

# **Case Study**

Seven Oaks General Hospital  
Winnipeg, Manitoba

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## Introduction

This case study is one of a series of twelve such studies conducted by the Canadian Labour and Business Centre during 2001 – 2002.

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

**The following case study reflects the Centre’s main objective in undertaking this work, namely:**

- To identify the key features of the wellness initiatives in each workplace;
- To document the role of both management and unions/workers in managing these initiatives;
- To assess the relationship between the initiatives and the organization’s business strategy and ‘culture’; and
- To document the ways in which the workplace monitors the impacts of its health/wellness activities.

In short, the case studies are as much about the *process* of workplace wellness as about the *content* and *impacts* of individual workplaces’ initiatives.

Taken as a group, the full set of cases has been deliberately assembled to reflect, as widely as possible, a broad diversity of workplaces in terms of geography, sector, size, and union/non-union status. As a group, the cases are intended to tap the experience and practice of a variety of workplaces, in order to maximize the benefit from the case study work. Readers will note, as a result, that no two cases are alike, and that the lessons to be learned from each case vary considerably.

The full set of case studies will be available on the Centre’s website at [www.clbc.ca](http://www.clbc.ca), where they will be published individually. The Centre is also preparing a summary commentary on the cases, which will identify key common features – and important differences – among them. Finally, the Centre is developing a series of regional seminars at which some of the workplaces featured in these case studies will share their experiences. As they are scheduled, the seminars will also be listed on the CLBC website.

The Canadian Labour and Business Centre welcomes readers’ comments and questions, which may be communicated to the Centre at (613) 234-0505, or to [info@clbc.ca](mailto:info@clbc.ca)

## **Seven Oaks General Hospital's Workplace Wellness Pilot Program**

- *The impetus for employee wellness came from leadership and from a holistic approach to health; retention and recruitment considerations also played a role.*
- *The pilot Workplace Wellness program currently targets two departments, and will soon be expanded to other units. Gradual implementation allows fine tuning and a manageable deployment of resources.*
- *Much of the program's success rests on its close relationship with the Wellness Institute, a separate but related medical fitness facility and the first of its kind in Canada.*
- *Employee Health Risk Appraisals are a central feature of the program; they allow benchmarking and the identification of work and home health risk factors.*
- *Decentralized Wellness Teams are responsible for program planning and implementation; employees outnumber managers by a large margin on these teams.*
- *The program is not yet fully developed and measurable impacts are still some years to come; but the hospital currently boasts the lowest rate of WCB claims in the province for comparable establishments.*

### **Context**

Seven Oaks General Hospital (SOGH) is a 280 bed acute care facility serving North West Winnipeg. It was established in 1981, following the efforts of an Ad Hoc Hospital Committee formed in the early 1960s in recognition of the need for a general hospital in that area of the city. The SOGH currently offers services in the area of primary care (Kildonan Medical Centre, Dental Clinic and Wellness Institute), acute intervention (medicine, surgery, critical care, mental health), as well as long-term care. A new oncology and dialysis treatment centre has opened its doors during the summer of 2001. Five unions, together, represent 75 percent of the 1365 employees. The Canadian Union of Public Employees (CUPE) and the Manitoba Nurses' Union represent the largest contingent of workers, with 963 members between the two of them. Ninety percent of employees are female.

### **Health and Wellness Initiative Background**

#### *History of the Initiative*

Although the history of the two pilot Wellness Programs is relatively recent, SOGH's interest in and commitment to a healthy workplace can be traced back to its philosophy of broadening the spectrum of care and promoting community health. This approach to health care led the hospital to explore the concept of wellness and its application in the context of health care delivery. In 1992, SOGH undertook feasibility studies that gave

rise to the concept of a Wellness Institute (WI). The WI was officially opened to the public in October, 1996 (Table 1).

### **The Wellness Institute**

Established by the SOGH in 1996 without government funding, the Wellness Institute (WI) was the first ever medical fitness facility in Canada attached to a hospital. WI's mission is 'to provide the community with services that promote health, prevent illness and disability, and restore wellness of the body, mind and spirit.' Services provided by the Institute are made available to the general public, and to SOGH patients and employees. Membership in the WI grew from 2,537 in 1998 to 4,937 in June, 2001 and is now approaching full capacity.

With a staff of 119 employees, WI offers a wide range of services ranging from a rehabilitation and sports injury clinic, to health education programs, to lifestyle, nutrition classes, meditation, fitness activities, and so on. Some of the programs are organized along *wellness pathways*, meaning that they combine a range of activities in order to achieve a desirable wellness objective or address a specific health issue. The focus of Wellness activities have primarily been directed to community members, whereas SOGH efforts have been towards patient services.

WI is host to the first pilot Workplace Wellness program (before it was implemented to SOGH's Medicine and Materiel Services departments). Launched in January 2001, the impetus for the program came from senior management's recognition of the need to be a role model for wellness and a 'development environment' that SOGH and others could use to test ideas about workplace wellness. The desire also existed to build a prevention component into WI programming, whereas the focus had hitherto been on providing rehabilitation services to patients. According to WI's Executive Director, there was also a sense that the WI should serve as a 'development environment' to test ideas and practices that could later be offered as WI services.

WI's Workplace Wellness program is managed by a Wellness Team made up of six employees and the same number of managers. Soon after the team was assembled, Health Risk Appraisals of WI employees were carried out during the Spring of 2001. One feature that distinguishes WI's Workplace Wellness program from its SOGH counterparts is the development of a Personal Wellness Plan for employees who request them. These plans represent individual health profiles, and compare the employee's fitness level and lifestyle to benchmarks. They also provide suggestions for achieving a healthier lifestyle.

So far, it has been difficult to pinpoint measurable results arising out of the program, since it has only been in place for only about one year. Ultimately, however, its importance relates to the fact that not only has it allowed the Institute to become a role model consistent with its mandate, but it has also served as a guide for the design and implementation of SOGH's Workplace Wellness programs.

Internally, the program was started as a pilot following research done by the former Research Director of the WI. The research corpus that was examined focused on multi-component worksite health promotion programs, and it suggested that the benefits brought about by these programs outweigh the costs. The combination of these research findings and senior management's own belief in employee wellness led to the decision to

implement as a pilot a *Workplace Wellness* program in two SOGH departments, Medicine and Materiel Services. This pilot was originally conceived as a two-year program.

**Table 1**  
**Milestones – Workplace Wellness Program**

Milestone	Date
Commencement of feasibility studies leading to the concept of a Wellness Institute (WI)	1992
Public opening of the Wellness Institute	October 1996
Launching of a pilot Workplace Wellness Program targeting WI staff	January 2001
Launching of pilot Workplace Wellness Programs for Medicine and Materiel Services	Summer 2001
Health Risk Appraisals carried out with Medicine and Materiel Services personnel	July 2001
First activities launched as part of Medicine and Materiel Services Wellness Programs	January 2002
Planned second phase of data collection for Health Risk Appraisals for WI pilot	April 2002
Planned gradual implementation of Workplace Wellness to other SOGH departments	April 2002
Planned second phase of data collection for Health Risk Appraisals for SOGH pilots	January 2003

It is worth mentioning that, even before the Workplace Wellness program was implemented at SOGH, a pilot project of a similar nature was designed and implemented at the WI itself, starting in January, 2001. This first pilot program can be rightly considered a testing ground for the two pilot programs that were later developed for SOGH’s Medicine and Materiel Services employees.

A decision was made at the outset to select two departments that were quite different from one another, with a view to test the four-stage model in two different settings. As Table 2 below outlines, the profile of employees from the two departments show a marked contrast in terms of size, gender breakdown, work schedule, average age, and occupational distribution.

**Table 2**  
**Profile of Medicine and Materiel Services Departments**

Medicine	Materiel Services
<ul style="list-style-type: none"> <li>• 136 staff in total</li> </ul>	<ul style="list-style-type: none"> <li>• 57 staff in total</li> </ul>
<ul style="list-style-type: none"> <li>• 90% female, 10% male</li> </ul>	<ul style="list-style-type: none"> <li>• 50% female, 50% male</li> </ul>
<ul style="list-style-type: none"> <li>• 26% full time, 73% part time, 1% casual time</li> </ul>	<ul style="list-style-type: none"> <li>• 47% full time, 22% part time, 29% casual time</li> </ul>
<ul style="list-style-type: none"> <li>• Majority of staff works shifts to cover a 24 hours a day, seven days a week schedule</li> </ul>	<ul style="list-style-type: none"> <li>• Majority of staff works in two shifts</li> </ul>
<ul style="list-style-type: none"> <li>• Average age of staff is 40-44 years old</li> </ul>	<ul style="list-style-type: none"> <li>• Average age of staff is 45-49 years old</li> </ul>
<ul style="list-style-type: none"> <li>• 57% of employees are nurses</li> </ul>	<ul style="list-style-type: none"> <li>• Range of occupations is quite broad</li> </ul>

### ***Main features of the Wellness Program***

The *Workplace Wellness* program currently being piloted at the SOGH is loosely based on a seven-step American wellness intervention model called the *Well Source* model.<sup>1</sup> In its SOGH incarnation, the model becomes a four-step program, which can be described as follows:

1. Gathering of baseline information on employee health indicators and development of a Wellness Team
2. Development of the program's operation plan
3. Implementation
4. Evaluation

An important element of the gathering of baseline information, which takes place during Step One of the program, is the employees' *Health Risk Appraisals* (HRAs). The HRAs are conducted by the WI's research staff and they provide information about the profile of health risks in the work and home environments of employees. Information is sought on the employee's family history of illness, dietary practices, exercise practices, risk behaviors, and demographic characteristics. The HRAs thus provide answers to questions about the current health status of employees, salient risks to their health, favorable and unfavorable organizational factors contributing to stress, illness and injuries, as well as information about employees' preference for health promotion programs and activities. Participation in the HRAs is voluntary, and employees who so desire can obtain an individualized, confidential report advising them on the need to modify certain behaviors considered at risk.<sup>2</sup>

The HRAs also play a critical role in providing benchmark information that can be used to examine the effects of wellness activities and programs on organizational and individual outcomes related to wellness. Explicit to the design of the pilot Workplace Wellness programs is the undertaking of a second round of HRAs one year after the first interventions have taken place (scheduled for January 2003). It is hoped that a comparative analysis of HRA results (between the two time periods) will elicit information about program impacts. However, concerns have been expressed that the relatively short period of time separating the two data gathering activities may not be sufficient to allow program activities to run their course.

*'The [Workplace Wellness] model does not allow you NOT to consider employees' needs.'*  
WI Executive Director

Also included in Step One of the program is the development of department-specific Wellness Teams. The teams contain between 10 and 15 members, and employees outnumber managers. They are decentralized – there is one team for each of the two departments currently included in the pilot – and they each differ in terms of composition, size, and operating structure. Some of the team members were asked to

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<sup>1</sup> David Hunnicutt, *Well Informed Program*, prepared for the Wellness Councils of America, Omaha, Neb.

<sup>2</sup> Sixty percent of Medicine employees who participated in the HRAs requested the individual reports and the corresponding percentage for Materiel Services participants is 56 percent.

participate while others volunteered. One interesting aspect of the Wellness Teams is that a deliberate attempt was made at the outset to have broad representation in terms of gender, occupation, union membership. Also implicit to the design was the desire to include in the teams ‘champions’ as well as less enthusiastic employees. Team meetings are held monthly – except during the summer – and management allows the employees to attend the meetings during work hours.

Step Two of the program involves the development of operating plans. At the outset, Wellness Teams met three times over a six-week period in order to develop the plans. They contain a vision (see textbox below), strategic goals and operational objectives related to these goals. The operational objectives are set in a twelve-month time frame. Implementation details accompanied by timelines also form part of the plans, and monthly calendar of events are produced and disseminated widely. Finally, the plans contain itemized budgets and an evaluation plan. Results from the HRAs, discussions with employees, as well as the interest and expertise of Wellness Team members provided the essential inputs into the development of these operating plans. Given that, it is not surprising that the Materiel Services’ operation plan looks very different from that of Medicine.

**Vision underlying the Materiel Services and Medicine Workplace Wellness programs**

*Materiel Services*

The Workplace Wellness program will provide activities and opportunities to increase teamwork, promote a healthy, harmonious work culture with staff who are healthier, more positive and more in control of their work life; who feel valued, appreciated and a part of the whole team of SOGH.

*Medicine*

The Medicine program will become a learning environment with open communication where staff expresses appreciation, acceptance and understanding of each other, both as individuals and as contributing members of our team. We will strive to promote both positive people and a positive, health enhancing work environment with less stress, greater control and more fun in all employees’ days that will serve as an example of a healthy workplace in SOGH.

The two Workplace Wellness pilots’ implementation phase debuted in January 2002. Given their recent history, the pilots have not yet implemented a vast array of wellness activities, as illustrated in Table 3. As the table indicates, several of the proposed activities rely upon the expertise and infrastructure of the WI. This is the case for most of the pilots’ health service related activities such as HRAs, fitness and health assessments, and self-care education. Indeed, a close partnership between the Wellness Teams and the WI is intrinsic to the design of the Workplace Wellness program.

Aside from similarities in health service related activities, there is some contrast between the two pilot programs in other programming areas. For one, the Materiel Services pilot distinguishes itself with a focus on workplace culture activities, including a communication survey, recognition luncheons, and the promotion of a Code of Conduct with a view to create a ‘culture of respect.’ This emphasis on promoting open

communications, cultural diversity and respect emerged in part out of a desire to instill a sense of belonging and well-being between and among the various socio-ethnic groups making up the department's workforce.

Given the goal of increasing employees' control over the work place that is shared by the two pilots (and contained in their plans' vision statements), a few activities have been specifically designed to fulfill that vision, including the implementation of a staff idea box, the streamlining – with staff inputs – of procedures and guidelines, and others (Table 3). There are also provisions in the pilots' operating plans to review and enhance two-way communications between employees and managers.

The most common type of activities put in place by the pilots' wellness teams, however, is related to healthy living. The specific activities organized by the two departments differ somewhat and they run the gamut from fitness and exercise classes, to nutrition clinics, to meditation, to 'lunch and learn' sessions. Not unexpectedly, differences in programming reflect the different priorities of employees (expressed through the HRAs as well as informally), departments, managers, and Wellness Teams. It is worth noting that employees were formally asked in the HRAs to indicate preferences for wellness programming.

The program's budget process is relatively straightforward. The process starts with the Wellness Teams developing their operation plans and then seeking senior management approval for the plans. Funding (for the two pilots) amounts to \$43,884 for the fiscal year ending in March 2002, divided more or less equally between the two departments. Included in the budget are staff costs for replacements – to allow Wellness Team members to attend their meetings –, the Workplace Wellness Coordinator salary, the cost of administering and analyzing the Health Risk Appraisals, activity funding, and some overhead expenses. This funding comes from the hospital's general operating budget.

**Table 3**  
**Healthy workplace initiatives offered through pilot Workplace Wellness Programs**  
 By type of activity

<b>Category</b>	<b>Specific Initiatives</b>	<b>Comments</b>
<b>Health Services</b> (Initiatives that have a direct impact on health)	Health Risk Appraisals (benchmarking data and individual risk assessment tool)	Provided by the WI*
	Blood pressure and sugar testing programs	Provided by the WI
	Physical fitness assessments	Provided by the WI
	Self-care education: guest speakers on a wide range of health related topics	Provided by the WI
<b>Workplace Culture</b> (psychosocial aspects of the workplace that affect mental, physical and social health)	Communication survey	Materiel Services pilot
	Recognition luncheons	Materiel Services pilot
	Staff involvement in reviewing task sheets and guidelines	Materiel Services pilot
	Staff idea box on “Ways to improve the work environment”	Medicine pilot
	Posting of Code of Conduct to promote a culture of respect	Materiel Services pilot
<b>Healthy Living</b> (Individual lifestyle factors, promotion of healthy living, prevention of illness)	Support for smoking cessation	Through the WI
	Nutrition Self-Assessment; Healthy Recipes	Materiel Services pilot
	Free access to WI facilities	On certain days only
	WI membership rebate program	Through the WI
	Pot luck lunches to promote healthy eating	Materiel Services pilot
	Meditation classes	Medicine pilot
	Stretching program supervised by OHS nurse	Materiel Services pilot
	Organizing of exercise classes	Provided by the WI
	Lunch and Learn Sessions	Materiel Services pilot
	Collective Walk contests	With an award component
	Free massage sessions	Provided by the WI

\* normally available to or organized by the two departments

## Wellness Program's Process and Structure

### *Links to the Organization's Goals*

Discussions with senior management suggest that the Workplace Wellness program is intimately tied to the organization's values and *modus operandi*. SOGH has a history of taking a holistic perspective on patient and community health care – linking public health to wellness and employee well-being to patient well-being, and a tradition of promoting wellness and healthy lifestyles both for its own employees and for the community at large, as exemplified by the creation of the Joe Zuken Fitness Centre and, more recently, the WI in 1996. In 1989, for instance, the hospital was recognized by the Canadian Chamber of Commerce and Fitness Canada for its employee fitness activities. Shortly after the WI opened, SOGH employees were offered reduced membership fees as a means to promote their fitness level and overall wellness.

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

SOGH's Mission Statement provides a measure of how employee wellness is closely linked to the organization's values and goals. The following excerpts provide some indications of these linkages:

*'Caring with Compassion and Integrity*

... Services are provided in support of the physical, psychological, social and spiritual needs of patients with courtesy, consideration and respect.

Health promotion and education, with an emphasis on healthy lifestyles and wellness, will be provided to patients, Hospital personnel and the public.<sup>3</sup>

There is also a sense from discussing with senior management that a strong commitment to occupational health and safety is compatible with the encouragement of workplace wellness. This level of commitment can be verified by the fact that SOGH has a very effective Return to Work program. The program involves a rapid follow-up by the OHS nurse with injured and absent employees – often the same day they are absent – and close ties with the WI for assessments and rehabilitation. The OHS nurse also works closely with the Workers Compensation Board, ensuring close collaboration between all parties and rapid interventions. The unions present at the SOGH appear to be supportive of the program. This design has been credited for positioning the hospital in the province's lead group in area of occupational health and safety, as demonstrated by the fact that it currently has the lowest WCB rate of all health institutions in Manitoba.<sup>4</sup>

<sup>3</sup> Seven Oaks General Hospital, *General Orientation Handbook for Employees and Volunteers*, Winnipeg, 2001, page 6.

<sup>4</sup> The rate was \$0.82 per \$100 in 2001-02. By comparison, applying rates for other Winnipeg-based health care facilities range from \$0.85 to \$1.94.

### ***Decision-making structure***

As shown in Table 4, roles and responsibilities in the Workplace Wellness program are shared among four main groups. First, the Workplace Wellness Steering Committee can be credited for being the driving force behind the initial development and implementation of workplace wellness. In addition, the committee carries out strategic planning responsibilities as well as an essential operational responsibility, since it approves the annual budget allocated to the program. Beyond these specific roles, this group of senior managers has been credited for providing constant support and encouragement to workplace wellness, as will be discussed in the *Demonstration of management commitment and support* section below.

The WI also plays a pivotal role in the Workplace Wellness program. The original precursor to the program currently in place at Materiel Services and Medicine was conceived, tested and refined at WI, and it targeted WI employees. It was based on research done at the Institute by the (then) Research Director, who extensively reviewed the literature on the subject and came up with the actual four-step model. The WI also designed and implemented the first round of HRAs, both for its own employees and for those involved in the SOGH pilots. The HRA reports produced by WI's research staff have helped determine the objectives and specific activities to be implemented at each of the pilots' site.

Given its mandate and profile, the WI is a natural conduit for the implementation of Workplace Wellness activities. The WI provides access to specialized expertise – fitness consultants, physiotherapists, nutritionists, etc. – who lead or otherwise support the various activities offered through Workplace Wellness. Some of these activities – meditation, massages, and fitness classes – are modeled on existing WI programs. Moreover, WI infrastructures such as meeting and exercise rooms, fitness equipment and physical assessment facilities are used for conducting the activities. Clearly, the presence of the WI has been instrumental in ensuring the effective design and delivery of Workplace Wellness activities.

The pilots' Coordinator constitutes the third cog of the Workplace Wellness machine. The Coordinator is a staff member of the WI and she currently allocates close to one-third of her time to the Workplace Wellness program. It is expected that, in sync with the gradual widespread implementation of the program to other SOGH departments, this time allocation will increase to 0.9 full-time equivalent. The Coordinator provides several essential services to the program: overall coordination of the pilot programs, Wellness Team development and guidance, and overall support role. The Coordinator also acts as a Chairperson at every meeting held by the Wellness Teams.

**Table 4**  
**Stakeholder roles and responsibilities for the Workplace Wellness Program**

Group or structure	Composition	Roles and responsibilities
Workplace Wellness Steering Committee	<ul style="list-style-type: none"> <li>• CEO and 5 SOGH Department Head Managers, in addition to the CEO, Research Director and Workplace Wellness Coordinator from the WI</li> </ul>	<ul style="list-style-type: none"> <li>• Original driving force for the program</li> <li>• Carry out strategic planning duties</li> <li>• Approves annual wellness budgets and extraordinary expenses</li> </ul>
Wellness Institute	<ul style="list-style-type: none"> <li>• CEO and staff</li> <li>• Research Director</li> </ul>	<ul style="list-style-type: none"> <li>• Original concept and ‘testing ground’ for the program</li> <li>• Provides access to specialized expertise, programming and infrastructure to the program</li> <li>• Provides research capacity for HRAs</li> </ul>
Coordinator of departmental Workplace Wellness Programs	<ul style="list-style-type: none"> <li>• Coordinator attached to the WI</li> </ul>	<ul style="list-style-type: none"> <li>• Overall coordination of pilot</li> <li>• Chair Wellness Team meetings</li> <li>• Support role for Wellness Teams</li> </ul>
Departmental Wellness Teams	<ul style="list-style-type: none"> <li>• Between 10 and 15 employees and managers</li> <li>• Designated and volunteers</li> </ul>	<ul style="list-style-type: none"> <li>• Design, planning, implementation and evaluation of Workplace Wellness Plans</li> <li>• Communications</li> </ul>

Wellness Teams represent the final component of the program. The teams are in effect the main planning and implementation vehicle for the Workplace Wellness program within each department. As said earlier, team members are representative – in terms of gender, age and occupation – of departmental staff mix, and they include both employees and managers. Unions are not formally represented on the team, although a few union officials are present on each team but acting as employees. Decisions are made by consensus.

*‘Having equal employee – manager representation on the Wellness Teams is crucial for employee buyout.’*  
 WI Executive Director

***Communications***

Communications constitute a central element of the Workplace Wellness’ operating plans. Early on, the Wellness Teams recognized that effective communications would be essential to dispel possible apprehensions about the pilot program, inform personnel about programming, and contribute to increased overall participation. Each of the two pilots has developed its own communication and marketing plan, but they share the same media (used to promote wellness and inform employees about upcoming events):

- Monthly newsletters that are distributed to all employees; they are specific to each pilot and deal exclusively with workplace wellness;
- Wellness bulletin boards installed at strategic locations in the two participating departments;

- Informal contacts and word-of-mouth;
- Promotional posters placed in central SOGH locations and meeting places; and
- Presentations made by Wellness Team members during regularly appointed staff meetings.

Taken together, these communication media have proven to be very effective at informing employees of upcoming events and promoting wellness, as can be judged by the relatively high participation rates enjoyed by most of the wellness activities organized thus far (see *Employee Involvement* section). Comments received from employees and managers confirm that the communications and marketing plans put forward by the Wellness Teams have been effective, since all those interviewed were aware of the Workplace Wellness program and its activities.

Besides their significance as a key component of the operating plan, communications have also been identified as a critical issue in the Materiel Services department. The department is staffed in part by members of visible minorities, some of whom have limited English fluency. As a result, one of the first activities implemented by this department's Wellness Team was a communications survey. It was developed by the Wellness Team as a means to assess employees' views about workplace communications (both formal and informal). The survey is currently in progress and results should be made available to employees in the Spring of 2002.

### ***Demonstration of management commitment and support***

It is worth noting that Step One of the American model used as a basis for the development of SOGH's Workplace Wellness program states the importance of 'concentrating on senior-level support.' While this requirement is not explicitly described in the four-step SOGH model, interviews with the pilots' coordinator and members of the Wellness Teams confirm that senior management support is considered an essential condition to the success of the program.

There is a consensus among all those interviewed – including employees and union representatives – that management commitment and support to the Workplace Wellness program is indeed very strong. The perception is unanimous that managers at all levels actively support the program. This commitment can be verified in a number of ways:

*'Senior management support is crucial; it's the number one step in our model of intervention.'*  
WI Research Director

- Senior management provided the original impetus for piloting the Workplace Wellness program.
- A distinct, annual budget is allocated to the program, and employees who participate on the Wellness Teams are allowed to do so on employer's time.
- Meeting rooms and other hospital infrastructures are provided free of charge to hold wellness activities.

- Many employees commented that managers at all levels actively participate in the wellness activities put together by the Wellness Teams and, in fact, several managers are members of these teams.

The existence of a Workplace Wellness Steering Committee (WWSC), made up of senior managers from SOGH and WI (see Table 4), offers additional testimony of management support to workplace wellness. This committee's primary role is to oversee the overall, long-term planning and development of the program. For example, it is currently reexamining the list of indicators to be used to assess the program's performance and impact. The current list includes primarily the 'traditional' OHS measures such as absenteeism, injury rate, and WCB claims. Furthermore, the fact that head managers from several SOGH departments are active on the WWSC demonstrates that there is broad managerial support for the program, and it bodes well for its future expansion.

Incidentally, plans are in place to gradually expand the program to other departments, starting in April of 2002. A tentative three-year implementation schedule has been developed by the WWSC, and by April of 2005, it is hoped that every department will be participating in the program. By and large, every indication supports the view that managerial involvement at all levels forms a key feature of the program.

### ***Employee involvement in the program***

Employee involvement in the program can be measured in two ways: involvement in and control over decision-making, and participation in the program's events and activities. In terms of the former, the section on *Decision-making structure* (above) provides ample evidence of shared decision-making for the program. That said, it is interesting to note that there is no formal union involvement in the Workplace Wellness program. All those who were probed on this issue indicated that the lack of formal union involvement in the Workplace Wellness program does not appear to be a problem, since employee involvement in all aspects of the program is substantial. One interviewed union representative – who also provided a very positive assessment of the program – commented that in the future, it may be desirable for his union to be more formally involved in the program since it benefits employees and because the union is legitimately interested in promoting employee benefits.

Employee participation in Workplace Wellness activities has so far been generally high, although there have been marked variations between the two departments. Participation in most of the Materiel Services activities – recognition lunches, massage sessions, and others – have been high, often averaging 95% of all employees. Participation has been generally good but lower in the case of Medicine employees. Shift work, night shifts, and a relatively high level of work-related stress have been credited for explaining the lower participation rate, which apply primarily to nurses and other medical occupations found in the Medicine department. In the words of one departmental manager, 'it's hard to pull people away from their work.' Overall, though, it is premature to draw conclusions on participation levels for wellness activities since the actual Workplace Wellness programming only started in January of 2002. So far, one activity had to be cancelled for

lack of participants, and it was suggested that the (too) large number of activities that were offered in January and February of 2002 may have contributed to this situation.

Employee participation in the HRAs – at the program’s inception – has reached 73% in the case of the Materiel Services employees, while only 48% of Medicine employees participated in this important data gathering activity. Interviews with managers and Wellness Team members indicate that much of the difference in HRA participation levels is attributable to differing working conditions. Participation among Materiel Services employees was helped by the fact that a facilitator was on hand to help employees fill out the HRA form. By contrast, the fact that Medicine employees work in shifts partly explains their relatively lower participation.

Given that the program is still in its infancy, it will likely take some time before the Wellness Teams find the appropriate mix of activities that will appeal to a vast majority of employees. Wellness Team members have also expressed some concerns about the difficulty in scheduling events at a time that will not be detrimental to any particular group of employees. As it stands now, employees working night shifts – as is the case for a significant portion of the Medicine personnel – are at a disadvantage in terms of access to workplace wellness activities.

## Impacts and Analysis

Given that wellness programming started only in January, 2002, it is premature to try to assess durable program impacts. That said, both interviewed employees and managers pointed to anecdotal evidence as indications of possible program impacts, as described in the following two sub-sections.

*‘If you’re having a good night sleep after a meditation clinic, you’re more likely to show up for work.’*  
Workplace Wellness Coordinator

Despite the lack of a track record, it is important to point out that significant efforts have been devoted by program designers to ensure that program impacts can be measured. As stated earlier, Step Four of this Workplace Wellness program calls for the evaluation of user satisfaction with and impacts of the program. To this end, a data gathering system is in place to ensure that, in due time, the information will exist to allow for a detailed assessment of impacts. The system should in theory make it possible to discern

organization-wide from employee-level impacts. The following measures are currently in place:

- The HRAs that were undertaken at the project’s inception were designed to provide baseline data on employees’ health status and history, job climate (job satisfaction, absenteeism, perception of workload, etc.), personal health practices, and personal information (for producing socio-economic profiles). A second round of HRAs is scheduled to take place one year after the first round took place. Comparing the two sets of data will provide some measures of changes relating to wellness and, it is hoped, will inform WI researchers about program impacts.

- Also central to the design of the Workplace Wellness program is the collection of OHS indicators including organization/employer focused indicators (absenteeism, retention rates, WCB claims, and quality of life indicators) and employee interest ones (collected through surveys, evaluation forms, focus groups and so on). Interviews with key program managers reveal that much remains to be done in this area. For example, there is no useful indicator of retention that is currently being used, and organization-wide employee surveys are not carried out systematically. Likewise, there has been little done so far in terms of using these data to compare the situation between the two pilot departments – or compare participants *versus* non participants within each department – and to formally link these data to wellness activity level.
- Attendance records are systematically kept for most of the Workplace Wellness activities that are carried out. The exception is the WI membership rebate program, for which it is currently impossible to track employee attendance. At the time of writing this report, complete reports on attendance were not yet available.
- Evaluation forms are distributed at the end of each wellness activity in order to gather participants' feedback on satisfaction, suggested improvements and perceived benefits. Once the results are compiled, these forms will help the Wellness Teams design more effective, better targeted wellness activities. At the time of writing, no such results were available.
- Departmental employee surveys – such as the Communication survey currently undertaken by the Materiel Services Wellness Team – represent yet another tool for assessing program satisfaction and impact. This Wellness Team is also undertaking a second survey aimed at gathering employee inputs about other possible wellness activities.

SOGH's commitment to evaluation and impact assessment does not stop with the measurement and data gathering initiatives described above. Senior management has also implemented the first phase of the so-called Wellness Institute Service Evaluation Research (WISER) program. The program calls for undertaking a scientific study involving approximately 2,000 WI members and examining changes in fitness and lifestyle. The study will rely upon a control group (of the same size) in order to isolate WI program impacts. Once completed, the study should offer some indication of impact of wellness activities on health and lifestyle.

Taken together, these activities provide some measure of the attention given to impact assessment. They suggest also that impact assessment and evaluation activity have been carefully and strategically built into the wellness model put in place at SOGH. However, only time will tell whether these activities are sufficient to demonstrate program impacts to a level that senior management will find appropriate.

### ***Management's assessment of impacts, benefits and drawbacks***

Overall, all interviewed managers agreed that it was premature to assess impacts since the implementation phase of the program only started in January of 2002. In spite of that, a majority of them pointed out to anecdotal evidence of changes in lifestyles. Some of the examples that were provided as possible evidence of impact included:

- Changes in the lifestyle of some employees who started walking to work instead of driving or taking the bus, or those who started exercising on a regular basis at the WI;
- Several respondents from the Materiel Services department mentioned that employee morale has improved markedly since the wellness program started. More open communications between and among employees and managers – perhaps an outcome of the wellness programming that was designed around the theme of communications, plus the fact that employees feel that they are ‘being listened to,’ have been offered as possible explanations;
- High participation rates for wellness activities that could indicate a strong level of support for the program and overall satisfaction with it.

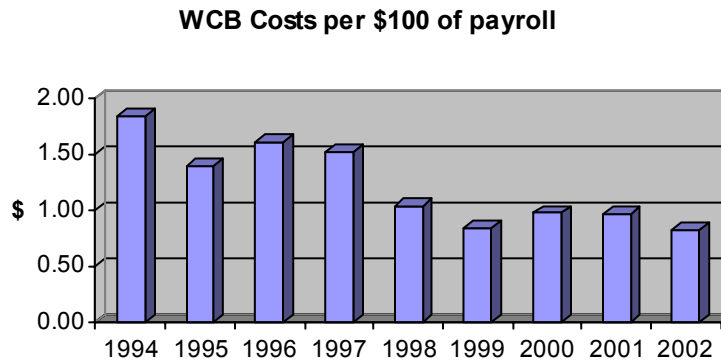
*'We're going to sell wellness in job fairs; it's one way to distinguish ourselves from other provincial hospitals.'*  
SOGH Human Resources Manager

On the downside, one manager who is also member of a Wellness Team observed that the time required to implement wellness activities has been underestimated, and concern was expressed that the whole program is very time consuming. Some team members also expressed the view that the activities might be used more extensively by those already adhering to a healthy lifestyle or enjoying a high fitness level, thus not reaching those who could most benefit from it.

While SOGH keeps track of a range of OHS indicators, there has been no attempt yet to link those to impacts of the Workplace Wellness program. As stated above, the intent is to do that once the program has been running for a sufficient period of time, but for now managers appear content to assume that it is bringing positive benefits to employees, and that these benefits outweigh the costs. Compared to other health care organizations, SOGH enjoys a relatively positive track record and its WCB costs have been on a declining slope over the past eight years (see Chart 1).

It is interesting to point out that the OSH Nurse position was vacant for seven months in 2001 and, as a result, less emphasis was placed on the Return to Work program (discussed earlier). Interviews with senior managers suggest that this vacancy is in large part responsible for the increase in costs that is evident between 2000 and 2001.

**Chart 1**  
**Selected health and safety indicators**  
YEAR



Source: SOGH, Human Resources Department, 2002.

### ***Employees' assessment of impacts, benefits and drawbacks***

Surveyed employees were almost unanimous in their assessment of the Workplace Wellness program. All those interviewed indicated that the mix of activities put forward by the Wellness Teams is adequate, information about programming is sufficient, and overall satisfaction with the program is high. Some employees from Medicine, however, expressed some concerns about the fact that night shift workers were being left out of most wellness activities, and their overall workload was such that it made it difficult even for day shift workers to attend the activities.

*'It is not essential for me to demonstrate categorically that the [wellness] program has measurable impacts, as long as our basket of measures increase employee well-being.'*  
SOGH CEO

Anecdotal evidence of program impact was also presented by some employees, including people who stopped smoking, others who are now posting healthy recipes on the Wellness Board, increased overall participation in social events, or someone who was able to regain good sleeping patterns after attending meditation classes. There was also unanimous approval for the stress relief effect of the massage sessions that are regularly offered.

### ***Analysis***

By and large, this case study represents a unique example of a leadership-initiated, strategically planned wellness program that was not driven by an organizational crisis, poor labour relations, or a dismal health and safety record. Part of the innovative design was to start small and learn from mistakes before they become too costly, and 'cast the net' as wide as possible in order to learn from a variety of situations. The program thus started as a pilot involving two departments and the two recipient departments were selected on the basis of their differences in terms of size, work organization, employee

make-up, and gender balance. In the long run, the intent is to design a program that will be flexible enough to meet the specific needs of each department.

One issue that has surfaced through the comparison of participation between the two pilots is the importance of recognizing the diversity of staff. Such diversity has been linked to differences in participation in the wellness activities, between the two departments. To further illustrate this point, one respondent observed that the impact of subsidizing memberships at the WI is more pronounced on employees with little disposable income than on those in the higher income brackets. Such examples point to the need to pay close attention to the income, gender, lifestyle and work pattern mix of targeted employees.

A good balance between employee and management representation on the Wellness Teams and for the program as a whole is perceived to be an important factor contributing to the success of the program. Significant employee involvement in decision-making is deemed essential to employee buy-in, and it ensures that employee needs are fully considered in the design and implementation of wellness activities.

Given the relatively short track record of the program and the corresponding lack of demonstrable results, much of its early success has depended on 'champions,' starting with SOGH CEO and including several departmental managers and employees. These champions played a critical role in eliciting participation (by virtue of being themselves active participants in the program thus appearing as role models), dispelling misconceptions, and more generally acting as support and resource persons to other staff members. Champions are not only individuals; the pioneering and strategic role played by WI with respect to the original design and later implementation of the program needs to be emphasized. The WI brought an extensive body of knowledge, research capacity, specialized wellness staff and infrastructures, and direct experience in implementing workplace wellness to the two pilots. This contribution has played a large role in shaping the program into its current form.

This case study also points out to the importance of measuring satisfaction and impacts, and setting up a system very early on that will make possible such measurements. The collection of baseline data and the setting up of an extensive evaluation system were not brought in as an after-thought. Rather, evaluation was integrated into the original program design and a variety of data gathering instruments and methods were implemented to feed into this evaluation function. It remains to be seen whether these evaluative efforts will make it possible for SOGH to establish causal links between program outputs, on the one hand, and changes in employee well-being and organizational performance, on the other. But the gathering of employee feedback and other indicators has already proven to be useful in allowing the Wellness Teams to offer a mix of activities that reflect employees needs.

Finally, there is a recognition among senior managers that workplace wellness is not achievable in the short run. In this regard, mention was made that given the relative lack of demonstrable results in the very short term, there is a need to have organization-wide

commitment to a shared philosophy, to be consistent in the wellness interventions, and to be patient.

### ***Future directions***

Several interviewees provided useful information about what future directions the Workplace Wellness program might take. The following are worth noting:

- More attention will need to be paid to the hard-to-reach employees who are not participating to a full extent because of work schedule or workload. Duplicating some events would be one step in the right direction;
- Communications about the program features could start earlier in the implementation cycle, so that employees could gain full knowledge about the nature and content of the program, and to dispel misconceptions that may exist early on;
- Finding ways to relieve Wellness Team members of some of the time-consuming tasks that they are tackling. More reliance upon volunteers was proffered as a way to alleviate the problem;
- There is a need to better integrate occupational health and safety, social activities and wellness programming. The potential benefits to do so have been demonstrated through the effectiveness of the Return to Work program, but more can be done of the same nature.

In the final analysis, one of the biggest challenges faced by the program will be to develop a credible accountability mechanism, one that will link program effectiveness and impacts to measures of organizational performance, including cost savings. The attention paid to collecting and disseminating a wide range of organization- and employee-level indicators, as well as the presence of a sophisticated research expertise in-house, bode well for the future.