



Management Behaviours Drive Workplace Wellness Program Results: The SMIL Model

Shivani Parihar and Michael J. Rouse

Ivey Business School at Western University
London, Ontario, Canada





Copyright ©Ivey Business School, 2015



ABSTRACT

We review and synthesize the literature investigating the key success factors of an effective workplace wellness program and propose the SMIL (Senior Management Involvement and Leadership) model. The model establishes the components of involvement necessary from senior-level management when placing the foundation of wellness in an organization. It further addresses the ideal behaviours and priorities of these leaders when promoting the engagement of employees in these health initiatives. Our sentiment is that this model outlines the behaviours required by management to ensure the success of a workplace wellness program and provides a basis for further research in this area.

BACKGROUND

The well-being and productivity of employees is essential for an organization's economic success. A higher number of employee health risk behaviours can lead to elevated health care costs and lower levels of work productivity due to absenteeism and presenteeism (Cancelliere et al., 2011; Parks &

Steelman, 2008). Studies suggest that half of an individual's health status stems from behaviour and 75% of costs related to healthcare can be minimized by behavioural lifestyle changes (Rosen & Spaulding, 2009). Therefore, to decrease healthcare expense, which is correlated to unhealthy employee lifestyles, and to increase productivity, a rising number of organizations are encouraging employees to improve their healthy behaviours through the adoption of wellness programs (Rosen & Spaulding, 2009). In a meta-analysis of wellness programs, the researchers claim that corporations incorporating wellness programs into their organizations gain positive returns on the investment; \$3.27 for every dollar spent. Additionally, absenteeism decreases, generating an ROI of about \$2.73 for every dollar spent, just after a few years of implementation (Baicker, Culter & Song, 2010). Other research claims that the ROI on comprehensive, well-run employee wellness programs can be as high as 6:1 (Baun, Berry & Mirabito, 2010). Workplace wellness programs consist of a

variety of behaviour change and educational initiatives to help employees, and often dependents as well, achieve a healthier lifestyle. Some of the activities involved in wellness programs include support groups, exercise classes, healthy eating habit counseling, and annual physical check-ups (Weiner, Lewis & Linnan, 2008). In 2010, an employer survey in the US discovered that 74% of firms which provide health care benefits to employees also advocate one workplace wellness program at the very least (Lerner et al., 2013). For these wellness program to have any effect on the health outcome measures of all of its employees the organization needs to develop their health strategy so it reaches as many employees as possible, including those with chronic or acute health issues -- or those with neither, to prevent potential health risk onset.

Top management has an important role in their organization's health promotion program and we propose that their involvement is required in order for these programs to be successful. In this paper we look at research literature on the influence

of senior leadership in an organization and their behavior in developing an effective workplace wellness program for their employees. By drawing from these findings we create the senior management involvement and leadership (SMIL) model that analyzes the responsibilities of senior management to develop a successful wellness program in an organization, including specific actions and values. Finally, we postulate the significance of further research being done in the future to build up a more advanced model.

Leadership engagement for success

The advantages of workplace wellness programs are not always reached because of minimal employee participation in the program's activities. Employee participation refers to employees who actively and voluntarily engage in health promotion programs sponsored by their employer (Linnan et al., 2001). Often participants in wellness programs are individuals who already display healthy lifestyle behaviours, meanwhile those employees who would most benefit from

the program claim they have no time and do not see the overall purpose of it (Zoller, 2004; Chapman, 2006). Additionally, these employees often claim they are unaware of the activities offered by the wellness program or that health has no part in the organization's strategy or infrastructure. Other barriers to employee participation include their unwillingness to change their behaviors, the difficulty they face when trying to maintain these changes in the long run, as well as the lack of formal incentives provided by the employer (Schult et al., 2006). As a result of this lack in participation by employees, the benefits of workplace wellness programs may not be realized, deeming the program ineffective (Linnan et al., 2001; Schult et al., 2006).

It is arguable that it is the responsibility of management leadership to influence the views of employees who do not participate in wellness activities and to create an atmosphere in which employees choose to improve their health behaviours. Organizational leaders influence a range of traditional organizational outcomes, such as employee attitudes,

employee commitment, and organizational and economic performance (Barling, Christie & Hopton., 2011). Supporting this, the literature concludes, that to be successful, workplace wellness programs require senior-executive leadership involvement because of their position, status, and power (Brown, Trevino & Harrison, 2005). Good leadership influences an individual, team or organization in achieving goals. Often top management is able to inspire and motivate employees to follow the organizations' mission and help them deal with any changes. Furthermore, having senior-executive leaders advocate for organizational wellness initiatives establishes a form of credibility to the program in the view of employees. Employees will be more willing to participate in wellness programs when they trust there is true leadership to guide the organization (Linnan et al., 2001).

For example, in another context, a study investigating how leadership can influence an organization's "greening" initiative by affecting employee behaviors concluded that an environmentally-specific

transformational leadership approach is most effective (Barling & Robertson., 2013). This transformational leadership style involves persuading and inspiring employees with moral commitment to think, not just what is best for them personally, but to take part in behaviours that help the natural environment. Barling and Robertson (2013) denote that this leadership approach by management develops meaningful relationships with employees so they can transfer their environmental values, discuss concerns regarding environmental priorities, and quite possibly the most influential, model environmental behaviors themselves. Goldstein, Griskevicius, & Cialdini (2007) found that by having employees follow the model of a leader they save the effort required for cognitive decision making processes, and ultimately achieve the desired behaviour quicker. Transformational leadership aims to impact certain behaviors which allow employees to understand the values of their leadership and the organization better, eventually making clear what is their role, and improving their awareness

(Beehr & Glaser., 2005; Arnold et al., 2007; Nielsen et al.,2008). This form of engagement by a leader in any certain field is called domain-specific transformational leadership (Barling, Loughlin, & Kelloway., 2002; Judge & Piccolo, 2004).

Following this research, it has been discussed that this domain-specific leadership behaviour may be applied to health-specific transformational leadership. There has been little work done in the area of health domain-specific leadership, however, health promotion theorists often express that a leaders' clear engagement in the wellness of their employees is crucial to the success of the organization's health promotion programs (Zimolong & Elke., 2006). A study in Sweden around a human service organization demonstrated the significance of visible management concern regarding the health of their employees (Dellve, Skagert, & Vilhelmsson, 2007). Supporting this matter is a meta-analysis validating these discoveries by demonstrating the positive correlation of transformational leadership with workplace wellness (Kuoppala et al., 2008).

The reasoning behind this relationship is that health-specific transformational leadership involves behaviours, such as accepting the responsibility of wellness for employees, communicating wellness issues, assigning the strategy for workplace wellness promotion, and encouraging employees to participate in activities. Furthermore, not only is this leadership behaviour necessary for the effectiveness of wellness initiatives, but consistency in the long term of this leadership involvement is equally crucial (Mullen, Kelloway, & Teed, 2011). As supported by the previous findings, essentially the level of engagement and involvement of management leaders is indicative to the effectiveness of workplace wellness programs in an organization.

THE SENIOR MANAGEMENT INVOLVEMENT and LEADERSHIP (SMIL) MODEL

As mentioned earlier, there has been investigation into the necessary role of senior-executive leadership involvement and commitment to workplace wellness programs, looking more specifically at their

impact on the organizational structure of a business and leadership behaviours. In this review, we work to develop a model which senior-level executive management can utilize and employ in their organizations to establish successful workplace wellness programs. The five components of involvement required from senior management for an effective workplace wellness program presented in the paper are long-term organizational alignment and support, proper communication, personal participation, commitment of resources and the proper delegation of responsibilities (Figure1).

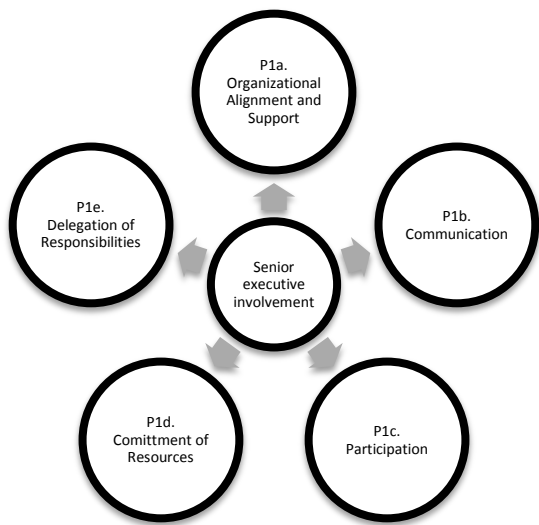


FIGURE 1. Proposed SMIL model. Specific leadership behaviours and actions that influence employee participation in health initiatives must be

considered for the effectiveness of a workplace wellness program.

Strategic alignment and support: The role of senior management

Business strategy alignment

Top management is responsible for developing the strategy of the organization. In order for a workplace wellness program to be successful, research suggests that senior-level executives need to commit to the time and work needed to make the wellness initiative become an integral part of the strategy of the organization (Ginn & Jean, 2003; Della et al., 2010; Allen, 2002).

Further, the literature illustrates that there must be strategic alignment of health promotion objectives with the core business processes to attain successful participation outcomes and positive health results (Zoller 2004; Arozullah & Heller, 2001). Schult et al., (2006) support this outlook and establish that a healthy organization has a culture where the work environment encourages

individual health and organizational value. Therefore, management should have goals and plans which align with the organization’s strategy. Management should also campaign for the development of employee health, and set annual objectives for employee wellness improvement (Della et al., 2008). Furthermore, Hopkins et al., (2012) reveal that it is the duty of management to make certain that wellness initiatives remain a continual strong focus of the organization, because often less successful wellness programs have little consistent management support, particularly when faced with implementation challenges.

Supportive Environment

Significant degrees of management support are needed for health-related programs which alter the long-term operations of the organization, and its policies and procedures (Della et al., 2008; Chu & Dwyer, 2002; Taitel et al., 2008; Preece et al., 2012). Rhoades and Eisenberger (2002) reviewed 70 studies regarding employee perceived organizational support and found that employees felt obligated to help the organization in its

initiatives and to achieve its goals when there was the perception of support from the organization. To support this finding, in a study done on service workers who would greatly benefit from participation in a workplace wellness program, Middlestadt et al., (2011) claim that to increase employees' engagement in the program, management needs to ensure that supervisor support was visibly evident to employees. Evidence suggests, therefore, that perceived supervisor support is correlated to participation in worksite health promotion programs (Bono et al., 2007; Kowlessar et al., 2010; Seaverson et al., 2009; Rhoades, 2002). For example, Glasgow, Hollis, Ary, and Lando (1990) discovered that specific workplace traits, including perceived management support, were foretelling of employee participation in a workplace smoking cessation program. Further evidence supporting this relationship is a case study of four organizations performed by Cole et al., (2009) who discovered that at the beginning of the wellness programs there were high levels of management support, however over time this

support diminished, resulting in a negative impact on the performance of the programs. Management declined in their level of interest and involvement, and began to express doubt as to the feasibility of the program activities, which was interpreted by employees that the program no longer carried the support of management leaders which, in turn, caused employees to reduce their own level of involvement and participation (Cole et al., 2009). Management can demonstrate their support for a program by expressing that the state of employee well-being is an important indicator of the organization's success, and also by investing in human capital for health promotion initiatives (Della et al., 2008). Della et al., (2008) explain that this management support can be illustrated through presenting employees with incentives for being healthy and reducing any high risk behaviours, or by integrating health benefits and insurance programs supporting prevention and health, or designing committees that offer employees support for participating in wellness programs. Furthermore, according to Allen (2002) management support

factors can also include rewards for health improvement or training for certain wellness activities and it is essential that these be adjusted to offer ongoing support and motivation for healthier behaviour (Allen, 2002).

Organizational Culture

The values and outlooks of senior management regarding workplace wellness programs assist in establishing an organizational culture which encourages employees to participate actively in firms' health initiatives (Baun, Berry & Mirabito, 2010; Green & Lovato, 1990). Several studies support the notion that it is the chief duty of the leader of an organization to create an organizational culture that promotes employee health and organizational improvement which results in employees engaging with new wellness policy and procedure changes (Chu & Dwyer, 2002; Chu, Breucker, & Harris, 2000). Baun, Berry and Mirabito (2010) noted that by even shaping smaller cultures in the workplace, middle managers can support employees' wellness efforts. For management to adjust the culture of an organization successfully, Chu and Dwyer (2002)

propose that leaders must be proactive and forward thinking in their attempt to form a culture of wellness immediately from the beginning, and to develop an environment of participation with employees. Supporting this sentiment, Baun, Berry and Mirabito (2010) found that because Healthwise CEP Don Kemper was committed to infusing wellness into the organization's culture from the beginning, by organizing frequent staff meetings about health promotion activities, hosting a yearly Wellness Day, introducing speakers and activities, his wellness performance outcome measurements have all been positive. Yukl (2006) claims that management should provide employees with support, and can subsequently demonstrate interest in the development of employees' work goals and personal skills, while highlighting a clear connection linking their work to higher organizational missions.

Policy and Procedures

Although certain wellness program objectives differ with the unique needs of different organizations, researchers have discovered that a key to effective wellness program is the enforcement by

management of new company wellness procedures and policies (Henley, Herget & Stokes, 2006; Chu & Dwyer, 2002; Allen, 2002). Henley, Herget and Stokes (2006) found that when CEOs implement policy and procedure changes, and establish specific work environments to support the workplace wellness strategy of the organization, they help employees become more active, make healthier food choices, avoid tobacco, and manage stress. It has been found that when management actively guarantees access to health promotion activities and resources during paid employee time, participation in health risk reduction activities increases (Hopkins et al., 2012). Another study supporting this claim found that if a CEO sets a policy of allowing time in the work week for exercise, for instance, employees feel less self-conscious about taking a fitness break and are more likely to exercise (Baun, Berry & Mirabito, 2010). Supporting the previous findings is a study done by Taitel et al., (2008) which found that, next to incentives, organization level commitment was the strongest indicator of

health and productivity assessment completion rate. Research suggests that long-term organizational commitment represents a major part of workplace culture and the supportive environment that strongly affect employee involvement (Taitel et al., 2008). A crucial role of senior-level executives is their leadership in controlling the overall strategy and mission of the organization, altering workplace policy and management approaches, and establishing an organizational culture. The forgoing literature review suggests the following proposition:

Proposition 1a. *Effective workplace wellness programs have long-term organizational strategic alignment and support from top management.*

Communicate clearly and frequently

When there is a lack of consistent communication from senior-level executives, employees can sometimes have difficulties understanding the priorities of the organization and may have, therefore, little sense or awareness of what is important (Birken & Linnan, 2006). Many organizations declare they

place great importance to workplace wellness programs, however there are cases where top-level management essentially fail to communicate the significance of health promotion initiatives, resulting in the program being unsuccessful (Taitel et al., 2008). However, CEOs that regularly and effectively communicate the message of workplace wellness programs tend to have more successful outcomes (Seaverson et al., 2009; Langille et al., 2011). Studies suggest methods of effective management communication, such as written messages on newsletters, as well as public announcements and meetings with employees or health info sessions (Arozullah & Heller, 2001; Laing et al., 2012). CEOs that develop effective wellness communication strategies have better wellness outcomes (Arozullah & Heller 2001; Langille et al., 2011). Furthermore, Arozullah and Heller (2001) found that a system for open dialog between employees at all levels and senior leadership can be developed to address any concerns and reservations in order to up hold support for employees and workplace wellness

missions. Complementing this finding, a study discussed by Baun, Berry & Mirabito (2010) revealed that when the senior management of Nelnet, a loan service company, without warning and with no previous communication, required health employee screenings for the purpose of informing workers about their health risk factors, the majority of employees were not willing to co-operate and were confused about the company's motives. The company then hired wellness professionals who emphasized early communication and clear explanations of the comprehensive, long-term wellness strategy to give employees time to ask questions and prepare for change. Subsequently, employees embraced Nelnet's wellness initiatives. Communication of the workplace wellness program as an integral part of company's overall strategic plan is a key factor in generating employees' support and participation (Taitel et al., 2008). Supporting this finding, Laing et al., (2012) assessed 23 small workplaces in a rural community with positive health risk behaviours and found that improving

employee knowledge of health through helpful communication of workplace wellness initiatives was a significant component to the success of the programs. With this understanding we propose the following:

Proposition 1b. *Clear and consistent communication by top management is correlated with effective workplace wellness programs.*

Management seen to participate

In order for any organizational change initiative to be effective, there has to be a champion (Rosen & Spaulding, 2009). When CEOs value healthy lifestyles and openly practice good health habits alongside employees, such as participating in health risk assessments, getting physicals, regularly participating in company wellness offerings, and taking part in community wellness activities, the majority of the organization will likely follow their lead (Rosen & Spaulding, 2009). Essentially, in order to have legitimacy in promoting wellness to employees, senior managers need to embrace

health as a personal priority. By this behaviour they demonstrate that they value health and are taking steps to protect their own. Whiteman, Snyder, & Ragland (2001) completed a study on tobacco and alcohol use in the armed forces and stated that the effectiveness of the wellness program on quitting both substances was significantly correlated to leadership participation in the programs. When senior officers in command cut their use of cigarettes there was a following reduction in usage among subordinates (Elke, Gurt & Schwennen, 2011). Studies show that the success of workplace health promotion initiatives is dependent on various leadership behaviours, especially leaders' personal participation in programs with employees (Elke, Gurt & Schwennen, 2011; Taitel et al., 2008; Hopkins et al., 2012). These findings support our next proposition.

Proposition 1c. *Top management leader participation alongside employees contributes to successful workplace wellness program outcomes.*

Allocate resources for wellness initiatives

It is clear from research regarding the implementation of wellness programs that effective wellness initiatives require investments to improve employee health and to achieve savings in health care costs (Wells et al., 2000; Merrill, Anderson & Thygeson, 2011). It is the responsibility of management to decide upon the allocation of resources throughout the organization. The research work of Crump et al., (1996) establishes that workplace factors, particularly organizational resources, are powerful in influencing the participation of employees in workplace wellness programs. When outstanding champions and senior-level executives work to free up the resources for wellness initiatives, employees tend to have greater opportunities to become healthier in the organization (Page et al., 2009). The areas to which management must allocate resources include staffing, program activities, and time in order to make sure that a variety of program, that appeal to their entire workforce, are offered (Taitel et al., 2008). Evidence also suggests that human capital must be

allocated strategically, and that having a staff person or committee dedicated to promoting the program is an important indicator of a workplace having a wide-ranging wellness program (Birken & Linnan, 2006). In other research, Morrison and MacKinnon (2008) found that, with sufficient resources designated by the CEO, middle management will be able to devote the budget and any additionally required means to facilitate employees in attaining their wellness goals.

Proposition 1d.) *Senior-level executives need to commit the allocation of resources to ensure an effective workplace wellness program.*

Delegate responsibilities

Often the hierarchical model of enforcing change from a senior executive level is not the most effective method of promoting change in an organization (Handy, 1997). Generally, change is better achieved if change is delegated throughout the organization; and is vitally important to any wellness initiatives. The more people who have been delegated formal responsibilities for the organization's wellness

initiative, the more likely it is to succeed over time and the more likely it is to become part of the organization's culture (Birken & Linnan, 2006). This type of delegation can take place in a variety of ways.

One of the most effective ways is for management to endorse the position of volunteer wellness promoters (Taitel et al., 2008). In a study on the supermarket chain HEB Grocery Stores, which has over 70,000 employees and about 350 stores, it was recognized that there were more than 500 site specific and nine district wellness champions. These leaders participated in monthly conference calls, in training webinars, and also in a wellness resource centre online (Baun, Berry & Mirabito, 2010).

Champions are known to have the skill and ability to influence the behaviour of their peers, employees, and to support a goal (Ergi & Frost, 1990). Therefore, they are capable to guide employees to become involved in workplace wellness programs (Della et al., 2010).

Another group to whom management may delegate responsibilities is employee advisory boards and employee wellness

committees -- key groups of spokespeople that impact the promotion, planning, and development of workplace wellness programs (Taitel et al., 2008; Sorensen et al., 1992). Further evidence suggests that having even one staff person, such as a full-time, department-level wellness manager, committed to health promotion planning is a strong indicator of a workplace having an effective wellness promotion program (Birken & Linnan, 2006; Arozullah & Heller, 2001). In Baun, Berry and Mirabito's (2010) study, each organization had a wellness manager that organized and directed a detailed wellness program, successfully promoting it around the organization, and documenting the outcome measurements to gauge its performance. The most effective managers were skillful and knowledgeable, making sure to link all of their actions to the organizational strategy and culture of the business. Other research suggests that a CEO can appoint a team consisting of board senior-level executives (Preece et al., 2012). It is arguable that these are often more successful because the decision

makers then have a vested interest in wellness and invest more of their time, resources and effort into the program.

Proposition 1e.) *Senior-level leaders must delegate responsibilities regarding workplace wellness for the program to be successful.*

IMPLICATIONS FOR PRACTICE

The research findings reviewed here, demonstrate the ideal behaviour of leadership that should be displayed by management to influence participation in workplace wellness programs with the ultimate goal to improve the health and wellbeing of the organization's employees. Even in the absence of senior management leadership in wellness, there will always be some degree of participation from some employees in any wellness program, but it will often be those individuals who already have healthy behaviours. It is the duty of leadership to implement wellness programs to influence and encourage those employees -- especially those employees -- who have high health risk behaviours and could benefit greatly from actively participating

in wellness activities. Management's values and commitment to endorsing and supporting wellness initiatives will impact the enthusiasm and engagement of employees to get involved ensuring an effective wellness program. Management advocacy of wellness, must however, be sincere, consistent, continuing, and visible.

A key and consistent finding from researchers has been that, precisely because top management has a powerful role in an organization, their behavior is a predictor in the outcomes of wellness initiatives. As addressed in our SMIL model, senior leadership is responsible for aligning wellness programs as part of the organizations identity and culture. The most significant responsibility of senior-level leaders is controlling the strategy of the organization, and therefore altering policy and their management style to develop a supportive culture which promotes the well-being of employees.

Not only is this the right action to take, it is increasingly looking like it is part of the recipe for the success of the business. Senior leaders should be aware, too, that the sustainability of wellness programs rests with managers' continued, demonstrated support of wellness. Research illustrates that if there are changes in management commitment and priorities after implementation of the program the opportunity to build a culture of health can be lost, leading to the collapse of the wellness program all together. Therefore, top management must – if they are to reap the benefits of wellness programs – commit to wellness for the long term.

CONCLUSIONS

The SMIL model proposed in this review was developed from our reviews and synthesis of the literature. It should be no surprise that, like anything important to the organization, success depends upon senior management commitment and leadership behaviours that serve as role models for employees. Once again, it is not just what managers say, that is important, but what they actually do that drives change. The SMIL model (see Figure 1) proposes that senior managers must support wellness programs in five ways:

- 1) alignment and support
- 2) communication
- 3) participation
- 4) resourcing
- 5) delegation.

Like most organizational change initiatives, nothing comes easy, but when it's for organizational and employee health, wellness is worth it.

REFERENCES

- Allen, J.D. (2002). "Building supportive cultural environments". In M. O'Donnell (Ed.), *Health promotion in the workplace* (pp. 202-217), Albany, NY: Delmar.
- Arnold, K.A., Turner, N., Barling, J., Kelloway, E.K., and McKee, M.C. (2007) "Transformational leadership and psychological well-being: The mediating role of meaningful work", *Journal of Occupational Health Psychology*, vol. 12, no. 3, pp. 193-203.
- Arozullah, A., and Heller, C. (2001) "Implementing Change: It's as Hard as it Looks", *Disease Management & Health Outcomes*, vol. 9, no. 10, pp. 551-563.
- Baicker, K., Cutler, D., and Song, Z. (2010) "Workplace wellness programs can generate savings." *Health Affairs*, 29(2): pp. 304-311.
- Barling, J., Christie, A., and Hopton, A. (2011) "Leadership" In *APA handbook of industrial and organizational psychology* (Eds.) Vol 1: Building and developing the organization (pp.183-240), Washington, DC: American Psychological Association.
- Barling, J. Loughlin, C., and Kelloway, E.K. (2002) "Development and test of a model linking safety-specific transformational leadership and occupational safety." *Journal of Applied Psychology*, 87(3): pp. 488-496.
- Baun, W.B., Berry, L. And Mirabito, A.M. (2010) "What's the Hard Return on Employee Wellness Programs?" *Harvard Business Review*, pp. 2012-68.
- Beehr, T. A., and Glaser, S. (2005). "Organizational role stress." In J. Barling, E. K. Kelloway, & M. R. Frone (Eds.), *Handbook of workplace stress* (pp. 7-34), Thousand Oaks, CA: Sage Publications.
- Birken, B.E. and Linnan, L. (2006) "Implementation challenges in worksite health promotion programs", *North Carolina Medical Journal*, vol. 67, no. 6, pp. 438-41.
- Bono, J.E., Foldes, H.J., Vinson, G., and Muros, J.P. (2007) "Workplace emotions: The role of supervision and leadership", *Journal of Applied Psychology*, vol. 92, no. 5, pp. 1357-1367.
- Brown, M. E., Trevino, L. K., and Harrison, D.A. (2005). "Ethical leadership: A social learning perspective for construct development and testing", *Organizational Behaviors and Human Decision Processes*, vol. 97, pp. 117-134.
- Chapman L. (2006) "Employee participation in workplace health promotion and wellness programs", *North Carolina Medical Journal*, vol. 67, no. 6, pp. 431-432.
- Chu, C. and Dwyer, S. (2002) "Employer Role in Integrative Workplace Health Management: A New Model in Progress", *Disease Management & Health Outcomes*, vol. 10, no. 3, pp. 175-186.
- Chu, C., Breucker, G., and Harris, N. (2000) "Health-promoting workplaces-international settings development", *Health Promotion International*, vol. 15, no. 2, pp. 155-67.

- Cole, D.C., Theberge, N., Dixon, S.M., Rivilis, I., Neumann, W.P., and Wells, R. (2009) "Reflecting on a program of participatory ergonomics interventions: a multiple case study", *Work*, vol. 34, no. 2, pp. 161-178.
- Crump, C.E., Earp, J.L., Kozman, C.M., and HertzPicciotto, I. (1996) "Effect of organizational-level variables on different employee participation in 10 federal worksite health promotion programs", *Health Education Quarterly*, vol. 23, no. 2, pp.204-23.
- Della, L., DeJoy, D.M., Goetzel, R.Z., Ozminkowski, R.J., and Wilson, M. (2008) "Management support for worksite health promotion: psychometric analysis of the leading by example instrument", *American Journal of Health Promotion*, vol. 22, no. 5, pp. 359-367.
- Della, L.J., DeJoy, D.M., Mitchell, S.G., Goetzel, R.Z., Roemer, E.C., and Wilson, M.G. (2010) "Management support of workplace health promotion: field test of the leading by example tool", *American Journal of Health Promotion*, vol. 25, no. 2, pp. 138-146.
- Dellve, L., Skagert, K., and Vilhelmsson, R. (2007) "Leadership in workplace health promotion projects: 1-and 2-year effects on long-term work attendance", *The European Journal of Public Health*, vol.17, no.5, pp.471-476.
- Egri C.P. and Frost. P.J. (1990) "Appreciating executive action", In *the Power of Positive Thought & Action in Organizations*, pp. 284-332.
- Elke, G., Gurt, J., and Schwennen, C. (2011) "Health-specific leadership: Is there an association between leader consideration for the health of employees and their strain and well-being?", *Work & Stress: An International Journal of Work, Health & Organisations*, pp. 108-27.
- Cancelliere, C., Cassidy, J.D., Ammendolia, C. and Cote, P. (2011) "Are workplace health promotion programs effective at improving presenteeism in workers? A systematic review and best evidence synthesis of the literature." *BMC Public Health*, 11: 395.
- Ginn, G.O. and Jean, H.L. (2003) "Wellness programs in the context of strategic human resource management" *Hospital topics*, vol.81, no.1, pp. 23-8.
- Glasgow, R.E., Hollis, J., Ary, D., and Lando, H. (1990) "Employee and organizational factors associated with participation in an incentive-based worksite smoking cessation program", *Journal of Behavioural Medicine*, vol. 13, no. 4, pp 403-418.
- Goldstein, N. J., Griskevicius, V., and Cialdini, R. B. (2007). "Invoking social norms: A social psychology perspective on improving hotels' linen-reuse programs", *The Cornell Hotel and Restaurant Administration Quarterly*, vol.48, pp.145–150.
- Green, L. and Lovato, C. (1990) "Maintaining Employee Participation in Workplace Health Promotion Programs", *Health Education & Behavior*, vol. 17, no. 1, pp. 73-88.
- Handy, C. (1997) "The Citizen Corporation", *Harvard Business Review*, pp. 26-7.
- Henley, N., Herget, C., and Stokes, G. (2006) "Creating a Culture of Wellness in Workplaces", *North Carolina Medical Journal*, vol. 67, no. 6, pp. 445-448.

- Hopkins, J.M., Glenn, B.A., Cole, B.L., McCarthy, W., and Yancey, A. (2012) “Implementing organizational physical activity and healthy eating strategies on paid time: process evaluation of the UCLA working pilot study”, *Health Education Research*, vol. 23, no. 3, pp. 385-398.
- Judge, T.A. and Piccolo, R.F. (2004) “Transformational and transactional leadership: A meta-analytic test of their relative validity”, *Journal of Applied Psychology*, vol. 89, no. 5, pp. 755-768.
- Kowlessar, N.M., Henke, R.M., Goetzel, R.Z., Colombi, A.M., and Felter, E.M. (2010) “The influence of worksite health promotion program management and implementation structure variables on medical care costs at PPG Industries”, *Journal of Occupational and Environmental Medicine*, vol. 52, no. 12, pp. 1160-1166.
- Kuoppala, J., Lamminpää, A. and Husman, P. (2008). “Work Health Promotion, Job Well-Being, and Sickness Absences-A Systematic Review and Meta-Analysis”, *Journal of Occupational & Environmental Medicine*, vol.50,no.11,pp.1216-1227.
- Laing, S.S., Hannon, P.A., Talburt, A., Kimpe, S., Williams, B., and Harris, J. R. (2012) “Increasing evidence-based workplace health promotion best practices in small and low-wage companies”, *Preventing Chronic Disease*, vol. 10, pp. 110-186.
- Langille, J.L., Berry, T.R., Reade, I.L., Witcher, C., Loitz, C.C., and Rodgers, W.M. (2011) “Strength of messaging in changing attitudes in a workplace wellness program”, *Health Promotion Practise*, vol. 12, no. 2, pp. 303-311.
- Lerner, D., Rodday, A.M., Cohen, J.T. and Rogers, W.H. (2013) A systematic review of the evidence concerning the economic impact of employee-focused health promotion and wellness programs.” *Journal of Occupational and Environmental Medicine*, 55(2): pp. 209-222.
- Linnan, L.A., Sorensen, G., Colditz, G., Klar, N., and Emmons, K.M. (2001) “Using Theory to Understand the Multiple Determinants of Low Participation in Worksite Health Promotion programs”, *Health Education & Behavior*, vol. 28, no. 5, pp. 591-607.
- Merrill, R.M., Anderson, A., and Thygeson, S. M. (2011) “. Effectiveness of a worksite wellness program on health behaviors and personal health”, *Journal of Occupational and Environmental Medicine*, vol. 53, no. 9, pp. 1008-1012.
- Middlestadt, S.E., Sheats, J.L., Geshnizjani, A., Sullivan, M.R., and Arvin, C.S. (2011) “Factors associated with participation in work-site wellness programs: implications for increasing willingness among rural service employees”, *Health Education &c Behavior*, vol. 38, no. 5, pp. 502-509.
- Morrison, E. and MacKinnon, N.J. (2008) “Workplace wellness programs in Canada: An exploration of key issues” *Healthcare Management Forum*, vol. 21, no. 1, pp.20-25.
- Mullen, J.E., Kelloway, E.K., and Teed, M. (2011) “Inconsistent style of leadership as a predictor of safety behavior”, *Work and Stress*, vol. 25, pp. 41–54.

- Nielsen, K., Randall, R., Yarker, J. and Brenner S.O. (2008) “The effects of transformational leadership on followers’ perceived work characteristics and psychological well-being: A longitudinal study”, *Work & Stress*, vol. 22, no. 1, pp. 16-32.
- Page, M. J., Paramore, L. C., Doshi, D. and Rupnow, M. F. (2009) “Evaluation of resource utilization and cost burden before and after an employer-based migraine education program”, *Journal of Occupational and Environmental Medicine*, vol. 51, no. 2, pp. 213-220.
- Parks, K.M. and Steelman, L.A. (2008) “Organizational wellness programs: a meta-analysis”, *Journal of Occupational Health Psychology*, vol. 13, no. 1, pp. 58-68.
- Preece, R., Williams, S., Jones, S., Peel, P., and Roughton, M. (2012) “Measuring implementation of evidence-based guidance on promoting workers' health”, *Occupational Medicine*, vol. 62, no. 8, pp. 627-31.
- Rhoades, L., and Eisenberger, R. (2002). “Perceived organizational support: A review of the literature”, *Journal of applied psychology*, vol. 87, no.4, pp. 698-714.
- Robertson, J.L., and Barling, J. (2013) “Greening organizations through leaders’ influence on employees’ pro-environmental behaviors.” *Journal of Organizational Behavior* 34(2): 176-194.
- Rosen, M. and Spaulding T. (2009) “Best Practices for Wellness Programs” *Occupational Health & Safety* pp. 1-2.
- Schult, T.M.K., McGovern, P.M., and Dowd, B. (2006) “The future of health promotion/disease prevention programs: The incentives and barriers faced by stakeholders”, *Journal of Occupational and Environmental Medicine*, vol. 48, no. 6, pp. 541-548.
- Seaverson, E.L., Grossmeier, J., Miller, T.M., and Anderson, D.R. (2009) “The role of incentive design, incentive value, communications strategy, and worksite culture on health risk assessment participation”, *American Journal of Health Promotion*, vol. 23, no. 5, pp. 343-352.
- Sorensen, G., Hsieh, J., Hunt, M.K., Morris, D.H., Harris, D.R., and Fitzgerald, G. (1992) “Employee advisory boards as a vehicle for organizing worksite health promotion programs”, *American Journal of Health Promotion*, vol. 6, no. 6, pp. 443-50, 464.
- Taitel, M.S., Haufle, V., Heck, D., Loeppke, R., and Fetterolf, D. (2008) “Incentives and other factors associated with employee participation in health risk assessments”, *Journal of Occupational and Environmental Medicine*, vol. 50, no. 8, pp. 863-872.
- Weiner, B.J., Lewis, M.A., and Linnan, L.A. (2008) “Using organization theory to understand the determinants of effective implementation of worksite health promotion programs.” *Health Education Research*, 24(2): 292-305.
- Wells, K.B., Sherbourne, C., and Schoenbaum, M. (2000) “Impact of disseminating quality improvement programs for depression in managed primary care: a randomized trial”, *Journal of the American Medical Association*, vol. 283, no. 2, pp. 212-20.

- Whiteman, J.A., Snyder, D.A., and Ragland, J.J. (2001) "The value of leadership in implementing and maintaining a successful health promotion program in the Naval Surface", *American Journal of Health Promotion*, vol. 15, no. 6, pp. 437-40.
- Yukl, G.A. (2006). "Leadership in organizations (6 Eds)", Upper Saddle River, NJ: Prentice Hall.
- Zimolong, B., and Elke, G. (2006) "Occupational Health and Safety Management." In G. Salvendy (Ed.), *Handbook of Human Factors and Ergonomics* (pp. 673-707). Wiley, New York.
- Zoller, H.M. (2004) "Manufacturing health: Employee perspectives on problematic outcomes in a workplace health promotion", *Western Journal of Communication*, vol. 68, no. 3, pp. 278-301.



Other White Papers in the series:

Defining Workplace Wellness Programs – A Rapid Systematic Review
Julie A. Hind and Michael J. Rouse
go.ivey.ca/wellness

Mindful Leadership: Cultivating Sagacity and Wisdom in the Workplace
Ellen Choi and Michael J. Rouse
go.ivey.ca/workplacewisdom

Michael J. Rouse, PhD

Strategy & Organization Professor, Ivey Business School
Academic Director, Healthcare Management Executive MBA, China
Leader, Executive Client Projects, India
Ivey Business School at Western University

Cross-appointment: Epidemiology & Biostatistics,
Schulich Medical School, Western University

1255 Western Road
London, ON, Canada, N6G 0N1
mrouse@ivey.uwo.ca
519.661.4026

