initiative was found to be low, particularly with reference to the available discount to the recreation centres.

Municipal involvement in the Healthy Workplace Project was found to have had little influence on the overall initiative and was not dominated by any one framework. Themes pertaining to the project were related to a need for leadership which was facilitative, rather than dependent for the employee-based committee, and the necessity of immediate feedback and action based on the results of an administered needs assessment survey.

Identified outcomes of the initiative included the administration of the needs assessment survey, low participation in the wellness programs and a lack of employee awareness of the components of the wellness movement in the municipality. It was concluded that in order for programs to be successful, an extensive plan for internal marketing of the program within the municipality needs to be employed.

Other findings included the need for establishing management support for the initiative and the importance of employee input through the use of employee-based committees. It was also determined that flexibility needs to be employed when external consultants are used to advise wellness committees, to ensure that the needs of the organization are being met.

Finally, it was concluded that Bolman and Deal's (1991) framework for organizational analysis was useful in identifying many perspectives which may be

apparent within a wellness initiative. This was perceived as relevant for wellness coordinators who must plan for circumstances where there may be multiple viewpoints.

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## **DEDICATION**

I would like to dedicate this masters thesis to my husband Sean, and our unborn child, who have both assisted, motivated and encouraged me throughout this project.

## **CHAPTER ONE**

### **INTRODUCTION**

Awareness of employee health and wellness has been evident for many decades, in different forms. While the interest and programs oriented towards employee health have multiplied, especially in the last 30 years, the research has been less than substantial to keep pace (Busbin & Self, 1994).

The World Health Organization and Health Canada have adopted the following definition of Health Promotion: "... the process of enabling people to increase control over and improve their health" (Healthy Workplace Update, 1994, p.2). With the WHO definition in mind, the BC Ministry of Health, Population Health Resource Branch identified a healthy organization as one which "...has physical, social, and organizational environments which promote the health of all organization members. It is a dynamic culture where strategies to improve health are supported and members are enabled to increase control over and improve their health." (Healthy Workplace Update, 1994, p.3). This perspective of a healthy organization was seen as supporting the current notion of the employer as a partner, enabling and empowering its employees to achieve optimal well-being; whereas in the past, the employer was seen more as a provider, with the responsibility of providing health services and benefits (Craig, Beaulieu & Cameron, 1993).

With this changing perspective, it has been deemed essential to have studies focused on how the employer can enable employees to achieve this optimal state of well-being, as a partner in health promotion. Whether to learn from the achievements of successful initiatives, or to prevent repetition of the barriers and obstacles of unsuccessful initiatives, the expanding literature and resulting knowledge from both quantitative and qualitative studies has been considered a key to moving forward towards population health (Hayes, Foster, & Foster, 1994).

**Purpose**

The purpose of this study was to examine the evolutionary path of a Municipal Workplace Wellness Initiative (MWWI), utilizing a descriptive case study design. The objectives of this study were:

1. To describe the purpose, objectives, and key outcomes of the initiative, from several perspectives,
2. To analyze the role of the three employee workplace wellness committees,
3. To describe any problems encountered .
4. To analyze the role of the Healthy Workplace Project,
5. To describe the critical events leading to the development of the Corporate Wellness Pass,
6. To determine the current level of employee awareness of the initiative.

**Rationale**

Literature in the area of health and wellness promotion in the workplace has tended to emphasize the positive effects of workplace wellness efforts on the overall effectiveness of an organization, as well as population health (Craig, Beaulieu, & Cameron, 1993). While the research to date has been convincing, it has predominantly been accomplished with quantitative measures of many organizations, or superficial case studies (Busbin & Self, 1994), lacking depth for the examination of the predominant issues in workplace health and wellness.

With the majority of research in the area of workplace health and wellness utilizing large quantitative designs, as opposed to in-depth qualitative studies, the decision-makers in the corporate world have been faced with limited information on which to base their decisions about implementing workplace wellness initiatives. In-depth examples were considered to be important in providing a solid base of information

about the issues encountered in the implementation of these types of promotional activities.

This case study has provided an additional perspective to the literature by highlighting an in-depth study of the evolutionary path of a municipal workplace wellness initiative. An examination of the first five years of this initiative has provided an in-depth perspective for decision-makers to consider when basing their decisions on the literature. The rationale for this study was supported in the report from the 1992 National Workplace Survey which suggested a need for more case studies highlighting different workplace wellness initiatives, to provide a resource for companies looking to expand or create new programs (Craig, Beaulieu & Cameron, 1993).

The municipality, at the time this case study was conducted, was interested in enhancing its corporate wellness profile. The new employee wellness committee had begun addressing the issue of promoting wellness to the employees. Additionally, a new corporate wellness committee had been developed, through the four recreation centres, to coordinate promotional activities which encourage corporations in the community to participate in the Corporate Wellness Pass program. The research questions addressed in this case study were designed to provide the current committees and the municipal managers with information to assist in determining the future directions of this initiative.

### **Background Information**

The municipality in focus for this case study was incorporated in 1906, and at the time of this study hosted a population of 106 000 people, making it the fifth largest community in the province. It spanned an area of 107.3 km<sup>2</sup>, while located on the edge of a moderate-sized coastal city. Approximately 1000 employees were employed throughout its municipal hall, public works yard, police and fire stations, and four recreation centres (Note from the Director of Parks and Recreation, November 1995).

**Researcher Affiliation:** The researcher's involvement with the municipality, aside from this research project, was that of an employee with one of the municipal recreation centres, from January 1994 and throughout the duration of this study. At the time this study was conducted, she held a junior management level position, which she had had since March 1995, at the same recreation centre.

The researcher's affiliation with the workplace wellness area of the municipality was through an appointment to the corporate wellness committee as part of her responsibilities for the recreation centre. She was one of six original members of this committee, which began in November 1995. This committee focused on the recruitment of corporate groups to make use of the recreation centres, as well as educating and promoting workplace wellness to businesses in the municipal region. She was also a representative for Parks and Recreation on the employee wellness committee, mainly as a result of an interest in pursuing this study.

### **Research Questions**

The primary research question addressed in this study pertains to the municipal workplace wellness initiative as one entity. It was posed as follows:

'How has the municipal workplace wellness initiative evolved with respect to:

1. The development of the Corporate Wellness Pass,
2. Employee awareness of the initiative,
3. Municipal participation in the Healthy Workplace Project,
4. Key outcomes reported for the time period from January 1991 until May 1996?'

### **Subsidiary Questions**

Several subsidiary questions were asked which identified more specific areas within the initiative and the conceptual framework used for the study:

1. What were the key outcomes of the municipal workplace wellness initiative from 1991 until May 1996, as reported by the three employee committees, management, the employees, and members of the municipal council?
2. What was the role of the BC Ministry of Health, Healthy Workplace Project, in the initiative?
3. What were the critical events in the evolution of the current Corporate Wellness Pass?
4. What differences in employee awareness of the municipal workplace wellness initiative existed, between December 1995 and May 1996?
5. What was the utility of incorporating a multi-dimensional framework to analyze the evolution of a municipal workplace wellness initiative?

## **CHAPTER TWO**

### **REVIEW OF LITERATURE**

#### **Prevalence of Workplace Wellness Programs and Research**

##### **Health and Wellness Promotion**

In the past two decades, prevalence of worksite health promotion programs has increased substantially. Gebhardt and Crump (1990) stated that the exponential growth of these types of programs has resulted partially "...from the belief that an organization should take some responsibility for the welfare of its most valuable resource, the worker" (p.262).

According to Christenson and Kiefhaber (1988), in the United States, 66 % of the worksites with over 50 employees were found to offer some sort of workplace wellness program to promote health amongst their employees. This particular result came from the first section of a four-part survey which asked organizations whether they had provided any health promotion activities in the workplace in the previous year.

In Canada, it has been reported that 39 % of organizations offer fitness programs and 73 % offer some sort of sport and recreation program (Craig et al., 1993). While the numbers reported in this part of the Canadian 1992 National Workplace Survey have been lower than those reported by Christenson and Kiefhaber (1988), the comparison has not been direct. The Canadian report was based on companies with more than 100 employees, and the data reflected physical activity programs, as opposed to general wellness programs. These survey results were based on a sample twice the size of the study done by Christenson and Kiefhaber (1988).

An additional section of the Canadian 1992 National Workplace Survey, using the same sample, focused on health promotion in the work setting, to supplement the

information on physical activity promotion as a component of active living. This section of the study provided a measure of an organization's total health promotion activity, supporting a more holistic definition of active living (Craig, Beaulieu, & Cameron, 1994).

The results of the health promotion portion of this study were presented in two sections: large and small businesses. While no distinct criteria were presented for what constituted a large or a small business, the results did indicate a large discrepancy between the health promotion activities of the two groups. Craig et al. (1994) reported that 60 % of large businesses provided their employees with preventative information on health, 70 % offered employee assistance programs, and between 60 to 67 % provided recycling programs, information on stress management and nutrition, and newsletters or bulletin boards as information sources. In contrast, approximately 10 to 40 % of small businesses engaged in these same types of promotional activities. These results, which indicated that large businesses are more likely to offer health promotion activities at the worksite than small businesses were supported by Christenson and Kiefhaber (1988) who stated that "...the larger the worksite, the greater the likelihood of a (health promotion) activity." (p.265).

Results presented in the health promotion portion of the Canadian 1992 National Workplace Survey were supportive of the results from the National Survey of Worksite Health Promotion Activities in the United States with regards to total health promotion activity at the workplace. Despite the differences in criteria for what constitutes large and small organizations, and which health promotion activities were included in the analyses, many studies have revealed that between 60 to 66 % of organizations offer some type of health promotion activity at the workplace (Craig et al., 1994; Christenson & Kiefhaber, 1988; Wolfe, Parker & Napier, 1994).

Busbin and Self (1994) found that the likeliness of particular health promotion programs being offered within an organization was largely determined by the industry in

which it was based. For example, government organizations were more likely to offer stress management programs to their employees than manufacturing plants. In this study on a population of 4000 organizations, the results indicated that the prevalence and type of wellness programs offered in organizations has been determined by the industry and motivation for implementing such programs.

## **Research**

The research on corporate health and wellness has been increasing, with many of the results supporting the positive benefits of such initiatives. A review written by Pelletier (1993) discussed the research on health promotion programs in the workplace, dating to 1993. The results of this literature search included 24 studies done prior to 1991, and an additional 24 studies which took place between 1991 and 1993! In general, the methodology was reported to have improved and the effects of health promotion programs continued to be positive. This increase in available resources was reported by Chen (1988) in a discussion regarding the trend towards promoting corporate wellness in recent decades.

Busbin & Self (1994) stated that their literature review had produced many case studies and little research on a large scale with many organizations. This was contrary to the results of the current literature review for this study, where case studies were few in number, and the depth and rigor of the case studies was generally superficial. This experience was supported in the literature where Craig et al. (1993) stated a need for more case studies of successful programs to provide employees and managers with "...a case for an active living program to key decision makers." (p.31).

## **Holistic Approaches To Wellness Promotion**

One of the criticisms throughout the literature on health promotion programs has been the lack of consensus on what activities within an organization should be included as constituting a workplace health promotion initiative (Chapman Walsh & Egdahl, 1989). Wolfe et al. (1994) stated that much of the confusion has resulted from varied terminology used to refer to these types of initiatives, such as employee fitness program, workplace wellness program, worksite health promotion programs, or employee health management programs. They put forth a definition of employee health management programs to delimit the domain around which these types of initiatives develop: "...ongoing organizational activities designed to promote the adoption of personal behaviors conducive to maintaining and/or improving employee health" (p.23).

While this definition has provided a focus for an employee health management program, other experts in the field have identified specific components which should be addressed as priorities in these types initiatives. Boston University's Seventh Pew Fellows' Conference was held in 1986, with 26 corporate managers in the area of health affairs present, for roundtable discussions on leadership in corporate health promotion. The five risk factors they deemed as high priority for wellness programs were: hypertension, smoking, physical fitness, cholesterol and drug and/or alcohol abuse. The Pew Fellows were unable to come to a consensus on which specific activities should go into a wellness program, however, they agreed that the approach should include an integrated, multi-faceted, corporate strategy (Chapman Walsh & Egdahl, 1989).

The recommendations put forth at the Pew Fellow's Conference were priorities based on risk factors for poor health. Other researchers (Busbin & Self, 1994; Wolfe et al., 1994) highlighted typical components of worksite health promotion initiatives such as smoking cessation programs, stress management, and back care. Smoking was found to be the most pressing concern of employers in one survey, with helping employees deal

with stress as the second leading priority (IRS Employment Trends 554, 1994). Other components included in typical worksite health promotion initiatives were stress management strategies, weight control, exercise programs, health risk assessments, blood pressure monitoring, nutrition education, back care, and occupational safety. It appeared through this search of the literature that the five risk factors identified by the Pew Fellows were the issues addressed most often in worksite programs.

### **Participation In Corporate Wellness Programs**

The literature to date has not been encouraging regarding expected participation rates in worksite health promotion programs. Several studies (Anspaugh, Hunter & Savage, 1996; Gebhardt & Crump, 1990; Steinhardt & Carrier, 1989; Wolfe et al., 1994) suggested that for most programs the expected participation rate has been between 15 and 30 % of the employees within an organization or independent worksite. Shephard (1996) stated that the research studies which have followed employee exercise behaviour for less than one year have potential for the '*Hawthorne Effect*' creating a bias in the results, which may explain high participation rates for some programs initially.

In a follow-up study to the Canada Life Assurance Program (Leatt, Hattin, West, & Shephard, 1988), the participation rates of employees were assessed after seven years of implementation of the program. A questionnaire was administered to 1280 staff, with a response rate of 511 questionnaires. The results indicated that 76.7 % of respondents had been involved in the program at some point, with greater participation noted for the upper half of the hierarchy within the company. This number was significantly higher than participation rates within the whole company which were 36.3 %. This difference highlighted an important distinction regarding self-selection of respondents for research of this type. Much of the research has mentioned the notion of self-selected participants for the studies within worksite health program research, claiming a bias of results

towards those participants who already had an interest changing their lifestyle, referred to by some as the '*interested well*' (Wolfe et al., 1994). This matter has been discussed further in the challenges and obstacles of implementation section of this study.

The follow-up study to the Canada Life Assurance Program asked the respondents to identify their current level of participation within the program (in 1988). The results showed that 29 % of the original participants in the program, from seven years earlier, were still attending two or more sessions per week. Participants who claimed to have dropped out of the program had a median time of 20 weeks after registration when they made the decision to cease participating (Leatt et al., 1988). This drop-out period was consistent with the data from the literature on adherence to exercise, which has shown that over 50 % of new participants to an exercise program drop out within the first 6 months of participation (Steinhardt & Carrier, 1989).

Some of the reasons given by participants for their decision not to participate anymore were determined through an open-ended section of the questionnaire for the Canada Life Program follow-up (Leatt et al., 1988). Six categories were established that described reasons for dropping out of the program: lack of time or boredom with the program, working conditions hindering exercise participation, dissatisfaction with the facilities provided, dissatisfaction with programming, preference for individual versus group exercise sessions, and medical reasons for discontinuing. Lack of time or boredom with the activities has been a common response cited for discontinuing participation in these types of programs (Anspaugh et al., 1996; Leatt et al., 1988).

In the original Canada Life Study, Peepre (1980) provided reasons participants gave for continued participation in the worksite fitness program. These reasons were: the use of music and small equipment, multi-level nature of the programs, interaction of all hierarchies within the organization, volunteer in-house trained leaders, promotional programs (such as prizes and t-shirts), management support, and the constant lifestyle-awareness focus.

## **Benefits Of Corporate Wellness Programs**

The benefits of worksite health promotion programs, for the organization and the employee, have been widely documented throughout the literature (Anspaugh et al., 1996; Gebhardt & Crump, 1990; Pelletier, 1993). Cited benefits for the organization have included reduced health care costs, decreased absenteeism, enhanced labour relations, increased productivity, and improved employee morale (Anspaugh et al., 1996). Employee benefits have included opportunities to enhance health through lifestyle behaviours, resulting in improved quality of life, increased energy, and improved morale (Flynn, 1995; Sharratt & Cox, 1988). Although the benefits have been difficult to measure, especially in terms of longer term positive impact, the research has consistently shown positive results from the implementation of corporate wellness programs. Pelletier (1993) reviewed 48 articles on corporate health promotion programs, 24 of which were from within the last two decades and found only one article which did not show positive benefits for these types of programs.

### **Health Care Cost Containment**

One large area of investigation in the corporate wellness field has focused on the ability of corporate wellness programs to reduce health care expenditures for organizations (Shephard, 1996). The interest in this area has been spurred on by studies evaluating the cost of health expenditures in recent years. Herzlinger & Calkins (1986) cited a study which found that in the United States in 1983, total health promotion costs were .11 % of net profits for large corporations, whereas health insurance expenditures consumed 24 % of net profits. In response to what many people have considered to be a cost-crisis in health care, organizations have turned toward corporate wellness programs as an attempt to reduce their health care expenditures. The rationale has been that "...healthier employees require less medical care" (Busbin & Self, 1994, p.54). Shephard

(1996) reviewed several studies focused on cost-containment, and determined that while the incidence of illness varies from season to season and reacts to changes in the work environment, several matched control worksite studies have resulted in \$100 to \$400 per worker-year savings from reduced medical services usage.

Critics of corporate wellness programs have claimed that there is economic benefit to the community if a program "...postponed death from 40 to no later than 65 years of age..." (Shephard, 1983, p.645), because the person who avoids a fatal heart attack may be in a position to go on and receive a large pension and require heavy costs associated with geriatric health care. Shephard countered this perception by stating that active people require less geriatric subsidization than sedentary individuals as a result of increased duration of independent living. While it is true that these individuals could experience increased longevity, it has been found that the amount of time active people need geriatric subsidized care is often reduced. This concept has been referred to as a "*compression of morbidity*" (Stanford Heart Health Program, 1987).

### **Absenteeism**

Reduced absenteeism has also been cited in the literature as a benefit associated with corporate wellness programs (Bertera, 1990; Chenoweth, 1983; Pelletier, 1993; Shephard, 1983; Wolfe et al., 1994). While many studies have been able to show a decrease in absenteeism with the introduction of a corporate wellness program, Shephard (1996) stated that "...illness is only one of the many potential causes of absenteeism..." (p.448), and therefore confounding variables may account for some of the results attained in less-controlled studies. Wolfe et al. (1994) mentioned the attendance decision calculus, which relates to the extent to which an absence occurs as a result of "...a decision to pursue nonwork alternatives..." (p.32). They suggested that an employee health management program may alter the decision calculus for attending work by providing

increased reasons for choosing to attend, including increased interest, commitment, and satisfaction.

### **Labour Relations**

Another identified benefit of corporate wellness programs has been the positive impact on labour relations. The consensus in the literature was that the existence of a wellness program "...increased employee perceptions of organizational support for good health practices." (Shephard, 1996, p.447). The existence of these types of programs has also been identified as a valued benefit for employees who appreciate the opportunity and accessibility of lifestyle change, or enhancement programs (Wolfe et al., 1994). Many organizations have regarded the establishment of an employee wellness program as an important component of their corporate image, and feel that it enhances their ability to attract and retain healthy, committed, quality employees (Epes, 1994; McCallum, 1990).

### **Productivity**

Several studies have assessed the impact of corporate wellness programs on worker productivity. The methodology for research in this area has been under greater scrutiny in recent years, as a result of varied methods of measuring productivity, difficulty in obtaining accurate results, especially when worksite reports have been used for data collection, as well as the recognition that changes in productivity may take many years before being realized. Productivity has also been identified in that, like absenteeism, it can be affected by many compounding variables such as changes in worksite conditions and seasonal changes (Shephard, 1996).

### **Employee Morale**

One benefit to the employee and the organization has been identified as increased employee morale associated with the implementation of a corporate wellness program

(Chenoweth, 1983; Flynn, 1995; IRS Employment Trends 554, 1994). Increased knowledge of a healthy lifestyle, and improved fitness levels have been linked to an overall sense of well-being for employees participating in corporate wellness programs (Craig et al., 1993). Several studies have found that employees discover an enhanced morale, not just from the results of the lifestyle changes associated with these types of programs, but because they perceive that the organization cares about the well-being of its employees (Shephard, 1996).

### **Challenges Of Implementing Corporate Wellness Programs**

One of the predominant themes in the literature on corporate wellness programs is the challenge which organizations and wellness coordinators face in motivating employees to participate. Anspaugh et al. (1996) suggested that diverse programming is required to address the needs of diverse target groups within employee participation, as well as marketing designed to alleviate anxiety about lifestyle change, and target employees at different stages of readiness to change. They stated that marketing for change and marketing for adherence require different motivational approaches. "The processes of personal factors, cultural factors, environmental factors, and program factors are dynamic and need to be adjusted according to the 'stage of readiness' employees are currently encountering" (p.116).

A second challenge, highlighted by Jette & Sidney (1991) was the existence of an adversarial relationship between management and union, which created skepticism regarding any fitness testing or monitoring of attendance of union members in health promotion programs. It was suggested that this situation has created a difficulty in recruiting and retaining subjects for much worksite health research, because of concerns regarding the use and confidentiality of the information.

The City of Edmonton cited a concern regarding public perception of the misuse of funds as a challenge for their initiative. They had to provide much education and accountability for using public funds for employee-based programs (Wetterberg, 1995).

### **Essential Components of Corporate Wellness Programs**

When planning the 'Healthy Workplace Participation Action Research Project', the British Columbia provincial government identified the stages involved in developing a corporate wellness initiative. The five stages were: Commitment, Issue Identification, Organizational Profile and Action Plan, and Review Progress (Healthy Workplace Update, 1994). Other references to the Corporate Health Model have included the establishment of a workplace health committee as the second stage before administering a needs assessment and a division of the Action Plan into two components: a three to five year health plan and an annual program action plan (Workplace Health System Corporate Health Model). Similar stages were utilized by the City of Edmonton in their development of a corporate wellness strategy which they have found to be successful in creating awareness of healthy lifestyles amongst their employees, and reducing their health care expenditures (Wetterberg, 1995).

#### **Commitment**

The first stage of implementation of an initiative, identified for the Healthy Workplace Project, was the establishment of commitment, including management support and the recruitment of representatives from all areas of the organization to be part of an employee committee. The support from the decision-makers within the organization was determined to be a critical factor in successful implementation of workplace wellness initiatives. This emphasis on management support has been highlighted consistently in the literature (Anspaugh et al., 1996; McDermott, Spence

Laschinger, & Shamian, 1996; Stevens, Paine-Andrews & Francisco, 1996; Wolfe et al., 1994). Anspaugh et al. stated that having "... someone in (a) leadership, management position who is vocal in support for health promotion programs is of great benefit" (p.117). They also stated that securing this type of support can be achieved by focusing initial marketing campaigns for the initiative on upper and middle management before going out to the employees.

Another critical step in the commitment process was the need for decisions regarding the roles and functions of the people involved on the committees. With these roles in place, and management support secured, the committees were thought to be able to develop a vision and goals for their organization's wellness initiative (Healthy Workplace Update, 1994). Wolfe et al.(1994) and Gebhardt & Crump (1990) supported the involvement of employees in the organization of workplace health management programs. They emphasized the need, however, for development of the roles and goals of the various committees to integrate so they are congruent with existing strategic initiatives. This was believed to prevent duplication of services or inconsistency between initiatives within an organization.

### **Issue Identification**

The second stage of development, identified by the Healthy Workplace Project coordinators was the need to identify issues within the organization. They developed a Workplace Health Inventory under the premise that employees must identify and direct the initiatives so they will have more ownership of the programs (Healthy Workplace Update, 1994). With the predominant issues identified within an organization, the committees were considered well-prepared to develop an action plan for implementation of wellness programs within their worksites. The City of Edmonton also followed the plan of administering a needs assessment and used the results to develop their action plan (Wetterberg, 1995).

### **Organizational Profile and Development of an Action Plan**

The development of an action plan was described as the fourth stage of implementing a workplace wellness initiative, using the health profile, created for an organization from the results of the issue identification survey in stage three. The development of the action plan was described as involving a review, confirmation and clarification of the data, as well as a prioritization of specific issues for action (Healthy Workplace Update, 1994). Prioritization was identified as a key process in this stage, however, Bolman and Deal (1991), in their discussion on outlining specific goals and objectives for an organization, cautioned that without a clear vision of where an initiative is going, the committee has no direction or opportunities for success. They considered this goal-setting process as an essential reinforcement strategy for continued effort. The City of Edmonton clearly outlined its corporate intentions in the form of goals and objectives for its corporate wellness initiative (Wetterberg, 1995). This step was deemed essential for accountability as a public organization and to clearly outline for the employees, what the initiative was all about.

The final step before implementation of the action plan was identified as the need to present the ideas to senior management for approval. This process has been found to be strongly influenced by the overall support of management for the initiative, as well as how the plans are presented (Healthy Workplace Update, 1994).

Implementation of the action plan involved integration of the recommendations from the employee committee with the organization's overall strategic plan. This process was believed to involve working with management to target specific areas for implementation within the strategic plan (Healthy Workplace Update, 1994).

### **Review Progress**

The last stage recognized that an essential component of implementing a workplace wellness initiative was to review the progress to date (Healthy Workplace

Update, 1994). This stage involved evaluating existing programs in consideration of identified goals, reporting results to management for feedback, and monitoring participation. Anspaugh et al. (1996) supported this review process stating that "...part of an effective marketing campaign is keeping management informed through assessments, status reports, and presentations..." (p.117). Herzlinger & Calkins (1986) also emphasized the importance of careful, ongoing review of programs for acceptance, participation trends, changes in lifestyle behaviours, and health care costs.

## CHAPTER THREE

### CONCEPTUAL FRAMEWORK

The purpose of the conceptual framework component of a research study has been described as provision of clarity for the concepts being used and a proposed explanation of the interconnectedness between those concepts. Another function served by the conceptual framework has been identified as the provision of meaning through which the findings can be interpreted (Burns & Grove, 1987). This component of the research proposal for this study has been arranged to establish the frame of reference to be used in examining wellness as a concept, organizational behaviour, and a wellness initiative as an organization within an organization. A flowchart has been provided later in this section to facilitate understanding of this conceptual framework.

#### **Theoretical Base**

The conceptual framework used in this study for analyzing organizational behaviour has been influenced by several theoretical perspectives including sociology, social psychology, political science, and social and cultural anthropology. Each of the theoretical reference points have been based on different assumptions. They have been used collectively to provide a framework for conducting a qualitative analysis of an organizational wellness initiative. The specific assumptions for each of these theoretical perspectives have been discussed further in the explanation of Bolman and Deal's (1991) multi-dimensional framework for analyzing organizational behaviour later in this section.

A key component of Bolman and Deal's (1991) conceptual framework has been identified as '*conceptual pluralism*', referred to as a "...jangling discord of multiple voices" (p.11). The voices were used as a metaphor to represent the multiple theoretical perspectives needed when examining an organization. Each theory has been presented

with its own interpretation of what characterizes organizations, and ideas for increased efficiency and improved functioning.

Bolman and Deal (1991) described the rational systems theorists as very structurally-oriented, with the emphasis under this type of theory being on goal-setting, technology, procedures, and structure. In contrast, the human resource theorists have tended to focus on the interdependence between people and organizations. A third theoretical base, more political in nature, emphasized power, coalitions and bargaining in an attempt to allocate scarce resources. Lastly, the symbolic theorists were described as putting emphasis on meaning and values within an organization, done through the use of images, drama, and celebrations.

This conceptual framework of organizational behaviour was built on the assumption of conceptual pluralism, or multiple theories being relevant to the analysis of an organization. Bolman and Deal (1991) assembled these theories in their development of four major frames, or schemata labelled: structural, human resource, political, and symbolic frames. Each of these frames has been outlined individually further on in this chapter.

Frames have been used as an instrument or tool to organize experiences within an organization. They have been described as windows through which we may view an organization, or lenses which help to focus the events or surroundings which come into view (Bensimon, 1990; Bolman & Deal, 1991; Heimovics, Herman & Jurkiewicz Coughlin, 1993).

Covey (1989) discussed the concept of frames by referring to them as paradigms which are "...powerful because they create the lens through which we see the world" (p.32). He described a scenario in which a ship and lighthouse are engaged in communications regarding the collision course they are on. The radio operators attempted to use rank as a method of persuading each other to change their course, when finally the lower ranked operator explained that he is operating a lighthouse. The ship

promptly changed course. This example explicitly showed how paradigms influence how a person views the world.

One of the underlying assumptions of qualitative inquiry has been that objectivity is not possible, believing that each researcher or investigator brings to the situation their own experience, knowledge, and biases which determine the lens through which they view the world. It is for this reason that personal biases have been stated at the onset of a qualitative study, with the resulting evidence presented as one truth or reality for viewing the problem area (Janesick, 1994). The same underlying assumptions have been used by Bolman and Deal (1991).

The assumptions in Bolman and Deal's (1991) framework for analyzing organizational behaviour were that many forms of the truth may exist for each issue or component of an organization. People were assumed to see events and situations through different lenses or filters which resulted in emphasis being placed on different points, depending on which lens they are looking through. Croskery (1992) stated that when organizational issues make no sense when viewed through one frame, often viewing them through another lens or frame may help increase the clarity. Meaning has been thought to be enhanced for the investigator and ultimately the reader, when they are able to "...look through all four (frames) ... to appreciate the depth and complexity of organizational life" (Bolman & Deal, 1991, p.16).

### **Structural Frame**

The structural frame, sometimes referred to as the bureaucratic frame, and influenced by rational systems theorists in sociology, has been described as focusing on the formal roles and structure within an organization. Policies, procedures, and hierarchy have been considered essential components of an organization through this lens (Bensimon, 1990). The core assumptions underlying this frame were identified as:

1. The prime purpose of an organization is to achieve its outlined goals.

2. The structural form of an organization is designed to fit particular circumstances.
3. Structure ensures that personal preference and creativity are constrained and achieving goals remains the prime objective.
4. Specialization results in great expertise and performance.
5. Faulty or ineffective structural forms are the basis for organizational problems, therefore, re-structuring is necessary to rectify the problems.
6. Effective organizations are able to maintain control through the use of policies, operating procedures, roles and meetings.

The structural frame, as demonstrated through this list of assumptions, has put a strong emphasis on top-down decision making processes which rely heavily on the formal structure within an organization. Standardization and specifications have been considered key components of an organization to ensure progress towards attaining the outlined goals. The assumptions of the structural frame have reflected "... a belief in rationality and a faith that the right formal arrangements can minimize problems and increase quality and performance" (Bolman & Deal, 1991, p.50).

### **Human Resource Frame**

The human resource frame, referred to by some researchers as the collegial frame, focused on the interdependence between people and organizations. This theoretical perspective has maintained that people are the critical assets in an organization, and striving to meet the needs of the people involved is important (Bensimon, 1990; Heimovics et al., 1993). Structure, according to this lens has been regarded as something which is flexible, and should be changed in response to meeting human needs. The underlying assumptions for this frame were identified as:

1. The primary purpose of an organization is to serve human needs.

2. An interdependence exists between people and organizations.
3. When a person does not match the organization, or vice versa, both are likely to experience negative consequences with the interdependence.
4. Positive experiences are associated with a good fit between people and organizations.

Advocates of the human resource frame have supported "reality-centred leadership...-leadership that (takes) account of the actual needs of the employees, as well as the needs of the organization" (Bolman & Deal, 1991, p.130). The metaphor used to describe this frame was that of a *'family'*, where interdependence exists between all members of the family, and the needs of them all are taken into account continuously. It also emphasized that the needs of the family as a whole are considered in conjunction with the needs of all its members.

### **Political Frame**

Bolman and Deal (1991) described the political frame as "...view(ing) organizations as 'alive and screaming' political arenas that have a complex variety of individual and group interests" (p.186). Conflict has been considered a natural entity in an organization, with no way to get around it when people are competing for power. In this respect the metaphor used to describe this frame was that of a *'jungle'*. Political theorists have viewed power as authority, allocation of scarce resources, and human needs. These key issues were described as incompatible between the different coalitions within an organization.

The following assumptions were described as underlying political frame thinking:

1. Organizations consist of coalitions of people who need each other.
2. Values, beliefs, and paradigms are different among individuals and groups.

3. Important decisions in organizations are usually associated with allocation of scarce resources, and politics are more evident when resources are tight.
4. As a result of the second and third assumptions, power is the central force driving decision-making in organizations.
5. Decisions and goals develop out of the bargaining and negotiation which goes on between different interest groups and coalitions.

The outlined assumptions under the political frame suggest that people are interdependent and rely on each other for resources and support, however, interpretations of events and circumstances will vary as a result of inherent differences between people and interest groups (Bensimon, 1990; Heimovics et al., 1993). Agreement between people and groups on what issues are important has been regarded as difficult task when viewing an event through this lens (Bolman & Deal, 1991).

### **Symbolic Frame**

Bolman and Deal (1991) used a '*theatre*' as a metaphor to describe the symbolic lens through which to view an organization. They suggested that the "...Symbolic Frame seeks to interpret and illuminate the basic issues of meaning and faith that make symbols so powerful in every aspect of the human experience, including life in organizations" (p.244).

The symbolic frame was described as being based on the following assumptions:

1. Meaning is the most important characteristic of an event.
2. The meanings of events are different for each person due to our paradigms.
3. Significant events are often ambiguous.
4. With the ambiguity of significant events, problems for analysis and decision-making are often presented.

5. Humans create symbols which represent the ambiguity of events. These serve to decrease uncertainty.
6. The significance of events is more related to what they mean, rather than the product.

Bolman and Deal (1991) explained that organizations are constantly changing and that the way to visiting an organization's culture is through its symbols. They suggested that the symbols and rituals within an organization reflect its culture, much like the set and performance which takes place in a theatre. Bensimon (1990) supported this concept stating that leaders viewed through the symbolic frame tend to bring purpose to an organization through "...interpretation, elaboration, and reinforcement of institutional culture" (p.73).

## **Wellness**

*Wellness*, for the purpose of this study, has been used to refer to the wholeness of an individual and how successfully they are able to function while striving to achieve optimal health. Wholeness has been thought as being determined in part, by considering the physical, mental, and spiritual dimensions of an individual (YMCA, 1986), while successful functioning assumes a sense of balance between these dimensions. Wellness has also been referred to as the relationship between positive and negative norms within a person (Personal communication, M.Collis, 1996).

The promotion of wellness has been described as involving the encouragement of habitual behaviours which have a positive effect on maintaining a balance between physical, mental, and spiritual health (YMCA, 1986). This concept of wellness has been used in reference to any individual, environment, or organization.

Bruce (1993) stated that wellness goes beyond the absence of disease and towards the optimization of an individual to their full potential, furthering themselves to a higher

level of wellness along the health continuum. The goals of wellness were identified by Bruce as improving, changing, or supporting an individual's perception of their overall lifestyle, rather than emphasizing increased longevity.

Bruce's explanation of wellness has coincided with the idea of successful functioning in all areas of one's lifestyle, while striving for optimal health. Dr. William Hettler developed a model of wellness in 1979 which supported this notion of wellness, highlighting the following six dimensions as the key components or areas of wellness in an individual's life: physical, spiritual, emotional, social, intellectual, and occupational (NIRSA Conference handout, 1992).

The six dimensions of wellness were laid out to focus on the overall state of the individual. The physical dimension referred to areas such as fitness, physical health, nutrition, and sleep habits, while the spiritual dimension focuses on an individual's values and ethical considerations. The emotional dimension referred to a person's feelings and self-esteem, while the intellectual dimension examined a person's ability to focus, problem-solve, and challenge themselves to a level of higher learning. Finally, the social dimension referred to an individual's interactions within their family, community, and environment, while the occupational dimension referred to their workplace, job satisfaction and performance (NIRSA Conference handout, 1992).

### **Wellness Initiative**

The conceptual framework influencing this study incorporated the concept of a wellness initiative as an organization within an organization. Bolman and Deal (1991) described an organization as being complex, surprising, deceptive, and ambiguous.

Complexity was believed to arise when people are involved, with their accompanying behaviours and interactions. A workplace wellness initiative can also be seen as including many different people who are involved to varying degrees with the organization of the program, as well as many different types of interactions given the

nature of hierarchy within most workplaces. The outcomes of wellness initiatives can also be regarded as difficult to predict, thus fitting the characteristic of surprise.

The hierarchy within an organization has been described as often making it difficult to experience open communication, and thus deception emerges with many people reluctant to open up for fear of offending their superiors or co-workers (Bolman & Deal, 1991). This characteristic was also believed to be present in workplace wellness initiatives given the nature of representative committees for all levels of employees. Ambiguity has been thought to arise from incomplete information as well as the same information being interpreted in different ways by different people.

For an initiative designed to enhance the wellness of employees in a workplace, it has been deemed necessary to focus on the six dimensions of wellness for a more holistic approach (NIRSA Conference handout, 1992). With the variety of areas encompassed in this concept, a great amount of room exists for different interpretations of these issues, by the many individuals involved in a workplace initiative. In this respect, a workplace wellness initiative, with its conceptual pluralism, was believed to fit the characteristics of an organization within an organization, as outlined by Bolman and Deal (1991).

### **Conceptual Framework Flowchart**

Figure 1.0 (page 29) was designed to illustrate how the concepts have been addressed in this research by incorporating the four frames for analyzing organizational behaviour as well as the workplace wellness initiative as an organization. The vertical lines have been used to represent filters or lenses through which the initiative can be viewed. The six dimensions of wellness (not shown in the diagram) were assumed to be addressed as part of the wellness initiative.

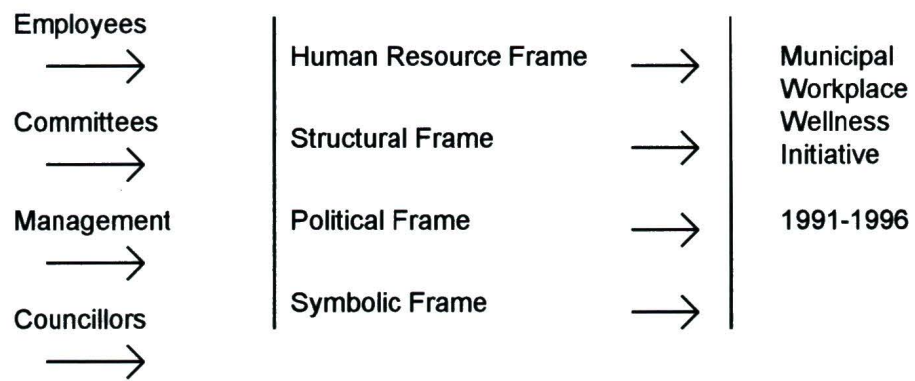


Figure 1.0 Conceptual Framework for Municipal Workplace Wellness Initiative.

## **CHAPTER FOUR**

### **METHODOLOGY**

Two methodologies were utilized in this case study. The first was qualitative content analysis, and the second was a quantitative approach to examine specific programs. The two methodologies were used in combination to provide a descriptive case study of an organizational initiative. Patton (1990) stated that the use of a combination of methodologies in a research study allows for a more triangular approach: using more than one method to investigate a problem. This has tended to strengthen the overall design of the study assuming that the methodologies compliment one another. According to Patton (1990), "...triangulation is a powerful solution to the problem of relying too much on any single data source or method, thereby undermining the validity and credibility of findings because of the weaknesses of any single method" (p.193).

The qualitative approach was used to provide an in-depth examination of the issues involved in organizing the municipal workplace wellness initiative. The role of the Healthy Workplace Project in the municipal initiative was also examined from this approach, assuming that various perspectives exist amongst those employees and outside agencies involved.

Quantitative measures were used to provide data regarding the number of the Corporate Wellness Passes bought by municipal employees, while a qualitative approach was used to examine the critical events leading to its development. Again, with a multi-dimensional approach, it was assumed that varying perspectives by those people involved in the process existed.

Quantitative analysis was also used in the determination of current employee awareness of the municipal workplace wellness initiative. It was hoped that a broad

perspective would be obtained by measuring the level of awareness prior to the actions of the two current wellness committees, and again six months later.

### **Data Collection Methods**

Multiple sources were used in data collection for the purposes of triangulation, and thus enhancement of the credibility of the study. The data collection methods included: in-depth interviewing, document content-analysis, observation field notes, and a survey.

In-depth interviews were conducted with members of three wellness committees, three senior managers, and three employees who were not involved with any of the employee committees. Precautions were taken to ensure confidentiality. Interviews were also conducted with two members of the municipal council who were involved in the discussion of the development of the Corporate Wellness Pass, including one councillor who was in favour of the proposal and another who was against it.

Memoranda, minutes, and documents developed through the efforts of the three committees were analyzed, including those associated with the municipality's involvement in the 'Healthy Workplace Project'. Additionally, an account of the researcher's own experiences and observations, in the form of a journal, was included in the analysis to provide an alternative perspective, from the experiences of being a researcher and simultaneously a participant on the employee wellness and corporate wellness committees. Sandelowski (1986) suggested that "...the credibility of qualitative research is enhanced when investigators describe and interpret their own behavior and experiences as researchers in relation to the behavior and experiences of subjects." (p.30).

In addition to descriptive information relating to the development of the Corporate Wellness Pass, records maintained through the recreation centres were examined to determine the number of these passes purchased by municipal employees

since its inception, until May 1996. This provided an objective perspective on the evolution of the Corporate Wellness Pass and insight into the size of the program.

Finally, a measure of current employee awareness of the initiative was taken using quantitative data collection. A six question survey, administered to all employees working at the municipal hall, was used to probe for general information surrounding the employee's awareness of the activities being promoted as part of the initiative. This provided a supplement to the discussion of the perceived outcomes.

Permission to conduct the study using human subjects was obtained through the University of Victoria Committee on Research and Other Activities Involving Human Subjects. Copies of the certificates of approval have been included in Appendix B.

## **Interviews**

**Participant Selection.** Three members of the previous workplace wellness committee were contacted with a letter requesting their participation in the interviews (Appendix B). The study was outlined, with clear indications of the purpose, format, and the role of the interviews in the data collection process. Similar letters were sent to the current members of the employee wellness and corporate wellness committees. Given that the researcher was a representative on those two committees, she supplemented the letters with a verbal description of the purpose of the study and the format and role of the interviewing in the study for those with whom she was in direct contact. The rationale for this approach was to maintain rapport with potential participants, and to address any questions or concerns regarding the process.

In the recruitment of participants to represent municipal employees who were consumers (or non-consumers) of the municipal workplace wellness initiative, purposeful sampling was used, as outlined by Patton (1990). This sampling procedure was used for the selection of councillors and senior managers as well. Patton (1990) maintained that sampling procedures for qualitative case studies should reflect the notion of *usefulness*.

That is, to select information-rich cases from which a great deal of information can be learned. With this in mind, the selection of employees, councillors, and senior managers for the interviewing process was done on the basis of their involvement, or lack of involvement in the programs, as well as individual variables which indicated they may be regarded as an *information-rich participant*.

The participants selected through purposeful sampling were contacted by letter (Appendix B). A full explanation of the purpose, format, and role of the interviewing was addressed extensively using this approach, especially in instances where the participants were likely to be unclear about the reasons they have been selected for interviewing.

All potential participants from each group were informed of their full right to refuse to participate in the study, with no adverse consequences, as well as a clear explanation of the recording procedures for the interviews. Each participant was required to fill out an informed consent form (Appendix B). Confidentiality was assured to the best of the researcher's ability, and the participants were reminded that they could choose not to answer any of the questions asked in the interview.

As shown in Table 1.0 (page 34) the number of interviewees who participated from each group were between two and three people.

Table 1.0

## Number of Participants Interviewed From Each Interview Group

Interview group	Number of interviewees		Total
Workplace Wellness Committee	2 female	0 male	2
Employee Wellness Committee	2 female <sup>a</sup>	1 male	3
Corporate Wellness Committee	1 female	1 male	2
Senior Managers	1 female	2 male	3
Municipal Councillors	0 female	2 male	2
Employees	2 female	1 male	3
Total # Interview Participants			14 <sup>a</sup>

<sup>a</sup> One participant in this group represented both the workplace wellness and employee wellness committees

The senior managers who participated in the interviews were all classified as head of departments or assistance head of departments. The participants selected were from two departments in the municipality.

**Interview Questions.** The interview participants from each category were asked questions designated for their particular group (Appendix A). Interviews were conducted in a conversational format, with attempts made to maintain the same order of questions for each interview. Priority, however, was given to the maintenance of a conversational flow to support an atmosphere conducive to information-sharing on behalf of the interviewee. Sandelowski (1986) stated that the involvement of the researcher with the interviewee is essential in seeking out the truth, or meanings the interviewee associates with his or her experiences. In contrast, detachment has been seen as creating an illusion of objectivity, when there is really no such thing.

**Interview Data Collection and Analysis.** All interviews were recorded on a portable tape cassette player with transcripts created from the recordings. As an additional precautionary measure and data collection technique, extensive field notes were taken during each interview. This served as a safeguard in the event the cassette recorder malfunctioned, as was the case for one employee's interview. It also provided two sources of data collection for cross-reference of information.

All responses were verified with individual interview participants in the form of a summary, to ensure agreement between what was interpreted by the researcher and what the participants intended to say. This procedure was included to enhance the credibility of the study. It was suggested by Sandelowski (1986) that a qualitative study is deemed credible when participants are able to recognize themselves and their responses in the predominant themes described.

The transcripts were summarized for each participant, so each person was able to verify the responses for each question or topic area. For example, a heading was provided such as '*Corporate Wellness Pass*' with the comments summarized and useful direct quotations for this topic included underneath. Once verified, all summaries were divided into groups of responses for each heading. These sources of data were then analyzed for predominant themes in each topic area, such as Active Living Proposal, employee-based committees, predominant values reflected in the initiative and allocation of scarce resources.

Content analysis was used to examine the transcripts for predominant themes and any conflicting information, in each area of questioning. Individual responses have been included in the discussion, with comparisons and references made to the evidence collected from the other interview categories and the documents analyzed. The themes were also analyzed according to which organizational frame they fit into. (The reader has been provided with an outline of each organizational frame in chapter three of this paper).

The analysis of the data, with respect to organizational frames, was conducted through a comparison of the characteristics of each frame with the information surrounding each identified theme. For example, the theme which emerged surrounding the Active Living Pass was that of a political dilemma between preventing negative public perception and providing the employees with a benefit. The political frame outlined by Bolman and Deal (1991) was characterized by coalitions of interest groups, each with unique needs. It also viewed conflict as a normal element within an organization. From this comparison, it was determined that the political frame was more influential for this topic within the initiative, as opposed to the symbolic, human resource or structural viewpoints.

**Pilot Interviews.** Pilot interviews with three individuals, not involved with this municipality, were conducted prior to the actual case study interviews. These were conducted to allow practise for the interviewer, and to allow for feedback regarding the wording of the questions in the interview guides. The pilot interviews also provided an estimate of the time required for the interviews. Data from the pilot interviews have not been provided as the content of the answers for each question was fabricated by the pilot interview participants, given they were not part of the real municipal initiative.

### **Document Data Collection**

This study has included an examination of the documents on file for the municipal workplace wellness initiative from 1991 to May 1996. Sources of documentation included: minutes from the workplace wellness committee meetings, the two current wellness committee meetings, and some rehabilitation committee meetings; a summary of results from the Workplace Health Inventory, and the executive summary provided to the municipal departments. The action plans developed from these summaries were also analyzed. Reference has also been made to the reports provided to the government for their pilot site update publications and networking conferences and

those presented to the municipal council. The evidence collected from all of these documents has been cross-referenced with the evidence from the interviews, to provide a detailed description of the critical events and issues encountered with the initiative.

### **Corporate Wellness Pass Participation Documentation**

The quantitative measure of participation with the Corporate Wellness Pass program was accomplished using a frequency count for all four recreation facilities. Each pass purchased by a municipal employee through this promotion was counted as one unit, regardless of whether an individual repeatedly purchased a pass through this program.

The quantitative data on participation with this program have been included to supplement the discussion on the evolution of the Corporate Wellness Pass, and the role it played in the municipal workplace wellness initiative during the outlined time period. It has provided an additional perspective to the information obtained from the interviews, to triangulate sources of evidence for overall enhancement of the credibility of the study (Patton, 1990).

### **Employee Awareness**

**Participant Selection.** Survey respondents were recruited from the population of employees at the municipal hall (approximately N=150). Participation in the survey was entirely voluntary, and anonymous. Distribution was done in person, with the questionnaires given to the secretary in each department, who was in turn asked to give one to each employee in their department. The introductory paragraph at the top of the questionnaire asked the employees to respond to the questionnaire, without putting their name on it, and return it to the researcher's office at a recreation centre, via interoffice or regular mail. This return procedure and the short length of the survey assisted in maintaining a high a rate of return for both administrations of the survey. Respondents

were reminded on the form that their response was completely voluntary, with no adverse consequences if they chose not to participate.

The population of employees at the municipal hall was selected for the purpose of keeping this component of the study small. The information provided an overview of the changes in awareness of a select sample of employees who had access to the current municipal workplace wellness programs over a five month period. During the time period from December 1995 until May 1996, the predominant focus of the employee wellness committee was to focus on the municipal hall as a preliminary site, with some programs being expanded to include the municipal yard (Meeting with Director of Parks and Recreation and potential committee members, November 1995).

**Survey Instrument.** The survey (shown in Appendix C) consisted of six questions designed to measure general awareness of the municipal workplace wellness initiative amongst municipal hall employees. Responses to the questionnaire required an 'X' beside either the 'yes' or the 'no' for each of the six questions. Completion of the questionnaire and returning it through interoffice mail took no more than five minutes.

**Statistical Analysis.** Statistical analysis of the survey involved a Chi Square analysis using contingency tables.

### **Confidentiality**

Each participant was given a code name on the interview data sheets and cassettes to provide anonymity. Pseudonyms have been used for any references made to informants in the text of the written article, as well as precautions taken to protect the identity and location of the organization being studied by referring to it as '*the municipality*' in the text, or '*the organization*'.

## **The Issue of Rigor**

Related to the concepts of validity and reliability for quantitative research, has been the issue of rigor in qualitative research study. Rigor has been evaluated in the literature according to four distinct factors: *truth value*, which relates to credibility; *applicability*, which corresponds to the fittingness of the data to contexts not under observation or analysis; *consistency*, which relates to how auditable the study is; and finally, *neutrality* or confirmability of the information (Sandelowski, 1986).

**Credibility.** Efforts were made to address the factors related to rigor for this study. Triangulation of methodology, data collection techniques, and sources of information were incorporated to enhance the truth value or the overall credibility of the study. A verification for congruence between what the participants said and how the interviewer interpreted their responses was also included to enhance credibility.

Three types of triangulation, outlined by Janesick (1994), were used in this study to enhance the credibility of the findings: triangulation of the data sources, methodology and theory. The data sources, including documents, interview transcripts and researcher field notes were cross-referenced with each other to ensure that the information was congruent, or to highlight any issues which were inconsistent. From a methodological standpoint, both qualitative and quantitative approaches were used to assess employee awareness of the initiative. This type of triangulation allowed for a broader view of this component of the initiative and provided enhanced strength of the overall methodology of the study.

Theoretical triangulation was defined by Janesick (1994) as "the use of multiple perspectives to interpret a single set of data" (p.215). Bolman and Deal's (1991) framework for organizational analysis provided the multiple perspectives through which the data from this municipal workplace wellness initiative was able to be analyzed.

**Fittingness Of The Data.** The fittingness of the data was addressed by incorporating a variety of perspectives and interpretations from the many levels of

involvement with the municipality and the participants selected for the interviews were representative of the group from which they were selected. While Sandelowski (1986) claimed that any person or case selected from a given category is representative of that category, for the purposes of this study, and given the limited resources available to conduct the research, the sampling was based on Patton's (1990) concept of information-rich sampling.

**Consistency.** Consistency was enhanced with the creation of a distinct audit trail, highlighting the specific steps and information obtained in data collection, and used in the decision-making process for the study. A reflection of how the researcher's involvement in the study may have affected the chain of events and general outcomes of the study, as well as the inclusion of some of her experiences as a researcher and participant also addressed this factor of rigor. It was intended that these steps provided an effective audit trail for another researcher to "... arrive at the same or comparable but not contradictory conclusions ..." (Sandelowski, 1986, p.33) after following the same steps to conducting the research.

**Neutrality.** The final factor related to rigor, neutrality, was addressed using the notion of confirmability outlined by Sandelowski (1986). Neutrality was described as the extent of closing in of the distance between the investigator and the participant during interviewing and observation. One underlying assumption in qualitative research has been that it is unrealistic to expect that no change takes place when studying a given person, case, or scenario. While it was important to acknowledge this, confirmability does not refer to the extent of subjectivity or objectivity of the researcher; instead it focuses on the actual findings of the research. The identification of predominant themes in the data and the triangulation of information against those themes, were used to address this notion of confirmability, and the same process was used to highlight critical events or outcomes of the initiative.

## **Validity and Reliability**

Validity was described by Thomas and Nelson (1990) as the "...degree to which the test, or instrument, measures what it is supposed to measure" (p.343). Internal validity was referred to as the extent to which results from a study can be attributable to experimental variables, as opposed to confounding factors affecting the outcome. External validity was considered to be the generalizability of the results outside a specific research situation.

Thomas and Nelson (1990) referred to reliability as the consistency of a measurement. A measurement was considered reliable if the same results were attainable over successive repetitions. Reliability was described as an essential component of validity. It was believed possible to have reliability without validity if the measurement does not measure what it was intended to measure, yet was repeatable. It was not considered possible, however, to have valid results which were not reliable, as repeatability was described as an important element determining whether a measurement was sound and whether it could be generalized outside the research setting.

The establishment of a measures of validity and reliability for the employee awareness survey portion of this research project were not obtained. The survey was administered to a group of 150 employees who were asked not to put their names on the questionnaires. It was therefore infeasible to determine if the answers provided by employees who responded to the survey on both occasions were consistent with their exposure to the information on health and wellness programs, or with their behaviour in terms of attending workshops and having blood pressure measurements taken. The unavailable measures of validity and reliability for the employee awareness survey component of this case study were considered limitations of this research. This topic has been discussed further under the limitation section of this chapter.

### **De-limitations**

Given the nature of this case study, in that it has focused on one municipal initiative, it was not intended to be generalized to other municipal initiatives within this same organization, or for other municipalities. Patton (1990) (citing Cronbach, 1975) stated that "...social phenomena are too variable and context-bound to permit very significant empirical generalizations" (p.487). With this in mind, the intent of this case study, instead, has been to provide an example of a municipal initiative and the real events which influenced its overall evolution with the hope that it has provided insight into the multiple issues which may be present in a workplace health program.

While the results of the entire study have not been generalizable, the interview data must not be regarded as generalizable either. Every attempt has been made, however, to contextualize the data so that the reader can assess the applicability or ability to transfer the results to other settings. The interviews for this study were conducted under the assumption that any participant from a given group is representative of that group. The participants were selected according to '*information-rich sampling*' according to their involvement in the initiative, or their position within the municipality. While this procedure has been accepted in the field of qualitative research (Patton, 1990), the reader must keep in mind that the information obtained from such interviews remains as individual perspectives, not the general consensus of a group of people. It has been argued, however, that important information can be obtained using these strategies, as in-depth interviews allow for more elaborate answers than a sample of larger proportion.

### **Limitations**

**Employee Awareness Survey.** One identified limitation of this study was the sampling of the awareness survey being limited to municipal hall employees. Ideally it would have been valuable to assess the awareness of all municipal employees, including

the satellite locations, such as the recreation centres or public works. The focus of the initiative, however, during the outlined time period, was limited to the municipal hall.

An additional limitation to the sampling of the survey respondents was that they were self-selected in their decision to complete the survey. While there was a high response rate for the survey, the people who responded may have been those who have an existing interest in health and wellness.

Additional limitations for the employee awareness survey component of this study were the previously mentioned unavailable measures of validity and reliability. In hindsight, a pilot project involving successive administrations of the survey to a select group of respondents would have been a method of determining the reliability of the answers provided for the questionnaire. In actuality, however, it was impossible to determine if the respondents who completed the survey during the follow-up administration had completed the baseline measurement as well. The response rate of the initial administration was high (71.3%) which made it probable that many of the follow-up respondents had completed both surveys, however, an accurate measure of reliability was not feasible to obtain.

**Interviews and Document Content Analysis.** One limitation of the qualitative portion of this study was the type of the interview data obtained. Given that the study focused on a retrospective analysis of the evolution of the initiative, the interview participants had to rely on recall of the various events for the interviews. In some cases, this recall was based over a five year period. This limitation has been cited as a common element of qualitative research methods using interviews as a primary means of data collection (Patton, 1990).

Another limitation, reflective of this type of qualitative research was the possibility that as a participant observer in this workplace wellness initiative, the researcher may have influenced some of the events which took place and the responses which were given during the interviews. As a member of two of the employee-based

committees, it was possible that the interviewees were not candid with some of their responses regarding the outcomes of the programs and the dynamics on the committees.

The responses to the interview questions could be viewed as a limitation to this type of data collection by some readers. Qualitative interviewing has been scrutinized for its lack of objectivity in the results (Patton, 1990). The responses given by the interview participants were their own perceptions of the municipal workplace wellness initiative. Some people would have considered this collection of biased responses as a lack of '*truth*' or objective descriptions in the data, however Patton (1990) suggested that any data collected through research is merely '*one truth*'. The results of any study were described as the researcher's perception of what the truth was for a given set of circumstances. For the purposes of this study, the establishment of multiple perspectives on the evolution of the initiative has provided a set of '*truths*' as seen by key players in the organization.

One other limitation of this study was the small number of interviews which were used for data collection. In light of limited resources, fourteen interviews were conducted. The literature on qualitative interviewing has advocated the use of an adequate number of interviews to obtain depth on each interview topic (Patton, 1990). Considerable depth was believed to be reached through the interviews in this study, however, with the large array of topics and many interview groups represented in this study. Although it was believed that a point of saturation of information was reached with regards to the interviews, it would have been interesting to have had insight into the viewpoints of two additional employees, one more workplace wellness committee member and another senior manager.

## CHAPTER FIVE

### RESULTS

This chapter has been designed to highlight the information obtained through the interview transcripts, researcher field notes, document content analysis and the responses to the employee awareness survey. References to individual transcripts have been included using the codes assigned to each interview participant. Table 2.0 has been provided to highlight the codes assigned to each interview group. The codes have been used to maintain anonymity for the participants.

The information obtained through the many modes of data collection, has been divided into sections which correspond to the research questions outlined in Chapter One. Additional sub-divisions have been made to assist the reader in understanding the different components and issues apparent within the municipal workplace wellness initiative. The evolution of the initiative has been presented first, as it encompasses many of the individual events, outcomes, and issues present within the initiative.

Table 2.0

Legend for Interview Codes Assigned to Participant Categories.

Interview Participant Category	Interview Code	# of Participants
Municipal Councillors	MC	2
Municipal Senior Managers	SM	3
Employee Wellness Committee	EWC	3
Workplace Wellness Committee	WWC	1 <sup>a</sup>
Corporate Wellness Committee	CWC	2
Employees	EMP	3

<sup>a</sup>Two workplace wellness committee members were interviewed, however one participant was a member of two groups and therefore has been designated under the employee wellness committee category.

## Summary of Results

The highlights of the results from this study have been presented in this section as a summary to assist the reader with following the evolution of the municipal workplace wellness initiative, while recognizing the key issues which were realized as part of this investigation. These highlights have not exhausted the issues described as part of this case study, but are merely representative of predominant themes which emerged with regards to the research questions outlined.

In the five years spanning the time period being studied, there were several key elements which played a role in the evolution of this municipal workplace wellness initiative. The Healthy Workplace Project was the first concrete undertaking for the initiative, with the development of the workplace wellness committee. While the needs assessment survey was the main result of this project, the theme which emerged regarding this phase of the initiative was that the involvement in the project had little influence on the overall wellness initiative.

In 1992, at the same time as the workplace wellness committee was actively involved with the Healthy Workplace Project, an Active Living Proposal was submitted to the Municipal Council by the Parks and Recreation, and Employee Relations departments. This proposal, requesting an employee discount to the recreation centres was met with skepticism by two council members and one member of the public. The main concern which dominated the discussion surrounding this proposal was potential negative public perception of the discount, regarding it as a '*perq*' for employees, to which the rest of the community was not entitled.

The second phase of the initiative involved an attempt to salvage the efforts put forth for the Active Living Proposal. A subsequent request was submitted to Council for approval of a Corporate Wellness Pass Program which entitled all businesses access to a 20 % discount to the recreation centres for groups of five or more employees. Municipal

employees were proposed to be part of this program as well. After much deliberation, and more public scrutiny, this proposal was approved.

The most recent phase of the initiative included the development of three more employee committees. The rehabilitation committee, to address the rehabilitation needs of municipal employees, the corporate wellness committee, to focus on marketing the Corporate Wellness Pass Program, and a third committee, the employee wellness committee, to organize preventive health and wellness programs for municipal employees.

The predominant issues which have affected the overall initiative, especially the organization and effectiveness of the committees, have included a perceived lack of support from the leaders in the municipality, more specifically the council, scarce resources for the employee wellness committee, the perceived lack of results and action plan from the employee survey, and the need for flexibility in committee structure to meet the needs of the representatives. Lack of employee awareness of the Corporate Wellness Pass Program and low participation were other issues which emerged regularly in the data for this study.

## **Evolution of the Municipal Workplace Wellness Initiative**

### **Purpose of the Initiative**

To describe the evolution of the initiative, it was deemed an important step to first understand what the interviewees perceived the purpose of the initiative was. Every interview participant was asked to respond to this question. The themes emerging from the participants' reflections have been compiled to outline the purpose of this municipal workplace wellness initiative.

The predominant theme described in the interviews was that the purpose of the initiative was to foster increased awareness of health issues among the employees, to

provide educational opportunities and to encourage active living. Several people, expanding on this theme, alluded to the incorporation of broader health issues, such as stress management and making choices towards a healthy lifestyle, as important purposes of the initiative.

With respect to increasing awareness among the employees, one member of the corporate wellness committee identified the purpose of the initiative as a three-step process using the acronym: A.B.C., representing Awareness-Behaviour-Change. His belief was that

*"...the biggest thing is the awareness, the real perq, the key part of anything you do, particularly in wellness, because if people aren't really understanding why you are asking them to go for a walk at lunch...(the change is going to be very short term)" (CWC2).*

Once awareness has been increased, then behaviours are incorporated to bring about health and lifestyle changes, which fulfills the awareness, behaviour, change cycle.

This viewpoint emphasized the importance of self-responsibility as an essential component of change. In the words of one member of the workplace wellness committee, the purpose of the initiative has been to *"...provide people with some choices and taking control over their own lifestyles within their workplace, so that they can feel like they can control the stresses that are there..."(EWC1).*

The provision of seminars on topics of interest in health and wellness to inform employees about the benefits and how to achieve a healthier lifestyle were considered an important avenue for education. It was believed essential that this type of education be combined with opportunities to try new activities which may increase the amount of exercise people are doing. Linking this education and potential for increased activities it was believed that the benefits carry over into other parts of employees' lives, including their work, which in turn benefits the municipality. One employee commented on this,

stating that in his mind, "*...a fitness program is a priority because it helps you be more productive in other areas*" (EMP1).

Self-responsibility and awareness were linked to a need for increased education on health and wellness issues and the encouragement of lifestyle change. Ten employees, in total, emphasized the importance of these components in the purpose of the initiative. All six interviewees from the employee committees, two employees not involved with the organization of the initiative and two senior managers supported these purposes as important aspects of the initiative. One interviewee described the purpose as

*"...an education kind of thing so that people who really want to and may feel a little intimidated or whatever, and we just give them a little bit of a boost. (We) give them a little bit of education on why you should do this healthy eating, stress management... if (it) can help them personally"* (EWC3).

A second theme, emerging from five interviews, regarding the purpose of the initiative, was the issue of reduced health care costs for the municipality. Two members of the employee wellness committee, one employee, one senior manager and one municipal councillor referred to healthier employees benefiting the municipality as a result of less expenditures devoted to rehabilitation and health care. Reduced costs were associated with decreased sick leave, medical expenditures, and absenteeism. This emphasis on reduced health care costs as an important component of the initiative, was supported in three reports presented to the council, by the Director of Parks and Recreation, requesting approval for an employee discount to municipal recreation facilities.

Labour relations was a third theme identified by both municipal councillors as a purpose of the municipal workplace wellness initiative. One councillor stated that this municipality has a good reputation for labour relations with its employees, and he believes the initiative is an asset and serves as another component which helps to keep these relations positive. He also mentioned that "*...as an employer, at a political level, it*

*just seems like another ingredient to make (the municipality) a good place to be...and a good place to work..."(MC1).*

### **Historical Development of the Initiative**

The municipal initiative began in 1991 with a joint effort between two departments within the municipality: Parks and Recreation, and Employee Relations, now referred to as Personnel Services. The directors from these departments recruited several other management representatives from their areas to begin planning workplace wellness activities within the municipality (SM1, SM3, WWC1). Eventually, through the efforts of this small group, three more representatives were appointed to the committee, all employees from the recreation division. These three representatives went on to participate as members of the workplace wellness committee when the municipality became a pilot site for the Healthy Workplace Project (WWC1).

### **Involvement In The Healthy Workplace Project**

The Healthy Workplace Project was an action research project sponsored and coordinated by the British Columbia Ministry of Health, Population Health Resource Branch, (referred to as the Office of Health Promotion at the time of the project). It involved nine original pilot sites, consisting of various types of organizations, including this municipality as the only municipal site. The project was designed to assist pilot organizations in the establishment of workplace wellness initiatives. The process involved working with employee-representative committees to address health and wellness issues within these organizations. A consultant, hired by the Ministry of Health, was assigned to each pilot site to act as an advisor who was able to answer questions and make suggestions (Healthy Workplace Update, 1994).

The project was initiated in 1991 and this municipality was one of the original sites. It remained a pilot site within the project until the workplace wellness committee

dissolved in 1993 (Minutes from WWC meetings). Reasons for the dissolution of the committee have been compiled from the interview responses of committee members and senior managers further on in this chapter as it represents a critical event in the evolution of this initiative.

The interview responses to the question regarding this project revealed positive and negative attributes of the municipality's involvement in the project. Overall, the theme most apparent from the interview participants was that municipal involvement in the Healthy Workplace Project had very little influence on the municipal workplace wellness initiative as a whole. At least two participants, one workplace wellness committee member and one senior manager, believed the initiative would have evolved regardless of the involvement in the project. The committee member stated that the project influenced the way the committee was arranged and the way the survey was conducted, and it provided the impetus for the initiative to "*get moving*" (WWC1). This comment was supported by one senior manager responsible for linking the municipality with the project and another senior manager who was involved in the initial stages of organizing the committee to work on the initiative. They mentioned that the decision to become involved with the project was based on the perception of it being an opportunity to have a concrete activity for the committee to work with to get the wellness initiative going. Additionally, the project provided a resource for the initiative in terms of funding the administration of the survey (SM1, SM3) and the needs assessment survey was the most significant outcome of the project for the municipality (WWC1, EWC1).

The survey was the main activity of the workplace wellness committee during their involvement in the municipal workplace wellness initiative. It was highlighted as an important component of municipal involvement in the project, by both workplace wellness committee members and one senior manager. Documents from the meetings of the workplace wellness committee supported this concept indicating that a large portion

of the time devoted to this committee was oriented towards the administration, analysis of the results, and development of an action plan from the needs assessment survey.

The perceptions of the survey and the information obtained through this process were both positive and negative. The positive influence, identified by one workplace wellness committee member, was that an opportunity existed for "*...anyone who was completing the inventory...to take a look at their own lifestyle*" (WWC1). Additionally, the profile compiled by Health Canada, from the results of the survey, provided the municipality with a baseline level of health issues from which they could base their programming. A detailed profile was provided to the workplace wellness committee, while a shorter executive summary was included for distribution to management and throughout the municipality. Skepticism was expressed, however, by one senior manager familiar with those results. He suggested that "*...the inventory or assessment that was done on the employees showed up things that you could almost anticipate afterwards...it didn't really identify a key action plan or direction*" (SM1).

Two problems, or negative outcomes, pertaining to the administration of the survey to this municipality were identified. They were described not only by both workplace wellness committee members, but by one senior manager and one employee wellness committee member. The first problem was that no formal action plan was put into operation to follow up the results from the survey. This was believed to frustrate municipal employees. A comment from the minutes of the workplace wellness committee meeting of March 11, 1993, revealed concern over this type of employee perception. It stated that a list of tasks for the committee had been developed in response to concern that "*...employees need(ed) to see the committee active*" (p.2). The efforts of the committee were never realized in terms of an action plan. One employee wellness committee member mentioned that the employees were frustrated and that they wondered why they kept "*...getting these things and nothing happens...and they throw it away, you know because nothing happened with the last one*" (EWC3). Another member from the

same committee stated that the initiative was starting from "zero" in 1995, as the previous efforts had not amounted to anything (EWC2).

One other problem identified with the use of the needs assessment survey was the existence of doubts regarding the accuracy of the information from the survey. One workplace wellness committee member stated that the fire and police departments had had concerns regarding confidentiality of the survey results. Representatives from these departments sat at the committee meetings and suggested that they "*...wouldn't trust the stuff that is in (the inventory results), because the people from the fire department or police department aren't going to release the information because they don't know how it may be used against them*" (WWC1).

Another concern regarding the government project, which emerged from the responses of the workplace wellness committee members, was the confusion over leadership within the committee. Leadership was provided by the consultant working with the committee, and in a less-defined manner by the chairperson of the committee. It was believed that the chairpersons' leadership was often undermined in some ways with several people, aside from the consultant, taking on the role of leaders within the committee. One interview participant from the committee commented that the committee "*...needed more from (the consultants) being how to provide that leadership as opposed to them providing the leadership*" (WWC1). With this type of training, they would have been able to function without him eventually, with more independence, rather than relying on his guidance at every meeting. This concept was supported in the minutes of the workplace wellness committee meeting from March 11, 1992, where agenda items were postponed, at what one committee member believed to be a crucial meeting, because the consultant was unable to attend. It was suggested that the committee "*...maybe should have carried (the agenda) on ourselves, but it wasn't the way we were used to doing business all the way along*" (WWC1).

### **Active Living Proposal**

One of the recommendations of the workplace wellness committee as they were developing an action plan for the wellness initiative was to request that an employee discount be put into place for municipal recreation passes. This recommendation stemmed from the results of the survey which indicated that 43.1% of respondents believed their employer could help them increase their activity levels by providing subsidization for use of external exercise facilities (Workplace Health Profile, 1992). This program was supported by the Director of Parks and Recreation, and the Director of Employee Relations, who took on the role of presenting a report and accompanying proposal to the Municipal Council on behalf of the committee.

While the process for developing an action plan was not fully completed when the proposal was presented, one interviewee stated that the committee believed it was important to go ahead with the proposal because it was an action which was unanimous among the departmental representatives on the committee. During the development of the action plan, each time the committee narrowed down a goal, someone would say "*...let's get this report into council to ask for participation...because that's something that everybody at that table could support and understand that somebody was going to benefit in their department from it*" (WWC1) because the discounted passes to the recreation centres was something they all could agree upon.

The Active Living Proposal was a report prepared by the Directors of Parks and Recreation and Employee Relations, with assistance from one of the workplace wellness committee members, highlighting the benefits of corporate wellness programs. It was submitted to council along with the recommendation that municipal employees be given a 40% discount to passes at the municipal recreation centres, 10% reduction in recreational program fees, and a complimentary fitness assessment and lifestyle counselling session (Active Living Proposal, August, 1992). Before going to council in early 1992, the proposal was initially presented to the Personnel Committee, a committee

made up of four councillors, where it was strongly supported. A memo responding from the Personnel Committee, however, did ask that the presentation to council be postponed until the fall of 1992, when budget deliberations were likely to be settled. This recommendation was followed through in September 1992.

When the Active Living Proposal was presented to council, a member of the public expressed concern regarding the implementation of a discount for municipal employees. He stated that the proposal requested a perq for municipal employees, who are already well-paid, and therefore would be considered misuse of taxpayers money. This person expressed that if a discount were to be given to municipal employees, then it ought to be available to the rest of the public as well. After much discussion, the proposal was eventually tabled (MC1).

**Perceived Reasons for Tabling the Proposal.** All interview participants were asked to comment on their perceived reasons for the tabling of the proposal and the impact they believe this chain of events had on the overall initiative. The information obtained from the responses to this question provided insight into the '*hot issues*', regarding wellness in the municipality, as this proposal was the mainstay of many conversations surrounding the initiative.

The predominant theme from the interview responses of all participant groups, was that the tabling of the proposal occurred for political reasons. Unanimously, all interview participants agreed the council discussion regarding the Active Living Proposal was based on concerns regarding a public perception of inequality. One employee suggested that the council

*"...didn't want to get caught showing favour to employees, using public money (and) it was simply a matter of council thinking 'oh my gawd, the people are going to say we're giving our staff extra perqs and benefits that they don't have themselves'. That's all it was..." (EMP1).*

One senior manager supported this statement with a suggestion that

*"...there's an unwillingness on (the part of council) to do anything where they think they may be criticized...so number one, they don't want to really piss off the employees by coming out and saying a flat 'no', but neither do they want to seem like they are doing something that benefits somebody by saying 'yes it's okay', and so they just send it off to la-la land" (SM3).*

Those councillors opposed to the proposal were concerned that members of the public would perceive that the council was *"...giving special privilege to (municipal) employees over and above what anybody else in the community was able to obtain..."* (MC2). Barring this, the council suggested that if employees requested a program as part of a much broader group who would have access to the discounted passes, that the councillors would be more comfortable with supporting the proposal (SM1, MC1,2). One councillor believed that the proposal would have been welcomed more positively if

*"...from the start if it was drawn up in such a way that the (municipal) employees were part of a broader group, and they weren't being singled out and treated in such a way, different from everyone else...with some sensitivity to that issue" (MC1).*

Aside from the two councillors interviewed, all participants who commented on the proposal, including two employees, six committee members and two managers, believed this political discussion and resulting decision to table the Active Living Proposal had a negative impact on the initiative. One senior manager thought it was

*"... unfortunate the concept of the pass ...dominated all of the conversation, because that wasn't the intent. It was simply to be one component. In fact, when we originally put the program together, it was actually a minor part of the program... the real thrust was not on the discount, that was just to be one component, but it became the focal point, which is unfortunate" (SM1).*

The councillors did not express a positive or negative influence of these decisions, but instead regarded the process as a normal occurrence in the house of politics, and one that was *"...predictable...of issues in politics anytime you start doing something differently with one group of people..."* (MC1).

Despite the negative perceptions of the council's decision to table the Active Living Proposal, another concept which emerged in the interview discussions was that the council was beginning to understand and accept the benefits of promoting healthy lifestyles for employees. One committee member stated that

*"...from a council point of view, they're starting to recognize that even though we're still a workforce, we're still a group of people that come together to work hard...(and) if nothing else, they are starting to open the door, their eyes are being opened a little bit" (WWC1).*

The interviewees maintained, however, that the council's concern for potentially negative public perception of the discount continued to have more power over the political decision-making process than concern for the health benefits to the municipal workforce. It was suggested that the council was not yet ready to make a commitment to corporate wellness by way of investing in the employees (EMP2, WWC1). This reflection stemmed from the events surrounding the next stage of the municipal workplace wellness initiative, which involved the development of the Corporate Wellness Pass program.

### **Corporate Wellness Pass**

The Corporate Wellness Pass was initially a recreation-driven program designed to generate revenue for the recreation centres. This program evolved into a 20% discount for groups of 5 or more people from the same organization (SM1). When the Active Living Pass proposal was tabled in 1992, under the rationale that municipal employees were not allowed to have access to a discount not available to the general public, the Director of Parks and Recreation decided to combine the Corporate Wellness Pass Program to include municipal employees and other businesses. This program, approved by council in 1993, was described as *"...a way to make the program work for (municipal) employees, without creating any political disasters"* (MC1).

The Corporate Wellness Pass was not without its own struggles in seeking approval from council. The program was approved for other businesses in early 1993, however was not initiated by Parks and Recreation until the fall of 1994 due to renovations to three of the four recreation centres (SM1). Council agreed to honour the discount for municipal employees as well, however, with a stipulation that the municipality not open it up to its own employees before the program was well-established with the public. They asked the Director of Parks and Recreation to wait until other employee groups had purchased passes as part of the program before offering the discount to municipal employees (MC2).

One component of the Corporate Wellness Pass Program was to encourage employers to subsidize a portion of the pass to provide an even further discount for their employees. With this emphasis, another proposal was presented to council in July 1994, with the idea that the municipality would provide a role model for other employers in the community. This proposal recommended the municipality subsidize the Corporate Wellness Pass for municipal employees by a further 20% to encourage employee wellness. This proposal was met with concerns by the same member of the public, and the same two councillors who opposed the original Active Living Pass Proposal. They believed the additional subsidy was a perk for employees, and again the proposal was tabled. The end result of this situation was that municipal employees had access to the 20% discount, which employees from other businesses were given access to, however, the municipality was not willing to provide an additional 20% subsidy for its own employees (SM1).

The Corporate Wellness Pass discussion was brought back to council again in the spring of 1996, towards the end of the time period for this case study. The same member of public who had been questioning the rationale for the employee discounts throughout the discussions during the previous five years wanted clarification as to whether approval had been given for municipal employees to access the discount. One councillor and one

senior manager confirmed that the approval had been given for the staff access to 20% off the passes, however the municipality continued to be opposed to providing the additional 20% subsidy for the employees (SM1, MC2). This was supported in a memo from the Director of Parks and Recreation to the Mayor and Councillors in June 1996, stating that it had been clear to the Parks and Recreation Department from the council minutes on August 8, 1994 that municipal employees would have access to the discount, "...at least (being) treated in the same manner as any other employee group in this community". One councillor stated in his interview that many people in the community do not support discounts of any kind for municipal employees, however, his belief was that when the discount was made available to any employee group, it was not "...unreasonable that the municipality would offer the same package, if you will, to their employees" (MC2).

Figure 2.0 outlines the evolution of the municipal Corporate Wellness Pass Program in the form of a timeline. This provides the reader with a visual layout of the stages of approval and implementation of the program.

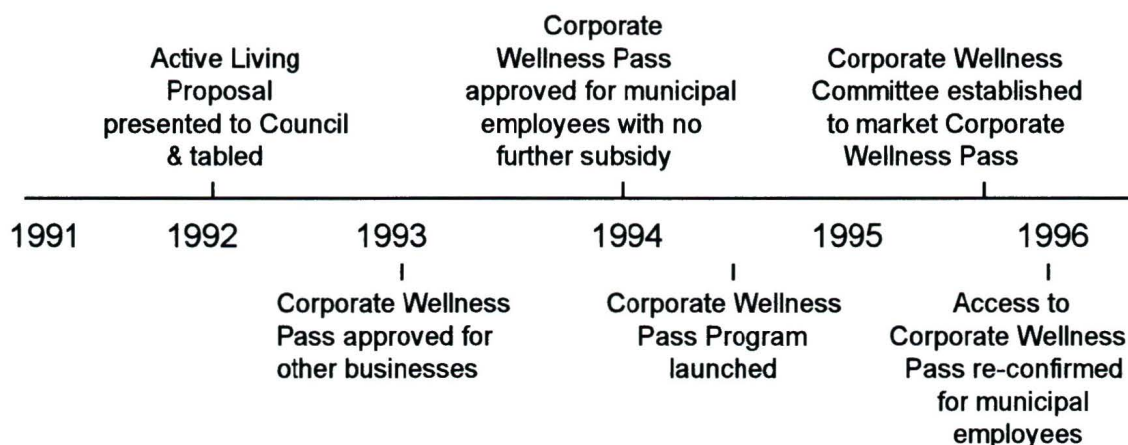


Figure 2.0 Evolution of the Corporate Wellness Pass

**Perceived Significance of the Corporate Wellness Pass.** The interview participants were asked to comment on what they believed was the significance of the Corporate

Wellness Pass Program with respect to the initiative as a whole. The insight provided from these responses helped to identify symbolic and political issues within the initiative.

Several themes emerged from the discussion of the significance of the Corporate Wellness Pass, with the first being confusion. The interviewees had mixed perceptions regarding the current status of the Corporate Wellness Pass and whether the discount was actually available for municipal employees. The program had been in place for other businesses since the fall of 1994, however, there was a question from many of the interviewees as to whether the discount had officially been approved for municipal employees. From the interview responses, there were ten interviewees who knew the municipal employees were eligible for the discount, whereas one senior manager, two employee wellness committee members, and one employee were either not aware of the pass, or were unsure if it applied to municipal employees. This confusion was also apparent from the results of the employee awareness survey component of this study when many respondents put question marks or asked what a Corporate Wellness Pass was beside the question asking them if they had ever purchased one.

A second concept relating to the significance of the Corporate Wellness Pass was that it is a positive program which promotes healthy lifestyles among municipal employees. While all the interview participants saw potential benefits to this concept, there were several people, including one member from each of the corporate wellness and employee wellness committees and one senior manager, who expressed concern that the pass tends to service the people who are already active (CWC1, EWC2, SM1). These people believed the Corporate Wellness Pass has played a significant role in the initiative, however they have concerns "*...that the only people who use it are the people who would've paid to go anyways*" (EWC2). This concept was a concern for them, given that they identified the need to target sedentary employees with this type of program in order to realize the corporate wellness benefits.

Two related themes expressing concern about the low levels of participation in the Corporate Wellness Pass Program were identified through the interview responses. One employee, one councillor and one senior manager were uncertain, and had some doubt about the current success of the program in promoting healthy lifestyles among municipal employees. An employee mentioned that he had not "*...seen anybody jumping at it, not that I know of anyways, so you've got to sit down and ask yourself: is this successful?*" (EMP1). In fact, not many employees had taken advantage of the program, just eleven passes sold to municipal employees as of May 1996, despite the discount (Memo from the Director of Parks and Recreation to the Mayor and Councillors, June 1996). With this in mind, these people questioned whether the discount was targeting the population it was intended for (SM1), and "*...whether motivation is necessarily because of the discount*" (MC2). It was suggested that "*...if there are only eleven people involved in it, unless it were to actually grow, it's not worth the administration time of fooling around with it*" (MC2).

The flipside to this issue of low participation was that two interview participants, one employee wellness committee member and one employee, believed the municipality was not keen on promoting the discount to its employees. A lack of marketing within the municipality was believed to have maintained the low participation. They suggested that the program needed to be advertised to the employees and the municipality had not taken steps towards making the program well-known internally (EWC3, EMP2).

### **Rationale For Employee-Based Committees**

This municipality has utilized four different employee-based committees for the organization and marketing of its workplace wellness initiative. The Healthy Workplace Project, highlighted earlier in this chapter, incorporated the use of employee committees as the foundation for its study as well. With these structures in place for the initiative, it was considered necessary to determine what each interview group believed was the

rationale for utilizing these types of committees. While the committees were not a direct outcome of the initiative, they were influential in the evolution of the municipal wellness effort. By addressing the rationale for employee-based committees, several concepts were identified which supported the involvement of employees in the organization of this type of initiative.

Not all interview participants commented on the rationale for the employee-based committees, however, those that did, including two senior managers, four committee members, and two employees believed that having employees involved in the organization of the wellness initiative allows for more "*...ownership of the program ... (and for) people to feel that their needs are being heard, because (needs) are so specific to each area*" (WWC1).

It was suggested that the notion of employees having more ownership of the program was due to the use of a '*grass roots*' approach to the initiative, which tends to be more employee-driven, rather than a '*top-down*' approach which has senior staff dictate the activities (SM1, EWC1). Three interview participants, when asked about the peer-peer relationship addressed with employee-based committees, mentioned that information about healthy lifestyles and encouragement to make changes is usually better accepted from peers. One committee member said

*"...it is important to have the employees in there because they know what people are feeling, (and she believes) people are going to be more open with their fellow employees than they are with their manager (because) they always have that intimidation factor"* (EWC3).

An additional concept, relating to the rationale for employee-based committees, was the importance of having representation from different areas of the municipality on these committees. Four interview participants referred to the ongoing concern that the municipal workplace wellness initiative not be perceived as a Parks and Recreation Department program (EWC1, CWC1, WWC1, SM1). One committee member suggested

*"...that there is kind of a stigma that Parks and Recreation are looking for the jocks, and that it's just one more thing that they are doing that's kind of weird... (she doesn't) think they see it as a municipality initiative, ...they just see it as one more program the rec-ies are doing" (CWC1).*

The interviewees believed that it was important to have representation from almost every department to address the needs of the employees of the municipality, with a realistic perspective from each area. The concern regarding the perception of the initiative as a Parks and Recreation initiative was experienced by the researcher firsthand, while collecting data for this case study. A longterm employee at the municipal hall questioned the motives behind this research, and the amount of hours being dedicated to the wellness initiative. After discussion surrounding the relationship between the researcher's position with the Parks and Recreation Department, and her involvement with the initiative as a graduate student, it became apparent that this employee was skeptical of the wellness effort, perceiving it as another Parks and Recreation program. He went so far as to suggest that if Parks and Recreation wanted the surveys to be filled out, then they should be offering a free pass to one of the recreation centres for each person who filled out the employee awareness survey (Researcher field notes, May 1996).

### **Workplace Wellness Committee (WWC)**

The workplace wellness committee was the committee established in response to the municipal involvement in the Healthy Workplace Project. It consisted of nine representatives from all departments in the municipality, who worked closely with the consultant from the provincial government.

To provide the reader with an understanding of the dynamics involved in administering the needs assessment survey, establishing priorities within the municipality for programming, and the issues encountered with the organization of an initiative such

as this, various concepts were explored with regards to the committee. The following section was arranged to highlight the structure, roles and purpose of the committee, how the strengths and skills of the representatives were utilized, the goal-setting process, and factors leading to the dissolution of the workplace wellness committee.

**Structure and Roles Within the Committee.** Information from the interview responses describing the structure of the workplace wellness committee has been used to develop a frame of reference regarding the organization of the committee and the formality under which it operated. Insight into this structure has been used to establish a structural perspective in the following chapter, to examine the forces acting on the initiative through a structural lens.

The committee structure followed the format laid out by the Healthy Workplace Project. A chairperson was appointed by the committee with the understanding that this person was to work with the government consultant to organize the meetings (WWC1). The chairperson believed her main roles were to pull the group together for meetings and organize the agendas based on direction from the government consultant.

When the committee was developed, it was initially "*...recreation-driven...*", (EWC1), with three out of nine committee members representing the recreation department. One of those recreation representatives was the appointed chairperson of the committee.

**Purpose of the Committee.** An understanding of what was the purpose of the workplace wellness committee was important in piecing together the components of the initiative. The main theme emerging from interviews with two members of this committee was that the purpose of the committee was to try to identify the needs of the workplace to create some type of wellness program. This was considered to be the evolving purpose of the committee, however, when the nine representatives first got together, the purpose was simply to identify the needs of the employees (WWC1).

**Utilization of Strengths, Skills and Talents of Committee Members.** While striving to determine the needs of the employees in the municipality, the committee members were drawn on for their expertise in the different areas of the municipality. Two interview participants from this committee believed that the people chosen to represent their area were the ones "*...who could get out and were known within their areas as people who could get things done...the movers and shakers...*" (WWC1). This utilization of the members' knowledge and strengths benefitted the committee in determining the best method of reaching the employees in each area to fill out the needs assessment survey. When the committee began to plan out its actions for programming wellness activities, however, one interviewee stated that it wasn't the type of group that are accustomed to that, instead "*...you needed a programmer in there... who (could) help to provide that type of direction*" (WWC1), as the strengths and skills needed for this phase of organizing were much different.

**Goal Setting Process for the Workplace Wellness Committee.** As a method of determining how the committee developed its action plan, utilizing its existing structure, and encouraging the input of its members, interviewees were asked to describe the process by which the committee determined its goals. Several concepts were unveiled during this discussion on goal-setting.

One of the processes of goal setting for the workplace wellness committee was a full-day workshop provided by the consultant from the Healthy Workplace Project. The agenda for this workshop included: a project review, a definition of workplace health promotion and its guiding principles, a highlight of the importance of committee goals, examples from other projects, an examination of this workplace wellness committee, discussion of the survey results, an opportunity for employee input on unanswered questions, and a summary of what the next steps were to be (Workshop Agenda, March 1992). During this process, he guided the committee through some directional work which was designed to see where the committee was going, why they were important,

and what their goals would be (WWC1). There was some question regarding this process of goal setting, as one committee member believed that the committee really did not come up with its own goals, but instead put something down on paper, just to go through the process. The goals were considered as ones which "*...somebody said the committee should have, but the committee themselves never bought into them*" (EWC1). The following goals, developed at the full-day workshop, were found in a working document from workplace wellness committee:

1. 100% of the questionnaires completed and returned.
2. We will maintain communication with everyone in the organization (outlined as a progressive communication plan).
3. We will get and maintain the involvement of everyone in the organization (through personal networks, while keeping expectations realistic).
4. We will use the results of the survey: to plan, to secure resources, to achieve objectives.
5. We will demonstrate results: to build credibility, to sell people on the long term.

While the general goals had been established, two committee members identified another issue surrounding the committee's goal setting process. This issue was the difficulty experienced in identifying priority areas to develop the action plan from. They believed there were too many departments and locations within the municipality and "*...there were ideas coming out, but really it was such a broad range that the group realized we couldn't work with it. We couldn't work with everything that was in front of us...*" (WWC1).

A final concept pertaining to the goal setting process and development of an action plan was the negativity associated with pessimistic attitudes from the committee members. One interview participant stated that

*"...there was one (committee member) who was in there, (who was) a long term employee...that sat at the table from the very first time and said 'this isn't going to fly, management isn't going to support you in this'..."* (WWC1).

This, coupled with an element of mistrust of the information included in the executive summary, due to the suspected accuracy of the results, created a negative atmosphere in which the committee had to work (WWC1).

**Dissolution of the Committee.** The workplace wellness committee was active from 1991 until 1993 (WWC meeting minutes, 1991-1993). Towards the end of the committee's term, the meetings and activities of the group began to be more sporadic, with less commitment from the members. One memo, to committee members from the chairperson, asked representatives to re-consider their commitment to the group before the next phase of developing the action plan commenced (memo from committee chairperson, May 26, 1992). Little documentation existed regarding committee actions between May and December 1992. A memo attempting to re-group the representatives was distributed in December 1992, yet again, few activities for this committee were recorded past that point or recalled by interview participants.

The two workplace wellness committee members and three senior managers were asked to comment on what they believed were the main factors leading to the dissolution of this committee. Themes emerging from their responses to this question were numerous, indicating the presence of compounding factors which collectively lead to the dissolution of the committee.

Two compounding factors, suggested by both committee members, were a lack of leadership and confusion surrounding the structure of the committee. One committee member stated that

*"...the group had a chair, but it had a lot of people providing leadership to the group. So whether (the chairperson) was strong enough doing what (she) was doing...obviously not for what people were trying to accomplish, but the role hadn't been defined as to what the role of the chair was..."* (WWC1).

This lack of clarity for leadership was considered to have made progress difficult and roles confusing. It was also suggested that many strong personalities on the committee, resulted in several personality conflicts and frustrating committee dynamics. Another committee member suggested that

*"...there was never that teamwork...the dynamics of the committee were such that there was definitely one way...that there was such a line between doers and process people and theorists and everything else on this committee, that we didn't accomplish much, because we couldn't get through all that garbage" (EWC1).*

Another element which may have contributed to the dissolution of the committee was the fact of the Active Living Proposal being turned down at Council. Two committee members and two senior managers believed the committee had been disheartened with the lack of access to resources, when the proposal was tabled, and perceived a lack of commitment from leaders in the municipality towards the initiative. One senior manager believed that the dissolution of the committee was from a

*"...lack of access to resources to put what they wanted into effect, a lack of commitment from the administrator. (It was) this whole question that if anything is done for an employee, it's a perq...it disheartened everybody that was involved" (SM3).*

This concept of lacking support from municipal leaders has been expanded in a later section of this chapter as an issue within the workplace wellness initiative.

Decreased enthusiasm and increasing frustration were other compounding factors, identified by the two committee members interviewed, which made continuation of committee activities futile. The development of the action plan was described as an extremely frustrating process. An interviewee expressed frustration with the committee being divided between action-oriented and process-oriented people. She said there were some members

*"...who wanted to just get on with it, let's get some seminars, let's do some concrete things, then (there were ) other people on the committee who were very process-oriented...they'd go to these meetings and sit around and theorize" (EWC1).*

The progress of the initiative was considered to be inhibited by the tabling of the Active Living Proposal and the committee members' enthusiasm decreased towards the end of their term (EWC1). This enthusiasm was further decreased when the time commitment for the meetings had become unmanageable and certain members of the committee were consistently expressing negative comments regarding the likelihood of success for the initiative (WWC1). A senior manager supported these concepts stating that the rejection of the Active Living Proposal "*..left a bad taste in people's mouths, in terms of their perception of employer support" (SM1).*

### **Employee Wellness Committee (EWC)**

During the period from spring 1993 until the end of 1995, there was no employee-based committee actively pursuing the preventative wellness campaign within the initiative. The rehabilitation committee, described in the following section was in existence; however, it was not focused on wellness activities for the entire employee group. The only wellness activity being actively pursued was the development of the Corporate Wellness Pass, which was taken on by the Director of Parks and Recreation.

At the time of this study, the employee wellness committee had been in existence for approximately seven months, (since November 1995). This committee consisted of four people: one person from the Finance Department, one from Lands and Development, and two representatives from Parks and Recreation. The researcher, who was one of the Parks and Recreation representatives, was the only committee member not based out of the municipal hall.

The employee wellness committee was established as an effort to resurrect the municipal workplace wellness initiative, given that several years had passed since the workplace wellness committee was actively engaged in promoting wellness activities amongst the employees. This committee began as a small group which was focused on the municipal hall as an attempt to start with small, manageable efforts. One senior manager described this orientation as a "*...trend that is now developing, a very grass roots (approach), focused on employees, opportunities and awareness...*" (SM1). Shortly after the data collection had been completed for this study, the employee wellness committee had begun to expand and collaborate with the rehabilitation committee to expand its focus (Minutes from joint committee meeting, September 4, 1996).

**Purpose of the Committee.** Determination of the purpose of the employee wellness committee was essential to understand the current structure and important components of the initiative during the later years. The three employee wellness committee members identified the purpose of the committee as an acting "*catalyst for change*" (EWC3), or a "*catalytic bug*" (EWC1), with respect to the activity levels and healthy lifestyles of the municipal employees. As part of this catalytic role, the committee had been committed to organizing programs which provide education and increased awareness regarding the "*...importance of adopting a healthy lifestyle and making healthy choices...*"(EWC1). One senior manager believed the intent of this committee has been to use a "*broad-based approach*" (SM1) which will

*"...hopefully have greater success at reaching people who are just in a pre-contemplation or contemplation stage... as opposed to simply providing greater opportunities for those who are already active... It's reaching the sedentary or the inactive, or those who are just thinking about becoming active" (SM1).*

This concept was supported by one of the employee wellness committee members who stated that

*"...it was virtually a consensus that we had to start small to try to get people who don't do anything in. You can't say 'let's go run a marathon', you've got to start to get them active on a very limited basis, and let them see the improvements within themselves...that's the tough job, getting people started on a program" (EWC2).*

**Role of the Committee.** Again, for insight into the structural perspective of the committee, the interviewees were asked about the role of the committee within the initiative. From the responses of three employee wellness committee members, the predominant theme was a perceived lack of awareness of the committee among employees and what the committee's role had been up until that point. While one employee had never heard of the committee or the wellness initiative (EMP2), another employee said she was aware of the committee, but was *"...not sure exactly what they do"* (EMP3). The other interviewees believed the committee had had a low profile in the municipality for its first six months, however, behind the scenes they had been working hard to provide programs, such as the walking groups, bulletin boards, lunchtime seminars, and the newsletter, which were programs the employees at the municipal hall were familiar with. One employee wellness committee member suggested that

*"...they might know there is a committee, only because we had those surveys and things come around, or we've got the newsletter or the odd information session, but I don't think they really know who is on it...it's not something that is really talked about" (EWC3).*

This notion of employee awareness of the initiative, at the municipal hall, was supported from the responses to the employee awareness survey. When asked if they had been exposed to health and wellness information at the workplace in the previous week, more of the respondents said 'yes' after the employee wellness committee had been implementing wellness programs for five months, than in the baseline measure of the survey. The results of the survey have been highlighted in more detail in the employee awareness section, further on in this chapter.

While employee awareness of the initiative was considered an important role of the committee, the interviewees identified another theme, which was the important link between the employee wellness and the rehabilitation committees (EWC1,2,3; SM1, SM3). The role they saw the employee wellness committee sustaining, was one of preventive health and contributing to the changing lifestyles of municipal employees. One committee member referred to it as promoting "*...wellness in the municipality by example, by providing learning, practical opportunities and, ... (to) create a win-win situation between the employees and the municipality*" (EWC2).

#### **Utilization of the Strengths, Skills and Talents of the Committee Members.**

As with the workplace wellness committee it was important to identify ways in which the strengths, skills and talents of the employee wellness committee members have been utilized, to gain insight into the human resource perspective of the organization. The predominant theme, from the responses of all three committee members, which emerged regarding the representatives on this committee was that they all were believed to be role models for the employees in terms of healthy, active lifestyles. A committee member stated that "*...most of the people on the committee do have an active lifestyle and are interested in promoting that*" (EWC2).

The manner in which the strengths and skills of each member were utilized was described as each member being asked to take on roles with which they were able to provide resources for. This included organizational tasks, such as publicity within the

municipality, resources for the bulletin board, or having access to the input of other employees as a result of their position (EWC1,2). Each member was seen as having expertise or knowledge in various areas of the municipality as well as fitness, health or wellness. This variety of knowledge provided a broad base from which roundtable discussions proceeded (EWC2).

### **Structure and Goal-Setting Process for the Employee Wellness Committee.**

Given the frustrations expressed by the workplace wellness committee members regarding the leadership structure and process for goal setting within their committee, it was essential to determine if the current employee wellness committee was organized under the same format. The main theme, evident from interviews with the three committee members, regarding structure and goal-setting, was that the employee wellness committee has maintained a grass-roots approach as originally planned (SM1), with less formality than the previous workplace wellness committee (EWC1). This informality was identified as a strength by two committee members, highlighting how the loosely-structured organization of the meetings and committee actions has produced less friction and power struggles within the committee. One member described the committee structure as

*"...mellow, not to the point of not getting anything done, but it's the easy-going atmosphere that makes it work that way. It's not like we're pushing against each other to make the most impression...it isn't that way, and that's our rapport...that's a strength, in how we work together" (EWC3).*

The goal setting for this committee was described by one committee member as a "roundtable discussion" (EWC2). The suggestions and concerns were addressed informally until a consensus was achieved. The process was described as "...just talking to one another, saying 'what would you like to see?'...and getting (information) back from people you've talked to...it's casual" (EWC3).

All three interview participants mentioned the lack of financial resources as a factor which affected the committee's goal selection. One member described their resources as a "*zero budget*" (EWC3), available to this committee, which forced them to pursue activities which do not require any type of funding, for example, using volunteers. An interviewee stated that the employee wellness committee is small and realistic, and because they have no money, they do what they "*...can do with resources...free resources and educational awareness is the focus*" (EWC1).

### **Rehabilitation Committee**

The rehabilitation committee was identified, by six interview participants, as a key component of the municipal workplace wellness initiative. This committee was developed as a joint committee, with representation from the municipal employer and the union, to work with disabled employees as part of the employee assistance program. The committee, however, at the time this study was conducted, wanted to take a more pro-active approach with employee wellness. One senior manager stated that "*...there are a number of things that I sense that (the committee) are able to do rehabilitation-wise that are proactive*" (SM3). This was in contrast to being reactive: which involves waiting until an employee gets hurt before any intervention begins.

The rehabilitation committee was considered to be a significant component of the overall initiative, by three committee members and three senior managers. They described one goal of the municipality as linking the employee wellness and rehabilitation committees for combined pro-active efforts in the fall of 1996. This process was regarded as an attempt to have the two groups work together to promote wellness, and pinpoint the sedentary population of employees to target them for prevention (SM1, SM3, Memo from rehabilitation committee to employee wellness committee, June 5, 1996). Shortly after completion of the data collection for this study, the rehabilitation and employee wellness committees formed a combined sub-committee

to work on a corporate strategy for the municipal workplace wellness initiative (Minutes from combined meeting of EWC and Rehab Committees, September 1996).

### **Corporate Wellness Committee**

The corporate wellness committee was an employee-based committee developed through the Parks and Recreation Department to promote and coordinate the sale of Corporate Wellness Passes. It was established in November 1995 (Minutes from CWC meeting, November 1995). The responses obtained in interviews with members of this committee were significant in that the Corporate Wellness Pass Program has been a key component of the initiative for municipal employees.

One concept evident from the interviews with two corporate committee members, regarding the connection between their committee and the municipal workplace wellness initiative was that the work of this committee and the direction of the municipal initiative have been "*...running on two different, but parallel tracks*" (CWC2). With this picture in mind, the interviewees believed the role of the committee was peripheral, with no direct relationship to the municipal initiative.

An additional element affecting the paths of the Corporate Wellness Pass Program and the overall initiative has been the perceived lack of administrative support for the activities of the municipal initiative. One member mentioned that the municipal initiative for its own employees has not been "*...embraced at the same level as (the corporate wellness pass has been)...with the rest of the community...*" (CWC2). For this reason, it was believed that the municipal initiative has made less progress than the promotional efforts of the corporate wellness committee.

### **Key Outcomes or Results of the MWWI**

Given that municipal workplace wellness initiative had been in existence for five years, with many different events, people and committees involved, and types of

programs offered over this time period, it was considered important to determine the outcomes and results in order to describe the evolution of the initiative. All interview participants were asked to respond to what they believed were the key outcomes or results of the initiative during the first five years. Several themes were apparent from the conversations on this topic.

The theme most evident from the interview responses of all the interview groups was the low participation experienced with the programs offered over the first five years of the initiative. This concern was expressed by eight interview participants (MC1,2; EMP1,2,3; EWC2, CWC2). One employee stated that he believed the employees were aware of events happening, through sources such as the newsletter, bulletin board and posters, however the lack of participation indicates the initiative has not been *"...functional...and that's not good enough...there are lots of people who are doing other things, but I am quite honestly disappointed in the participation of our employees in that type of program"* (EMP1).

The participation rates for the programs offered in 1996 under the organization of the employee wellness committee were observed by the researcher as extremely low. The lunchtime walking groups ranged from zero to five participants over the six months it was in place, which was considered disappointing, by the committee, for a municipal hall which employs approximately 150 people. The lunchtime seminars did not fare much better than the walking groups with participation ranging from zero to nine participants for the five monthly seminars offered (Researcher field notes, Jan-May, 1996).

Table 3.0 has been provided to give the reader an idea of the low participation rates experienced in the wellness programs offered for municipal employees. All programs, except for the Corporate Wellness Pass, were offered in the last six months of the time period covered in this case study, and were targeted primarily at municipal hall employees, although other employees were welcome to participate if interested.

Table 3.0

## Participation Rates for Municipal Workplace Wellness Programs.

Wellness Program	# Eligible Employees <sup>a</sup>	# Participants
Lunchtime Walking Group	approx. 150+	1-5 / day (total for both sessions)
Lunchtime Seminars (5)	approx. 150+	2-9 per session
Corporate Wellness Pass	approx. 1000	11 (in 18 months)

<sup>a</sup>Eligible employees referred to the number of employees in the area the program was targeted at in the municipality. There were 150 employees at the municipal hall, however, other departments such as police and fire were located beside the hall, which increased the number of potential participants.

Despite low participation rates within the initiative, four interview participants, including two senior managers, one employee and one employee wellness committee member, believed there was an increase in awareness regarding the importance of workplace health and wellness issues. One manager stated that there had not been any real outcomes or results which were noticeable. This person did, however, mention that the observable work within the initiative "*...in the past year (had) been the lunch hour seminars and the encouragement of staff to get out and walk at noon*" (SM2). Another person mentioned increased employee awareness of the wellness newsletter, bulletin board and the success of Environment Week, held in June 1996 (EWC1). The increased awareness of the program was supported by the employee awareness survey which indicated that more respondents had been exposed to workplace health and wellness information and had attended a health and wellness workshop after the employee wellness committee had implemented its programs for five months.

The needs assessment survey was identified as another key outcome of the initiative by four interview participants, all members of employee committees (EWC1,3; CWC2, WWC1). Of the issues surrounding this survey, only one person believed the

survey had some positive implications for the municipality. This committee member suggested the survey may have been useful in creating awareness about individual lifestyle behaviours. She believed the strength of the survey was that "*...anyone who was completing the inventory had an opportunity to take a look at their own lifestyle*" (WWC1). This interviewee also believed that if someone was to take the workplace profile, developed from the results of the survey, off the shelf today, that the information would still be useful, as the issues would probably still be the same (WWC1).

The issue of concern from the other three committee members, who regarded the survey from a negative perspective, was that no action plan was developed from the results. They mentioned that employees get frustrated with lack of feedback, information or change resulting from surveys to which they have responded. One corporate wellness committee member when describing the initial stages of the workplace wellness initiative said it "*...came out great guns*" with the survey "*...and people had some great expectations*" (CWC2), only to see nothing come of it. This concept was supported by the two employee wellness committee members (EWC1,3).

Frustration with the initiative was a theme which emerged from the discussion of the workplace wellness committee, and was considered a negative outcome by two workplace wellness committee members and two senior managers. All of these interviewees believed that the workplace wellness committee became disheartened with seeing a lack of support from council for their first concrete initiative. The two committee members referred to the committee dynamics as frustrating, as well as the time commitment and lack of progress with developing the action plan. This frustration of committee members was observed by the researcher as well. During the process of requesting participation in interviews from the various municipal groups, she received a letter from one workplace wellness committee member highlighting her frustrations with the experience of being on the workplace wellness committee. She ended the letter by declining the interview, stating that she had

*"...put alot of time and energy into this project with the understanding that if (the committee) brought some good ideas forward, there would be some type of outcome towards Corporate Wellness through the Municipality. As you can see it is six years later, and things have not changed much...Corporate Wellness is definitely needed within the Municipality...But as I said, I was very disappointed!"* (Letter from WWC member, June 21, 1996).

One final outcome, which was referred to as a positive result of the initiative, despite observed ambivalence with the interviewees, was the establishment of the Corporate Wellness Pass. Although the process of securing approval for the pass was frustrating for some people involved (SM1, EMP1, WWC1, EWC1,2), several people had contrasting views when looking at the issue through another paradigm. They saw the positive implications as the recognition of municipal employees as equal to the general public in terms of accessibility to the corporate pass discount for the recreation centres. One committee member, when learning that municipal employees had access to the pass exclaimed, *"well, if that is the case, then they've finally recognized that employee health is somewhat important!"* (WWC1). A senior manager also commented on this decision from council. He stated that council had

*"...reaffirmed that, yes, (municipal) employees would be eligible for that as all others were, that they would be treated on the same basis...so (the municipality is) at the basis now that (municipal) employees are eligible for that the same discount as other employee groups out there"* (SM1).

### **Allocation Of Resources Within The Municipal Workplace Wellness Initiative**

The allocation of resources, in the form of money, time, and supplies, has been identified as a key determinant of political trends within an organization (Bolman & Deal, 1991). For this reason, the interview participants, not including the councillors, were questioned about how the resources had been allocated within the municipal workplace wellness initiative. Two concepts were evident from the discussions regarding resources: the lack of budget for the employee wellness committee in comparison with

the ample budget for the rehabilitation committee, and departmental absorption of costs associated with employee time to attend meetings.

From the interview responses with three employee wellness committee members and one senior manager, it was evident that the committee had "*...no money put aside for (it), so it is pretty hard to get things going when you don't have a budget*" (EWC3). The Parks and Recreation Department was providing supplies for the bulletin board, newsletter, and lunchtime seminars, however the employee wellness committee had to operate under the assumption of a zero budget since they established the committee in November 1995. The rehabilitation committee, in contrast, had been allocated a substantial amount of money, over which they had authority to utilize for their programs (SM3). One senior manager, when asked how resources had been allocated within the initiative said "*I'm not sure, but my sense of it is not very well, and not very supportive. Certainly my sense of it is that wellness doesn't have as many resources dedicated to it as rehabilitation does*" (SM3).

During the data collection time period, the employee wellness and the rehabilitation committees were in the process of planning a meeting for September 1996. The intent of this meeting was to coordinate efforts to promote wellness as a preventative measure. One of the goals of the employee wellness committee was to secure some resources from the rehabilitation budget to fund future wellness programs. An employee wellness committee member stated that the rehabilitation committee had "*...lots of money, so maybe if (the employee wellness committee) could sort of get in on it*" (EWC3) it would help them to offer different types of programs they would not otherwise be able to offer (SM3). The types of preventative programs the committee was interested in offering, yet could not provide due to lack of financial resources were lifestyle counselling and fitness assessments, with the target group being inactive employees (Minutes from joint meeting of Rehabilitation and EWC, September 4, 1996). At the time these results were being written, the two committees had met and developed a sub-

committee dedicated to developing a corporate wellness strategy to present to council (Memorandum from Personnel Department, November 12, 1996).

The second theme pertaining to the allocation of resources was that the costs associated with employee time for wellness meetings were absorbed by individual departments within the municipality. Employees who represented their department on the various committees were paid for their time to attend meetings or to complete tasks, with their respective departments taking up the costs associated with that lost time (EWC1,2,3; WWC1). For the employee wellness committee, the time allocation was approximately two hours per month, which corresponds to approximately 50 dollars for an employee in a middle management position paid at 25 dollars per hour (CUPE pay scale, 1996).

### **Distribution of Power Within the Municipal Workplace Wellness Initiative**

Power, was described to the interview participants as the ability to exert influence over people, procedures, and decisions. It has been linked to the allocation of resources within an organization (Bolman & Deal, 1991), and therefore provided insight into the political characteristics of the municipal workplace wellness initiative. The question about the distribution of power within the initiative was asked to the employee wellness and workplace wellness committee groups as well as the senior managers.

A consensus appeared among the interviewees, including one senior manager, two employee wellness and one workplace wellness committee member, that the distribution of power within the initiative had been "*top-heavy*"(EWC2). The council was seen as having the most power over decision-making and allocation of resources, however, senior managers were seen by one employee committee member as having the power as well (EWC3). This interviewee stated that "*...senior management, if they really wanted to get going on something, it would fly*" (EWC3). The other two senior managers had different perspectives of the power distribution. One person attributed the most

power to the employees, stating that "...power is distributed through the employees...an employee-driven kind of exercise" (SM2). The other senior manager commented on the uneven distribution of power between the rehabilitation committee and the employee wellness committee, referencing the allocation of resources as a possible explanation for the difference (SM3).

From a historical perspective, when the workplace wellness committee was organizing its activities, committee members believed there was some power within the committee. One interviewee suggested that there was

*"...power within our committee, but again there was nobody to report to take the initiatives out...personnel wasn't really there to listen (and) there was no management person sitting with us to say 'yeah, you can move ahead on this'...other than at one point there was (the Director of Parks and Recreation) who was involved with the initiative with access to the facilities" (WWC1).*

This same interview participant described the committee's situation as being given the responsibility for organizing employee wellness efforts, without any authority to take the initiatives forward (WWC1). Figure 3.0 has been provided as a visual layout of the distribution of power and hierarchy of decision-making within the municipal initiative.



Figure 3.0 Power and Hierarchy of Decision-making Within Municipal Workplace Wellness Initiative

### **Message Sent Back To Employees After Council Decisions On Employee Discount**

When viewing the events which transpired over five years, varying perceptions were evident, depending on the information received and the position of each person. This phenomenon has been related to the symbolism which occurs within an initiative (Bolman and Deal, 1991). The celebrations, acknowledgement, emphasis and actions surrounding an issue have been thought to represent symbols within an organization.

When the Active Living Pass Proposal was tabled by council, there were no formal recommendations or explanations given as a response to the efforts put forth by the employee committees. As an effort to look at the symbolism associated with this event, all interview participants were asked to comment on what message they believed was relayed to the employees after the council had made its decision to table the proposal.

The predominant theme which emerged regarding employee perception of the council decision, was that tabling the proposal sent a negative message to the employees indicating that "*...it wasn't enough of a concern to them*" (SM3). This interpretation was supported by one employee, one senior manager and one employee wellness committee member. One interviewee stated that the impression given to the employees, from the decisions council made, was that the councillors valued politics and concern for the public eye as the highest priority, moreso than the health and wellness of municipal employees (EWC2). This person stated that it appears that

*"...from their decisions...that if you put that in front of them and said 'is the value of this employee's health and welfare more important to you than this person's vote?'...they would probably deny that they do that, but ...as you go back through here I don't think you can find a whole lot of support for health and wellness...I'm not saying that it is a conscious effort on their part, but when you review the decisions that they've made, I think it would be very biased towards the public" (EWC2).*

## Values Reflected Within The Municipal Workplace Wellness Initiative

The reflection on the symbolism associated with certain events in the municipality led to a discussion of predominant values evident in the workplace wellness initiative. Participants were asked in their interviews to comment on what they believed were the values reflected within the initiative. The feedback from the interviews was unanimous in that the participants found this question the hardest to answer, given its ambiguity. While values such as a positive culture and management caring for the employees were identified, there still were some aspects of the initiative which prompted interviewees to express contrasting perceptions. With this in mind, it was perceived that the values, while reflected within the initiative, were not always consistent and in some cases represented a paradox.

One value identified by three participants, including two senior managers and one employee wellness committee member, was the positive organizational culture existing in this municipality. One manager stated that the municipality has

*"...a very positive culture, (and) from an organizational standpoint...the employee wellness program reinforces that culture (and) ...I think among people that there is some level of feeling or concern for the individual and ...the employee wellness initiative reinforces that feeling that there is support or concern for the individual" (SM1).*

Another theme which emerged from five of the interviews, including all three senior managers and two members from the employee wellness committee, was that the municipality values its employees, however, there was a differentiation between the levels of administration at which this occurs. The committee members believed the municipal administration and managers care about the employees, and view them as assets of the organization. One employee wellness committee member stated that the municipality is "*...not to that point...where we're not people...we're not there...(municipal administrators) really care about their employees*" (EWC3). The council, however, was perceived to have a different set of values, such as avoiding negativity in the public eye,

as its priorities (EWC1,2; SM3). A senior manager, when emphasizing the positive culture in the municipality, commented that when

*"...you have an organization that has all of those values to it, that is caring, that is compassionate, that believes in promoting its people, wellness simply becomes a part of that.... The unfortunate thing is that we haven't been able to convince our municipal council to share the concept that wellness is another road...one extra step to prevention" (SM3).*

Aside from a humanitarian motivation, two municipal councillors, one senior manager and one employee wellness committee member, believed the municipality valued the health of its employees for additional reasons. These incentives for the municipality were related to productivity, reduced health care costs, enhanced employee morale, and maintaining positive employee relations (MC1,2; SM2, EWC2). One councillor stated that he supported the wellness initiative because the municipality "*...has a good reputation of how it deals with its employees, better labour relations, good personnel relations, and this is part of that mix. It helps not only in healthier employees, but a healthier labour climate" (MC1).* Another councillor suggested that from the perspective of the municipality, "*...the selfish side of it (is) if you are going to have to pay them when they're not available to work, you want to make sure that you keep them available to work as best as you can" (MC2).*

### **Support From The Leaders In The Municipality**

An issue mentioned continuously in the interviews as a problem within the initiative, was the lack of management support for the programs and efforts of the employee committees. This concern was expressed by two employees, and all the committee members. Questions were directed towards eliciting a perspective on this issue as it has been linked to the concept of employee empowerment, symbolism within organizations, and structural implications within an organization (Bolman & Deal, 1991).

The first instance of lack of support was experienced during the administration of the survey by the workplace wellness committee. The committee members stated that no formal response was given to the committee, from the leaders of the municipality, regarding the results or the effort put into its organization. One participant mentioned that management never asked for any kind of report from the process, and "*...there was no expectation or accountability...*" (EWC1).

The tabling of the Active Living Pass Proposal was an additional area where management, more specifically the council, were not considered to be supportive of the municipal workplace wellness initiative. Momentum was suggested as coming from the top, and the employees believed that when council is not supportive of an initiative or a program, then it puts a damper on the people's enthusiasm (CWC1, EMP1). One interviewee mentioned that when council is not supportive of an initiative,

*"...then why would the rest of the employees be?...It really does come from the top...(the Council) are people that employees kind of look up to or at least respect their opinions, and if they're in support of initiatives, ...that really helps...them not really supporting it really put a damper on it"* (CWC1).

### **Current Programs / Activities Being Promoted Within the MWWI**

As a measure of awareness of the current programs within the initiative by the interviewees, the participants were asked what current programs and activities were being promoted within the municipal workplace wellness initiative. The perception of '*current*' was influenced by the timing of the interviews which took place between June and July 1996, approximately six months after the commencement of programs by the employee wellness committee.

In their discussion on current programs being promoted within the initiative, the interview participants tended to provide two types of responses: a list of current programs, and perceptions of obstacles encountered. The list of current programs

included the lunchtime walking group, the annual Mayor's Walk, the wellness newsletter, lunchroom bulletin board at the municipal hall, lunchtime seminars, and the renovations to add shower facilities to the annex building at the municipal hall (EMP1,3; EWC1,2,3). Despite the emphasis placed on the process of establishing the Corporate Wellness Pass, only two people mentioned it as a current program being promoted throughout the initiative (EWC2, EMP1). Six interview participants (EWC1,2,3; EMP1,2,3) highlighted the difficulty associated with motivating employees to participate as the largest obstacle the committees have been faced with.

### **Employee Awareness Survey**

A Chi Square analysis, using contingency tables, was used to analyze the data from the employee awareness survey. The classification variables were answers 'yes' or 'no' for each survey question answered before and after the employee wellness committee had implemented any workplace wellness programs. The first administration of the survey was in December 1995, when the employee wellness committee was being coordinated, and no programs were being implemented, except for the Corporate Wellness Pass, through the recreation centres. This initial survey received a response rate of 71.3 %. Follow-up administration of the survey was in May 1996, five months after the employee wellness committee begun implementing lunchtime seminars and walking groups, bulletin board displays, and the wellness newsletter. The response rate for the follow-up survey was 55.3%.

The following null hypothesis was used for each question in the employee awareness survey:

**H<sub>0</sub>**: the employee responses to the survey questions were independent of whether the respondents filled out the survey before or after the implementation of the wellness programs by the employee wellness committee.

A table has been provided with the results for each question in the survey. The number of respondents who answered 'yes' during the baseline administration of the survey has been included, as well as the total people who answered 'yes' during the follow-up survey. The same format has been used for 'no' answers.

**Question 1: Have you ever purchased a (municipal) Corporate Wellness Pass?**

Table 4.0 Responses to Question 1 of Employee Awareness Survey

	<b>before</b>	<b>after</b>	<b>total</b>
<b>yes</b>	6	3	9
<b>no</b>	101	80	181
<b>total</b>	107	83	N=190

With one degree of freedom, the Chi Square value  $\chi^2 = 0.39$  ( $p < 0.05$ ), did not exceed the critical value of 3.84. The null hypothesis was therefore not rejected, meaning that the number of respondents who had purchased Corporate Wellness Passes was independent of whether they were asked before or after the employee wellness committee had implemented the wellness programs over those five months.

**Question 2: Have you attended a program or used the facilities at any one of the (municipal) recreation centres in the past month?**

Table 5.0 Responses to Question 2 of Employee Awareness Survey

	<b>before</b>	<b>after</b>	<b>total</b>
<b>yes</b>	34	26	60
<b>no</b>	72	57	129
<b>total</b>	106	83	N=189

The result of the Chi Square analysis indicated  $\chi^2 = 0.05$  ( $p < 0.05$ ) for question two. This value did not exceed the critical value of 3.84, therefore  $H_0$  was not rejected. This indicated that the number of respondents who had attended a program at one of the

municipal recreation centres during the previous month was independent of whether they were asked before or after the employee wellness committee had implemented the wellness programs over those five months.

**Question 3: In the past week, have you been exposed to any educational material on health and wellness at the workplace? (For example: pamphlets, books, magazine articles, bulletin board articles, attended a health / wellness workshop)**

Table 6.0 Responses to Question 3 of Employee Awareness Survey

	<b>before</b>	<b>after</b>	<b>total</b>
<b>yes</b>	15	53	68
<b>no</b>	92	29	121
<b>total</b>	107	82	N=189

The Chi Square value for question three was  $\chi^2 = 42.76$  ( $p < 0.05$ ) which exceeded the critical value of 3.84. The  $H_0$  was therefore rejected, indicating that the number of respondents who had been exposed to material on health and wellness during the previous week, at the workplace, was dependent on whether they were asked before or after the employee wellness committee had implemented the wellness programs over those five months. In this case, more of the respondents had been exposed to this type of material after the employee wellness committee had implemented some wellness programs, than before.

**Question 4: Have you attended any health and wellness seminars in the past month?**

Table 7.0 Responses to Question 4 of Employee Awareness Survey

	<b>before</b>	<b>after</b>	<b>total</b>
<b>yes</b>	4	15	19
<b>no</b>	103	68	171
<b>total</b>	107	83	N=190

The Chi Square value for question four was  $\chi^2 = 10.78$  ( $p < 0.05$ ) which exceeded the critical value of 3.84. With the null hypothesis rejected, the number of respondents who had attended a health and wellness workshop during the previous month was dependent on whether they were asked before or after the employee wellness committee had implemented the wellness programs over those five months. In this case, more of the respondents had attended this type of workshop after the employee wellness committee had implemented some wellness programs, than before.

**Question 5: Have you had your blood pressure taken in the past 4 months?**

Table 8.0 Responses to Question 5 of Employee Awareness Survey

	<b>before</b>	<b>after</b>	<b>total</b>
<b>yes</b>	35	33	68
<b>no</b>	72	49	121
<b>total</b>	107	82	N=189

Question five, with a Chi Square value of  $\chi^2 = 1.15$  ( $p < 0.05$ ) did not exceed the critical value of 3.84. The null hypothesis was not rejected, meaning that the number of respondents who had had their blood pressure measured during the previous four months was independent of whether they were asked before or after the employee wellness committee had implemented the wellness programs over those five months.

**Question 6: Have you participated in any lunchtime exercise out of the Hall in the past month?**

Table 9.0 Responses to Question 6 of Employee Awareness Survey

	<b>before</b>	<b>after</b>	<b>total</b>
<b>yes</b>	15	18	33
<b>no</b>	92	65	157
<b>total</b>	107	83	N=190

The final question had a Chi Square value of  $\chi^2 = 1.91$  ( $p < 0.05$ ) which did not exceed the critical value of 3.84. The null hypothesis was therefore not rejected, meaning that the number of respondents who had engaged in lunchtime exercise out of the municipal hall during the previous month was independent of whether they were asked before or after the employee wellness committee had implemented the wellness programs over those five months.

## CHAPTER SIX

### DISCUSSION

In the previous chapter, the municipal workplace wellness initiative was described in terms of actual events which took place over the five year period, participant impressions of those events, and issues which were encountered as part of the organizational process. This chapter outlines for the reader, the dominant frames, or lenses, which have been identified for each component of the municipal workplace wellness initiative. Each of these components has been viewed through several lenses, whether from a structural, political, human resource, or symbolic standpoint, depending on the number of frames identified. In some cases, an issue has been dominated by one frame and therefore has been described in reference to a singular perspective.

Table 10.0 has been provided to refresh the reader's knowledge of the differences between the four organizational frames outlined by Bolman and Deal (1991).

Table 10.0

#### Characteristics of Bolman and Deal's (1991) Organizational Frames

<b>Organizational Frame</b>	<b>Key Characteristics</b>
Structural	focus on roles, policies, procedures, standardization emphasis on achieving organizational goals organizational problems arise from faulty structure faith in formal hierarchy and chain of command
Human Resource	focus on meeting the needs of the employees view of employees as important resource interdependence between people and organizations incorporates employee input in decision-making
Political	conflict is normal and essential in an organization organizations consist of coalitions of people decisions affected by allocation of scarce resources power is central force driving organizations
Symbolic	meaning is the important characteristic of an event meaning of events are different for each person significance of events are related to what they mean symbols reflect an organization's culture and values

The analysis for this study has focused on the same sub-divisions as were outlined previously: the evolution of the initiative, involvement in the Healthy Workplace Project, outcomes over the past five years, and employee awareness of the initiative. Other issues which influenced the evolution have also been discussed, such as committee goal-setting processes, support from municipal leaders and values evident within the initiative.

## **Evolution of the Municipal Workplace Wellness Initiative**

### **Purpose of the Municipal Workplace Wellness Initiative**

Defining the purpose of an initiative has been emphasized as an essential link to the direction it will take within an organization. Bartlett & Ghoshal (1994) stated that employees need to know what they are aiming for in their work and what an initiative stands for. With this in mind, it was essential to determine what the interview groups perceived were the purposes of the initiative.

The three purposes of the municipal workplace wellness initiative were identified as first, the encouragement of healthy lifestyles among employees through increased awareness and education, second, decreasing health care costs, and third, maintaining positive labour relations. Each of these purposes has been discussed according to the frame being used to view the initiative.

#### **Encouragement of Healthy Lifestyles Through Awareness and Education.**

Many descriptions of workplace health promotion programs have included increasing employee awareness of health and the encouragement of healthy lifestyles as important components (Cangelosi & Markham, 1994; Gebhardt & Crump, 1990). The employees from this municipality also highlighted these issues as important aspects of a modern health promotion initiative. One employee wellness committee member referred to this concept as a "*win-win*" situation between the municipality and its employees (EWC2). The promotion of healthy lifestyles, and incorporating more activity into the lives of the

employees was described as inevitably establishing "...a healthier workforce to create a happier environment, to promote active living..." (EWC2). This was believed to have a positive impact on the employees in that "...their lifestyle and health will improve, which can do nothing but improve their work situation here" (EWC2). It was also believed to benefit the municipality through the creation of a better work environment and financial savings with reduced health care costs and increased productivity (EWC2, EMP1).

This notion of a dual benefit for the municipality and its workers has been associated with the human resource frame of thinking (Bolman & Deal, 1991). It was described as finding a balance between meeting the needs of the employees as well as the needs of the organization, without either group having to make concessions. Craig et al. (1994) stated that happily, in the case of workplace wellness programs, "...what is good for the business is good for the employee" (p.18).

**Decrease Health Care Costs.** As part of the 'win' which benefits the municipality, committee members also stated that reduced health care costs have been known to accompany healthier employees. Herzlinger and Calkins (1986) suggested that organizations should invest in the health of their employees because the cost of illness is extremely high. The reduced costs experienced with workplace wellness programs have been associated with sick leave, medical costs, and absenteeism. Increased productivity and employee morale were also suggested as a benefit the municipality could enjoy. This concept has been supported in the literature on corporate health and wellness programs for over two decades (Pelletier, 1993; Shephard, 1996). Wolfe et al. (1994) suggested that "...if one is concerned about corporate performance, one has to be concerned with employee health" (p.28). Chapman Walsh and Egdahl (1989) supported this concept with the notion of an industry trend towards preventative approaches to health, bringing the goals of health promotion into alignment with company cost containment objectives.

The reduced expenditures represented a component of the 'win-win' concept viewed through two different lenses, from the perspective of the organization's

management. The first lens, as mentioned previously was the human resource frame, where the municipality's needs are met, as well as the employees. The other frame, considering only the benefit to the municipality was the political frame, with the allocation of scarce resources being a prime motive for the decision-makers on council. A wellness initiative with the potential to decrease health care expenditures was seen as a positive step for a public organization under increased scrutiny for its allocation of funds.

**Labour Relations.** The view of labour relations being a purpose of the municipal workplace wellness initiative was related to the assumptions outlined in the symbolic frame. The values portrayed by an organization were described by Bolman and Deal (1991) as being a symbol of what the organization stands for. Bartlett and Ghoshal (1994) stated that when organizations display what they stand for, they typically "... attract and retain employees who identify with their values and become more deeply committed to the organization that embodies them" (p.84). This concept was supported by Wolfe et al. (1994) with the statement that the existence of employee wellness programs at an organization tends to increase the attraction and retention of employees who value this type of program. This quality was seen as contributing to the competitiveness of the organization. For this municipality, a wellness initiative was believed to display the organization's commitment towards improving its employees' health and well-being, although, as discussed in later sections, there has been skepticism about the level of commitment from council.

Another example of how labour relations was linked to the symbolic lens was through the suggestion of a possible '*Hawthorne effect*'. This phenomenon has been referred to as a threat to internal validity for controlled studies as the participants in control groups have been found to change their behaviour simply because they are aware they are being monitored (Shephard, 1992). Thomas and Nelson (1990) described the Hawthorne effect as a reactive behaviour in which "...the subjects' performances change when attention is paid to the subjects" (p.302). The existence of a Hawthorne effect,

indicated by changes in health benefits and increased morale, from workplace wellness programs have shown that employee satisfaction increases simply because management has taken a step towards improving the work environment in the organization, not necessarily as a result of participation in those programs (Shephard, 1996).

In relating the concept of a possible Hawthorne effect to the municipal workplace wellness initiative, it was suggested by one interviewee that the employees may have experienced a sense of commitment from the organization with the introduction of a wellness program. In this particular initiative, however, it was uncertain whether this symbolism was seen in a positive or negative light, given the events which took place with the Active Living Proposal. This proposal, and events surrounding it, have been discussed in much more detail later in this chapter.

### **The Healthy Workplace Project**

Management's intention for municipal involvement in the provincial government project was to provide a concrete task for the workplace wellness committee to work on and to accept resources for the administration of a needs assessment survey (SM1). This rationale for becoming involved with the project was congruent with the provincial government's view of its role. The Healthy Workplace Project was implemented by the Ministry of Health with the intent to provide resources to support the pilot sites and to facilitate the process of developing their long-term wellness initiatives, while observing the process for this action research project (Interview with project coordinator, July 1995). This type of partnership has not been unprecedented in the literature as many workplace wellness efforts have been implemented and observed through partnerships between research agencies and organizations, such as the Canada Life Study (Peepre, 1980; Leatt et al., 1988; Shephard, 1992) and the program at Leclerc Institution, in Laval, Quebec (Jette & Sidney, 1991)

The involvement of the municipality in this type of partnership was believed to have had little influence on the evolution of the municipal workplace wellness initiative. Despite this dominant theme from the senior managers and workplace wellness committee, two people mentioned that the committee structure and survey administration were arranged the way they were as a result of the format for the government project. They also suggested that the project gave the initiative momentum to begin.

It was interesting that the government project was seen to have had so little influence on the initiative, given the negative themes which emerged from interviews with the committee members. Perhaps if the interview question had referred to the influence on the committee, as opposed to the overall initiative, the perception of influence would have been more congruent with the specific examples provided by the participants.

The two topics identified as having influenced the initiative were the needs assessment survey and the leadership provided to the workplace wellness committee. Each of these components of the Healthy Workplace Project has been discussed individually in the following sections.

**Needs Assessment Survey.** The survey was referred to as the most significant outcome of the municipal involvement in the government project and the work of the workplace wellness committee. Discussion surrounding the needs assessment survey related to all four frames. From a human resource perspective, it assessed the issues employees felt were pressing within their work environment, whereas from a structural viewpoint, it was a tool used to establish goals for the committee. Politically, this procedure allowed for an assessment of priorities for allocation of scarce resources. Symbolically, it was an act which represented giving the employees a voice. Employees in this municipality, however, regarded the survey from both positive and negative lights.

The only positive theme which emerged from the interviews was the suggestion that the survey may have influenced the employees by providing an opportunity to reflect

on their own lifestyles simply by completing the questions. One workplace wellness committee member suggested that this reflection may have influenced some people to take more consideration into their own health and well-being. The carry-over effect of wellness programs to non-participant populations has been found to take place in other studies (Shephard, 1996; Wolfe et al., 1994). Despite the lack of participation for employees in control groups, the benefits have been found to carry over simply from the existence of a wellness program in their workplace. Shephard (1996) referred to this concept as a Hawthorne effect. Whether this effect was evident for the municipal employees was uncertain as no measure of this carry-over effect of the survey was done.

The predominant negative outcome of the survey was the lack of a concrete action plan put into place in response to the results obtained from the employees. The survey was administered, the results were distributed, although some people believed the employees were not given enough feedback, and the action plan worked on by the committee was never put into operation.

For municipal employees, the failure to see results from their participation in the survey was interpreted as a lack of commitment from the municipality (EWC3). This perception was reinforced with the tabling of the Active Living Proposal, which was the only program designed to address the issues from the results of the survey.

The human resource and symbolic frames were seen as most prominent for this issue of neglecting to implement changes as a result of the survey. The needs assessment survey was administered to determine what issues were pressing for the employees in this workforce, which can be viewed through the human resource frame. Failure to address those needs, with the lack of a concrete action plan or tabling the proposal, produced a *'no-win'* situation for the employees, which may have been viewed as disempowering. Symbolically, the lack of results from the survey represented municipal lip service to the health and wellness issues in the workplace. Bartlett and Ghoshal (1994) emphasized the importance of sincere actions from an organization out of respect for the employees.

They stated that "(p)eople on the front lines are quick to recognize empty public relations gestures or attempts at manipulation" (p.87). This concept has been identified as a consideration for organizations deciding to implement needs assessment surveys. Craig et al. (1994) revealed that only 25 % of companies from the 1992 National Workplace Survey had based their workplace wellness programs on the results of a needs assessment tool. With the frustration experienced by the employees in this municipality, it seems essential that recognition be given to the results of a needs assessment and that genuine attempts be made to implement changes towards meeting those needs, as a demonstration of commitment.

While the survey, from the perspective of the workplace wellness committee and municipal management, was a genuine attempt at determining the needs of the employees, and using the corporate wellness model to develop a quality wellness program, it was apparent from the varying viewpoints that people saw the outcome of the survey through different lenses. This has been identified as an important point for organizations developing wellness initiatives. What may be interpreted by organizers as poor structural implementation of the action plan, may be perceived by employees, who are not aware of the committee actions, as a lack of commitment from the municipality towards making changes from the information obtained from the needs assessment.

The political frame was evident in the second negative outcome of the survey. There were doubts by the members of the workplace wellness committee as to the accuracy of the survey results. This concern stemmed from the police and fire departments who admitted that their employees may have not completed the survey honestly out of fear for the confidentiality of the survey results. The political influence of this perception was identified as the fear of individuals, or individual departments, being recognized through the results of the survey. With this recognition, was a lack of trust for what purpose the results would be used.

Anspaugh et al. (1996) addressed this notion of employees lacking trust in the intentions of a wellness program. Confidentiality concerns were described as often alleviated with the use of a third party provider who can do assessments and implement programs, without compromising the anonymity of participants. The use of a third party provider, while it has been incorporated in many programs was portrayed negatively by one of the employee interview participants in this study. This person believed that although the theory of using outside expertise seemed solid, the consultants cannot fully understand the culture and environment in the workplace as well as the employees can (EMP3).

Viewing this situation under the political frame, it was apparent that people interpreted the situation differently, which is congruent with the assumptions of this frame. Heimovics et al. (1993) believed that from a political viewpoint, coalitions of people, whether from a fire department, police department, or other type of interest group will do their best to influence organizational events. Symbolically, this lack of trust was believed to represent an incongruency with the stated and perceived values within the municipality.

**Leadership.** The leadership provided to the workplace wellness committee, from the consultants of the Healthy Workplace Project, was identified as another area of concern regarding the initiative. The project facilitators, or consultants, were assigned to each pilot site and instructed to help the committees understand what was happening within their initiatives, and why. Their role was also to help the committee members identify solutions to overcome the obstacles they encountered, recognizing that "...politics, priorities, and the normal activities and biases of the people who work in companies and organizations frequently become barriers and obstacles to implementing Healthy Workplace programs and activities." (Healthy Workplace Update, 1994, p.12).

While this facilitation role was being provided to the committee, it was perceived by the committee members as less a role of facilitation and more one of leadership. One

member believed that the committee was being led through the processes of implementing a workplace wellness initiative, by the consultant, rather than being trained to create the initiative themselves (WWC1). The other problem associated with leadership for the committee was the lack of clarity given to the chairperson regarding her role on the committee. Bolman and Deal (1991) stated that "...(a) common problem in organizations is that people do not fully understand what they are supposed to do" (p.82). This type of confusion was evident from the perspective of the chairperson as well as other committee members.

The structural and human resource frames were linked to this concept of leadership within the committee. The structure of the committee was laid out by the coordinators of the Healthy Workplace Project. The format was described by Bolman and Deal (1991) as lateral coordination, where representatives from different areas are brought together to work on a project. They suggested that while this format tends to be less formal than a vertical, or top-down approach, it also needs to be more flexible to meet the needs of the committee members. The human resource frame, with less emphasis on structure has still recognized the importance of finding some structural arrangement which meets the needs of the people in the organization (Bensimon, 1990, 1989). It appeared from the comments on leadership within the workplace wellness committee that the structural arrangement did not meet the needs of the committee members.

Examples of this mismatch between the structural arrangement of the committee and the needs of its members were provided in the interviews with the workplace wellness committee members. The most pressing issue was the existence of a facilitator who the members perceived was the leader of the group. When the consultant was unable to attend meetings, the group was unable to move forward through their objectives (WWC1).

A second example of an inflexible structure not meeting the needs of the group was the process involved in developing the action plan. The project format included working through the steps of the Corporate Health Model, such as establishing a frame of reference for what the committee believed their role was. Many committee members wanted to bypass this process in favour of putting more tangible programs into place (EWC1). Whether this mismatch was the result of an inflexible structure or inappropriate selection of committee members remains in question. It may have involved a lack of education on the rationale for working through the process as well. Nevertheless, it represented a structural arrangement which did not meet the needs of the members of the group. The concept of working through process versus putting programs into immediate action has been discussed further on in this chapter under the heading of goal-setting for the committees.

### **Active Living Pass Proposal**

The request for an employee discount to the recreation centres was an action, agreed upon by all members of the workplace wellness committee, intended to benefit all departments in the municipality (WWC1). This recommendation was supported by the results of the needs assessment survey indicating that 43.1 % of respondents believed their employer could help them increase their activity by providing a subsidy to off-site exercise facilities (Workplace Health Profile, 1992). The lack of support experienced at the council level for this proposal, was perceived as a lack of regard for the needs of the employees. This perception was believed to correspond to human resource and political frame issues.

Bolman and Deal (1991) outlined two underlying assumptions of the human resource frame which apply to the circumstances of the Active Living Proposal. The first assumption was that the primary purpose of an organization is to serve human needs. The tabling of the Active Living Proposal clearly did not serve this expressed need of the

employees. The second assumption was that an interdependence exists between organizations and the people who work within them. The council's lack of support for the discount indicated a disregard for the interdependence which exists between municipal employees and the overall function of the organization. Advocates of the human resource frame support "...reality-centered leadership...-leadership that (takes) account of the actual needs of the employees, as well as the needs of the organization" (Bolman & Deal, 1991, p.130). In tabling the proposed discount, the council discounted the needs of the employees in preference to the needs of the organization, creating some negative feelings among the employees, and stepping further away from creating an empowering work environment.

The concept of reality-centered leadership related to the notion that it is important to sell the benefits of an active, healthy workforce to the key decision-makers in the organization (Craig et al., 1994, 1993). Without the leaders of the municipality outside believing that corporations should invest in employee health, the marketing attempts to sell employees on the benefits are unlikely to be successful.

Possible public concern that the discount represented a *'perq'* for municipal employees was the underlying problem associated with the request put forth to council in the Active Living Proposal. The discussions surrounding this concern and the resulting decisions revealed a strong tendency for this issue to be viewed through a political lens. The support for this interpretation was unanimous from all interview groups.

One assumption of the political frame, applied to this situation, was the idea that important decisions in organizations are usually associated with the allocation of scarce resources, and politics have been more evident when resources are tight (Bolman & Deal, 1991; Heimovics et al. 1993). At the time the Active Living Proposal was being considered, the municipality was undergoing difficult budget deliberations (SM1). The association of the employee discount as a *perq* may have been more pronounced for council, given the nature of the fiscal resources at that time, than it would have been if

the proposal had been presented once the budget was finalized. The senior manager responsible for presenting the proposal suggested that the initial presentation of the proposal to council was ill-timed, and thus affected the perception of the discount for subsequent considerations.

It was interesting that the employee discount was viewed as a perq for the employees by one member of the public. This person was described as demonstrating a keen interest in the proceedings of the municipal council and was believed by one senior manager and one councillor to be vocal with any issue he takes exception to (SM1, MC2), which may explain why he was unwilling to let the issue rest over the several years the discount was discussed at the council level. Despite the opposition, or concern, from only one member of the public, it was acknowledged by two councillors as a possible area of concern for other members of the public (MC2).

The public concern was limited to the employee discount to the recreation centres. The municipality, however, has had a solid benefit program for its employees for many years, which includes medical and dental subsidy, sick leave entitlement, and maternity benefits. It had also been exploring options for the provision of a comprehensive employee assistance program, at the time of this study, to be implemented in January 1997 (SM3). All of these programs were put in place to enhance the health and well-being of municipal employees, albeit in a reactive manner, yet a preventative proactive program such as providing a subsidy for the encouragement of increasing physical activity and social interaction was regarded as a perq.

This employee discount was intended to increase the health and well-being of employees through encouraging more physical activity. It was not a unique request for a municipality this size, as 19% of companies with over 500 employees from the 1992 National Workplace Survey had subsidized programs at community facilities for their employees. The expected benefits were a decrease in costs associated with sick leave and medical expenses, as well as physical, social, and mental benefits for participating

employees (Searle & Brayley, 1993). Despite this, the program was perceived as a luxury for already well-paid employees. The political discussion at council rallied around the issue that the discount was not available to the community as a whole. It is interesting that the benefits received as part of the employment package with the municipality were not disputed to the same extent, despite not being available to the general public either. This could be seen as pertaining to the medical model of '*sick care*' which has been accepted and implemented nationwide, whereas health promotion has often been viewed as frivolous.

This concern for negative public perception of an employee discount was not unique to this municipality. It was experienced by the organizers of the City of Edmonton wellness initiative as well. They believed there was public sensitivity to the "...expenditure of 'public' dollars to the benefit of employees (in contrast to the acceptance of such investment in large private corporations)" (Wetterberg, 1995, p.1). They were, however, able to alleviate some of the concern with the categorization of this type of program as supporting a strategy to increase the efficiency and effectiveness of the public service. In their circumstances, it was considered a timely proposal with the increased scrutiny of the public eye on government performance.

In contrast to the Edmonton initiative, the tabling of the Active Living Proposal was believed to have negatively impacted the overall workplace wellness initiative for the municipality in this study. The workplace wellness committee became disheartened with their efforts failing to be supported and the activities towards implementing an action plan for the initiative became dormant with the dissolution of the committee in 1993. The factors believed to have influenced the dissolution of the workplace wellness committee have been discussed later on in this chapter.

### **Corporate Wellness Pass**

The Corporate Wellness Pass was affected by many of the political issues which fueled the discussion surrounding the Active Living Proposal. Despite the availability of the pass to the general community, the council remained concerned over negative public perceptions of the discount, and requested that the program be delayed for municipal employees until other businesses had come on board with it. This situation reflected the viewpoints of the political and symbolic frames. On one hand, the interests of coalitions of people were juggled in the name of '*political correctness*' (Bolman & Deal, 1991), with the concern of negative public perception of the discount. Symbolically, instead of perceiving the program as an opportunity for the municipality to act as a role model for other businesses, the council chose to sit back and let other businesses take the initiative before agreeing to embark on the program itself. This approach was contrasted by the recommendations given by Craig et al. (1993) which stated that public organizations should champion the concept of active living in their communities by being role models. They also revealed a changing trend in the industry in which the employer has become a partner with employees and the community. Through this partnership, employers have become key links between employees and opportunities outside the work environment. Partnerships with the community have included sharing access to facilities to promote active living.

Delay of the Corporate Wellness Pass program, combined with the tabling of the Active Living Proposal, resulted in the employee discount being made available three years after the initial request was presented to council. The lack of reinforcement for the employees and the organizing committee was evident over a three year period, which reflects issues surrounding the human resource frame. Kotter (1995) stated that although organizational change takes time, the efforts and enthusiasm of those involved tend to lose momentum without the success and celebration of short-term objectives.

The momentum for the initiative appeared to be negatively affected by the lack of reinforcement for the employees and those organizing the initiative. The success of the Corporate Wellness Pass Program was also affected by the lack of momentum in marketing the programs to the employees. At the time this study was being conducted, 11 employees had taken advantage of the Corporate Wellness Pass discount. This represented approximately 1% of the municipal employees eligible for the program. It was unlikely that the municipality would see benefits from the program in terms of decreased health care costs with this low participation. Responses from the interviews and the employee awareness survey indicated that many employees were unaware of the discount or confused with the status of the discussions surrounding the program. The success of the program has been discussed in more detail in the section on current programs and activities being promoted in the initiative.

### **Values Reflected Throughout the MWWI**

Values have been recognized as powerful "...public signals of what a company stands for..." (Bartlett & Ghoshal, 1994, p.84). They have been found to have a strong link with the employees of an organization, in that commitment and loyalty are often more associated with compatible values than with any association to the particular company. While the identification of values within an organization has been regarded as an assumption of the symbolic frame of reference, there are priorities and underlying assumptions which overlap into other frames as well.

Several values were identified as being reflected through the municipal workplace wellness initiative. The first was management regard for employees as assets of the organization. This value was believed to be reflected by administrative management, but not the council. A second value was the maintenance of a positive culture within the municipality. Maintenance of positive labour relations was a third value identified by the interviewees, and a fourth value was the reduction of health care expenditures. It was

apparent from the responses of the interview participants that senior managers were seen as having different values than the council.

**Employees as Assets of the Organization.** The human resource frame has included a focus on the interdependence between people and organizations as one of its values. This theoretical perspective has been associated with the assumption that people are the critical assets of an organization (Bensimon, 1990; Bolman & Deal, 1991).

The interview participants from the committees believed employees were regarded as assets of the municipality by the administrative management, however, the group did not perceive that council valued the employees. This view was predominantly influenced by the lack of support for the Active Living Proposal and the Corporate Wellness Pass proposals. While the existence of this value by the managers represented the human resource frame, there was symbolism evident with the division between what the council was perceived to value, namely the public eye, and what the managers were believed to have as their priority. It represented an incongruity among the upper levels of authority in the municipality.

The administrative management were believed to value the growth and development of each employee which represents empowerment and supports the positive culture in the municipality. This was supported by Craig et al. (1994) who considered employees to be "*...a valuable company resource*" (p.19). They mentioned that many companies have made a conscious decision to invest in their employees through education and upgrading skills under the assumption that the investment "...contributes to employees' personal growth and ability to cope with the changing demands of their jobs" (p.19). Bartlett and Ghoshal (1994) supported this concept stating that an organization should perceive employees as assets to be developed, rather than costs to be controlled. The council for this municipality was believed to hold the latter as its perception.

**Maintenance of a Positive Municipal Culture.** The positive culture within the municipality was a recurrent topic in the interviews with both employees and

management. It was believed that employees in this municipality have a sense of belonging to the organization and that this phenomenon was worth preserving. This concept was interpreted as a strong orientation towards the symbolic frame.

Bartlett and Ghoshal (1994) related a company's culture to the "...values it embodies..." (p.85). Bolman and Deal (1991) stated that symbols are a clue to an organization's culture, which is both a product and a process of its predominant beliefs and values. Culture has also been described as "...the ways and means by which organization members go about doing what they do " (Malloy & Lang, 1993, p.513). In all cases, values were believed to have influence on the decision-making process within an organization.

It was interesting that for this municipality, the positive culture, cherished by employee groups and senior managers, was not perceived as a priority with the council. Again this represented an incongruency between the values reflected by management and council. Neither of the councillors mentioned culture as a value reflected by the municipal workplace wellness initiative, instead they referred to issues such as labour relations as a valued part of the initiative.

**Maintenance of Positive Labour Relations.** Although the council was believed by the employees to value positive public perception as its first priority, one councillor did mention positive labour relations as a value reflected in the initiative. This was an interesting concept as the employee discount and the employee wellness programs were not part of the negotiations between the union and the municipal administrators during this time period. This councillor did suggest, however, that at a political level, the wellness initiative was another benefit enhancing the work environment in the municipality (MC1) and while this value may not have had the highest priority with council, given their ultimate decisions regarding the discounts, this councillor did associate it as a belief for most representatives on council.

This viewpoint, of positive labour relations being associated with the wellness initiative, reflected the symbolic and human resource frames. Bolman and Deal (1991) believed that in viewing issues through the human resource lens, positive experiences tend to be associated with a good matching between people and the organization. Meeting a need of the employees, such as the provision of a workplace wellness program was associated with positive labour relations, and it has been found to have benefits for the organization in terms of increased employee morale (Wolfe et al., 1994). McDermott, Spence Laschinger & Shamian (1996) supported this concept stating that the "...influence of committed employees on the organization's effectiveness and productivity can be significant" (p.47).

**Decreased Health Care Costs.** Reducing health care expenditures was another value reflected in the initiative. One councillor referred to the employer's point of view as selfish in some ways, especially in terms of sick benefits for union employees. He stated that if, as an employer, you have to pay employees when they are off work, then you want to make sure they are available to work as best as you can (MC2). The other councillor made reference to the same concept stating that fit employees tend to use less sick time, are more productive, and the result is increased health and decreased health care costs.

The emphasis on reducing health care costs reflected a link with the political frame. It focused on the allocation of scarce resources, which is one of the things the council is accountable for in the municipality.

While this emphasis on reducing health care expenditures was stated as an important value by the council as well, it was interesting to note that the discussion surrounding the Active Living Proposal did not focus on the reduced costs associated with more active employees. It was stated as a value, yet when confrontation existed, indicating public criticism of the program, it was brushed aside. This issue was a critical element to the success of the initiative with an incongruity between what was portrayed

in the hope of maintaining positive labour relations and what extent the municipality was willing to invest in the health of its employees. It also represented a clash between the short term issues surrounding the initiative, possible negative public perception, and the longer term benefits to the municipality in terms of reduced expenditures.

### **Allocation of Resources Within the MWWI**

The predominant theme concerning allocation of resources for the initiative, from interviews with the employee wellness committee members and senior managers, was that the employee wellness committee has had no financial support for its efforts. Any programs implemented during the first seven months of this committee's term incorporated the use of volunteer time and supplies from the Parks and Recreation department. This lack of funding for the employee wellness committee was contrasted with the ample resources allocated to the rehabilitation committee.

From the viewpoint of the political frame, this represented a stronger influence of the coalition emphasizing reactive health care. This perception of recognizing reactive health care over a preventive approach has been noted as a trend in the health care industry for many years (Herzlinger & Calkins, 1986). One senior manager commented that the rehabilitation committee may have more access to resources as a result of the perceived immediate need of rehabilitation programs. This committee has been allotted a case load of individuals with acute needs, whereas the employee wellness committee has focused their activities on prevention programs which address more subtle needs. The combined efforts of the two committees, which was in the planning stage at the time of this study, was believed to recognize the importance of prevention in the wellness initiative. Through this dual-programming, it was hoped that the wellness activities would be funded from part of the rehabilitation budget.

Chapman Walsh & Egdahl (1989) and Leafgren (1984) emphasized the need for administrative support in terms of allocation of resources for wellness programs. They

stated that the funds need not be extensive to operate these types of activities. The division of the rehabilitation budget to include preventive wellness programs was thought to represent more administrative support, given that the rehabilitation committee is a jointly represented committee between the employee union and management.

While recognizing the importance of employee wellness, from an employer's viewpoint, one councillor did mention that he has difficulty with the concept at times when considering the essential services required by the community, such as fire, safety, and sewers. He considered those essential services to be the priorities in his job as a municipal councillor. While believing initiatives such as employee wellness are beneficial, he mentioned that he becomes concerned with the number of hours required for employees to organize the programs. He believes the municipality is good at utilizing volunteer hours, but he also mentioned that he has concerns when staff are paid to be involved in initiatives such as these, which tend to be all-consuming, that it is easy to lose track of how many hours are actually spent on it. With this in mind, the cost of implementing such programs increases and therefore the cost-benefit ratio must be considered (MC2).

### **Distribution of Power Within the MWWI**

Power was described by McDermott et al. (1996) as "...the ability to get things done" (p.44). They stated that organizational power comes from the ability to access resources and information which allows a group to get tasks done. The amount of power a group or individual has accumulated is influenced by their positions in an organization, as well as the informal connections and relationships they have throughout the system. Bolman and Deal (1991) referred to this informal network as the '*underground symphony*' within an organization. The informal connections evident in an organization were described as the key link to determining the corporate politics, which represents a strong political frame orientation.

The predominant theme evident from the interviews with municipal employees, committees and managers, was that the distribution of power within this organization, and therefore the wellness initiative, was top-heavy. This concept indicated that the municipal council had the most power to influence the decision-making process in the initiative. Several employees believed that the administrative managers had some power as well, however, ultimately the decisions were made by council.

This top-heavy power distribution had implications for the operation of the wellness committees. Not only were the allocation of resources dictated by the council, in terms of budgets, but the decisions regarding programs such as the employee discount to recreation centres were ultimately left up to council. One workplace wellness committee member described this arrangement as the committee having been given the responsibility for organizing the initiative, yet no authority to carry out the programs recommended. From the standpoint of the human resource frame, this situation did not reflect an empowering environment for those employees. Craig et al. (1994) supported the notion of participative management, stating that companies who jointly share the decision-making with employees were most likely to meet the needs of their workforce.

It was interesting to note that while council was responsible for making the ultimate decisions on the employee discounts and other funding for programs within the municipal workplace wellness initiative, they were not included in the research and development of the action plan or Active Living Proposal. It created a situation where the councillors had nothing to do with the proposal until it was deliberated at the council meeting and therefore they had little insight into the rationale and intentions of the committee. The committee, on the other hand, had little authority over the final outcome of the proposal and were responsible for the research, problem solving, and development of the recommendations, yet were not included in the final decision.

This lack of influence on the decision-making process for the employee discount was a frustrating experience for those involved, and was perceived as not meeting the

needs of the employees in favour of avoiding public scrutiny. One employee perceived the public had more power than the employees in terms of influencing the wellness initiative (EWC2), as a result of the council discussions and ultimate decisions made regarding the employee discount.

### **Current Programs / Activities Being Promoted Within the Initiative**

A table outlining the components of the municipal workplace wellness initiative, such as the Corporate Wellness Pass, the Active Living Pass Proposal, the walking group, lunchtime seminars, and the bulletin board has been provided in Appendix D. The intent of this table was to assist the reader in identifying between the various programs offered as part of this initiative.

The interviewees identified the walking groups, wellness newsletter, lunchtime seminars and bulletin boards as current programs being promoted within the municipal workplace wellness initiative. This result was not surprising given that the employee awareness survey indicated that more respondents were aware of the programs going on around the municipal hall, and more had attended health and wellness workshops during the previous month before the follow-up administration of the survey. An increase in the number of people aware of the programs may have been influenced by the wellness newsletter, which was distributed to all departments in the municipality (Appendix D), with one or two copies being shared in each area. Employees were not given individual copies of the newsletter as a result of a request by several people to reduce the amount of paper being used to disseminate this information. Most of the programs organized by the employee wellness committee were also based out of the municipal hall, which was where the majority of interview participants worked. This also may have enhanced the awareness of these employees.

What result was surprising, however, was that the Corporate Wellness Pass Program, which had so much emphasis placed upon it as a critical event in the evolution

of the initiative, was listed as a currently promoted program by only one interview participant. This participant has been a regular consumer in this program for the past several years.

The Corporate Wellness Pass was interpreted as a program which exists, yet had not been promoted within the initiative. This concept supported both the political and symbolic frames. From a political perspective, there was concern initially, when the program was implemented, that the municipality should not be the most active corporation taking advantage of the discount. With this underlying concern, it appeared there was little marketing targeted at municipal employees for this opportunity and the low levels of participation by municipal employees would have reduced the apprehension about too many employees taking advantage of the program.

One employee wellness committee member believed that the municipal administration did not really want to give employees the discount, and therefore, advertising of the program was minimal (EWC3). This person gave an example of a poster being displayed when the Corporate Wellness Pass Program was initially approved, yet it appeared that the discount was a limited time offer. When the posters were spontaneously taken down, and no more was said about the program, this reinforced her interpretation. This type of event reflected the symbolic frame which recognizes that organizations are full of unanswered questions and therefore people bring meaning to a chaotic situation by attaching symbols (Bolman & Deal, 1991). In this example, the lack of emphasis on the program, and the disappearance of the posters was interpreted as a symbol of reluctance by the municipality to offer of the discount to its employees.

### **Support from Leaders in the Municipality**

Lack of administrative support for the wellness initiative was an issue which resurfaced many times during the course of the interviews for this study. Differentiation

existed, however, between the level of support at council and support from administrative management. Council's commitment was perceived as much less.

Bartlett and Ghoshal (1994) stated that through "...genuine respect and concern for individual employees, senior managers develop the basis for mutual commitment. They can then build on this foundation by demonstrating equal concern for the growth and development of all the organization's members" (p.87). Craig et al. (1994) supported this concept with the belief that commitment from management enhances employee motivation for wellness initiatives. They also mentioned that when respect and attention from management is diluted towards an initiative, that motivation fades as well. Bolman and Deal (1991) depicted the situation with the workplace wellness committee clearly when they stated that initially employees enter projects which incorporate participative management with eagerness and enthusiasm. When recommendations for change have been given and are rejected, or implemented poorly, the enthusiasm wanes to disillusionment and disappointment.

In a discussion relating to the Active Living Pass Proposal and the Corporate Wellness Pass decisions, one councillor stated that the municipal employees were a group which needed to be more patient than other types of employees, as a result of being paid by taxpayers. He believed that when politics are involved in the decision-making process, that municipal employees had to "*...expect the unexpected*" (MC1) and not be surprised about the results. This point of view corresponded to the political frame of thinking which considers the interests of coalitions of different groups, and those with the most power tend to influence the results more (Heimovics et al., 1993). A more detailed discussion of distribution of power has been included in a later section in this chapter.

Administrative support for workplace wellness programs has been a consistently emphasized issue in the literature (Christenson & Kiefhaber, 1988; Leafgren, 1984; McCallum, 1990; Wolfe et al., 1994). This concept has been related to the characteristics of the human resource and symbolic frames (Bolman & Deal, 1991). Wolfe et al. (1994)

program ownership when employee representation is included, under the assumption that employee needs are being communicated to the decision-makers in the municipality.

In support of employee-based committees, Anspaugh et al. (1996) suggested that in planning these types of committees, that it is important to recruit employees who are leaders among their peers, as well as a representative from management who can be an advocate for the program. One employee wellness committee member also mentioned that management representation was important to have on the committees as well (EWC3). This viewpoint was supported by one interviewee who referred to one problem of the workplace wellness committee as the lack of authority to carry out some of the programs (WWC1). Kotter (1995) suggested that while initiatives such as these usually have some representation from management in the core of the committee, the hierarchy of these working groups do not tend to be as formal as the regular organizational structure. This type of arrangement, which corresponds to the human resource frame with its adaptation to members' needs, would probably have worked well with the workplace wellness and employee wellness committees, as they consisted of small groups with informal hierarchies.

Figure 4.0 (page 120) has been provided to help the reader visualize the arrangement of the various committees within the municipal workplace wellness initiative. A description of when the committees were established, what type of representation each had, and the prime area of focus for each committee has been included.

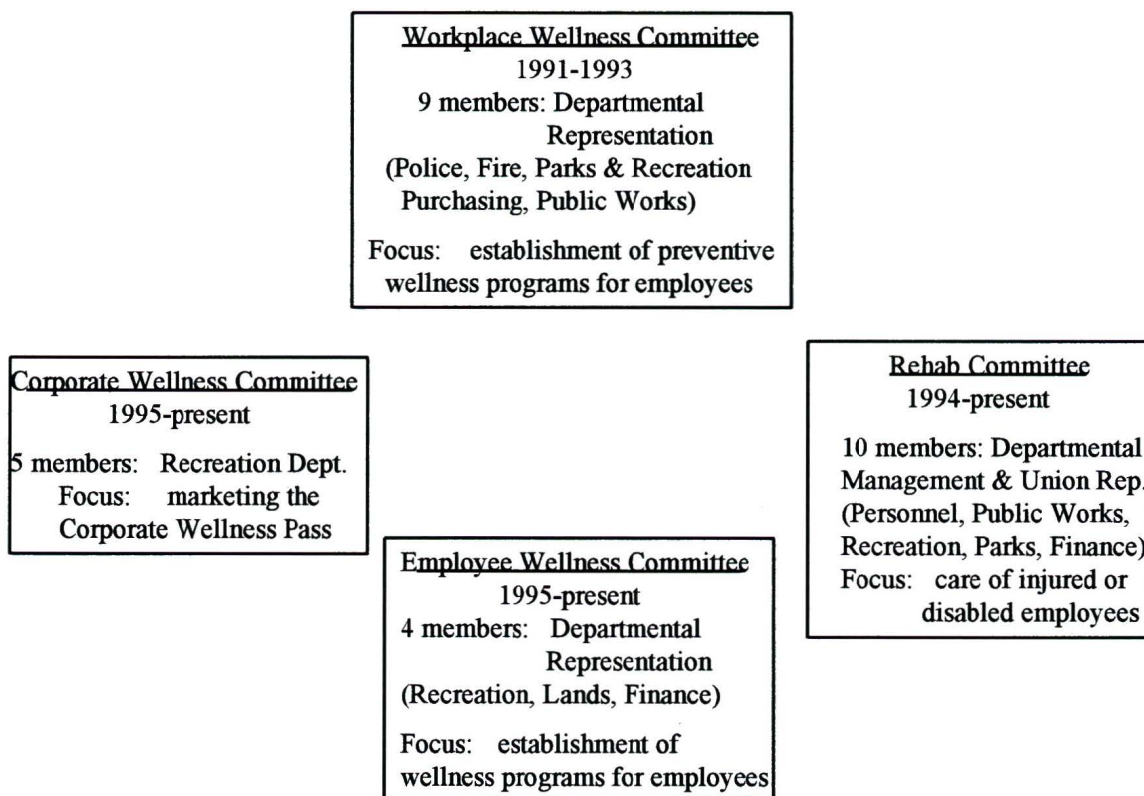


Figure 4.0 Employee-based Committees Within the Municipal Workplace Wellness Initiative

### **Workplace Wellness Committee (WWC)**

**Structure and Roles within the Workplace Wellness Committee.** The establishment of a formal structure and roles within an organization have been assumed to be important elements of the structural frame (Bensimon, 1990; Bolman & Deal, 1991). Interviews with the workplace wellness committee members revealed that the committee was formed with representation to fit the existing structure specified by the Healthy Workplace Project.

With this preset structure, and the agenda outlined for working through the Corporate Health Model, one interviewee felt that the municipal committee was assimilating into a vision laid out by someone else, rather than creating their own vision (WWC1). This lack of flexibility was considered by both committee members

interviewed, to be a problem for the municipal initiative. The workplace wellness committee was arranged to fit the circumstances of the government project, yet the members believed some flexibility was necessary to accommodate the needs of a municipal environment. Bolman and Deal (1991) stated that one assumption of the structural frame is that the structural form of an organization is designed to fit particular circumstances. In the case of the workplace wellness committee, structural coordination did not fit the circumstances of the municipal initiative, in the eyes of the committee members, and therefore presented some problems associated with the structural frame.

**Utilization of Strengths / Skills / Talents of Committee.** Bolman and Deal (1991) highlighted the importance of employee empowerment and participative management as part of the principles supported by the human resource frame. This viewpoint was developed under the assumption that the employees in an organization are a tremendous resource to draw upon. Epes (1994) supported this concept stating that "...(w)ellness programs allow employees to use their energy and creativity on activities outside of their normal job duties. By challenging employees to take on a leadership role, managers can help them develop skills that will benefit the company" (p.34).

The intent of the facilitators with the Healthy Workplace Project was to build on the existing strengths of the people in each group, recognizing the rich resources of each committee member, to assist them in taking control of their organizational health (Healthy Workplace Update, 1994). This concept was utilized with the municipal workplace wellness committee in that each person's knowledge of particular areas of the municipality was drawn on for ideas regarding administration of the survey and developing the action plan (WWC1).

One concern for using the resources from each representative, expressed by a committee member, was that the people recruited for the workplace wellness committee were selected on the basis of their abilities to disseminate information among their co-workers. This concept corresponded to the political frame which emphasizes the need to

understand and utilize the informal networks within an organization. Hierich et al. (1989) described this strategy as recruiting the "bees within the plant", (p.113) referring to the idea that workers who have contact with many employees in the organization are ideal people to assist with dissemination of workplace health material.

The incorporation of this strategy was considered a strength for administering the survey with the response rate of the needs assessment survey being 81% of municipal employees. When it came to developing the action plan, however, many of the workplace wellness committee members were not familiar with, or did not have the skills to organize health and wellness programs for their areas. There was also a concern that the original reason for representing their areas on the committee was to administer the survey, and many members felt compelled to continue on with the process, despite their lack of interest or knowledge in the area of programming (WWC1).

This concept of committee members having knowledge and interest in health and wellness was supported by the employee wellness committee. The interview participants believed they were chosen to represent the employees on the committee as a result of being role models with active, healthy lifestyles (EWC1,2,3), which corresponds to the symbolic frame. Recruitment of key players in the initiative who have already bought into the value of health and wellness was believed to give more credibility to the concepts being promoted.

**Goal-Setting for the Workplace Wellness Committee.** Bolman and Deal (1991) stated that an underlying assumption of the structural frame of thinking is that the identification of goals is an important process for any organization. This assumption purports that the prime purpose of an organization is to achieve its outlined goals.

The workplace wellness committee members found the goal-setting process to be a frustrating experience for this initiative. One interviewee described the process as painstakingly slow, with the people on the committee divided between "*doers*" and "*thinkers*". The "*doers*" were described as "*wanting to get on with it*", interpreted as a

need to see some concrete programs put in place, and to see their efforts put into action. In contrast, the "*thinkers*" were inclined to sit at the meetings and discuss the "*process*" (EWC1).

This issue reflected the human resource frame where organizational structure is adapted to meet the needs of the employees. Anspaugh et al. (1996) suggested that it was important to outline the objectives clearly in the employees' language, to assist with establishing commitment to the objectives of the initiative. It was apparent that the goal-setting process was not outlined in a language the employees on the workplace wellness committee could relate to, as they had difficulties buying into the outlined goals and became frustrated with the goal-setting process (EWC1). Kotter (1995) described this lack of ownership of an action plan as a lack of vision. He suggested that in "...failed transformations, you often find plenty of plans and directives and programs, but no vision" (p.63). One committee member supported this concept stating that it appeared that the municipal initiative was being directed in a way that it would fit into a preconceived vision from the Healthy Workplace Project (WWC1).

While goal setting has been described as a key component of the Corporate Health Model with the assumption that it provides direction and focus for an initiative, it appeared that a balance was not incorporated between process and action for this committee. The literature has shown that reinforcement, in the form of action within an initiative, is important for showing commitment to an initiative and feedback to those involved in organizing the activities within an initiative (Bolman & Deal, 1991). Perhaps the establishment of some short term goals in the action plan, which the committee could work on and experience some success with, would have provided feedback and reinforcement for the employees and those organizing the activities. Instead, the drawn out process for determining an action plan succeeded in frustrating many of the committee members, and not long after they embarked on this phase of the initiative, the committee disbanded.

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stated that participation can be influenced by the attitude expressed by top management. The support of an employee wellness program by senior management "...communicates organizational endorsement and commitment for the program, and management participation provides employees with involved role models" (p.36). This concept was supported by Kotter (1995) who suggested that the CEO of an organization must be an active supporter of an initiative in order for a major change to take place.

The issue of management participation was apparent from one of the interviews for this study. An employee commented on the lack of participation by senior staff in many of the wellness and social programs within the municipality. He acknowledged the difference in ratio between the number of unionized versus exempt employees, however, suggested that if 15 union employees were to participate in a program, then there should be at least 1 or 2 senior staff taking part as well. This level of participation was not evident with the senior staff in this municipality. In the lunchtime seminars, one senior manager attended two sessions, while the walking groups did not have any senior management participation. The lack of participation was believed, by at least one employee, to symbolize a lack of commitment towards the initiative.

The same employee who criticized the attendance at municipal programs mentioned that some of the senior staff were on exercise programs themselves which demonstrates commitment to the wellness concept and provides good role models in the municipality. It was not confirmed however, in this study, how many of the administrative managers were on exercise programs and what their lifestyles were like, therefore conclusions cannot be made regarding the appropriateness of the senior management role models in this municipality.

The concept of '*walking the talk*', or demonstrating behaviours which are congruent with the information being promoted, was supported by Leafgren (1984). He stated that "...it is not necessary that the administrative staff be perfect role models of wellness, but that they are really committed to the concept and are practicing and

participating in activities that contribute to their own wellness" (p.9). When senior managers were seen as '*walking the talk*' of wellness, in other words, demonstrating behaviours which were being promoted in the organization, it was believed to give them more credibility with the employees. This perspective was seen as supporting the symbolic frame of thinking. Kotter (1995) believed this consistency between verbal endorsement and active behaviours was important as well. He stated that managers of successful change efforts "...attempt to become a living symbol of the new corporate culture...(and) nothing undermines change more than behaviour by important individuals that is inconsistent with their words" (p.64).

### **Rationale for Employee-Based Committees**

Participative management has been a strong emphasis under the human resource frame (Bensimon, 1990; Bolman & Deal, 1991). Bartlett and Ghoshal (1994) were supportive of this strategy stating that an organization cannot expect the senior manager to be the chief strategist for all initiatives, but instead it is important to draw on the expertise and resources of the front line employees.

Cross-sectional employee workplace wellness committees have been found to support this direction towards participative management by representing every area of the organization. Herzlinger and Calkins (1986) mentioned that the inclusion of employees in planning and implementation of wellness programs can enhance acceptance of the program by other employees. The rationale for this concept was that "...(t)he perceived similarity between the receiver of a message and the person who is the source of this information... increases credibility of the message being introduced" (Hierich, Cameron, Erfurt, Foote & Gregg, 1989, p.109). Employees and committee members interviewed agreed with this rationale for employee-based committees. One stated that the intimidation factor is removed when a peer is promoting a program or piece of information, rather than a senior manager. Several people suggested there was more

Other studies (Herzlinger & Calkins, 1986; Wolfe et al., 1994) have highlighted the importance of clearly defined goals for an initiative. The City of Edmonton emphasized the establishment of clear objectives for its initiative and provided a written layout of its intentions to interested parties (City of Edmonton Workplace Wellness Strategy flyer). This initiative was based on three strategic goals: sustaining a healthy, safe and productive work environment; provision of skills and knowledge to improve health and safety behaviours; and the collection and reporting of data (Wetterberg, 1995). These goals supported the use of a reporting system within the initiative to be accountable for the efforts put forth to achieve these goals.

Herzlinger and Calkins (1986) suggested that it is important to have a program portfolio in case the effectiveness of one program is uncertain. This strategy was used in this municipal workplace wellness initiative with the presentation of the Active Living Pass proposal and the Corporate Wellness Pass Program. The workplace wellness committee was planning its action strategy at the time the proposals for the discount were being presented to council. Initiation of the employee discount program was commenced before the committee's action plan was finished as an attempt to implement activities within the initiative from a variety of angles. When the Active Living Proposal was tabled, the Director of Parks and Recreation put forth the Corporate Wellness Pass Program as an alternative, or back-up plan.

**Dissolution of the WWC.** While the activities of the workplace wellness committee were the predominant focus of the municipal initiative from 1991 until 1993, the Director of Parks and Recreation was careful not to leave the onus of the initiative entirely up to that one group. He had several alternative initiatives which would complement what the committee was doing, one of which was the Corporate Wellness Pass Program. This strategy proved to be an effective one, as the committee began to dissolve early in 1993, shortly after they had gone through the process of developing an

action plan. Many factors were suggested by the interviewees as having influenced the dissolution of the workplace wellness committee.

One of the frustrations expressed by the committee members was that there was no one for the committee to report to and no expectations or accountability for their involvement in the Healthy Workplace Project (WWC1, EWC1). This type of problem was believed to have a strong orientation towards the structural frame. Bolman and Deal (1991) suggested that "...(w)ho does what and who reports to whom are critical features of horizontal and vertical differentiation in any organization" (p.51). One of the assumptions they outlined for the structural frame, was that faulty or ineffective structural forms are the basis for organizational problems, therefore re-structuring is necessary to rectify the problems.

The concept of having someone to report to, and engaging in constant evaluation of any existing programs has been identified as an essential component of any workplace wellness initiative Anspaugh et al. (1996). While a plan for reporting to management and monitoring progress were highlighted as missing components in this wellness initiative, they have also been emphasized in the literature as a phase which needs to be planned for in advance. A process was in place for the workplace wellness committee to report to the facilitator for the group, who in turn reported to the coordinator of the provincial government project, however, within the municipality, there was no formal feedback loop established. This failure to have someone or a group to report to at the management level of the municipality was seen as a problem for this initiative. This concept was supported by Herzlinger and Calkins (1986) who suggested that plans for monitoring the progress of a program and establishing accountability were an essential component of clearly outlined action plan for any wellness initiative.

Anspaugh et al. (1996) supported this strategy stating that part of the marketing process for maintaining management support is to keep the leaders of the organization informed of the progress of the initiative. In the case of the workplace wellness

committee, there was no reporting hierarchy established, which created a feeling among the members that the management were not concerned enough about the project to enforce the group's accountability for their activities (EWC1). This lack of a plan for monitoring the initiative was not unique to this municipality. Craig et al. (1994) revealed that one third of Canadian companies who have workplace wellness programs do not evaluate them. This was seen as representing an interesting point regarding the effectiveness of programs and the establishment of whether employee needs are being met. The literature has repeatedly supported the evaluation of wellness initiatives to ensure that objectives are being met by current programs (Anspaugh et al. 1996; Leafgren, 1984; Shephard, 1996), and this cannot be accomplished without some type of monitoring technique, yet many corporations have not included this step in their plans (Christenson & Kiefhaber, 1988; Craig et al., 1994).

Another frustration of the committee members, believed to lead to the dissolution of the workplace wellness committee, was the dynamics which existed between members of the group, exacerbated by strong, dominant personalities and weak leadership in the committee. Group dynamics were described in the Healthy Workplace Update (1994) as the

"...factors that influence the dynamics of any group. These include role, position or status in the organization, relationships with other group members, labour/management history in the organization, personal levels of confidence and self esteem, obvious or hidden agendas that each member brings to the group..." (p.11)

This definition supported the political frame of thinking, which was described as the view that "...organizations (are) 'alive and screaming' political arenas that house a complex variety of individual and group interests" (Bolman & Deal, 1991, p.186).

Three underlying assumptions from the political frame were found to apply to this issue of group dynamics within the workplace wellness committee. The first assumption, outlined by Bensimon (1990) and Bolman & Deal (1991) was that

organizations consist of coalitions of people who need each other. Among these coalitions, both individuals and groups, the values, beliefs and paradigms through which they view an event or issue vary. This differing perspective was outlined as a second assumption of the political frame. Finally, decisions and goals for an organization, or in this case the committee, were believed to develop from the bargaining and negotiation which goes on between these different coalitions.

The other element, exacerbating the committee group dynamics was the notion of confusion concerning the leadership within the committee. The leadership roles within the committee confused the committee members and therefore affected the structure and political dynamics of the group. In terms of structure, it was unclear who was actually in charge of the committee, and what role the chairperson was to assume. From a political standpoint, coalitions developed within the committee. These groups of people, or in some cases individuals, attempted to dominate and influence the decisions and activities of the committee (WWC1), which corresponded directly to the underlying assumptions of the political frame. A more detailed description of leadership has been provided in this chapter under the section on the Healthy Workplace Project.

### **Employee Wellness Committee (EWC)**

**Structure and Role of the EWC.** The establishment of the employee wellness committee in the fall of 1995 was an effort to resurrect the participative management approach to the municipal workplace wellness initiative. It was designed as a low-key group which would attempt to establish some wellness programs at the municipal hall, with the intention of expanding to other areas of the municipality over time.

Kotter (1995) suggested that this type of renewal effort was not unique. He stated that the re-establishment of a program or initiative within an organization often starts with a small group of leaders and eventually grows over time and with success. Leafgren (1984) supported this gradual process stating that "...it is unrealistic to anticipate that a

totally comprehensive program will be established immediately" (p.10). He emphasized the need to consider the wellness initiative an ongoing process which starts with some high interest programs to increase awareness and builds up from there.

The structure of the committee was viewed through structural, human resource and symbolic lenses. The group made a conscious effort to keep the committee structure informal, with little regard for hierarchy, formal minute taking, or a written, concrete action plan. From a human resource perspective, this arrangement was designed to meet the needs of the employees in the group and symbolically it represented a need to avoid repeating the mistakes and problems experienced by the workplace wellness committee. When the employee wellness committee first came together, it was suggested by one member of the group that the committee remain informal as the problems with the previous committee had been affiliated with an inflexible structure and frustrating committee dynamics (Researcher field notes, November 1995).

**Utilization of the Strengths, Skills and Talents of Committee Members.** As with the workplace wellness committee, the employee wellness committee was established with representation from several different departments within the municipality. The difference with this committee was that the group was smaller and the representation was focused on the municipal hall to facilitate a grass roots approach, which starts small.

The concept behind utilizing the resources committee members had to offer was maintained for the employee wellness committee, although with this smaller group, and a more flexible structure to the committee, more specific strengths were drawn on from each of the members. These strengths included knowledge of fitness and wellness, contacts within the municipal hall, organizational skills, being a role model for a healthy lifestyle and having frequent contact with municipal hall employees. This use of the strengths of committee members reflected the human resource frame, where employees are empowered by increasing their skills and feeling competent with expanding the focus

outside the normal activities of their everyday job. The contribution they have been asked to make to the initiative represented a reward and recognition for their efforts (McDermott et al., 1996).

**Purpose of the Employee Wellness Committee.** The members of the employee wellness committee described the purpose of the committee as being a "*catalyst for change*" (EWC1,3). The committee was seen as organizing activities which would provide an impetus for changing the health and wellness behaviours of the employees. Support for this purpose of the committee was given by Malloy and Lang (1993) when they stated that "...instilling a culture shift takes time; it is unrealistic to expect workers to change work ethic without some catalyst or 'agent of change' " (p.514). This was interpreted, from a wellness standpoint, that in order for health-related behaviours to change, there must be a stimulus which provokes a re-evaluation of the current behaviour. Awareness of reasons to change lifestyle behaviours was believed to be this stimulus, provoking a change in employees' health-related behaviours. The attachment of the label '*catalyst for change*' represented an image, viewed through the symbolic frame, for the employee wellness committee to identify with. In working towards their objectives, they have been able to relate back to this identified purpose for direction in their activities.

**Goal-Setting for the EWC.** The goal-setting process for the employee wellness committee was another area which was consciously kept informal in an attempt to avoid the problems encountered by the workplace wellness committee. The goals were established from a roundtable discussion with all committee members, and priorities narrowed down through a process of feasibility for implementation.

The lack of formality for goal-setting in workplace wellness initiatives was found to be common in a study cited by Gebhardt and Crump (1990). It was suggested that approximately 73% of companies surveyed in 1983 did not have written objectives for their programs and that for these types of initiatives, the planning phase was often

underemphasized. Wolfe et al. (1994) did not support the informal planning strategy for employee health programs. They stated that it was essential that the goals and programs within an initiative, such as this one, be congruent with the rest of the organization's health-focused programs.

This notion of congruency between an organization's various facets of programming for health was considered relevant to the municipal workplace wellness initiative. The employee wellness committee and the rehabilitation committee determined that it was valuable for the two committees to coordinate their efforts towards preventive health programs, rather than create a situation involving redundant programming. This concept was found to correspond to the symbolic frame with the emphasis on congruent values and a consistent message being sent and encouraged throughout an organization.

### **Rehabilitation Committee**

The rehabilitation committee actions were interpreted through three frames, namely, political, human resource and symbolic. The political orientation focused on the allocation of more resources to this committee than were provided for the employee wellness committee. It was apparent that as a coalition competing for funding, the rehabilitation group had more of an influence on the allocation of funds than the wellness committee did. With the recent plan of combining efforts with the employee wellness committee, this was viewed as a joining of two working groups with a shared interest. In the network of the organization, it represented the development of a stronger coalition towards prevention programs to enhance employee health.

The enhancement of employee health with the intent to prevent problems from occurring was interpreted through the human resource frame. A conscious decision to aim programs not only at treatment, but also prevention was believed to be an attempt to meet the needs of many employees, rather than a select few who had the misfortune of becoming ill or injured.

Symbolically, the change of focus for the rehabilitation committee and efforts to link with the wellness committee represented a cultural shift towards valuing lifestyle behaviours and the health and well-being of employees. It also represented a united team of those who were responsible for providing reactive assistance and those who were promoting a preventive wellness message.

### **Corporate Wellness Committee (CWC)**

The corporate wellness committee was found to have little to do with the municipal workplace wellness initiative in general. The committee had been focusing on a marketing campaign outside the municipal initiative, rather than attempting to recruit new participants from within the population of municipal employees.

The lack of involvement was considered to be symbolic of a division between the emphasis placed on participants outside the municipality and those within the municipal initiative. Both members of the corporate wellness committee commented that there was a distinct division between the municipal initiative and the prime focus of their committee. Given the discussions at council surrounding the Corporate Wellness Pass, and the distinction between municipal employees and employees from other businesses, it reinforced the viewpoint through the symbolic frame that the municipal employees were in fact regarded differently than other corporate groups.

The fact that municipal employees were part of the Corporate Wellness Pass program long before this committee was established meant that they represented some of the clientele the committee was responsible for marketing to. Given the lack of awareness of the program by municipal employees, it appeared that marketing of the discount program within the municipality was not emphasized at all.

Marketing the Corporate Wellness Pass to municipal employees would have been an ideal venue for the corporate wellness committee to connect with the municipal initiative. Not only would it have emphasized the importance of a healthy lifestyle to

municipal employees, but it would have increased participation from the municipal sector, providing a good role model for the community as a promoter of Active Living.

### **Outcomes of the Municipal Workplace Wellness Initiative**

**Low Participation.** Several predominant outcomes were identified for the municipal workplace wellness initiative during the time period from its inception in 1991 until the spring of 1996. Low participation in the programs provided was one notable outcome of the initiative. This problem has been encountered throughout the literature on corporate wellness programs (Anspaugh et al., 1996; Shephard, 1996; Wolfe et al., 1994). Craig et al. (1993) found that only 22 % of employees in corporations employing over 500 people, participated in the provided wellness programs.

The employees and members of the committees cited the largest challenge as determining how to motivate employees to participate in the wellness programs. This was supported by Anspaugh et al. (1996) who stated that in order to see the benefits of health and wellness programs, it was essential to motivate people to participate. They suggested that people need to experience a sense of '*readiness*' before any change will take place and the challenge is to identify barriers to participation and motivate the people who are least likely to participate.

**Employee Awareness.** A lack of awareness of the programs among the municipal employees was another suggested outcome by the interviewees. While the purpose of the initiative, according to most interview participants, was to increase awareness of the benefits of a healthy lifestyle, they also stated that the awareness of programs being implemented in the municipality was only evident during the last six months. Results from the employee awareness survey supported this concept.

### Summary of Components and Corresponding Frames

A summary, in the form of a chart outlined in Table 11.0, has been provided to highlight the dominant frames found for each area of the municipal workplace wellness initiative. Each component from the outlined research questions has been included, with the characteristics drawn on from each of the four organizational frames.

Table 11.0

Dominant Frames for each Component of the Municipal Workplace Wellness Initiative

<b>Component</b>	<b>Frame</b>	<b>Identifying Characteristics</b>
Healthy Workplace Project Needs Assessment	Structural	ineffective goal-setting process did not meet needs of employees coalition influenced results lack of organizational commitment
	Human Resource	
Political		
Symbolic		
Leadership	Structural	inflexible committee format lack of identification of roles committee structure did not meet the needs of committee members
	Human Resource	
Corporate Wellness Pass	Political	concern over potential negative public perception lack of internal marketing lack of support for discount
	Symbolic	
Key Outcomes / Awareness	Human Resource	low participation therefore was not meeting needs of employees needs assessment did not meet needs lack of employee awareness (therefore not a dominant message throughout municipality) positive culture, but not completely wellness oriented lack of management support overall (reflected values at different levels )
	Symbolic	
Management Support	Political	support dominated by competing interest groups lack of management participation faulty process for committee reporting to management
	Symbolic	
	Structural	

Table 11.0 continued

Employee-Based Committees	Political	responsibility but no authority need for careful representation of the multiple interest groups
	Symbolic	use of role models on committees unification of corporate wellness strategy
	Human Resource	use strengths of members employee input to the program
	Structural	efficient information dissemination problems with goal-setting process

### Conclusions

Several conclusions were made as a result of the information obtained through this case study. These conclusions have included predominant issues apparent from the information encountered through the interviews and document content analysis. The issues have been directed towards answering the research questions posed in the first chapter and have also included other areas of interest which have emerged throughout the analysis of the results of this study.

#### Evolution of the Municipal Workplace Wellness Initiative

**Development of the Corporate Wellness Pass.** The Corporate Wellness Pass Program was established through the Parks and Recreation department as a 20% discount for three and six month recreation passes, available to groups of five or more employees. The program was proposed to include municipal employees in response to the lack of support for the Active Living Pass Proposal requesting a further discount for employees.

The development of the Corporate Wellness Pass Program was dominated by the political frame. The discussion at council surrounding whether employees would have

access to this discount was focused on the concern for public scrutiny regarding the use of taxpayers' money to benefit employees. While this concern for public perception was not unique to this municipality, other cities, such as the City of Edmonton workplace wellness initiative have had success in overcoming these obstacles.

The symbolic frame was also very prominent in the development of the Corporate Wellness Pass Program as the low participation by municipal employees was perceived as a lack of awareness of the discount as well as confusion regarding whether employees in fact had access to this program. Symbolically, the lack of internal marketing of this program represented a reluctance on the part of the municipality to offer this discount to its employees.

**Employee Awareness of the Initiative.** The municipal workplace wellness initiative was found to have had a low profile within the municipal hall. The results of the employee awareness survey indicated that many employees were unsure about their access to the Corporate Wellness Pass Program and several interviewees suggested that many employees were not aware of the employee wellness committee. The employees were, however, aware of more health and wellness information being available at the worksite after the first five months of implementation of the walking groups, bulletin board, lunchtime seminars and the wellness newsletter.

The lack of employee awareness of the wellness initiative was found to be dominated by the symbolic and human resource frames. Symbolically, the culture in the municipality had not embraced the wellness concept to the point that it was emphasized in all areas of the municipality. While the culture was believed to be positive in the organization, it was apparent that the value of employee wellness and the promotion of a healthy lifestyle had not infiltrated entirely through the municipality.

From a human resource perspective, the low participation rates among the employees indicated that the programs offered were not fulfilling the needs of the employees. A reflection on how the programs could better meet the needs of the

employees was needed, and had been planned with the strategic focus of the combining of the rehabilitation and employee wellness committees.

**Municipal Participation in the Healthy Workplace Project.** The involvement of the municipality in the Healthy Workplace Project was believed to have had little influence on the overall municipal workplace wellness initiative. The conclusions which were made regarding the project, however, were that the needs assessment inventory was the most obvious outcome of the work of the committee as part of the project and that the leadership provided to the committee, by the government consultant, created more of dependent relationship rather than a facilitative role.

The needs assessment inventory was perceived from a negative standpoint by most of the interviewees. The lack of faith in the accuracy of the results, coupled with the non-response from management regarding the needs assessment process created doubt in the minds of the committee members as to the effectiveness of their efforts. The committee also experienced frustration with the process of developing an action plan from the results of the survey, while the employees not involved with the organization of the initiative held a negative perception of the commitment of the organization to the wellness movement as a result of the no action plan being implemented. It was concluded that the use of an assessment tool to identify issues for the employees in an organization needs to have an assurance of confidentiality, clearly outlined objectives for the use of the information and prompt feedback regarding the results and corresponding future plans for the program.

The municipal involvement in the Healthy Workplace Project was not dominated by any one framework. In fact, it was apparent that the various components or issues affected by the project were viewed through many different frames. The needs assessment survey was viewed through the political frame, with the police and fire departments trying to influence the results through a lack of accuracy of their responses. The lack of an action plan stemming from the results of the survey indicated a failure to

meet the needs of the employees, corresponding to the human resource frame, and symbolically it represented a lack of commitment from the organization. Finally, the structure of the workplace wellness committee and the confusion surrounding the leadership corresponded to the structural and human resource frames as the format for the committee involved with the government project did not meet the needs of the organization or the people involved in the process.

**Key Outcomes Reported for January 1991 until May 1996.** The key outcomes reported for the time period of this case study included the administration of the needs assessment survey by the workplace wellness committee, low participation in the programs offered as part of the municipal workplace wellness initiative and a lack of awareness of the programs available to municipal employees. Particular emphasis was placed on the confusion surrounding the Corporate Wellness Pass.

All of these outcomes were dominated by the human resource and symbolic frames. The needs assessment survey was discussed previously in the section highlighting the Healthy Workplace Project. Low participation and lack of awareness were perceived as a failure to meet the needs of the employees, either through direct programming or internal marketing of the available programs. As a result of these outcomes, it was concluded that programming within a municipal workplace wellness initiative should reflect the needs of the employees. This was believed to be accomplished through a formal or informal needs assessment, with immediate feedback, and diverse programming to attract individuals, such as those who could be 'potentially active', who would not participate otherwise.

A second conclusion stemming from the perceived outcomes of this initiative was that in order for programs to be successful, they must be marketed extensively within the organization, not only to management, but also to the employees who will participate in them. This marketing must include all types of employees, especially those least likely to

participate. The recruitment of people in management to be advocates of the programs was also believed to be a crucial component to provide role models for the employees.

### **Subsidiary Conclusions**

**Management Support.** An additional conclusion, derived from this research, was that management support for a wellness initiative is imperative to the success of the programs. Without management support, the employees involved in organizing this type of initiative experienced frustration and disempowerment with the organization. These negative experiences have been suggested as having implications for future success within this initiative and the overall trust in the values held by the leaders in the municipality.

**Employee-based Committees.** Another area in which conclusions were facilitated was that of the employee-based committees. These types of committees were believed to be an essential strategy in planning workplace wellness initiatives, however, it was evident that an important consideration is to allow enough flexibility in the structure of these committees to meet the needs of the representatives and the organization. This flexibility was believed to include goal-setting, the roles of the committee members, and the procedure for keeping management informed of the progress.

**Use of External Consultants.** Further along the theme of flexibility in structure for an initiative includes the situation where an external leader has been recruited to assist with the planning of a wellness initiative, such as the Healthy Workplace Project was for this municipality. It was apparent that any external system exerting influence on an initiative must demonstrate flexibility to meet the needs of the organization involved, as opposed to trying to fit the organization's wellness initiative into a preconceived format.

The use of an external consultant, such as the one provided by the provincial government for this municipality, represented an interesting partnership between corporations and the role of government. The much needed assistance in terms of funding for projects such as the needs assessment was seen as an ideal role for the government to play in promoting wellness initiatives in community organizations. Caution, however, was evidently needed in the provision of support for these types of programs. It was apparent that the role of the consultant needed to be outlined clearly for those involved on the committee and that a distinction between facilitation and leadership was not demonstrated.

**Committee Structure.** An additional conclusion from this research was that the structure of the employee committees needed to be adjusted to meet not only the tasks required, such as distribution of information and programming, but also the expertise and authority to carry out these tasks. For this initiative, an adjustment to the structure of the workplace wellness and employee wellness committees to include a senior manager and council representative may have been warranted. The administrative knowledge of these representatives would have provided an additional perspective to the problem solving discussions and the goal-setting process for the committees. It also may have provided a link to the managerial levels of the organization to relay the needs of the employee representatives to the appropriate level of authority.

**Conceptual Pluralism.** Finally, it was concluded that consideration must be given from all sides of an initiative to the existence of multiple interpretations for a given event. Any event within this municipal workplace wellness initiative, could have been viewed through a different frame, whether structural, political, human resource or symbolic. For this reason, the use of Bolman and Deal's (1991) framework for organizational analysis was believed to be useful for studying this municipal workplace wellness initiative. With this in mind, it was believed to be essential that those involved

in organizing wellness initiatives consider the assumptions outlined in each of these frames to prepare for encounters with alternative viewpoints.

### **Summary of Conclusions**

1. Internal marketing of wellness programs is imperative to their success
2. Programs need to target 'potentially active' employees, not the 'interested well'
3. Incorporation of the wellness movement throughout the organization's culture, including all levels of management
4. Assurance of confidentiality and implementation of an action plan following the use of a needs assessment survey
5. Secure management support at all levels for the program
6. Use of employee-based committees with flexible structure / format to meet the needs of the members
7. Clearly defined roles for external consultant as well as flexibility in format of working with employee-based committees
8. Inclusion of representation from senior management on employee-based committees to assist with authority to carry out programs
9. Use of multi-dimensional framework which allows for multiple perspectives when viewing workplace wellness initiatives

### **Areas For Further Study**

The use of employee-based committees in planning workplace wellness initiatives was believed to be an area in need of further research. Inquiries into the selection of employee representatives for these types of committees was seen as a crucial component to the success of these types of committees. Questions to be answered would have included ideal skills looked for in representatives, the typical number of people from

each area, depending on the size of the department, and whether committees should be selected for each phase of the planning process.

Another area suggested for further research is the marketing of wellness programs to '*potentially active*' employees, as opposed to those people who are already interested in health and wellness activities. The common frustration expressed by the committee members, and evident in the literature on workplace wellness programs, has been the need for alternative avenues to recruit those in most need of the information and opportunities to enhance their health and wellness.

A final suggestion to add to this area of growing literature was the need to address the coordination of reactive and preventive wellness programs within an organization. This coordination included the role of the health and safety officer, rehabilitation committee, employee assistance program and the preventive wellness programs. In a large municipality such as this one, the responsibilities and activities to enhance the wellness of the workforce needed to be divided among several committees to distribute the workload. It would have been interesting to follow-up this study with an examination of the efforts to coordinate the rehabilitation and employee wellness committee activities towards a stronger corporate strategy.

### **Post-script**

#### **Municipal Workplace Wellness Initiative Status - January 1997**

At the time the results of this study were being written (January 1997) the municipal workplace wellness initiative had evolved with a more strategic approach to promoting health amongst its employees, which included combining the preventive and rehabilitative efforts within the initiative. A sub-committee was established which consisted of representatives from the employee wellness and rehabilitation committees to facilitate this approach to health promotion. The purpose of the rehab/wellness sub-

committee was to establish a stronger link between the rehabilitation and wellness committees (Minutes from Rehabilitation Committee meeting, September 4, 1996).

Rehab/wellness sub-committee efforts up until January 1997 included the recruitment of two fitness specialists from the recreation centres (replacing the researcher of this study on the wellness committee) to provide expertise in the area of health and wellness programming. Funds were secured from the rehabilitation budget to pay these two individuals for their time spent at committee meetings. The sub-committee developed an action plan which included the presentation of a proposal to the management committee requesting that a portion of the funds from the rehabilitation budget be allocated towards the wellness program "*...as it would be of benefit to the Municipality if it resulted in a reduction of costs for sick leave*" (Minutes of Rehab/Wellness Sub-committee, December 5, 1996).

An expanded employee assistance program (EAP), an additional component of the initiative, was launched in January 1997 (Employee notice, January 1997). This program was coordinated by the rehabilitation committee and evolved as a result of collective bargaining between the CUPE union and the municipality. The previous EAP was limited in that it provided 100% coverage for three employee visits to a registered psychologist. The expanded program was made possible through a cost-sharing agreement between the union and the municipality and has included a maximum of 12 visits with 100% coverage (SM3).

Internal promotion of the Corporate Wellness Pass Program within the municipality was coordinated by the corporate wellness committee. A notice was distributed in the paycheques highlighting the discount available to municipal employees. It was interesting that within six weeks of employees receiving this notice, that eight new Corporate Wellness Passes were sold. This represented a large increase when compared with 11 passes sold in the first year and a half that the program was available to municipal employees.

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## Appendix A

**INTERVIEW PROTOCOL :**  
**WORKPLACE WELLNESS COMMITTEE MEMBERS**

Participants were invited in for the interview and thanked for taking the time to talk to me. I asked them if they had ever been interviewed before for a research study. If they answered yes, I used it as a lead in to explain the procedures, such as "oh, then this type of format may be familiar to you...". If they answered no, I used a lead in comment before explaining the format to them, such as "oh, well, I'll just take a few minutes to explain the format to you".

While explaining the format of the interview, I informed each participant of their right not to answer a question if they do not want to, without any negative effects on their participation in the case study. They were reminded that the interview was being recorded on a cassette, and that only myself, my thesis supervisor, and one other member of my thesis committee would have access to the cassette, and that after a period of two years the cassette would be destroyed.

The interviewing procedure was conversational, yet focused in nature. It was conducted in this manner to create a feeling of trust between the participant and the myself, and to encourage relaxation on the part of the participant. Re-direction was used whenever the response to a question wandered into a situation where the participant was requesting interpretive responses from myself, or the conversation became irrelevant to the study. I attempted to keep my responses oriented towards acknowledgement of what the participant had said, either as a probe to continue talking, or indication that the topic of focus will be switched to another area, again, attempting to maintain a conversational overtone.

A timeframe of 90 minutes per interview was anticipated, although most interviews were 40-60 minutes in duration. I maintained the pace of each interview by re-directing the responses to the next question whenever sufficient information has been obtained for a given question, or the information became redundant.

While moving the interview towards closure, I reminded each participant of the verification procedure. They were contacted with a written summary of their responses to the questions, and predominant themes for each area, for verification that the summary described what they in fact intended to say. They were asked to put a checkmark in a box at the bottom of the summary to verify it was correct. Any changes were made on the page and returned to me. Steps were taken to protect their identity on the summary sheets, such as the use of pseudonyms, rather than names, and instructions for the participants to return the summaries to me via interoffice mail, in an envelope marked 'confidential'.

Please note: The same protocol for interviewing was used for all participants regardless of which group they were representing.

<p style="text-align: center;"><b>INTERVIEW GUIDE</b> (For Workplace Wellness Committee members)</p>
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The following is a list of the questions which were asked of interview participants representing the Workplace Wellness Committee. Participants were asked to answer the questions in as much detail as they felt comfortable. The questions were designed to elicit an "opinion-type" answer, as it was considered that there were no "right" answers.

**Committee Purpose / Functioning:**

The first group of questions focused on their participation on the Workplace Wellness Committee as well as committee purpose and functioning.

1. What do you feel was the primary purpose of the Workplace Wellness Committee?
2. How did you become involved with the committee?
3. Please tell me about your role on the Workplace Wellness Committee.
4. Who was in charge of the Workplace Wellness Committee?
5. To whom did the Workplace Wellness Committee report?
6. How did the Committee identify and outline goals for itself and the Initiative?
7. Please describe some of the goals of the Workplace Wellness Committee?
8. What types of relationships existed within the Workplace Wellness Committee?
9. What type of support do you feel you received from the leaders in the municipality for your work on the Workplace Wellness Committee?
10. What do you think is the rationale or meaning of having an employee-based Workplace Wellness Committee ?
11. How were the strengths, skills, and talents of the committee members utilized in the committee actions? and decisions?
12. What do you feel was the biggest factor leading to the dissolution of the Workplace Wellness Committee?

## **Workplace Wellness Committee Interview Guide cont'd**

### **Involvement in the Government Participative Action Research Project:**

The following questions pertained to the Municipal involvement in the Healthy Workplace Project with the BC Ministry of Health.

1. What were the two most pressing concerns arising from the results of the Workplace Health Inventory?
2. How was the action plan established by the Workplace Wellness Committee?
3. Describe what effect being part of the government project had on the overall process of promoting wellness in your workplace.

### **Overall Municipal Workplace Wellness Initiative:**

The following questions focused on the Initiative as a whole.

1. What do you feel is the purpose of this Municipal Workplace Wellness Initiative?
2. What do you believe have been the key outcomes or results of the Municipal Workplace Wellness Initiative since it began in 1991 until now?
3. What values would you say have been reflected through the overall Municipal Workplace Wellness Initiative?
4. If you think about resources as being things like money, time, assistance, supplies, etc., how have they been allocated within the Municipal Workplace Wellness Initiative?
5. If power is the ability to exert influence over decisions, people, and projects, how would you say the power is distributed throughout this Initiative?
6. What effects do you think the dissolution of the Workplace Wellness Committee had on the overall initiative?

**Workplace Wellness Committee Interview Guide cont'd****Evolution of the Corporate Wellness Pass:**

The following questions pertained to the proposals brought to Council regarding the Active Living pass and the Corporate Wellness Pass.

1. Are you familiar with the proposal which went to Council regarding the Active Living Pass? If so, what do you think are the issues surrounding the discussion of this proposal?
2. What were the reasons for Council tabling the discussion of the Active Living Pass proposal?
3. Please describe what you remember to be the recommendations given to the Workplace Wellness Committee by Council, when the proposal was tabled.
4. Describe the events you remember leading up to the creation of the Corporate Wellness Pass.
5. What do you think is the significance of the Corporate Wellness Pass with respect to the overall Municipal Workplace Wellness Initiative?

<b>INTERVIEW GUIDE</b> (For Employee Wellness Committee Members)
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The following is a list of the questions which were posed to Employee Wellness Committee Members. Participants were asked to answer the questions in as much detail as they felt comfortable. The questions were designed to elicit an "opinion-type" answer, as it was believed there are no "right" answers.

**Employee Wellness Committee:**

The following questions focused on their involvement on the Employee Wellness Committee.

1. What do you feel is the primary purpose of the committee?
2. Please describe how you were recruited for the Employee Workplace Committee.
3. What do you see as your role on the Employee Wellness Committee?
4. Who is in charge of the Employee Workplace Committee?
5. To whom does the Employee Workplace Committee report?
6. What would you say are the goals of the Employee Wellness Committee?
7. How are these goals established by the Employee Wellness Committee?
8. How would you describe the relationships amongst the members of the Employee Wellness Committee?
9. What do you think is the rationale or meaning behind establishing employee-based committees to be involved in the organization of the Municipal Workplace Wellness Initiative?
10. How are the strengths, skills, and talents of the members of the Employee Wellness Committee are utilized in the committee actions? and decisions?
11. What type of support do you receive from your department, and the leaders of the municipality for your work on the Employee Wellness Committee?

**Overall Municipal Workplace Wellness Initiative:**

1. What do you feel is the purpose of the Municipal Workplace Wellness Initiative?

**Employee Wellness Committee Interview Guide cont'd:**

2. What role would you say the Employee Wellness Committee plays in the overall Municipal Workplace Wellness Initiative?

3. What have been the key outcomes (or results) of the Initiative since it began in 1991, up until now?

4. What are the main programs and activities currently being promoted in the Initiative?

5. If you think about resources as being things like money, time, assistance, supplies, etc., how are they allocated within the Municipal Workplace Wellness Initiative?

6. If power is the ability to exert influence over decisions, people, and projects, how would you say the power is distributed throughout this Initiative?

7. What values do you think have been reflected in the Municipal Workplace Wellness Initiative?

**Corporate Wellness Pass:**

1. Are you familiar with the Municipal Corporate Wellness Pass? If so, what role do you believe it plays in the overall Municipal Workplace Wellness Initiative?

2. Are you familiar with the discussions at Council this spring regarding the Corporate Wellness Pass? If so, what impact do you think this has on the overall Municipal Workplace Wellness Initiative?

<p style="text-align: center;"><b>INTERVIEW GUIDE</b> (For Corporate Wellness Committee Members)</p>
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The following is a list of the questions which were posed to Corporate Wellness Committee Members. Participants were asked to answer the questions in as much detail as they felt comfortable. The questions were designed to elicit an "opinion-type" answer, as it was believed there are no "right" answers.

1. What would you say is the purpose of the Municipal Workplace Wellness Initiative?
2. What role does the Corporate Wellness Committee play in the overall Initiative?
3. What you believe to be the key outcomes (or results) of the Initiative since it began in 1991 and now?
4. Are you familiar with the proposal for the Active Living Pass, which went to Council in 1992? If so, what do you feel were the key issues leading to Council's decision to table the proposal until 1995?
5. What do you think is the significance of the Corporate Wellness Pass with respect to the overall Municipal Workplace Wellness Initiative?
6. Are you familiar with the discussions at Council this spring regarding the Corporate Wellness Pass? If so, what impact do you think this has on the overall Municipal Workplace Wellness Initiative?
7. Describe what you see as the main programs and activities currently being promoted as part of the Municipal Workplace Wellness Initiative.

**INTERVIEW GUIDE**  
(For Municipal Senior Managers)

The following is a list of the questions which were posed to Municipal Senior Managers. Participants were asked to answer the questions in as much detail as they felt comfortable. The questions were designed to elicit an "opinion-type" answer, as it was believed there are no "right" answers.

**Overall Municipal Workplace Wellness Initiative**

1. What would you say is the purpose of the Municipal Workplace Wellness Initiative?
2. Would you please describe the critical events which you believe have influenced the Municipal Workplace Wellness Initiative ?
3. What have been the key outcomes (or results) of the Initiative since it began in 1991, up until now?
4. What values do you think have been reflected in the Municipal Workplace Wellness Initiative?
5. What type of role do you play in the overall Initiative, as a Senior Manager?
6. If you think about resources as being things like money, time, assistance, supplies, etc., how are they allocated within the Municipal Workplace Wellness Initiative?
7. If power is the ability to exert influence over decisions, people, and projects, how would you say the power is distributed throughout this Initiative?
8. Describe what influence you think being part of the government project had on the overall Municipal Workplace Wellness Initiative.

**Employee-based Committees**

The following questions related to the various employee-based committees established throughout the initiative from 1991 until 1996.

1. What do you think is the rationale or meaning behind of having employee-based committees involved in the organization of the Municipal Workplace Wellness Initiative?

2. Do /did you have anyone under your supervision on the employee committees? If so, what type of support is /was provided to them?

**Senior Managers Interview Guide cont'd:**

3. If yes, how does / did their participation affect your department?
4. What factors do you think led to the dissolution of the initial Workplace Wellness Committee?

**Active Living Pass Proposal / Corporate Wellness Pass:**

The following questions focused on the Active Living Pass proposal and the Municipal Corporate Wellness Pass.

1. Are you familiar with the proposal which went to Council regarding the Active Living Pass? If so, what do you think are the issues surrounding the discussion of this proposal?
2. What were the reasons for Council tabling the discussion of the Active Living Pass proposal?
3. Please describe what you remember to be the recommendations given to the Workplace Wellness Committee by Council, when the proposal was tabled.
4. Again focusing on the Active Living Pass proposal, what message do you feel was sent to the employees when the proposal was tabled?
5. Are you familiar with the Municipal Corporate Wellness Pass?
6. Why was the Council focused on approving the Corporate Wellness Pass for all businesses in the municipality, as opposed to just municipal employees only (as was outlined in the Active Living Pass)?
7. Describe the events you remember leading up to the creation of the Corporate Wellness Pass.
8. What issues surrounding the Corporate Wellness Pass have been discussed at Council this past spring?
9. What is the role you see the Corporate Wellness Pass has in the overall Municipal Workplace Wellness Initiative?

<p style="text-align: center;"><b>INTERVIEW GUIDE</b> (For Municipal Councillors)</p>
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The following is a list of the questions which were posed to members of Council. Participants were asked to answer the questions in as much detail as they felt comfortable. The questions were designed to elicit an "opinion-type" answer, as it was believed there are no "right" answers.

**Active Living Pass Proposal:**

1. What key issues surrounded the discussion and tabling of the Active Living Pass proposal in 1992/93, and again in 1994, for a 50% reduction on recreation passes for municipal employees?
2. What was the nature of the public concern regarding the Active Living Pass for municipal employees?
3. What message do you believe was sent to the employees regarding this proposal?
4. What was the basis for approving the Corporate Wellness Pass for all businesses in the municipality, as opposed to just the municipal employees?
5. In much of the literature on Corporate Health and Wellness, and in the Active Living Pass proposal itself, there is mention of the benefits to an organization when employees are healthier. What discussion took place surrounding the municipal employees as assets of the municipality?

**Municipal Workplace Wellness Initiative Overall:**

1. What would you say is the purpose of the Municipal Workplace Wellness Initiative?
2. In your opinion, what would you say have been the key outcomes or results of the Municipal Workplace Wellness Initiative since it began in 1991 until now?

<p style="text-align: center;"><b>INTERVIEW GUIDE</b> (For Employees)</p>
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The following is a list of the questions which were posed to Municipal Employees. Participants were asked to answer the questions in as much detail as they felt comfortable. The questions were designed to elicit an "opinion-type" answer, as it was believed there are no "right" answers.

1. What would you say is the purpose of the Municipal Workplace Wellness Initiative?
2. What would you say have been the key outcomes (or results) of the Initiative since it started in 1991 until now?
3. What role would you say the employee workplace wellness committees have played in the overall Initiative?
4. What do you think is the rationale or meaning behind having employee-based committees involved in the organization of the Municipal Workplace Wellness Initiative?
5. Would you say that employees are viewed as assets of the organization with respect to the Municipal Workplace Wellness Initiative? Please describe how this viewpoint may or may not fit this initiative.
6. Has this reflection remained the same over the 5 years? or has it changed throughout?
7. What values do you think have been reflected in the Municipal Workplace Wellness Initiative?
8. Are you familiar with the proposal for the Active Living Pass, which went to Council in 1992? If so, what do you feel were the key issues leading to Council's decision to table the proposal until 1995?
9. Are you familiar with the Corporate Wellness Pass?
10. If so, what do you think is the significance of the Corporate Wellness Pass with respect to the overall initiative?
11. Do you currently participate in the activities being promoted as part of the Initiative? If not, would you mind describing why?

## **Appendix B**

**AN EXPLORATORY CASE STUDY OF A MUNICIPAL WORKPLACE  
WELLNESS INITIATIVE: 1991-1996**

**PARTICIPANT REQUEST FOR INTERVIEW LETTER**

June 17, 1996

Hello!

My name is Tracey O'Sullivan. I am a graduate student at the University of Victoria. I am currently conducting a study as part of my masters thesis, on corporate health and wellness, titled "An Exploratory Case Study of a Municipal Workplace Wellness Initiative: 1991-1996". The purpose of this case study is to examine the Municipal Workplace Wellness Initiative, including the evolution of the initiative, purpose and objectives, its role in the organization, and any obstacles encountered during the first 5 years. Key outcomes will be explored, as well as the role of the 'Healthy Workplace Project' in the initiative, and the development of the Corporate Wellness Pass.

As part of this case study, I hope to interview members of the previous Municipal Workplace Wellness Committee, and the current Employee Wellness and Corporate Wellness Committees, who have been involved in the initiative between 1991 and 1996. I would also like to interview members of the Municipal Council, Senior Managers, and Employees who have not been involved in the organization of this initiative. This letter is requesting your participation in an interview as a representative of the Workplace Wellness Committee group. The interviews are expected to take approximately 1 hour for each participant and may be scheduled at your convenience.

To assist with ensuring accuracy of data collection from the interviews, a cassette recorder will be used to record each interview, provided the participant agrees to this audiotaping. All participants have the option of not being audiotaped during the interview. Participants who have agreed to have their interviews recorded have the option of having the tape recorder turned off at any time during the interview. All steps will be taken to protect the identity of each interview participant on the tape as well as any written documents arising from the interviews.

The tapes will be listened to by myself, my thesis supervisor, Dr. Martin Collis, and my internal thesis committee member, Joan Wharf-Higgins, with no other persons having access to them. After a period of two years, the tapes will be destroyed. In the interim, they will be stored in a locked drawer of a secure area.

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Two weeks after the interviews, you will be provided with a written summary of your responses to the interview questions. For verification purposes you will be asked to review the summary and verify that the summary is correct in describing what you intended to say. This verification process will involve a time commitment of approximately 30 minutes to read the summary and edit any statements which do not reflect what you intended to say.

Please be assured that your participation in this interviewing process is completely voluntary. If you decide not to participate, your decision will be respected, absolutely, with no adverse consequences. If you decide to participate in the interviews, you will also have the right to withdraw from the study midway, or at anytime. You may also choose not to answer any questions you do not wish to answer. All steps will be taken to provide anonymity for participants in this study, to the best of my ability.

The results of this case study will be available to the public in the form of a masters thesis. Individual responses from the interviews will be written in a manner which protects the identity of the participants in the study, as well as the name and location of the municipality. The completed research study may be submitted for publication following acceptance by the university.

If you are interested in participating in this study, would you please fill out and sign one of the copies of the enclosed Informed Consent form highlighting when you would like to book an appointment for your interview, and providing your consent to conduct the interview and use the information from your interview in the written text of the case study. The other copy of the Informed Consent form is for your own records. Please mail the completed form to:

**Tracey O'Sullivan, 119 A Superior St., Victoria, BC, V8V 1T2.**

Thank-you for your time and consideration for my study. If you have any questions or concerns regarding the research or the interviewing process, please feel free to contact me at 383-2058. Additional contact may be made with my thesis supervisor, Dr. Martin Collis, at 721-8385.

Yours in Health and Wellness,

Tracey O'Sullivan  
Graduate Student, University of Victoria

**AN EXPLORATORY CASE STUDY OF A MUNICIPAL WORKPLACE  
WELLNESS INITIATIVE: 1991-1996**

**INFORMED CONSENT**

Yes, I \_\_\_\_\_ would like to participate in the interviews for the case study called " An Exploratory Case Study of a Municipal Workplace Wellness Initiative: 1991-1996". I understand that the purpose of this case study is to examine the Municipal Workplace Wellness Initiative, including the evolution of the initiative, purpose and objectives, its role in the organization, and any obstacles encountered during the first 5 years. Key outcomes will be explored, as well as the role of the 'Healthy Workplace Project' in the initiative, and the development of the Corporate Wellness Pass.

I understand that the interview will address issues related to the evolution of the Municipal Workplace Wellness Initiative from its inception in 1991 until April 30, 1996. I also understand that the questions will relate to the purpose, objectives, and the roles of the wellness committees and the initiative itself in the organization, key outcomes of the initiative, as well as problems encountered during this time period with the initiative. I understand that I may be asked questions concerning the role of the Healthy Workplace Project in the Municipal Workplace Wellness Initiative or discussions regarding the development of the Corporate Wellness Pass for the recreations centres.

I am aware that the proposed plan for this research involves interviews with the members of the previous Municipal Workplace Wellness Committee, and the current Employee Wellness and Corporate Wellness Committees, who have been involved in the initiative between 1991 and 1996. I also understand that interviews will be conducted with members of the Municipal Council, Senior Managers, and Employees who have not been involved in the organization of this initiative. I understand that my participation in the interviews is being requested on the basis of representing the \_\_\_\_\_ group.

I understand that the interview I am being asked to participate in is expected to take approximately 1 hour, and that it may be scheduled at my convenience. I also understand that the research plan involves having the interviews recorded on a cassette recorder, for the purpose of accurate data collection, and that all participants have the option of not being audiotaped during the interview. I understand that I may exercise this option of participating in the interviews without being audiotaped, or withdrawing from the study at any time, without experiencing any negative consequences. If I agree to have my interviewed recorded, I understand that I have the option of having the cassette recorder turned off at any time during the interview. I also understand that the researcher will take all steps to protect my identity on the tapes and corresponding written materials resulting from my interview. I understand that any raw data, in any form, collected from this study will only be seen by Tracey O'Sullivan, her thesis advisor, Dr. Martin Collis, and her internal thesis committee member, Professor Joan Wharf-Higgins.

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All participants will be given the opportunity to verify a written summary of their responses to the interview questions. I understand that this verification will take approximately 30 minutes to complete and my anonymity will be protected through a process which involves checking off a box at the bottom of the summary, indicating that the information is correct. I understand that the tapes and summaries will be kept in a secure place for 2 years, after which they will be destroyed, so that I may remain anonymous for my participation in this study. I understand that all steps will be taken to provide anonymity for me as a participant in this study, to the best of the researcher's ability.

I understand that my participation in this study is completely voluntary and that I may choose to withdraw midway or at any time with no negative consequences. In the event that I do withdraw from the study, I understand that the data collected to that point will be destroyed immediately. I understand that I have the right not to answer any questions that I do not wish to answer, without experiencing any negative consequences.

I understand that I may contact Tracey O'Sullivan or Martin Collis at anytime if I have concerns or questions regarding this study.

I understand that the results of this case study will be available to the public in the form of a masters thesis and that individual responses from the interviews will be written in a manner which protects the identity of the participants in the study, as well as the name and location of the municipality. I am also aware that the completed research study may be submitted for publication following acceptance by the university.

I give my informed consent for the information obtained through my interview to be used in the written text for this case study for the purpose of a masters thesis and possibly a revised version of the document for publication.

I have a copy of this informed consent form for my own records.

Please sign below to indicate that you have read, understand and give informed consent on this form.

Name: \_\_\_\_\_ Signed: \_\_\_\_\_  
Date: \_\_\_\_\_

Thank-you!



### Certificate of Approval

University of Victoria  
Committee on Research and Other Activities  
Involving Human Subjects

<u>Principal Investigator</u> <b>Tracey O'Sullivan</b> Grad Student	<u>Department/School</u> <b>Physical Education</b>	<u>Supervisor</u> <b>Dr. Martin Collis</b>	
<u>Co-Investigators:</u>			
<u>Title:</u> <i>Employee Awareness of a Municipal Workplace Wellness Initiative</i>			
<u>Project No.</u> <b>281-95</b>	<u>Start Date</u> <b>15 Dec 95</b>	<u>End Date</u> <b>31 Dec 95</b>	<u>Approval Date</u> <b>12 Dec 95</b>

### Certification

This is to certify that the University of Victoria Ethics Review Committee on Research and Other Activities Involving Human Subjects has examined the research proposal and concludes that, in all respects, the proposed research meets appropriate standards of ethics as outlined by the University of Victoria Research Regulation Involving Human Subjects.



Michael Corcoran,  
Associate Dean, Research

Alex McAuley,  
Associate Vice-President, Research

**This Certificate of Approval is valid for the above term provided there is no change in the procedures. Extensions/minor amendments may be granted upon receipt of "Request for Continuing Review or Amendment of an Approved Project" form.**



# University of Victoria

## Certificate of Approval

University of Victoria  
Human Research Ethics Committee

Office of Research  
Administration

Alex McAuley, Ph.D.  
Associate Vice-President,  
Research

Michael Corcoran, Ph.D.  
Associate Dean, Research

<u>Principal Investigator</u> <b>Tracey O'Sullivan</b> Grad Student	<u>Department/School</u> <b>Physical Education</b>	<u>Supervisor</u> <b>Dr. M. Collis</b>
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**Title:** *An Exploratory Case Study of a Municipal Workplace Wellness Initiative 1991-1996*

<u>Project No.</u> <b>166-96</b>	<u>Start Date</u> <b>10 Jun 96</b>	<u>End Date</u> <b>31 Dec 96</b>	<u>Approval Date</u> <b>10 Jun 96</b>
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### Certification

This is to certify that the University of Victoria Ethics Review Committee on Research and Other Activities Involving Human Subjects has examined the research proposal and concludes that, in all respects, the proposed research meets appropriate standards of ethics as outlined by the University of Victoria Research Regulation Involving Human Subjects.

Michael Corcoran,  
Associate Dean, Research

Alex McAuley,  
Associate Vice-President, Research

**This Certificate of Approval is valid for the above term provided there is no change in the procedures. Extensions/minor amendments may be granted upon receipt of "Request for Continuing Review or Amendment of an Approved Project" form.**

Room B115,  
Sedgewick Building  
P.O. Box 1700  
Victoria, BC  
V8W 2Y2  
Telephone: (604) 721-7973  
Facsimile: (604) 721-8960

## Appendix C

## Hello!

My name is Tracey O'Sullivan. I am a graduate student at the University of Victoria, and a Fitness Technician at one of the (municipal recreation centres). I am currently conducting a study as part of my masters thesis, on corporate health and wellness, titled "Employee Awareness of a Municipal Workplace Wellness Initiative". The purpose of this study is to determine the effectiveness of a workplace wellness initiative in raising employee awareness and participation in wellness activities.

The following questionnaire highlights questions about the Municipal Workplace Wellness Initiative. It is being distributed now and will be distributed again next spring, to all employees throughout the Municipal Hall. The questionnaire takes approximately 5 minutes to complete. Your participation is requested, however is completely voluntary, and your right not to participate will be respected absolutely, with no record, given that no names will be used on the surveys. The completed questionnaires will be destroyed after a period of 2 years, with only the members of my thesis committee having access.

To keep this survey as confidential as possible, we ask that when you have finished answering the questions, please **do not** put your name on the sheet. It will be assumed that if the questionnaire is filled out, that informed consent has been given to use the results in the analysis. Please return the completed surveys to Tracey O'Sullivan, at (the recreation centre), via inter-office or regular mail, no later than **December 1, 1995**. If you have any concerns regarding this study, or would like to have more information, please feel free to contact me at 383-2058. I would be happy to address any concerns or questions you may have. Additional questions may directed to my faculty supervisor, Dr. Martin Collis, at 721-8385, at the University of Victoria.

Please answer the following 6 questions by placing an X on the 'yes' line or X on the 'no' line beside each question as it pertains to you.

1. Have you ever purchased a (Municipal) Corporate Wellness Pass? Yes \_\_\_\_\_ No \_\_\_\_\_
  
2. Have you attended a program or used the facilities at any of the (Municipal) Recreation Centres in the past month?  
Yes \_\_\_\_\_ No \_\_\_\_\_
  
3. In the past week, have you been exposed to any educational material on health and wellness at the workplace? (For example: pamphlets, books, magazine articles, bulletin board articles, attended a health / wellness workshop)  
Yes \_\_\_\_\_ No \_\_\_\_\_
  
4. Have you attended any health and wellness seminars in the past month?  
Yes \_\_\_\_\_ No \_\_\_\_\_
  
5. Have you had your blood pressure taken in the past 4 months?  
Yes \_\_\_\_\_ No \_\_\_\_\_
  
6. Have you participated in any lunchtime exercise out of the Hall in the past month?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Thank-you for your time!

Yours in health and wellness,

Tracey O'Sullivan A (Graduate student, University of Victoria)

# HEALTH IN THE WORKPLACE EMPLOYEE QUESTIONNAIRE

## DECEMBER 1991



**Please take a few minutes to fill out this questionnaire. Your answers will help your organization plan ways to improve your health and well-being.**

# WHAT THIS SURVEY IS FOR



**Your work can affect your health.** *Most Canadians spend more than one-third of their waking hours at work. Workplace health programs can help employee and employer alike. After all, if we get healthier, we not only feel better, but we can be more successful in our work - and that benefits everybody.*

*Some examples of workplace health programs are stop-smoking programs, fitness programs, and employee assistance programs. A health program could also involve changing the workplace itself - the surroundings, schedules or lines of communication - to reduce stress or increase workplace safety.*

**Although participation is voluntary, this questionnaire gives you a chance to influence the health programs at your workplace.** *By answering the questions here, you can help give an overall picture of employee health needs. That way, your workplace health program can be based on real needs.*

**Your answers will be kept in strict confidence.** *Do not put your name on this questionnaire. Once you fill it out and seal it in its envelope, it will never be seen by your employer or anyone else in your workplace. Instead an outside agency will count up the results and report to the worksite health committee/small business group on the overall health needs and concerns of employees as a group.*

# INSTRUCTIONS



- **Please read each question carefully, and answer as accurately as you can. Your answers are completely confidential.**
- **Use a pencil so you can erase any answers you want to change.**
- **When you are finished, seal your completed questionnaire in the enclosed envelope.**
- **Put your sealed envelope in the box at a designated collection site or, if you wish, put a stamp on it and mail it directly.**

## RATING YOUR OWN HEALTH

1. In your opinion, would you say your health is ...

- 01  Excellent  
 02  Very good  
 03  Good  
 04  Fair  
 05  Poor

2. What, if anything, would you like to do in the next year to improve or maintain your health? Check all the answers that apply to you.

- 01  Drink less coffee or tea  
 02  Lose weight  
 03  Gain weight  
 04  Eat better  
 05  Exercise more  
 06  Remove a major source of worry, nerves or stress from my life  
 07  Learn to cope better with worry, nerves or stress  
 08  Change jobs  
 09  Change my home situation  
 10  Quit smoking, or smoke less  
 11  Drink less alcohol  
 12  Cut down on painkillers, sleeping or calming medications  
 13  Cut down on other medications  
 14  Cut down on non-medical drug use  
 15  Get medical treatment  
 16  Have my blood pressure checked  
 17  Try to control my blood pressure  
 18  Nothing

3. What, if anything, is stopping you from making this change? Check all the answers that apply to you.

- 01  Problem isn't serious; there's no rush  
 02  Not enough time  
 03  Not enough energy  
 04  Not enough money  
 05  Too depressed  
 06  Don't know how to get started  
 07  No encouragement from family and friends  
 08  No encouragement or help from employer  
 09  It's too hard  
 10  Don't want to change my ways  
 11  Not sure I can really make a difference  
 12  Too much stress right now  
 13  Fear of the unknown  
 14  Lack of self-confidence  
 15  I don't know what is stopping me

4. In the last year, how many days were you away from work because you were sick, injured or disabled?

01  days

5. How tall are you (without shoes)?

01  ft 02  in, or

03  cm

6. How much do you weigh?

01  lb, or

02  kg

## FEELING IN CONTROL

.....

7. Show how you feel about the following statements:

	Agree		Not Sure	Disagree	
	Strongly	Agree		Disagree	Strongly
I am in control of my own health.	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>
I have an influence over the things that happen to me at work.	06 <input type="checkbox"/>	07 <input type="checkbox"/>	08 <input type="checkbox"/>	09 <input type="checkbox"/>	10 <input type="checkbox"/>

## PHYSICAL ACTIVITY

.....

8. In a typical week, how often do you spend at least 15 minutes at a time in vigorous physical activity? Examples of such activity would be lifting, carrying, cleaning, jogging, brisk, walking, sports, farm work, gardening, dancing, climbing, exercise, etc.

- 01  Never
- 02  Less than once a week
- 03  1 or 2 times a week
- 04  3 to 5 times a week
- 05  More than 5 times a week

## WORRY, NERVES OR STRESS

9. What, if anything, caused you excess worry, "nerves" or stress at work in the last six months? Check all the answers that apply to you.

- 01  I changed jobs
- 02  Too many changes within my job
- 03  I don't like the hours
- 04  Too much time pressure
- 05  Unscheduled overtime
- 06  My duties are not clear
- 07  My duties conflict with one another
- 08  Management tries to control my work too much
- 09  I don't have enough influence over what I do and when I do it
- 10  Too much responsibility
- 11  Supervisors or managers have unrealistic expectations of me
- 12  Deadlines
- 13  I don't get any feedback on how I'm doing
- 14  I'm not treated fairly here
- 15  I'm afraid of being laid off
- 16  My work tires me physically
- 17  My work tires me mentally
- 18  My work is boring
- 19  I am being sexually harassed by someone at work
- 20  I am being discriminated against
- 21  Conflict with other people at work
- 22  I feel isolated from my co-workers
- 23  I have difficulty speaking with people at work
- 24  I have difficulty understanding written instructions
- 25  Nothing
- 26  The whole grievance process
- 27  Job expectations of me are not clear
- 28  Unfair disciplinary action
- 29  More work with fewer resources

10. What, if anything, caused you excess worry, "nerves" or stress at home or outside of work in the last six months? Check all the answers that apply to you.

- 01  A close family member or friend has been ill or injured
- 02  A close family member or friend has died
- 03  Unexpected pregnancy
- 04  Birth or expected birth of a child
- 05  Adoption of a child
- 06  I have begun a new, close relationship (including getting married)
- 07  Divorce or separation
- 08  Arguments with my spouse, partner, children or roommate
- 09  Arguments with other family members (parents, grandparents, grandchildren, etc.)
- 10  Physical abuse at home
- 11  Verbal or emotional abuse at home
- 12  Child care or daycare problems
- 13  Child running away from home
- 14  Finding a place to stay or moving to a new home
- 15  Change in living situation (new roommate, family member leaving, etc.)
- 16  Took on a big expense
- 17  Took on a big loan
- 18  I don't have enough money
- 19  Trouble with the law
- 20  Alcohol or drug use by a member of my family
- 21  My own alcohol or drug use
- 22  I have trouble balancing home and work responsibilities
- 23  I have too much to do
- 24  Fear of AIDS or other sexually transmitted diseases
- 25  I have trouble getting to and from work
- 26  Nothing

**11. What, if anything, would you like to do to cope better with worry, "nerves" or stress? Check all the answers that apply to you.**

- 01  Exercise more
- 02  Get out more often, make new friends, socialize
- 03  Make a major change in my life (for example, change jobs, move or leave home)
- 04  Drink less alcohol
- 05  Cut down on painkillers, sleeping or calming medications
- 06  Cut down on other medications
- 07  Cut down on non-medical drug use
- 08  Drink less coffee or tea
- 09  Eat better
- 10  Spend more time with my family
- 11  Manage time better
- 12  Learn more about coping with worry, nerves or stress
- 13  Learn to relax
- 14  Sleep more or sleep better
- 15  Get professional help
- 16  Get more money
- 17  Manage money better
- 18  I don't know what I could do

**12. What, if anything, is stopping you from making these changes? Check all the answers that apply to you.**

- 01  Problem Isn't serious; there's no rush
- 02  Not enough time
- 03  Not enough energy
- 04  Not enough money
- 05  Too depressed
- 06  Don't know how to get started
- 07  No encouragement from family and friends
- 08  No encouragement or help from employer
- 09  It's too hard
- 10  Lack of self-confidence
- 11  Don't want to change my ways
- 12  Fear of the unknown
- 13  Not sure I can really make a difference
- 14  I don't know what is stopping me

## SLEEP

13. How many hours do you usually sleep every night (or day, if on shift work)?

<sup>01</sup>  hrs

14. How often do you have trouble sleeping?

<sup>01</sup>  More than once a week

<sup>02</sup>  Once a week or less

<sup>03</sup>  Never

15. In general, how often are you so physically or mentally tired at the end of work that you do not really enjoy your time away from work?

<sup>01</sup>  Very often

<sup>02</sup>  Often

<sup>03</sup>  Not very often

<sup>04</sup>  Never

## SOMEONE TO COUNT ON

16. When you are worried, upset or under stress, how many people can you really count on to understand how you are feeling?

<sup>01</sup>  No one

<sup>02</sup>  1 or more people

## SEEKING HELP

17. During the last year, did you seek help or counselling for a non-medical, personal or emotional problem of any kind?

<sup>01</sup>  Yes, through my employer or through a service provided by my employer (such as an employee assistance program)

<sup>02</sup>  Yes, but not through my employer

<sup>03</sup>  No, but I thought about it

<sup>04</sup>  No

## SMOKING, ALCOHOL, MEDICATION AND OTHER DRUGS

.....

*We would like to remind you that this questionnaire is confidential. No individual questionnaire can be identified. The results for your workplace as a whole will be tabulated by an outside agency, and the completed questionnaires will never be seen by anyone in your organization.*

18. How many cigarettes do you usually smoke a day?

- 01  None  
 02  Fewer than 10  
 03  10 or more

19. How many regular size (12 oz. or 360 mL) bottles of beer do you drink in a typical week? If none, put '0'.

01  bottles

20. How many shots (1.5 oz. or 45 mL) of spirits do you drink in a typical week? If none, put '0'.

01  shots

21. How many glasses (5 oz. or 150 mL) of wine do you drink in a typical week? If none, put '0'.

01  glasses

22. How many small glasses (3.5 oz. or 105 mL) of fortified wine (such as sherry) do you drink in a typical week? If none, put '0'.

01  glasses

23. In the last month, how often did you use medication or prescription drugs to help you sleep?

- 01  Daily, or almost every day  
 02  2 or 3 times a week  
 03  Once a week  
 04  2 or 3 times during the whole month  
 05  Once only  
 06  Not at all

24. In the last month, how often did you use medication or prescription drugs to reduce pain?

- 01  Daily, or almost every day  
 02  2 or 3 times a week  
 03  Once a week  
 04  2 or 3 times during the whole month  
 05  Once only  
 06  Not at all

25. In the last month, how often did you use medication or prescription drugs to calm you down?

- 01  Daily, or almost every day  
 02  2 or 3 times a week  
 03  Once a week  
 04  2 or 3 times during the whole month  
 05  Once only  
 06  Not at all

26. Do you use drugs (other than alcohol or tobacco) for non-medical reasons?

- 01  Often                      02  Rarely  
 03  Occasionally              04  Never

## SAFETY

27. Below is a list of health and safety hazards and unpleasant working conditions. Show how concerned you are about how each one affects you in your own job:

	Very Concerned	Somewhat Concerned	Not Very Concerned	Not At All Concerned	Does Not Apply
Too much heat or cold	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>
Bad air (stuffy, not enough air, etc.)	06 <input type="checkbox"/>	07 <input type="checkbox"/>	08 <input type="checkbox"/>	09 <input type="checkbox"/>	10 <input type="checkbox"/>
Too much noise or vibration	11 <input type="checkbox"/>	12 <input type="checkbox"/>	13 <input type="checkbox"/>	14 <input type="checkbox"/>	15 <input type="checkbox"/>
Poor workspace or not enough workspace	16 <input type="checkbox"/>	17 <input type="checkbox"/>	18 <input type="checkbox"/>	19 <input type="checkbox"/>	20 <input type="checkbox"/>
Poor lighting (too much, too little, etc.)	21 <input type="checkbox"/>	22 <input type="checkbox"/>	23 <input type="checkbox"/>	24 <input type="checkbox"/>	25 <input type="checkbox"/>
Having to perform unsafe work	26 <input type="checkbox"/>	27 <input type="checkbox"/>	28 <input type="checkbox"/>	29 <input type="checkbox"/>	30 <input type="checkbox"/>
Working with people who are under the influence of drugs or alcohol	31 <input type="checkbox"/>	32 <input type="checkbox"/>	33 <input type="checkbox"/>	34 <input type="checkbox"/>	35 <input type="checkbox"/>
Fire or explosion hazards	36 <input type="checkbox"/>	37 <input type="checkbox"/>	38 <input type="checkbox"/>	39 <input type="checkbox"/>	40 <input type="checkbox"/>
Litter or mess in work areas	41 <input type="checkbox"/>	42 <input type="checkbox"/>	43 <input type="checkbox"/>	44 <input type="checkbox"/>	45 <input type="checkbox"/>
Not enough safety training	46 <input type="checkbox"/>	47 <input type="checkbox"/>	48 <input type="checkbox"/>	49 <input type="checkbox"/>	50 <input type="checkbox"/>
Risk of physical strain (like a back injury)	51 <input type="checkbox"/>	52 <input type="checkbox"/>	53 <input type="checkbox"/>	54 <input type="checkbox"/>	55 <input type="checkbox"/>
Risk of eyestrain	56 <input type="checkbox"/>	57 <input type="checkbox"/>	58 <input type="checkbox"/>	59 <input type="checkbox"/>	60 <input type="checkbox"/>
Dangerous chemicals	61 <input type="checkbox"/>	62 <input type="checkbox"/>	63 <input type="checkbox"/>	64 <input type="checkbox"/>	65 <input type="checkbox"/>
Biological agents or infectious diseases	66 <input type="checkbox"/>	67 <input type="checkbox"/>	68 <input type="checkbox"/>	69 <input type="checkbox"/>	70 <input type="checkbox"/>
Unsafe equipment or machinery	71 <input type="checkbox"/>	72 <input type="checkbox"/>	73 <input type="checkbox"/>	74 <input type="checkbox"/>	75 <input type="checkbox"/>
X-rays, other radiation, or video display terminals	76 <input type="checkbox"/>	77 <input type="checkbox"/>	78 <input type="checkbox"/>	79 <input type="checkbox"/>	80 <input type="checkbox"/>
Electrical hazards	81 <input type="checkbox"/>	82 <input type="checkbox"/>	83 <input type="checkbox"/>	84 <input type="checkbox"/>	85 <input type="checkbox"/>
Excavation work	86 <input type="checkbox"/>	87 <input type="checkbox"/>	88 <input type="checkbox"/>	89 <input type="checkbox"/>	90 <input type="checkbox"/>
Working in isolation	91 <input type="checkbox"/>	92 <input type="checkbox"/>	93 <input type="checkbox"/>	94 <input type="checkbox"/>	95 <input type="checkbox"/>
Confined spaces	96 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>	99 <input type="checkbox"/>	100 <input type="checkbox"/>
Motorists disregard worker safety	101 <input type="checkbox"/>	102 <input type="checkbox"/>	103 <input type="checkbox"/>	104 <input type="checkbox"/>	105 <input type="checkbox"/>

28. What would you do if your supervisor told you to do something that you thought was dangerous for your health or safety?

- 01  I would do it anyway and not complain to anyone in authority  
 02  I would do it, but complain to someone in authority later  
 03  I would not do it until I was satisfied that there was no danger  
 04  I am not sure what I would do

## YOUR BACKGROUND

.....

*In order to make sense of the information you have given us so far, we need to ask you a few personal questions. Your answers will help us figure out which groups have what needs. Please remember, though, that no one will use it to try to identify you.*

### 29. How old are you?

- 01  Under 20  
 02  20-29  
 03  30-39  
 04  40-49  
 05  50-59  
 06  60 or over

### 30. What is your marital status right now? Please check only one answer.

- 01  Single / never married  
 02  Married  
 03  Widowed  
 04  Separated  
 05  Divorced  
 06  Living with someone

### 31. What is your sex?

- 01  Male  
 02  Female

### 32. How long have you been with this organization?

- 01  Less than 1 year  
 02  1-4 years  
 03  5-9 years  
 04  10-14 years  
 05  15 or more years

### 33. What is your level of education?

- 01  Elementary school  
 02  Went to high school but didn't finish  
 03  Finished high school  
 04  Went to community college but didn't finish  
 05  Finished community college  
 06  Went to university but didn't finish  
 07  University degree  
 08  Graduate degree

### 34. Do you have children for whom you are wholly or partly responsible?

- 01  Yes  
 02  No

### 35. Do you have other people (like elderly parents) for whom you are wholly or partly responsible?

- 01  Yes  
 02  No

### 36. a) What type of job do you have?

- 01  Managerial Supervisory  
 02  Clerical  
 03  Professional  
 04  Maintenance

## HOW YOUR EMPLOYER CAN HELP

.....

**37. How do you think your employer could help you improve your health? Check all the items that you think would be helpful to you personally.**

- |    |                          |  |    |                          |  |
|----|--------------------------|--|----|--------------------------|--|
| 01 | <input type="checkbox"/> | Provide better health benefits   | 13 | <input type="checkbox"/> | Provide or support weight-control programs               |
| 02 | <input type="checkbox"/> | Get more employee advice on how work is organized here   | 14 | <input type="checkbox"/> | Provide or support stop-smoking programs                 |
| 03 | <input type="checkbox"/> | Introduce job sharing or job rotation  | 15 | <input type="checkbox"/> | Provide or support stress control programs               |
| 04 | <input type="checkbox"/> | Introduce flexible hours   | 16 | <input type="checkbox"/> | Provide or support programs in other health areas        |
| 05 | <input type="checkbox"/> | Provide more workplace health and safety training  | 17 | <input type="checkbox"/> | Encourage employees to spend time improving their health |
| 06 | <input type="checkbox"/> | Train supervisors or managers to be more sensitive to employees' concerns                                    | 18 | <input type="checkbox"/> | Nothing  |
| 07 | <input type="checkbox"/> | Communicate more openly with employees   | 19 | <input type="checkbox"/> | Critical incident stress programs                        |
| 08 | <input type="checkbox"/> | Provide employee assistance programs to help people get counselling on personal, financial or other problems | 20 | <input type="checkbox"/> | Provide adequate change room facilities                  |
| 09 | <input type="checkbox"/> | Provide or support child care  | 21 | <input type="checkbox"/> | Provide thorough orientation programs                    |
| 10 | <input type="checkbox"/> | Look at how current shift schedules affect employees' sleep and health                                       |    |                          |  |
| 11 | <input type="checkbox"/> | Provide recreational or exercise facilities  |    |                          |  |
| 12 | <input type="checkbox"/> | Support use of outside exercise facilities by helping with the cost  |    |                          |  |

Thank you for your participation in this survey.

## **Appendix D**

Table 12.0

## Programs of the Municipal Workplace Wellness Initiative

<b>Program</b>	<b>Inception</b>	<b>Description</b>
Active Living Pass	(never implemented)	Proposal presented to council requesting a discount of 40% off recreation passes and 10% off recreation programs for municipal employees as well as one complimentary counselling session
Corporate Wellness Pass	Fall 1994 for public Winter 1995 for municipal employees	20% discount on 3 and 6 month recreation passes available to municipal employees and groups of 5 or more employees from other businesses
Lunchtime Walking Group	January 1996	Free walking group for municipal employees, based out of the municipal hall (25 minute walks scheduled at 12:05 and 1:05pm twice weekly)
Lunchtime Wellness Seminars	January 1996	Free 1/2 hour wellness monthly seminars held at the municipal hall, open to all municipal employees
Wellness Newsletter (example p.181)	January 1996	Monthly newsletter highlighting employee wellness activities and information articles
Wellness Bulletin Board (at Municipal Hall)	January 1996	Bulletin board in the lunch room at the municipal hall with health and wellness articles and information on employee wellness activities
Mayor's Walk	May 1992	Annual walk with the Mayor started in conjunction with Canada FITWEEK, and programmed in Environment Week for 1996



## EMPLOYEE WELLNESS NEWSLETTER

### VOLUME 1, JANUARY 1996

Well, here it is...our first issue of the Employee Wellness Newsletter! This is your newsletter, for all employees, so we welcome your feedback and input into future issues. Simply call Tracey O'Sullivan at 727-5310. Watch for your issue each month!

### UPCOMING HEALTH / WELLNESS WORKSHOPS

#### MUNICIPAL HALL:

#### FREE LUNCH 'N LEARN SEMINARS

(for all Employees)

**Exercise and Its Buried Treasures**  
with Tracey O'Sullivan, BA/BPHE

January 25, 1996 12:05-12:30pm or  
1:05-1:30pm

LOCATION: Committee Room #2

**Eating for a Healthy Heart**  
with Susan Boegman, RD.

February 29, 1996 12:05-12:30pm or  
1:05-1:30pm

LOCATION: Committee Room #2

### UPCOMING EVENTS

#### LUNCHTIME WALKING GROUP

Throw on your running shoes, and let's head out for a bit of lunchtime exercise to help increase your energy for the remainder of the day!

This is a moderate-paced walking group, for busy people who are interested in adding a bit of activity to their day. We'll venture out along the spur and other routes for approximately 25 minutes, with groups leaving the front doors of the Municipal Hall at 12:05pm and 1:05pm.

**When:** Mondays and Wednesdays

**Start date:** January 15, 1996.

**Meeting Place:** Municipal Hall Patio

**Contact Person:** Tracey O'Sullivan, 727-5310

### OUT WITH RESOLUTIONS... IN WITH ACTIVE LIVING

Ah, as we breathe the fresh air of a brand new year, with dreams of months to come and exciting adventures to undertake, as in other years it seems hard to believe another year has come and gone! While we had visions of sugarplums only 3 weeks ago, the images seem to have transformed into the infamous "list" ... that is, New Year's Resolutions.

Where did this widely used practice evolve? Why New Year's Day? Why not September 1st, or tomorrow, or today?

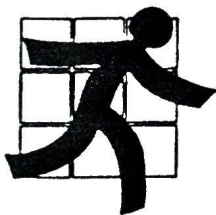
When you discuss these resolutions with the average person, their lists are often unrealistic and require sudden changes in effort and commitment. There is nothing wrong with setting goals and to make the behaviour change positive, which increases the likelihood that it will be longterm.

The concept of Active Living promotes small subtle steps towards a gradual improvement in one's physical, mental and spiritual health. It is these small, attainable changes incorporated gradually into a person's lifestyle that add up to larger goals which are more realistic, and thus positive changes.

So let's break the tradition of New Year's Resolutions and adopt the Active Living perspective starting today... it is the little steps that count!

### DID YOU KNOW ? ...

- That Active Living can help you:
  - maintain a healthy weight
  - strengthen your muscles, heart & lungs
  - lower your risk of heart disease
  - have more energy and feel great
- The Canada Food Guide recommends adults eat 5 - 10 servings of fruits and vegetables per day.



# LIFESTYLE TIPS

Contemplating Exercise?

*CFLRI: The Researchers in Active Living*

Whoever said contemplation was for monks and nuns only? Many of us contemplate, and for a long time, whether to exercise or not.

Are you a contemplator? Try finishing these two sentences:

- I ought to exercise because...
- I don't exercise because...

If you are a true contemplator, your list of cons outweighs your list of pros. Part of you orders you around: "Exercise!" Another part rebels. "No way!" Guess which part usually wins at this game...

Contemplators are aware that being sedentary is a problem. They see the advantages of an active lifestyle but can't get started. Contemplators are seriously thinking about becoming active; they simply have not made a decision to take action yet. They may have been active at one point but have let go of the habit.

Research has identified five stages of change: precontemplation, contemplation, preparation, action and maintenance. Precontemplators are not even aware that a problem exists with being sedentary. Those in the preparation stage go one step further than contemplators in that they intend to take action in the next month and may have unsuccessfully tried to be active in the past year. The action stage is where people start being active regularly. It requires a great deal of effort and for that reason, new exercisers are very tempted to quit and regress to an earlier stage. If they persist, however, they embark on the maintenance stage, where they strive to keep up the regular pattern of activity by removing obstacles to being active.

Which stage lasts longest? — Contemplation. Ambivalence keeps

us stuck in that stage for years sometimes. To move on, we must ensure that the advantages outweigh the disadvantages. Here are ways to make this happen:

- Write down the pros and cons for being active. If you only list 5 or 10, keep looking. There are over 50!
- Consider the social benefits of physical activity. You could spend your activity night with a pal—what better excuse for being together!
- Put the fun back into exercise. Oops! Scrap that "e" word. Exercise carries more images of martyrdom and boring routines than fun. Call it something else, like active living, or fun walk, or activity night, whatever strikes your pleasure chord.
- Imagine a flow of fresh air and energy circulating inside your body. Envision loosening those stiff joints and filling your lungs with life-giving air. Or renewing the supply of oxygen to your overstressed brain cells.
- Think of three ways you could reward yourself for increasing your activity level.

Moving from contemplation to preparation is a matter of the pros becoming more powerful than the cons. Then it's simple psychology: to be consistent with our thinking, we must at least be somewhat active!

But beware, contemplators don't need immediate action; they especially need more insight. If you are a contemplator, take the time in the next month to find out more about the benefits of an active, healthy lifestyle. Make the most of your contemplation experience.

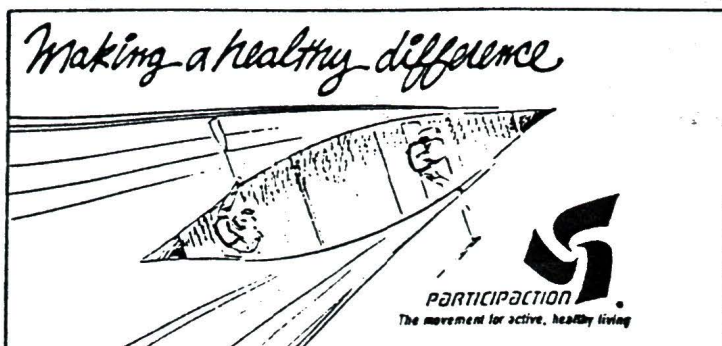
## FEBRUARY IS HEART-HEALTH MONTH!

WATCH FOR BLOOD PRESSURE CLINICS TO BE HELD AT THE MUNICIPAL HALL!



### IDEAS?

If you have ideas for topics for future issues of the Employee Wellness Newsletter, we'd like to hear them!! Please contact Tracey O'Sullivan at 727-5310 for suggestions or comments.



This article is provided by the Canadian Fitness and Lifestyle Research Institute in collaboration with ParticipACTION.

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