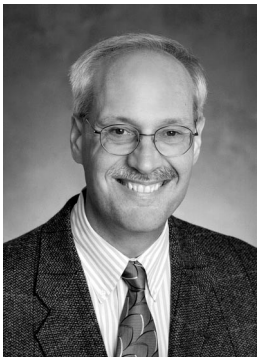
Critical Issues and Trends: Culture Change

Organizational Health Promotion: Broadening the Horizon of Workplace Health Promotion



David M. DeJoy, PhD; Mark G. Wilson, HSD

Synopsis

This article argues that efforts to improve the health and well-being of the workforce should begin with the organization itself. The term organizational health promotion *is introduced to expand the scope of worksite health promotion. Organizational health promotion delves into the basic structural and organizational fabric of the enterprise—to how work is organized. The core themes of healthy work organization are introduced, and the status of our ability to identify organizational risk factors is discussed. A conceptual model of healthy work organization is presented, along with a process for expanding the health promotive capacity of the organization. The final section addresses challenges related to adopting an organizational health promotion perspective. (Am J Health Promot 2003;17[5]:337–341.)*

The theme of this article is that efforts to improve the health and well-being of the workforce should begin with the organization itself. The term *organizational health promotion* is used here to expand the concept of worksite health promotion, and to acknowledge that the way in which organizations are structured and operate can have far-reaching impacts on employee health and performance. Organizational health promotion and worksite health promotion share a common set of goals related to controlling health care and other costs, boosting productivity and organizational commitment, and lowering employee turnover and absenteeism. The two approaches differ primarily in how these goals are addressed. Organizational health promotion emphasizes the dynamic interplay of individual and organizational factors and how this interaction affects the optimal use of the people resources of the organization. A key premise of organizational health promotion is that we maximize human capital by optimizing the quality of work life within the organization.

The idea that organizational factors affect employees is certainly not new in the health promotion literature. Almost 20 years ago, Pelletier[1] argued that health promotion should be expanded to include organizational and environmental interventions. Rosen and Berger[2] coined the term *healthy companies* and concluded that such companies share a set of values that encompass a variety of environmental and organizational practices. DeJoy and Southern[3] have outlined an integrative model of workplace health that begins with the immediate worker-job interface and proceeds outward through more encompassing organizational and extraorganizational systems. Recently, Goetzel and Ozminkowski,[4] in their commentary on health and productivity management in this journal, concluded, ''The time has come to expand our efforts to include the workgroup and the organization as a whole, with the ultimate aim of demonstrating a positive impact on organizational productivity and profitability'' (p. 212). Also not to be ignored, contemporary definitions of health promotion emphasize the importance of the broad environmental context,[5,6] as do the guiding tenets of this journal.[7] Organizational and environmental influences have been widely acknowledged, but most prior discussions have told us more about where to look rather than what to look for. Building on this foundation, this article seeks to provide a more usable delineation of the organizational context by arguing that (1) there are potentially controllable organizational risk factors, just as there are individual risk factors; (2) we can distinguish healthy from unhealthy organizations; and (3) current knowledge is sufficient to begin to develop a conceptual model of healthy work organization. The final sections discuss building capacity for organizational health promotion and confronting the challenges of marketing or selling organizational health promotion.

David M. DeJoy, PhD, is a Professor and Director of the Workplace Health Group, Department of Health Promotion and Behavior, University of Georgia, Athens, Georgia. Mark G. Wilson, HSD, is an Associate Professor and Co-Director of the Workplace Health Group.

Send reprint requests to David M. DeJoy, PhD, Workplace Health Group, Department of Health Promotion and Behavior, 315 Ramsey Center, University of Georgia, Athens, GA 30602-6522.

This manuscript was submitted July 24, 2002; revisions were requested September 30, 2002; the manuscript was accepted for publication December 10, 2002.

0890-1171/03/$5.00 + 0

ORGANIZATIONAL RISK FACTORS

Traditional worksite health promotion seeks to identify and manage controllable risk factors residing within individual employees. Organizational health promotion begins with the idea that organizations also possess potentially controllable risk factors. Just as unhealthy personal lifestyles can lower productivity and raise costs, unhealthy organizations produce similar negative effects, but typically on a much broader scale. As with individual-level factors, some organizational risk factors may be more or less significant and more or less easy to control for a given organization. Also, substantial adverse effects can result when multiple risk factors interact within or between levels.

Effort has been devoted to evaluating work and other environments in terms of what is needed to facilitate and support individual health behavior change.[8–10] But the idea of the healthy organization goes deeper than this; it involves the way in which the work itself is organized—the actual structural and organizational characteristics of the organization, including job demands, work scheduling, interpersonal aspects, management style, organizational practices, and related topics.[11]

DISTINGUISHING HEALTHY FROM UNHEALTHY ORGANIZATIONS

At the individual level, we have a pretty good idea of the major risk factors for various diseases and health problems; we also have developed a variety of instruments for assessing individual risk such as health risk appraisals (HRAs). What we lack are *organizational* risk appraisals. Considerable effort has been devoted to studying the health and productivity effects of various work organization factors, but most of this work has been piecemeal and the large majority of it has occurred outside of health promotion. Several authors have tried to pull this disparate work together into some type of comprehensive framework of healthy work organization.[12–16] These frameworks vary considerably from one another, but several core themes concerning healthy work organization have emerged.

Core Theme 1

Most of the tangible evidence of healthy work organization shows up in three domains of work life: job design, organizational climate, and job future. Job design involves the demands and characteristics of individual jobs. Organizational climate emphasizes the perceptions held by employees regarding communication, participation, and the general social/interpersonal environment at work. Job future addresses job security, equity, and other career development issues. Job future seeks to capture the most salient aspects of the exchange relationship between employer and employee.

Core Theme 2

The culture and leadership resources of the organization provide the driving or enabling forces for the creation and maintenance of healthy work organizations. In other words, creating a healthy work organization typically involves organizational change, and any change process must have the support of management to succeed.

Core Theme 3

People perceive and react to the reality they experience as members of an organization. The subjective or perceived qualities of the organization are at least as important as the objective or actual qualities.[17] This process of psychological adjustment is important to understanding the effects of various job and organizational factors on employee health and productivity. The levels of perceived stress, job satisfaction, commitment, and so forth that reflect this adjustment process can be used to assess how people are responding to their work environment and are predictive of longer term consequences on well-being and productivity.[17–21]

Core Theme 4

Creating healthy workplaces usually means altering the employer-employee relationship in terms of increased opportunities for information exchange and employee involvement. In today's business environment, employees are increasingly being asked to assume more active roles in managing their health and other benefits, planning and investing for retirement, and preparing for expected or unexpected job and career changes. Increased participation also is very much part of the rhetoric of many contemporary management rubrics, such as total quality management, learning organizations, high involvement work systems, autonomous work teams, and lean production.

Core Theme 5

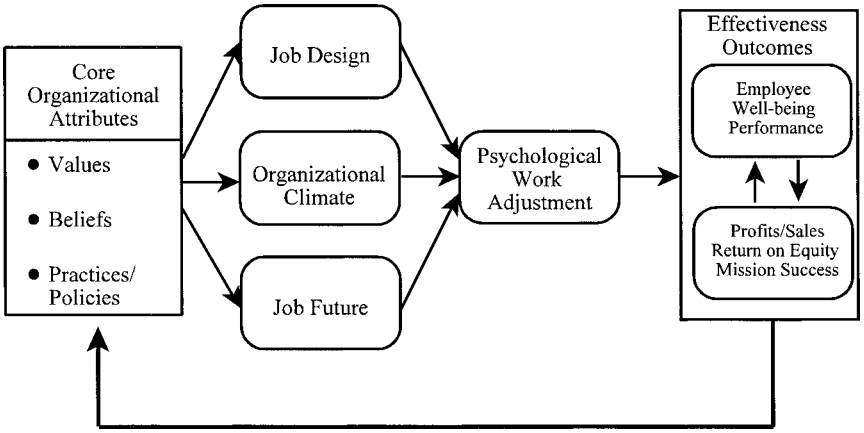
Organizational effectiveness is the desired outcome of healthy work organization. But following Jaffe,[13] an expanded notion of organizational effectiveness is needed: one that accommodates the acknowledged interdependence of health and productivity outcomes.

MAPPING THE CONCEPTUAL SPACE OF ORGANIZATIONAL HEALTH PROMOTION

The model of healthy work organization shown in Figure 1 builds upon these basic themes. Moving from left to right in the figure, the core organizational attributes delve into the culture and leadership resources of the organization and reflect a multilevel conceptualization of culture.[22] In essence, the practices and policies of the organization represent the surface stratum of culture. The beliefs and values of the organization pertaining to employee health and well-being and organizational success are the deeper but highly influential levels of organizational culture. Ultimately, true organizational change involves changing these fundamental values and beliefs. Next, the three domains of work life are portrayed, and we think that available knowledge suggests a number of potentially important dimensions within each domain. For example, the job stress literature is quite consistent in identifying such factors as workload, autonomy, job content, role clarity, work schedule, and environmental hazards as being

Figure 1

Conceptual Model of Healthy Work Organization



important elements of job design.[17,23] There is perhaps less overall agreement with reference to the core elements of organizational climate,[24] but support is strong for the importance of organizational support, peer-group relations, employee participation, and communication as key ingredients for a positive and healthy organizational climate. Moving on to job future, job security in the traditional sense is more the exception than the rule today,[25] and as a result, other aspects of the exchange relationship, including learning opportunities, access and equity issues, and flexible work arrangements have assumed increasing importance in defining the healthy workplace.

The lists of dimensions presented here are not intended to be the complete or final word on healthy work organization; rather, the intent is to show that current knowledge permits a fairly extensive list of potential organizational risk factors. We have a pretty good idea of what constitutes healthy work organization. However, compiling a set of dimensions requires collating evidence dimension by dimension and integrating findings from a number of literatures outside of health promotion, including human resources/organizational development, organizational behavior, management, job stress, and occupational safety and health. It is well beyond the scope of this brief commentary to review the support for each dimension, but each dimension mentioned here has been studied rather extensively in terms of both employee and business-related outcomes. What we have yet to do is to create a workable and testable taxonomy of healthy work organization. This model and its constituent dimensions provide a starting point for auditing or diagnosing organizational risk factors.

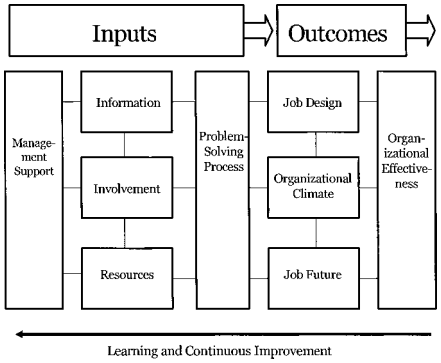
Continuing to the right side of the model, the experience of work as reflected through job design, organizational climate, and job future affects the thoughts and feelings held by employees about their job, their work group, and the entire organization. Traditional measures of psychological work adjustment, such as job satisfaction and organizational commitment, are certainly important, but other constructs may also be important and predictive of worker health and productivity. Some possible candidates include vitality, perceived stress, exhaustion/burnout, presenteeism, and job-related self-efficacy. Basically, these measures can be viewed as intermediate indicators of healthy work organization. Finally, the far right side of the figure shows the interdependent relationship between people and business or mission outcomes. A feedback loop is included to suggest that organizational change is most likely to occur on the basis of documented effectiveness results.

BUILDING CAPACITY FOR ORGANIZATIONAL HEALTH PROMOTION

Stokols[26] uses the term *health promotive capacity* to describe the potential of an environment for promoting and maintaining improved levels of health over time. As such, the process of organizational health promotion is essentially one of building the health promotive capacity of the organization. Capacity generally refers to the organization's ability to identify, mobilize, and address important and relevant problems. Figure 2 outlines a process that draws from total quality management,[27] organizational learning,[28] and high involvement work systems.[29] All three approaches emphasize problem solving and employee involvement as central to organizational change. At the heart of the process in Figure 2 is a continuous, participatory, problem-solving process that is data-driven or evidence-based. Diagnostic data on organizational risk factors and performance data are assessed and used to identify problems, set goals, and evaluate progress. Once initiated, the process is designed to be self-sustaining, primarily through the feedback of results. However, a successful process begins with the will to implement it. Both the model of healthy work organization and the change process highlight the importance of leadership or management support. Looking at the inputs section of the figure, management underwrites the capacity-building process,

Figure 2

Change Process for Improving Healthy Work Organization



and this involves sharing important operations-related information with employees, providing opportunities for meaningful participation, and allocating resources sufficient to implement needed structural and operational changes.

The adoption of innovative policies and practices within organizations has been studied from a number of different perspectives.[30–34] Certain types of organizations and leaders appear to be more predisposed to adopt innovations than others, but as a general rule, adoption is most likely when a match exists between some important organizational problem and the potential solution or innovation at hand. The purported connection of organizational health promotion to organizational effectiveness helps meet the problem side of this challenge. The second portion of this challenge is more difficult because organizational health promotion has to compete for a spot on the agenda with other performance-enhancing strategies, many of which have more familiarity and visibility in the business world.

SELLING ORGANIZATIONAL HEALTH PROMOTION

In the final analysis, two different audiences need to be sold on organizational health promotion. The first audience includes health promotion practitioners themselves. For most professionals in health promotion and public health, employee health and well-being are outcomes that alone provide ample justification for substantial investment in programs, staff, and facilities.[35] Furthermore, broadening the focus to include productivity and profit outcomes may be seen as ''selling out'' and basically compromising the ''true mission'' of health promotion. One way to address this issue is by appealing to fear—adopt a model tied more closely to business goals or prepare to be marginalized in the lean and mean organizations of the 21st century! Another approach is to dangle the prospects of the greater resources and visibility that could result if health promotion is seen as part of core business strategy and operations management. We favor a third approach: simply, that employee health and well-being cannot be maximized without attending to the characteristics of jobs and organizations. The workplace is not only a convenient location to reach people; it is also an important part of people's lives and a critical environmental context that should not be ignored. Health promotion should have a voice in how organizations are designed.

The second audience, of course, is business leaders—the people who are accountable for the bottom line. We believe that organizational health promotion can be sold as an efficient business strategy for two reasons. First, it is a single strategy that seeks to maximize both productivity and employee health and well-being. These two endpoints are not mutually exclusive, and it does not make much sense to treat them as such. In today's business world, with its emphasis on human capital, the edge often goes to the organization that makes the best use of its people resources.[4] Second, organizational health promotion reflects solid management practice[3] in that it offers the opportunity to (1) reduce the redundancy of workplace health services and programs, (2) more effectively link existing programs and services, and (3) establish a more open and comprehensive process for identifying problems and developing solutions. In many organizations today, related functional areas such as employee benefits, human resources, health promotion, industrial safety and hygiene, and employee assistance coexist either in relative ignorance of each other or in direct competition. It is difficult to see how this is a good way to run an organization. The interdependence of these units needs to be recognized and coordinated to produce a more synergistic impact on worker health and productivity.

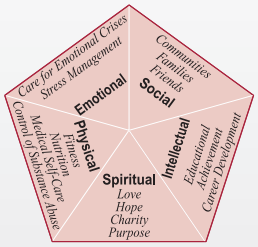
References

1. Pelletier KR. *Healthy People in Unhealthy Places: Stress and Fitness at Work.* New York, NY: Delacorte Press; 1984.
2. Rosen RH, Berger L. *The Healthy Company: Eight Strategies to Develop People, Productivity, and Profits.* New York, NY: GP Putnam's Sons; 1991.
3. DeJoy DM, Southern DJ. An integrative perspective on worksite health promotion. *J Occup Med.* 1993;35:1221–1230.
4. Goetzel RZ, Ozminkowski RJ. Health and productivity management: emerging opportunities for health promotion professionals for the 21st century. *Am J Health Promot.* 2000;14:211–214.
5. Green LW, Kreuter MW. *Health Promotion Planning: An Educational and Ecological Approach.* 3rd ed. Mountain View, CA: Mayfield; 1999.
6. O'Donnell MP. Preface. In: O'Donnell MP, ed. *Health Promotion in the Workplace.* 3rd ed. Albany, NY: Delmar Publishers; 2002.
7. O'Donnell MP. Definition of health promotion: part III: expanding the definition. *Am J Health Promot.* 1989;3:5.
8. Fisher B, Golaszewski T, Barr D. Measuring worksite resources for employee heart health. *Am J Health Promot.* 1999;13:325–332.
9. Oldenburg B, Sallis JF, Harris D, Owen N. Checklist of health promotion environments at worksites (CHEW): development and measurement characteristics. *Am J Health Promot.* 2002;16:288–299.
10. Ribisl KM, Reischl TM. Measuring the climate for health at organizations: development of the worksite health climate scales. *J Occup Med.* 1993;35: 812–824.
11. National Institute for Occupational Safety and Health. *National Occupational Research Agenda.* Washington, DC: National Institute for Occupational Safety and Health; 1996. NIOSH Publication No. 96-115.
12. Danna K, Griffin RW. Health and well-being in the workplace: a review and synthesis of the literature. *J Manage.* 1999;25:357–384.
13. Jaffe DT. The healthy company: research paradigms for personal and organizational health. In: Sauter SL, Murphy LR, eds. *Organizational Risk Factors for Job Stress.* Washington, DC: American Psychological Association; 1995:13–29.
14. McCunney RJ, Anstadt G, Burton WN, Gregg D. The competitive advantage of a healthy work force: opportunities for occupational medicine. *J Occup Environ Med.* 1997;39:611–613.

15. Sauter SL, Lim SY, Murphy, LR. Organizational health: a new paradigm for occupational stress research at NIOSH. *Occup Mental Health.* 1996;4: 248–254.
16. Smith KK, Kaminstein DS, Makadok RJ. The health of the corporate body: illness and organizational dynamics. *J Appl Behav Sci.* 1995;31:328–351.
17. Lindstrom K. Psychosocial criteria for good work organization. *Scand J Work Environ Health.*1994;20:123–133.
18. Mathieu JE, Zajac DM. A review and meta-analysis of the antecedents, correlates, and consequences of organizational commitment. *Psychol Bull.* 1990;108:171–194.
19. Meyer JP, Stanley DJ, Herscovitch L, Topolnytsky L. Affective, continuance, and normative commitment to the organization: a meta-analysis of antecedents, correlates, and consequences. *J Vocat Behav.* 2002;61:20–52.
20. Judge TA, Thoresen CJ, Bono JE, Patton GK. The job satisfaction-job performance relationship: a qualitative and quantitative review. *Psychol Bull.* 2001;127:376–407.
21. Harter JK, Schmidt FL, Hayes TL. Business-unit-level relationship between employee satisfaction, employee engagement, and business outcomes: a meta-analysis. *J Appl Psychol.* 2002;87:268–279.
22. Schein EH. Organizational culture. *Am Psychol.* 1990;45:109–119.
23. Sauter SL, Murphy LR, Hurrell JJ. Prevention of work-related psychological disorders. *Am Psychol.* 1990;45:1146–1158.
24. James LA, James LR. Integrating work environment perceptions: explorations into the measurement of meaning. *J Appl Psychol.* 1989;74:739–751.
25. Rousseau DM. Organizational behavior in the new organizational era. *Ann Rev Psychol.* 1997;48:515–546.
26. Stokols D. Establishing and maintaining healthy environments: toward a social ecology of health promotion. *Am Psychol.* 1992;47:6–22.
27. Waldman D. The contributions of total quality management to a theory of work performance. *Acad Manage Rev.* 1994;19:510–536.
28. Senge P. *The Fifth Discipline.* New York, NY: Doubleday Currency; 1990.
29. Lawler EE, III. *The Ultimate Advantage: Creating the High Involvement Organization.* San Francisco, CA: Jossey-Bass; 1992.
30. Karasek R. Stress prevention through work reorganization: a summary of 19 international case studies. In: Di Martino V, Karasek R, eds. Preventing Stress at Work. *Conditions of Work Digest.* 1992;11(2):23–41. Theme issue.
31. Kingdon J. *Agendas, Alternatives, and Public Policies.* 2nd ed. New York, NY: Harper-Collins; 1995.
32. Rogers EM. *Diffusion of Innovations* 4th ed. New York, NY: Free Press; 1995.
33. Skinner HA. *Promoting Health Through Organizational Change.* San Francisco, CA: Benjamin Cummings; 2002.
34. Watkins KE, Marsick VJ. *Sculpting the Learning Organization: Lessons in the Art and Science of Systematic Change.* San Francisco, CA: Jossey-Bass; 1993.
35. Eakin JM, Cava M, Smith TF. From theory to practice: a determinants approach to workplace health promotion in small businesses. *Health Promot Practice.* 2001;2:172–181.

AMERICAN JOURNAL of
Health Promotion

A fusion of the best of science and the best of practice — together, to produce the greatest impact.



DIMENSIONS OF OPTIMAL HEALTH

Definition of Health Promotion

"Health Promotion is the science and art of helping people change their lifestyle to move toward a state of optimal health. Optimal health is defined as a balance of physical, emotional, social, spiritual and intellectual health. Lifestyle change can be facilitated through a combination of efforts to enhance awareness, change behavior and create environments that support good health practices. Of the three, supportive environments will probably have the greatest impact in producing lasting change."

(O'Donnell, *American Journal of Health Promotion,* 1989, 3(3):5.)

" The *American Journal of Health Promotion* provides a forum for that rare commodity — ***practical and intellectual exchange between researchers and practitioners***. "

Kenneth E. Warner, PhD
Avedis Donabedian Distinguished University Professor of Public Health
School of Public Health, University of Michigan

" The contents of the *American Journal of Health Promotion* are ***timely, relevant,*** and most important, ***written and reviewed by the most respected researchers in our field***. "

David R. Anderson, PhD
Vice Programs and Technology, StayWell Health Management

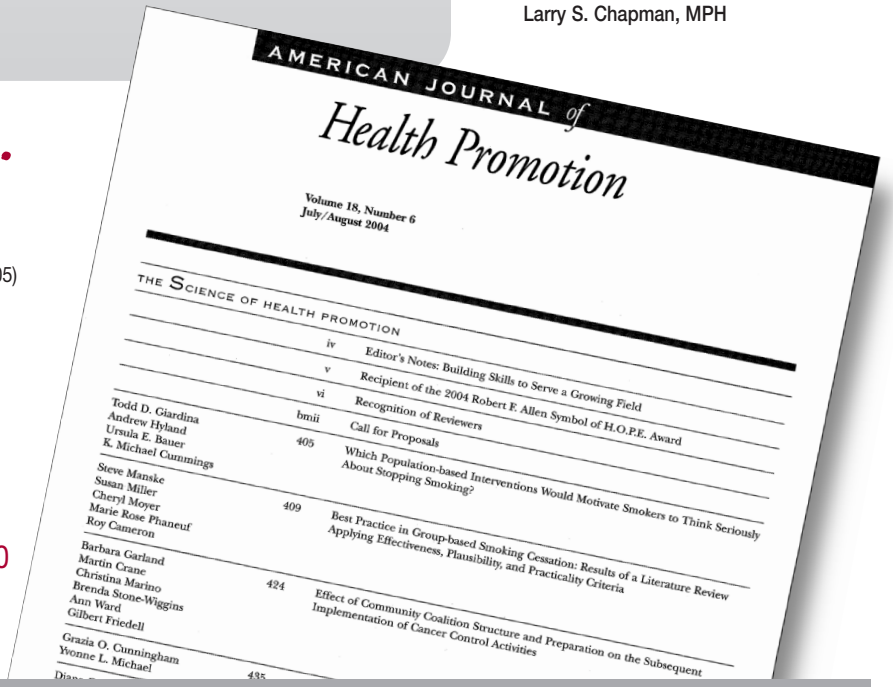
Stay on top of the science and art of health promotion with your own subscription to the American Journal of Health Promotion.

Subscribe today...

ANNUAL SUBSCRIPTION RATES: (Good through 12/31/05)

	Individual	*Institution*
U.S.	$99.95	$144.85
Canada and Mexico	$108.95	$153.85
Other Countries	$117.95	$162.95

CALL 800-783-9913 (U.S. ONLY) or 818-760-8520
OR FIND US ON THE WEB AT
http://www.HealthPromotionJournal.com


AMERICAN JOURNAL of
Health Promotion
Volume 18, Number 6
July/August 2004
THE SCIENCE OF HEALTH PROMOTION
iv Editor's Notes: Building Skills to Serve a Growing Field
v Recipient of the 2004 Robert F. Allen Symbol of H.O.P.E. Award
vi Recognition of Reviewers
bmii Call for Proposals
Todd D. Giardina, Andrew Hyland, Ursula E. Bauer, K. Michael Cummings
405 Which Population-based Interventions Would Motivate Smokers to Think Seriously About Stopping Smoking?
Steve Manske, Susan Miller, Cheryl Moyer, Marie Rose Phaneuf, Roy Cameron
409 Best Practice in Group-based Smoking Cessation: Results of a Literature Review Applying Effectiveness, Plausibility, and Practicality Criteria
Barbara Garland, Martin Crane, Christina Marino, Brenda Stone-Wiggins, Ann Ward, Gilbert Friedell
424 Effect of Community Coalition Structure and Preparation on the Subsequent Implementation of Cancer Control Activities
Grazia O. Cunningham, Yvonne L. Michael
435