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Employee wellbeing in Australian organisations - a snapshot of current practices

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Abstract

Research has shown that employee wellbeing is associated with a range of positive outcomes such as reduced stress and improved productivity. The aim was to assess the nature and prevalence of wellbeing programs in Australian organisations. An email invitation was sent to 3471 HR professionals in Australia of whom 313 responded to the online survey (9%). Findings indicate that this small subset of Australian HR professionals consider that the benefits of well-being programs outweigh the costs and have a variety of initiatives in place which contribute to employee wellbeing. However, the low response rate may suggest that many organisations do not yet recognise the importance of promoting wellbeing at work.

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ABSTRACT

Research has shown that employee wellbeing is associated with a range of positive outcomes such as reduced stress and improved productivity. The aim was to assess the nature and prevalence of wellbeing programs in Australian organisations. An email invitation was sent to 3471 HR professionals in Australia of whom 313 responded to the online survey (9%). Findings indicate that this small subset of Australian HR professionals consider that the benefits of well-being programs outweigh the costs and have a variety of initiatives in place which contribute to employee wellbeing. However, the low response rate may suggest that many organisations do not yet recognise the importance of promoting wellbeing at work.

Keywords: *Employee wellbeing, Human Resource Management, Health,*

Introduction

Research has found that employee engagement and wellbeing are linked to business unit performance – predicting customer satisfaction, productivity, profitability, employee turnover and sickness related absence (Harter et al. 2002, 2003). A recent meta-analysis by Parks and Steelman (2008) found that participation in organisational wellness programs was linked to decreased stress levels, decreased absenteeism, and higher job satisfaction resulting in increased productivity. Conversely, behavioral health risks such as stress and low life satisfaction lead to a decrease in employee productivity and an increase in absenteeism (Burton et al. 2005; Jacobson et al. 1996). There is a clear link between health and productivity according to Loeppke (2003).

In addition to absenteeism, impaired presenteeism can also reduce employee Return on Investment (ROI), as presenteeism is defined as reduced productivity and poor work quality, although the employee is physically present (Turpin et al. 2004, Koopman et al. 2002). A healthier workforce leads to more productive employees with less absenteeism, which in turn leads to an improved ROI (Finkelstein et. al 2005, Okie 2007, Schmier et al. 2006, Tucker and Friedman 1998). Employee wellbeing programs can not only lead to many of the benefits listed here but may also be used by prospective employees to determine the more attractive

workplace (PriceWaterhouseCooper 2007) or to reduce the turnover of current employees, since wellbeing initiatives are expected to enhance job satisfaction and employee attitudes toward the company (Parks & Steelman 2008).

As this is an evolving area, it is important to gain an understanding of current practices relating to employee wellbeing. Therefore, the aim of this research is to explore current practices related to wellbeing in Australian organizations, in order to answer the research question:

What are Australian organisations currently doing in relation to wellbeing?

How can organisations foster employee wellbeing?

Many organisations nowadays invest in wellbeing programs for their employees. In 2005, Aldana et al. estimated that 90 percent of all workplaces with 50 or more employees in the US had some kind of wellness program. Organisations investing in wellbeing programs have come to the conclusion that investing into the health and wellbeing of their employees will benefit the organization itself (PriceWaterhouseCooper 2007). Employees are the most valued assets of organizations and healthy employees are the key components for a successful company (Loeppke 2003).

The terminology used to describe wellbeing programs in the workplace varies, including, for example, employee health management programs (Wolfe et al. 1994), worksite health promotion programs (Cogwell Anderson & Kaczmarek 2004; Wolfe et. Al 1993) wellness program (PriceWaterhouseCooper 2007), organizational wellness programs (Parks & Steelman 2008) or fitness and wellness programs (Gebhard & Crump 1990). Wolfe et al. (1994:23)'s definition of employee health management programs (EHMP) has been used by various researchers (Ho 1997; Parks and Steelman 2008) and is described as "*ongoing organizational activities designed to promote the adoption of personal behaviors conducive to*

maintaining and/or improving employee health.” This definition shows three important ingredients of wellbeing programs:

- the goal is to improve the health and wellbeing of employees
- by improving personal (lifestyle) behaviors
- these activities have to be on a long-term basis

Ho (1997) studied the effects of business wellness programs on factors such as the stress level of employees, their job satisfaction and absenteeism in Singapore. She found that employees of companies which offered wellness programs showed more positive attitudes toward their job as well as more satisfaction with their job. Companies profit from this because people who have a higher job satisfaction often have lower stress levels and lower absenteeism, leading to improved employee motivation and productivity. Studies also show that wellness programs can play an important part in reducing behavior health risk and therefore improve absenteeism rates compared to people who do not participate in wellness programs (Serxner et al. 2001).

Wolfe et al. (1994) list a range of components that can be part of a wellbeing program such as weight control, exercise and fitness, nutrition education, smoking cessation, stress management, health risk appraisal, high blood pressure detection, prevention of back problems and accident prevention (Wolfe et al. 1994). As can be seen from this list, the major focus in the past has been on physical health-related practices, with a focus on treatment or prevention. Treatment programs focus on the management of specific diseases such as type 2 diabetes and heart diseases while prevention programs aim to address the management of behavioral risks to minimize the risk of development of diseases. Such programs may be targeted at specific groups, e.g. a “high risk” program with more intensive interventions may be offered to people who already have high blood pressure or high cholesterol levels (Goetzel et al. 2002) while other initiatives target people wanting to improve their lifestyle habits in

general (Aldana et al. 2005). Many wellness programs focus on the prevention of chronic diseases through physical activity, improved nutrition or anti-smoking campaigns (PriceWaterhouseCooper 2007).

However physical health is only part of the story. World Health Organization's (1948) definition of health, which the WHO notes has not been updated since 1948, includes physical, mental and social wellbeing. Hoeven and Jong (2007) found that the impact of different forms of health can vary. For example, while physical health may affect the duration of absenteeism, social and psychological wellbeing can affect the number of periods of absenteeism. More recently, health has been shown to be a multidimensional concept with optimal health defined as '*a dynamic balance of physical, emotional, social, spiritual, and intellectual health*' (O'Donnell 2009: 4).

According to O'Donnell (2009) physical health includes aspects such as fitness, nutrition, medical self-care, and control of substance abuse, while emotional health consists of care for emotional crisis and stress management. Similarly, O'Donnell goes on to describe social health as consisting of healthy relationships with communities, families, and friends while intellectual health to consist of aspects such as an individual's educational, achievement and career development. Finally he also includes spiritual health as an important aspect of the individual's optimal health. Spiritual health according to O'Donnell consists of factors such as love, hope and charity (O'Donnell 2009). Fry (2003) argues that previous leadership theories focused on physical, mental or emotional aspects of human interactions, but neglected spiritual aspects. Yukl (2010:342) also notes that earlier leadership theories did not include spirituality, although he observes that leaders can increase their employees' motivation by creating an environment which supports a sense of spiritual meaning.

There has been little empirical research on employee wellbeing in Australia from the organisational perspective, although research into related individual constructs has been published, e.g. research by Cotton and Hart (2003) reported that personality was the strongest determinant of employee distress. A recent book on men's health in Australia defines health in terms of physical, emotional, social, psychological, spiritual and cultural contexts (Millen 2010). There has also been research which reported that for 98% of participants, being involved in community organisations made people feel better about themselves, happier at home and improved their social skills (Chadwick 2010).

Method

The use of a survey method was selected as the most appropriate way to gather a broad range of responses related to employee wellbeing in Australian organisations. Further, the questionnaire method enabled the researchers to reach out to a large sample in an efficient manner. This is appropriate according to Zikmund et al. (2010:661) who state that 'the typical survey is a descriptive research study with the objective of measuring awareness, knowledge, behaviour, opinions and attitudes'.

The focus for the survey was on organisations with 50+ employees and turnover \geq \$10 million, as these are more likely to have formal HR roles and awareness of current practices.

Researchers made use of a database from an external mailing list provider, containing email addresses of HR managers meeting these criteria. HR managers usually have most knowledge of and take the lead in assessing and running programs related to employee wellbeing. Hence, they are most likely to have the knowledge and experience to answer the research questions.

The survey questions were related to the broader range of concepts identified by O'Donnell (2009) as related to wellbeing.

An online survey was considered appropriate because the respondents are office-based professionals, regularly using computers. According to Jones and Pitt (1999), Mavis and Brocato (1998) and Mehta and Sivadas (1995) email and web based surveys give higher response rates, superior response, reduce the errors by respondents and have an overall cost advantage in terms of both labour hours and survey materials. For instance, cost savings could be derived due to the data being downloaded directly into a spreadsheet, saving time and avoiding potential transcription errors.

The survey was piloted initially within the University of Wollongong and then with a sample of 50 HR managers in the Illawarra. The researchers then refined the questions before distributing the link to the survey to HR professionals across Australia. To encourage participation in the online survey, participants were offered the opportunity to provide their contact details if they wished to receive a copy of the report of the findings and/or to enter their name into a draw to win one of four gift vouchers to the value of \$100 each. There was a technical issue with the link as it was first sent and a second email with the correct link was sent the next day. Responses were requested within two weeks and no further reminders were sent as the researchers were reluctant to add to the time pressures faced by HR managers. Three hundred and thirteen surveys were completed, a response rate of nine percent. The survey responses were collected anonymously by Survey Monkey and the data was downloaded into Excel and SPSS for analysis.

Findings

Background data

Twenty five percents of the respondents represented organisations with one thousand or more employees, while only thirteen percent of the respondents represented organisations that had

less than one hundred employees. Interestingly, over eighty percent of the HR professionals represented service based organisations.

One hundred and thirty five of the total three hundred and thirteen respondents requested a copy of the report (43% of respondents), which provides an indication of their level of interest. Fifty eight point one percent already had an employee wellbeing program in place. A further fourteen points seven percent had a plan to implement a wellbeing program within the next twelve months and another fourteen points seven percent had a plan to implement one in the longer term. Only twelve point five percent said they did not plan to introduce any such program.

Responses came from a wide range of different sized organisations as shown in Table 1.

[Insert Table 1 Here]

Respondents in organisations of less than 100 employees were less likely than those in larger organisations to have a wellbeing program in place as shown in Table 2.

[Insert Table 2 Here]

Responses from different sectors was uneven, with 80.6% of responses coming from the service sector, including government agencies, health, education, professional services such as accounting and IT. As shown in Table 3, 86% of respondents from the service sector indicated they had a wellbeing program in place, compared with 67% of respondents from manufacturing industry.

[Insert Table 1 Here]

Costs and benefits

The majority of respondents (59%) believed that the benefits of having a wellbeing program in place exceeded the costs, with a further 29% believing the costs to be about equal. Over

half the respondents (57%) responded that they had seen evidence that promoting wellbeing resulted in improvements in employee satisfaction, while 50% had evidence of improvements in motivation, 48% in communication, 46% in teamwork, 44% in staff retention, 41% in employee engagement and coping with change, and 40% in productivity.

Respondents also had the option to indicate that they believed that such improvements resulted but did not have evidence of this. This showed some interesting differences, for example, although only 32% said they had evidence that promoting wellbeing improved alignment between employee values and organisational culture, 51% believed this to be the case. Similarly, only 22% had evidence of an improvement in customer satisfaction, but 50% believed this to be the case. Benefits identified by respondents are listed in Table 4.

[Insert Table 4 Here]

46% of respondents said that they did not specifically measure the impact of wellbeing programs. Several respondents noted that measurement was the most difficult aspect. While usage and satisfaction with the program were relatively easy to measure, respondents found it difficult to convert non-tangible benefits into monetary value. The most popular measurements used were employee opinion/climate survey (57.1%), staff turnover and absenteeism (49.2%), and workers' compensation claims data (39.2%).

Types of programs offered

Respondents offered a range of services which can be broadly classified as per O'Donnell's (2009) five dimensions of wellbeing: Physical, Emotional, Mental/Intellectual, Social, and Spiritual. The most popular category was emotional wellbeing, with 82% of organisations providing a service such as counselling or induction activities to make new employees feel part of the organisation. Mental/intellectual wellbeing was almost as popular, with 81% of organisations offering training and development activities, and smaller percentages offering

coaching (50%) and mentoring (49%). Social wellbeing was also fostered by a large number of organisations (81%) having formal organisational gatherings, flexible working hours, and diversity policies and practices in place. Physical wellbeing was supported by 67% offering such services as support to give up smoking, flu injections, gym facilities or gym membership, and activities such as walking, jogging or swimming. Least common of all was support for spiritual wellbeing, with only 31% of organisations offering provisions such as time off for religious observance, a quiet room and yoga or tai chi.

Table 5 shows that the top ten most popular individual services were in the mental/intellectual, social and emotional categories.

[Insert Table 5 Here]

Table 6 shows the cross-tabulations between the five types of wellbeing programs and the different benefits for which respondents said they had seen evidence.

[Insert Table 6 Here]

It can be seen that the most common benefits attained were improvements in employee satisfaction, communication, motivation, teamwork, staff retention, coping with change and productivity. Benefits were most frequently associated with physical, mental/intellectual and emotional wellbeing and less frequently with social and spiritual wellbeing.

Discussion

The low response rate of 9% may be due to a number of reasons, including the technical issue with the first mail shot and the fact that some organisations' IT settings flagged the email as spam and/or that clicking on the link could be dangerous. It may also be that workload of the HR managers targeted did not allow them time to contribute to the research. A number of respondents in emailing their request for the report noted that they had completed the survey

in their own time. It may also be that the topic is not yet seen as important by many HR managers. However the 313 who replied clearly had an interest in the topic, with the vast majority already having or planning a wellbeing program. The large majority of responses from service industries suggest a higher awareness of wellbeing in this sector than in more traditional manufacturing sectors but further research would be necessary before drawing any conclusions.

The number of respondents (87.5%) who either had a wellbeing program in place or planned to implement one is similar to the 90% of American organisations claimed by Aldana (2005). However the response rate to this survey was so low that we cannot claim that this figure is representative of Australian organisations, merely of those who responded to the survey.

The fact that many respondents believe that there are benefits although they do not have evidence is consistent with Miller and Haslam (2009) who found that the business case for employee health was often based not on factual data but on appeals to people management issues, corporate reputation and alignment with business objectives. In fact, they observed perceptions among respondents that the decision-makers were more likely to be swayed by intuitive, emotional and ethical arguments than by empirical data.

One of the most interesting findings is that Australian organisations who replied are offering a range of wellbeing programs, with most respondents addressing emotional, mental/intellectual and social well-being in some way. Two-thirds also offer physical wellbeing programs, often providing the type of service such as giving up smoking or encouraging use of gyms, typical of the health and wellbeing programs described by Wolfe (1994). It can be seen from this limited snapshot that some Australian organisations are addressing four of the five types of wellbeing identified by O'Donnell (2005). Within each category, the most commonly offered services were traditional HR practices such as training and development, counseling and social gatherings, which is perhaps due to the respondents being HR Managers. Aggarwal and

Bhargava (2009) found that HR practices can positively impact the perceptions of individual employees and the culture of the organisation. Cotton and Hart (2003) suggest that some of these services such as counseling may in fact be more effective in terms of wellbeing than in clinical outcomes because they demonstrate organisational support and contribute towards improved morale. Furthermore they argue that improving the quality of leadership and organisational climate would be more likely to reduce worker compensation claims than traditional occupational health and safety approaches (Cotton and Hart:125). Few organisations responding to this survey were offering newer services such as resilience training (9.4%) or meditation (8.1%).

The fact that less than one third offer support for spiritual wellbeing is not a surprise as the concept of spiritual leadership in organisations is relatively new, as noted in the literature review above. As one respondent put it, 'we haven't been asked to provide this yet', suggesting that organisations will be reactive rather than proactive in this area. Given Australia's multicultural society, such demands may come sooner rather than later. Another respondent noted that while the organisation offered lunch-time yoga, the sessions were poorly attended. In developing services in this area, it will be important for organisations to listen to their employees before deciding which practices to implement. Some organisations responding positively to spiritual wellbeing mentioned activities they had provided, including highlights such as hosting a visit by the Dalai Lama. While the number of organisations including spiritual wellbeing in their wellbeing programs may be small at present, case studies of organisations which are active in this area would be beneficial in understanding the impact this can have.

Limitations

Given the low response rate and the large bias towards the service sector, this research makes no claims for generalisability, but offers the findings as a snapshot of what some Australian organisations claim they are currently offering their employees in terms of wellbeing. Further, it is possible that the HR professionals who participated in this survey are more likely to already have established some form of employee wellbeing initiatives at their organisations or are in the process of implementing such wellbeing programs. Finally, although many free text responses were received, the survey lacks the richness of data qualitative research would provide. Investigating employee perceptions would also enhance the findings.

Conclusion

Many of the respondents are currently offering wellbeing programs of some type, although the services associated with fostering mental/intellectual, social and emotional wellbeing are mostly traditional HR services. Services relating to spiritual wellbeing are less common among the Australian organisations which responded to the survey as are some newer services such as resilience training. It appears from the responses that those organisations which are offering wellbeing programs are experiencing real business benefits. Many organisations claim that they have evidence of these benefits, despite the difficulties in measurement. However given the limitations outlined above, further research is needed to validate the findings and to explore in depth both the organisational and employee perspectives.

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Tables and Figures

Table 1 **Size of organisations represented by respondents**

How many people are employed by your organisation?

Answer Options	Response Percent	Response Count
a) < 100 employees	13.4%	42
b) 100 - 199 employees	19.2%	60
c) 200 - 499 employees	26.5%	83
d) 500 - 999 employees	15.3%	48
e) ≥ 1000 employees	25.6%	80

Table 2 **Wellbeing programs by size of organisation**

Number of Employees.	Total No. Organisations	With a Wellbeing Program	%
<100	42	26	62
100-199	60	51	85
200-499	83	58	70
500-999	48	40	83
1000+	80	65	81

Table 3 Wellbeing program by industry core business

Sector	Total No. Orgs.	With a Wellbeing Program	%
Manufacturing	54	36	67
Service	224	192	86

Table 4 Benefits for which respondents said they had seen evidence or believed to be the case

Benefit	Evidence	Belief
Employee satisfaction	57	39
Motivation	50	46
Communication	48	43
Teamwork	46	46
Staff retention	44	44
Employee engagement	41	53
Coping with change	41	46
Productivity	40	52
Employee attitudes toward the organisation and corporate image	39	52
Absenteeism	36	52
Leadership	33	49
Alignment between employee values and organisational culture	32	51
Recruitment	32	45
Preventing distressed employees from influencing other workers negatively	27	51
Customer satisfaction	22	50
Media coverage of organisation	13	28

Table 5 Most common services offered

Service	Response	Category
1. Periodic review of employee performance	94.5%	Mental/Intellectual
2. Induction program	93.0%	Emotional
3. Formal organisational get togethers	92.6%	Social
4. Periodic review of training and development needs	86.3%	Mental/Intellectual
5. Diversity/Equal Employment Opportunity policy and practice	85.2%	Social
6. Formal training and development	83.9%	Mental/Intellectual
7. Flexible work hours	83.7%	Social
8. Payment of educational expenses and/or time off for educational activities	82.7%	Mental/Intellectual
9. Counselling	81.6%	Emotional
10. Morning/afternoon tea gatherings	78.6%	Social

Table 6 Most common benefits for which respondents who offered specific types of wellbeing services said they had seen evidence

	Employee Satisfaction	Communication	Motivation	Teamwork	Staff Retention	Coping Change	Productivity
Physical Wellbeing	57%	48%	47%	47%	45%	41%	41%
Emotional Wellbeing	56%	44%	46%	43%	43%	38%	38%
Mental /Intellectual Wellbeing	56%	44%	47%	44%	43%	38%	38%
Social Wellbeing	47%	36%	40%	37%	36%	30%	32%
Spiritual Wellbeing	41%	39%	39%	32%	36%	28%	32%