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THE ROLE OF SENIOR LEADERS IN THE DEVELOPMENT OF HEALTHY WORKPLACE PROGRAMS: A CASE STUDY IN CALL CENTRES.

Although there has been extensive research about managing costs of employer health and benefit plans, there has been less attention on preventative approaches such as healthy workplace programs (HWP), and more specifically, the role of senior leaders in HWP effectiveness. A qualitative exploratory study was conducted in two call centres with similar HWPs. The findings suggest that, despite similar HWP design features, the role of senior leaders is central to employee perceptions about the overall HWP effectiveness. The five themes relating to what senior leaders do in effective HWP environments are discussed in this paper.

Introduction

Studies are showing an upward trend in employee illness from the workplace, with cost estimates of upwards to $7.4 billion annually (Stewart, 2010). For employers, this trend is most obvious in the direct costs of health care plans, absenteeism, and lost productivity (Blake & Lloyd, 2008). To date, employers have pursued many strategies such as subsidies and incentive rewards in an attempt to control these escalating costs. Over the past 40 years, employers have predominantly relied on contributions to employee health benefit plans to respond to issues in this area. However, in recent years it has become evident that these reactive strategies are less effective, and that employers need to engage in more proactive approaches to healthy workplace strategies.

In an effort to address this issue of employee health and wellness, some employers have begun to adopt healthy workplace programs (HWPs). Although there are numerous proactive approaches being adopted in the workplace, it remains that results from such approaches are mixed. Perhaps contributing to these mixed results is the confusion and debate among practitioners about the definition of a healthy workplace and the aspects of such a program. O'Reilly (2008) suggested that many employers lack a clear description of what workplace wellness is, how to involve employees in such programs, and whether they have or need a business case for promoting wellness to staff. To that end, the effectiveness of such programs with employees is often compromised if they perceive that cost-savings is the fundamental goal and that there is not an underlying interest in employee health and well-being. As a result, there is emerging interest in understanding the role of senior leaders in shaping employee perceptions about the effectiveness of HWPs.

In this paper, the findings from a study of two call centres with HWPs are presented. The purpose of this study is to understand senior leaders' role in the development and adoption of a HWP. The aims of this study are to explore employee perceptions about the effectiveness of a healthy workplace program, examine employee perceptions about the role of senior leaders in implementing, developing, and sustaining HWPs, and provide some insights to human resource practitioners about the successes and challenges in developing and implementing a HWP. In this paper, we provide an overview of the literature about HWPs, present the findings from 26 interviews with employees, managers, and senior leaders in two call centre sites, and discuss the implications of this study.

The Role of Senior Leaders in Healthy Workplace Programs

Interest by both academics and practitioners about HWPs has contributed to the growing literature in this area over the past decade. In this section, we will review the definition that guides this study, the main focus of HWP literature to date, and the emerging focus on the relationship between the role of senior leaders and the employees' perception about the effectiveness of the HWP.

Healthy Workplaces

A Healthy Workplace has been defined by PwC (2008) as, "Promoting wellness as a combination of health and safety (abiding by statutory regulations and government requirements); managing ill health (through best practice use of occupational health absence management and disability management), and prevention and promotion (health promotion, work life balance and stress management, career and social development and primary care)" (PwC, 2008, p.10). This definition highlights the areas of focus, which notably extend beyond the traditional view of Occupational Health and Safety to include other aspects of an employee's health, reaching outside the boundaries of the workplace. The emergence of such a broader definition and scope signals that employers' are interested in engaging in health and wellness in other ways.

To date, there have been three key areas of discussion and research about healthy workplaces in the literature, focusing primarily on financial impacts, practical approaches, and prevention and best practices.

Financial Impacts

Over the past decade, benefit costs have increased by more than 10% annually (Dixon & Courtney, 2004). For example, in a survey by Watson Wyatt (2007), it was found that on average the cost of casual absences in Canada was 1.2% of annual payroll, which translates to $7.4 billion in losses to the Canadian economy each year. It has been estimated that reducing this absence by just 0.1% could save employers over $610 million annually (Stewart, 2010). Some employer-based health funded programs are approaching the breaking point and putting pressure on organizational competitiveness. These upward trends in absences in the workplace have prompted many employers to rethink their approach to health and wellness and an interest in HWP is being strongly considered as an important prevention strategy to improve employee health and wellbeing (Blake & Lloyd, 2008).

Reactive versus Preventative Approaches

Employee health needs have been predominantly addressed using a reactive system of care (treating versus preventing) (Patten, 2007). In reactive health and wellness programs, the focus is on making available to employees interventions at a point in time when the illness or problem has already manifested. This contrasts with preventative approaches that include both behavioral and clinical measures aimed at prevention. For example, behavioral prevention services encourage employees to adopt healthy lifestyle choices by introducing programs such as smoking cessation, exercise, healthy diets, and stress management, whereas clinical prevention helps to avoid painful and costly illnesses by detecting diseases in their early stages, when treatment is often more effective and less costly.

To date, there have been a handful of studies showing evidence supporting preventative approaches resulting in cost reductions for employers. For example, a study by Dixon and Courtney (2004) has shown that employers implementing prevention programs have resulted in an average 28% reduction in sick leave, 26% reduction in direct health care costs, and 30% reduction in workers' compensation and disability costs. Similarly, a report from the Conference Board of Canada (2010) provided a case study of an organization that realized significant returns from a small investment in a HWP. This organization created a program with four themes which included factors related to organizational health, obesity, fitness, and smoking. They invested $2,000 and saved $6,000 on their health premiums. In addition, employees at this organization achieved a combined weight loss of 261 pounds. These results show promise for preventative approaches. However, understanding the conditions and factors that make preventative approaches successful beyond simply adopting "best practices" is an important precursor to implementing a HWP.

The Relationship between Leadership and HWP

In a PwC (2008) report, it was suggested that it is critical for senior leaders to lead by example and develop the culture and communication strategy supportive to the implementation of a HWP. A Conference Board of Canada report (2008) provides some further preliminary evidence that senior leaders who make healthy workplaces a priority can provide positive results for all stakeholders (Conference Board of Canada, 2008). There are positive impacts to investing in HWP initiatives such as retaining valued employees and creating a reputation in the labor market as an employer of choice. These outcomes tend to be of interest to senior leaders. Organizations embracing HWPs are doing so by making changes to the physical work environment, such as creating "chill-out" zones or quiet rooms to modifying vending machines and cafeteria menus.

A PwC Report in 2008 provided one of the first set of guiding principles and framework for implementing health workplaces. These principles are known as the 3C's to leadership effectiveness in the development of healthy workplaces and suggests practical approaches, considered critical, to the implementation. The PwC report provided evidence that successful wellness programs were those designed to meet the employees' needs. The framework was tested in different business sectors and found to be robust. It focuses on the importance of leaders to be in place to effect change and the importance of leaders enabling employees' through responding to their needs and values to encourage employee participation in the implementation of a healthy workplace (See Table 1).

Table 1: 3C's to Implementing Healthy Workplace Programs

Guiding Principles
Coaching *is a leadership style that goes beyond program support and requires leaders to actively participate in the program offering with the employees.*
Creating a culture *that supports wellness aligns with the business objectives and is perceived by employees as important to senior leaders.*
Communicating *through methods that involve employees from the start and they are continuously involved in the developing of the programs.*

The PwC report provides evidence that leadership can shape the culture of a company and transform the ideas into systems. The framework was used to identify themes from the interviews and guide the research to better understand the role of senior leaders.

Method

A qualitative approach was used to examine the phenomenon of the role of the leader in developing, implementing, and sustaining a HWP. A case study research design following Yin (2003) involving two call centre in Atlantic Canada was conducted using a semi-structure interview approach (McCracken, 1988). The purpose of the interviews was to understand what a leader does to contribute to a healthy workplace environment and how employees perceive the leaders role in facilitating change to healthy workplace environments.

Research Context

Call centres provide an ideal research context to examine the role of senior leaders in the development and implementation of HWPs. Research has shown that call centres have highly-structured environments and often lead to higher levels of stress and turnover (e.g., Bain, Bunzel, Mulvey, Hyman, & Taylor, 2000; Batt, 1999, 2002; Batt & Moynihan, 2002; Chalykoff & Kochan, 1989; Deery, Iverson, & Walsh, 2002; Holman, 2002a, 2002b, 2003; Moorman & Wells, 2003; Stanton, 2000; Stanton & Farrell, 1996). The nature of these environments makes them an ideal site to examine the effects of health and wellness workplace programs. Comparing two call centres in Atlantic Canada that have implemented a HWP provides an interesting research site to examine what it is that senior leaders do in these environments and how employees perceive the senior leaders influence on developing and supporting a HWP.

Data Collection

A semi-structured questionnaire was used to conduct the interviews. The purpose was to identify key themes relating to employee perceptions about the senior leaders role in designing and implementing a HWP. These interviews were held individually with senior leaders and managers. In addition, employees were interviewed using a focus group technique (Hair et al, 2003).

Analysis

The transcribed interviews were analyzed to develop descriptive themes. The reoccurring phrases and words from the interviews at each company were identified, coded, and compared against the transcripts. Nvivo was used to analyze the data, develop the major concepts from the

interviews, and to draw similarities from these concepts (Hair et al, 2003). The first step of the analysis involved a search of the frequency of the number of times a word was recorded and a percentage of coverage the word had to the total word frequency of each company. These words were reviewed based on the individual company participant responses and connected to more specific categories based on the nature and use of the words used by participants from each company. Descriptive themes were developed based on the analysis.

Findings

These two companies were each assigned a pseudonym. Company 1 implemented a HWP 18 months prior to this study. Company 2 implemented a HWP in the past 5 years. In the following sections the findings relating to the HWP design and features are discussed, followed by the themes relating to the role of senior leaders in developing, implementing, and sustaining a HWP.

Descriptive Characteristics of HWPs

The interviews and focus groups were analyzed to develop a list of the features in each of the two companies HWP (See Table 2). The programs in each company contained very similar features on the surface and the specific program features can be found in Appendix A. Each company had aspects of traditional and preventative features of health and wellness. However, each company implemented the programs using different approaches.

Table 2: Summary Examples of Features of Company 1 and 2 HWP

	Behavioral Interventions	**Clinical Interventions**	**Community Outreach**
Traditional Features (tend to be more reactive or static)	EAP or EFAP Smoking Cessation Ergonomics	Dental & Medical Coverage	Fundraising. - Donations by the employer and employees
Preventative Features	Engaging employees in **physical fitness in/out work**. At the workplace: - Walking club - Basic & advanced yoga Outside the workplace: - Subsidies for memberships Education about **nutrition.** - Sessions - Weight Loss Programs Fostering **healthy workplace behaviours**. - Respectful workplace policy and sessions. - Mental Health (stress management techniques)	**Clinics at the workplace aimed at increasing education and awareness**. General: - Wellness or Individual Health clinic Targeted: - Diabetes - Heart and Stroke - Back pain - Blood pressure and hyper tension - Breast health - Flu	**Events involving physical fitness.** - Walks or runs - Challenges such as golf or hockey - Building homes

Company 1 has invested a lot of time and money during the past twenty years in safety education and programming. The broader scope of the HWP was lead by a representative from the Executive Office. Single program health initiatives were led by individuals from HR and other departments depending on the nature of the feature being introduced. These programs are summarized in Appendix A. Company 1's main interest in developing and implementing a HWP was to reduce costs of health benefits. Senior leaders' said that they did not see themselves as role models in coaching the change of a healthy lifestyle, but rather felt that their role was to provide the channels for a healthy lifestyle transformation. They were committed to the financial investment to develop a healthy workplace and to contribute to community initiatives and events. The HWP features are delivered via a local pharmacy partnership and include specific education on preventative health items. The HWP is covered entirely by Company 1 with no charge to the employees, including time on the job to attend sessions.

The call centre in Company 2 is part of a large multinational firm. The HWP started in the US departments and was eventually implemented across the organization in Canada and Europe. Each facility has its own employee program group and international liaison. The HWP focuses on employee needs of health and wellbeing, community outreach events, and return to work programs after illness or life events summarized in Appendix A. The senior leaders at Company 2 have an HR representative on the HWP committee to guide and develop the program. Company 2 contributes to the HWP mainly via community events, some physical activities, benefit coverage, leadership pledges, and improvements in the healthy food choices offered at their cafeteria. In addition, Company 2 focuses on removing barriers and issues preventing employees from coming to work. When Company 2 started a HWP, they partnered with a local pharmacy to run monthly information sessions. The local pharmacy provided a list of ideas that the employees' could choose from for sessions. The healthy workplace committee discusses the programs with the employees and as a group decides on the features. There is no charge for this service. The only requirement is the company promotes the employees to shop at their store. If a maximum amount of sales is reached, $1,500's is provided as an incentive to Company 2 (bi-annually) to invest in the HWP. This money is used for subsidizing health and wellness clinics, a healthy workplace library accessible to all employees, and other educational materials or sessions for employees.

Senior Leaders Role in HWPs

Research has linked the level of employee commitment to a HWP to the leader's recognition of the employee's need for a healthy lifestyle (PwC, 2008). The research also suggests that the senior leaders in a workplace should provide the resources, support and encouragement to engage employees through implementing and championing of a HWP (PwC, 2008; Morris et al, 2008). The analysis from the 26 interviews and focus groups with employees, managers, and senior leaders revealed five themes relating to what leaders do in healthy workplaces. Table 3 summarizes these themes, which include raising awareness, creating a culture, removing barriers, coaching for engagement, and encouraging communication. Although both companies appear to provide similar HWPs on the surface, their employees' perceived major differences in the approaches the HWP is lead by leaders. While employees in Company 1 emphasized that financial resources were plentiful to the program, Company 2 emphasized that money was an issue. However, employees in Company 2 felt a stronger commitment to the healthy workplace environment than employees in Company 1. The role of senior leadership relating to the five themes helps to explain these differences to some degree. These themes are discussed in more detail below. All interview participants were assigned a pseudonym.

Table 3: Summary of Themes

	Theme	Description
1	Raising Awareness	• Champion programs • Leaders image • Partnership intervention
2	Creating a Culture	• Engagement by all employees, including senior leaders • Long-term impacts of turnover and retention
3	Removing Barriers	• Understanding the ways in which attitudes and behaviors impede change • Creating flexibility and variety in the descriptions of a HWP • Innovative ways to manage the cost to implementing HWP
4	Encouraging Communication	• Leaders active participation provides a message • Methods of communication impact feedback and success • Reaching the audience
5	Coaching for Engagement	• Motivating lifestyle changes • Critical to have individuals in place to affect change • Approach and participation of senior leaders

Raising Awareness: Developing a healthy workplace requires creative thinking by senior leaders in order to raise employee awareness about making healthy lifestyle choices. This case study revealed three different approaches by senior leaders to raise awareness for employees about the HWP.

Raising awareness through Community Involvement: At Company 1, the senior leaders communicated that they did not envision themselves as championing the HWP. The senior leaders believed if the program was to be legitimate that employees need their own reason and motivation to participate. One senior leader talked about his commitment to the health of the employees and the challenges of providing programs that meet the needs of all employees. He specifically spoke of the cost to provide the programs, their commitment to contribute to the development of a healthy workplace, and the flexibility for employees to recognize what programs are important to them. He felt that employees' need to make decisions about health and wellness for themselves. Raising awareness for the senior leaders in Company 1 was more about making programs available versus being engaged in the programs themselves. Employees in this organization viewed senior leaders to be involved in the program from health and wellness activities, but more from a community outreach perspective. This view can be noted from Simon's comments about his perception of the HWP at Company 1.

> "They obviously do support financially a number of activities whether our employees are involved directly or not. They do support charity golf and it does involve our employees - a hockey tournament, a couple of runs and relays supported financially and through time. In addition, through our donation program, we support lots of activities outside the Company and hopefully employees know about it." (Simon)

Simon clearly sees the senior leadership team providing financial support to engage employees in community outreach activities. Employees in Company 1 saw raising awareness of health and wellness more directly linked to these outreach initiatives, although many other program features were offered at the company.

Raising awareness through a specific initiative: Company 2 took a different approach to raising awareness. They were focused on developing and implementing programs that would motivate employees to come to work and get involved in community events. A manager from Company 2 reflected on the implementation of their walking club and how this initiative raised the awareness about health and wellness. Each participant interviewed at Company 2 connected the walking club to what their company was doing about their health and wellness. One senior leader shared examples of how they support their employees to take responsibility for their health such as going for a walk on their break. Marlene, an HR manager, made the connection to why raising awareness about health was so important in the call centre environment and the role that the walking program provided for all.

> "They are on the phones every day, so when they get that break they just go and if some people didn't have that they would just walk to Tim Horton's and would come back and sit at their desk. But because they have those little incremental goals for themselves, they will push themselves to get out for those little walks which in turn can only help them. A lot of things are to help them manage stress - really and truly it is - and we would never title any of our communications to manage stress because it is really there for everyone and as a business it is very beneficial" (Marlene)

This manager believed when these employees were on the phones all day that this activity provided the employee with some exercise and helped reduce their stress level. The senior leadership team is very involved in the program and is often members of various teams. The walking club is designed as a competition among various teams in the centre. They develop a board to track progress that is displayed in the call centre site main cafeteria, a place where all employees can watch the progress of individuals and team members. A celebration is held at the end of the year, honouring members who meet certain milestones.

Raising awareness through partnerships: Partnerships are another form of raising awareness of a HWP that both companies used. In both organizations, partnerships were developed with third party suppliers such as pharmacies. These partnerships provided a more clinical view of health and wellness that neither of the companies had an expertise in. By partnering with the pharmacies, sessions and clinics can be hosted on site for each of the companies in order to provide a level of awareness about health and wellness.

Creating a Culture: The PwC report states that "creating a culture of wellness is integral" to the success of a HWP. The culture part of the 3C framework suggests that leading companies are incorporating wellness into their mission statement, implementing intervention strategies into a HWP, and monitoring the progress from a board level. Research findings suggest if senior leaders send the message of a healthy workplace and support it, they effect change in the culture (Patten, 2007). Otherwise, a lack of senior level sponsorship and championship may discourage employees not to participate.

There was evidence in this case study that the level of involvement from senior leaders was central to creating a culture of health and wellness. The focus group employees at Company 1 expressed concerns that the senior leaders did not champion the culture of health and wellness. To that end, one employee from the focus group did not see the value in the creation of a HWP. Employees at Company 1 clearly felt that the organization was prepared to financially support HWP. However, they were less convinced about the genuine interest by senior leaders in the

holistic transformation to a culture of health and wellness. This sentiment was captured by one employee who referred to the HWP as "hog-wash" and suggested that other employees may be negative about the company's intention.

> "There can be some negativity towards some people's feelings that this is a bunch of hog-wash and things aren't going to change. People have their own mindset and I am going to eat what I am going to eat and do what I am going to do. Some people have a negative mindset on wellness and what the company is trying to do." (Focus Group #2)

Company 2 created a culture of health and wellness through a strategy focused on enabling employees to participate in program options while on the work site. Managers constantly monitored feedback from employees about the effectiveness of the HWP initiatives and were flexible to incorporate changes as quickly as possible. There was an underlying theme that making the employee happy was a top priority. This sentiment was echoed by front line employees in the focus group. Arlene discussed how the approach by the company was consistent with her own personal values. She also stated that there was consistency throughout the company.

> "To me, it fits very well with their values and integrity and they are very much like me and what I value. And all the way from the top, I mentioned the [Company 2 committee name], that they are committed to the community, diversity, and environment. So it really filters all the way down and it is the same and consistent message all the way." (Arlene)

Senior leaders were seen as being very committed to the development of a HWP and supportive of the suggestions put forward by employees in the company.

Removing Barriers: Senior leaders' and managers' perceptions varied in terms of whether there were barriers to successfully implementing a HWP. When participants from this study were asked if they felt there were any barriers to participating in a HWP at their company, they identified time constraints and money as top barriers.

Although the financial support by Company 1 was perceived to be sufficient, employees identified more barriers to participation in the program than employees in Company 2 (with less financial support). The emphasis seemed to be on lost productivity and working towards deadlines. Marty, a manager at Company 1, in the quote below highlighted how allowing people to go jeopardizes production.

> "I think everyone understands the importance. There may be barriers that people feel they have to get a certain job done or a deadline met and they can't take the time to go to one of these sessions. Everyone can't go to everything or otherwise no work will get done but it's not too severe." (Marty)

At Company 2, there were very modest funds available to invest in a HWP, but they were able to use it in an effective way. At Company 2, employees stated their appreciation for having the HWP at work. A manager said they focused on program features that interest employees and that they could attend during their lunches and breaks. For example, the weight watchers program was a 60 minute session and was reworked to fit into a 30 minute lunch break. Similarly the

walking club only counts kilometers walked at work. The view at Company 2 was that a healthy and happy employee was a more productive employee. So – by finding ways to allow them to participate in HWP initiatives, they were actually enhancing productivity. One employee in the focus group commented on how things have changed over the past nine years. The company has shifted from a more "rules" intensive environment to focusing more on flexibility and creativity.

> "There seems to be a lot of changes and it's a lot more open than when I first started. It was a lot stricter and a lot more rules and things seemed to have relaxed. When I first started 9 years ago, if you used a sick day you had to be sick and if you said your car broke down you wouldn't get paid for that day. Now there are more personal days and they have relaxed the rules a lot and everyone has different reasons for not coming and you know if you are making your employees unhappy and they have to lie to get paid for a day that they deserve, it is not a good thing. Management has realized that and it is a lot happier place than it was originally. I think everyone is always trying to keep making it better, and easy, as Company 2 like to say." (Focus Group #2)

This shift in philosophy about removing barriers is echoed by a manager, Stephen.

> "I think the message we hopefully try to get across, or hopefully we do get across, is a healthy lifestyle is very important. And for the management team, it is important for our employees to be healthy, and if they are healthy they are coming to work and in better moods, and impacting our customers positively - and if unhealthy and miserable and down in the dumps, definitely it impacts our customers. And at the same time, we also have those things because we want to make sure our employees feel appreciated." (Stephen)

This focus on happy, healthy employees had been translated into working together to create solutions to remove barriers. In essence, Company 2 views creating a "happier place to work" as a way of achieving both individual and organizational goals.

Encouraging Communication: Communication is critical to changing employee attitudes toward increased responsibility for benefit decisions and health and wellbeing (Patten, 2007). The PwC report identified that there should be continuous communication about the HWP and the progress of the program features. The 3C's framework from the PwC report (2008) findings provided a model of effective leadership that was described as an enabler in order for a HWP to be successfully implemented. The PwC report also recognized many forms of communication. These forms of communication can be from informal conversations and meetings to on-line information, flyers, posters, and personalized messages.

The two companies from this case study were using various forms of communication channels to inform their employees about programs features and events. One of the significant differences in communication methods between the two companies was employee perceptions about being involved in the process. For example, at Company 1 managers felt that they were attempting to seek input from employees on a regular basis. One manager stated the following:

> "Whether they have thought of what has been offered, I don't know. Why there is no accountability from the employees or feedback. I don't know. Every trick in the book has been tried to even receive negative feedback, just tell us, any new topics, any we missed, any to revisit, what about the pedometer and we didn't get one response." (Charlotte)

Although managers feel that they are doing ample to solicit feedback, employees view communication to take on other forms. For example, an employee from the focus group felt that there were not genuine attempts to collaborate with them about the developments in the program.

> "No, I think they could be better at communicating… Topics were just posted and given and there wasn't any collaboration. A sheet may have been filled out in the beginning but not sure." (Focus Group #1)

At Company 2, there was a consistent message from managers and employees that they are actively involved and they listen. Their committees included employees and management and all interview participants discussed how they were listened to and provided feedback. The objective was to support committee members in educating employees on the programs and involve employees in managing their own health. Employees perceived that the committees did a very good job of communicating updates via email as can be noted by Stephen's comment below. In addition, managers emphasized that they listened to employees (see Arlene's comment) and that the process of coming together was not as "us" versus "them" but rather a "we" (see comment from Focus Group 2).

> "We have the Employee [Committee Name] and the Great Place to Work Committee. The Employee Committee will send out quite a few communications and generally its emails". (Stephen)

> "The biggest thing and the greatest thing with Company 2 is we listen to our employees." (Arlene)

> "We don't go and get involved where the management sits on one side and we sit on the other side, we do it together." (Focus Group #2)

Company 2 employees felt that they were engaged in the communication and part of developing the approach moving forward. This happened in informal communications with managers and other employees as well as in formal channels, such as committees and email correspondence.

Coaching for Engagement: The PwC (2008) report identified that senior leaders must go beyond endorsement, and coach other employees in the organization by being visibly active through support such as nominating a wellness champion, demonstrating a healthy lifestyle, and creating a diverse team of stakeholders for program buy-in.

In this area, there were again clear differences in approach by senior leaders in Company 1 and 2. For example, in Company 1 employees perceived that the senior leaders were willing to invest financially in the program and would re-enforce messaging about participating in initiatives. However, employees viewed them as being more "hands-off" and less participatory. As one manager, Bob, described it, senior leaders "push" the events but they do not go and do the "rah-rah". In other words, they want the potential promised results but are not interested in engaging themselves with employees.

> "I know they set the tone but they don't physically go out and do the "rah-rah" at the staff level. They push the message and say don't forget this or that. They tell people to go to the OH&S breakfast. They push the flu shot and send out reminders. I don't think the senior leaders know about individual department initiatives such as the fruit or other things that we do within our department." (Bob)

This contrasts to the perceptions of employees at Company 2. One employee from Company 2 said that people get involved because others are doing it. This employee felt she was motivated by other employees. For example, when she was sitting next to someone who signed up for an activity, such as the walking club, it encouraged her (and others) to want to do it as well. This peer encouragement has been seen as a form of leadership at Company 2. Coaching for engagement in the program was also evidence at the manager level. Managers spoke about the ways in which they engaged with employees to understand their needs. Through attendance management process they work with employees one-on-one to ask questions and find solutions for employees who want to come to work. In these coaching sessions, managers provide suggestions to employees about options and tools available to help them. In one case, a manager said that she often shared with employees her own health and wellness challenges and shared how she dealt with them.

> "One of the things we do here is called attendance management. It is not a disciplinary process at all. It is getting people to come to work and what are their barriers and a lot of it is their health. They are not taking care of themselves and going to clinics oppose to seeing their own physician and taking care of that. Showing them that there are tools and we have a wonderful EFAP Program. I will share with them myself and I'll go on and there is self assessment you can do." (Sandra)

Coaching in Company 2 was found to be both from a peer-to-peer and immediate supervisor level. A very active discussion takes place in this organization about health and wellness, accompanied by involvement by managers and senior leaders in the events and activities. All interview participants spoke about a "lead by example" engagement – but not just with senior leaders, with all employees in the organization.

Discussion

The findings from this study suggest that senior leaders play an important role in the development, implementation, and perceived effectiveness of HWP. Despite mimic isomorphism of companies to adopt program features at a surface level, perceptions of senior leaders' genuine commitment to the program undermine employees' views about the effectiveness of the HWP. This finding is consistent with Benjamin's (2006) study that points to the central role of senior leaders in the development, implementation, and sustainment of a HWP. The findings from this study show evidence that employees' perceptions about senior leaders' role affects their perceptions of the program's effectiveness. For example, in Company 1 employees felt that senior leaders provided financial support but the program did not have traction in the organization. This contrasts sharply

with Company 2 where senior leaders and managers, were perceived to be engaged at all levels, including participation in the program.

Further, the findings from this study also provide supporting evidence to O'Reilly's (2008) claim that senior leaders had different leadership approaches to creating, developing, and implementing a HWP and is consistent with findings from O'Reilly (2008). The senior leaders' differences in approaches to endorsing programs to create a healthy workplace provided different outcomes. Again, this was evidence when comparing the two call centres in this study. Both call centres had similar HWP features, yet employees viewed the outcomes very differently. While Company 1 employees felt that the senior leadership financially contributed to the program and were concerned for their health, they were less convinced of the sincerity of management to have them participate fully in all initiatives. This contrasts with Company 2 where limited funds were available, but managers were encouraged to find creative ways to help employees accomplish health and wellness goals at work. Whereas Company 1 seemed to have an underlying commitment to productivity as a guiding outcome, Company 2 seemed to define as an outcome of employee "happiness".

Finally, Morris (2008) found that if employees observed senior leaders participating in healthy lifestyles, including through the involvement in a HWP, it creates an image in the employees mind and encourages the employees to get involved. The lifestyle choices and level of participation of senior leaders in the programs at the companies in this case study revealed varied opinions and outcomes. Again, Company 1 senior leaders did not see themselves as role models to create change towards healthy lifestyle choices for employees. The senior leaders believed their role was to provide the channels for the transformation in terms of support. They identified their strategy as one of financial investments to develop a HWP. The majority of managers and employees saw senior leaders demonstrating concern for the health and wellbeing of employees and their families, but not engaging with them in the program initiatives. There was little money to invest in the programs at Company 2. The senior leaders believed that a lot could be done in their environment for very little money and that some of their most successful activities have been of little or no cost. Company 2 leaders communicated their need to retain employees and to demonstrate a genuine concern for their employees' wellbeing. The senior leaders had developed internal and external partnerships to support this effort. Their focus was to respond to employee requests while still meeting the overall business objectives of healthy, happy employees. The culture of Company 2, when it came to the leadership for employee health and wellbeing, was one of "active participation".

From a practical perspective, this study offers insights for organizations contemplating implementing a HWP or analyzing the effectiveness of an existing one. The findings support the guiding principles of the 3C leadership model for implementing HWP and further provide guidance about what specifically senior leaders do in organizations where employees perceive the HWP to be effective. Although the findings from this study should be interpreted with caution due to its exploratory nature, there are insights that add support to previous case studies in this area and provide direction as to specific leadership behaviours to be examined in future research. In addition, future research about senior leaders' role in effective HWP implementation from a qualitative research design could help to understand the specific associations among HR practices, culture, leadership, and firm performance outcomes, both employee and financial.

Appendix A: Feature Comparisons of Company 1 and 2 HWP

	Behavioral Interventions	Clinical Interventions	Community Outreach
Traditional Features (tend to be more reactive or static)	**Company 1**		
	EAP Smoking Cessation Ergonomics	Dental & Medical Coverage	- Fundraising such as: - Hockey Challenge - Charity golf tournament - Donations by the employer and employees
	Company 2		
	EFAP Smoking Cessation Ergonomics	Dental & Medical Coverage	Fundraising such as: - IWK Telethon - Tim Horton's Camp - Back to School Program - Habitat for the Community - Dreams Take Flight - The relay for life & more
	Behavioral Interventions	**Clinical Interventions**	**Community Outreach**
Preventative Features	**Company 1**		
	Engaging employees in **physical fitness in/out work**. At the workplace: - Pedometers for walking provided at no cost - Subsidies for in-house programs Outside the workplace: - Subsidies for memberships	**Clinics at the workplace aimed at increasing education and awareness**. General: - Individual Health clinic Targeted: - Diabetes - Heart and Stroke - Blood pressure and hyper tension - Breast health - Back Pain - Body Mass Index (BMI) - Flu & Blood Pressure	**Events involving physical fitness.** - Walks or runs - Challenges such as golf or hockey
	Education about **nutrition.** - Sessions - Weight Loss Programs - Healthy eating habits, healthy carbs and menu planning		
	Fostering **healthy workplace behaviours**. - Respectful workplace policy sessions - Mental Health (stress mngm. techniques)		
	Company 2		
	Engaging employees in **physical fitness at work**. At the workplace: - Organized Walking Club - Basic & advanced yoga - Subsidies for some in-house programs	**Clinics at the workplace aimed at increasing education and awareness**. General: - Wellness Fair - Individual Health clinics Targeted: - Diabetes - Heart Health - Breast health - Flu	**Events involving physical fitness.** - Walks or runs - Building homes
	Education about **nutrition.** - Sessions - Weight Loss Programs		
	Fostering **healthy workplace behaviours**. - Mental Health (stress mngm. techniques)		

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