

# Designing an Organizational Profile to Inform Leadership of Employee Well-being

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Centers for Disease Control and Prevention

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**ABSTRACT.** *A vast amount of research indicates workplace wellness programs value monetized business outcomes such as costs related to healthcare and productivity. However, some scientists now recommend that employers measure outcomes that are indirectly related to monetary value, including the culture of workplace well-being. These outcomes include measurements of general employee health, health-friendly work environments and employee engagement. This paper discusses how to effectively develop a wellness profile that highlights key health and well-being metrics that are indirectly and directly related to business outcomes. This tool, the Organizational Well-being Profile, can be utilized to communicate important health outcomes around workplace culture to organizational leaders. Please note the findings and conclusions in this report are those of the author(s) and do not necessarily represent the views of the Centers for Disease Control and Prevention.*

## Introduction

Leaders within an organization play a vital role in influencing worker health. Their leadership style can shape organizational culture and employee

engagement by affecting job role, morale, productivity, and workload. Leaders have the power to inspire and empower staff to make choices within their work and home environment to support positive lifestyle behaviors.<sup>1</sup> Organizational culture is also a key component in supporting employee efforts to sustain and enhance their health and well-being.<sup>1-3</sup> Wellness professionals must be able to condense relevant data and communicate it quickly to appropriate leadership. This article outlines how to organize relevant data into a profile to highlight important health and well-being metrics. Leaders can use this profile as a tool to communicate important health metrics around workplace culture.

## What is the Cultural Approach to Employee Well-being?

Organizational leaders can shape a positive health culture by supporting workplace policies, programs and practices that enhance worker health and productivity.<sup>4</sup> Such actions communicate to workers the significance of their health and well-being.<sup>1,5</sup> With globalization and

advances in technology, work is now less confined by space and time. Challenges in this economy include fast-paced work, reduced social interaction, and constant demands to learn new technologies and knowledge.<sup>14</sup> As a result workers experience increased illness and higher stress levels.<sup>2</sup> Perceived unfairness, low social support or social connections to individuals or groups, work-family conflict, and low job control or worker control over job tasks are associated with poor health.<sup>2, 6, 7</sup>

Most studies indicate workplace wellness programs value monetized business outcomes (e.g., costs related to healthcare, absenteeism, and productivity).<sup>5,8,9</sup> However, some researchers recommend that employers measure outcomes that are more indirectly related to monetary value with factors related to a culture of workplace well-being.<sup>4,10</sup> These factors include general employee health, health-friendly work environments, access to healthcare, job performance levels, employee engagement, and job satisfaction.

The *Organizational Well-being Profile* described in this paper is a step toward creating a tangible product and metric as a tool for leaders. This paper describes an approach that incorporates non-monetary employee wellness measures and provides an expanded picture of employee well-being beyond work performance and financial gain. This approach illustrates how institutional wellness activities promote a culture of well-being, and, in turn, improve employee wellness.

## How Can Organizational Culture, Including Wellness Programs and Employee Assistance Program (EAP) Components, Influence Employee Health and Well-being?

Promoting employee health and well-being is an important organizational leadership competence.<sup>1-4</sup> As a result, over the past 25 years the EAP field expanded its scope beyond a focus on individual employee concerns to include an

organization-wide focus.<sup>11</sup> This broader service approach shows that the EAP field recognizes that workplace culture (e.g. rewards and recognition) and flexible policies (e.g. alternative work schedules and ability to work remotely) have a high likelihood of improving worker well-being.<sup>9, 11, 12, 13</sup> It is important for organizations to have a social-ecological approach to evaluating their workplace well-being interventions.<sup>14</sup> The social-ecological approach moves beyond the worker being the sole factor in determining positive health and recognizes management's critical role. It acknowledges that there are factors that influence health at all levels: individual, organizational, and environmental.<sup>10</sup>

## How to Create an Organizational Well-being Profile

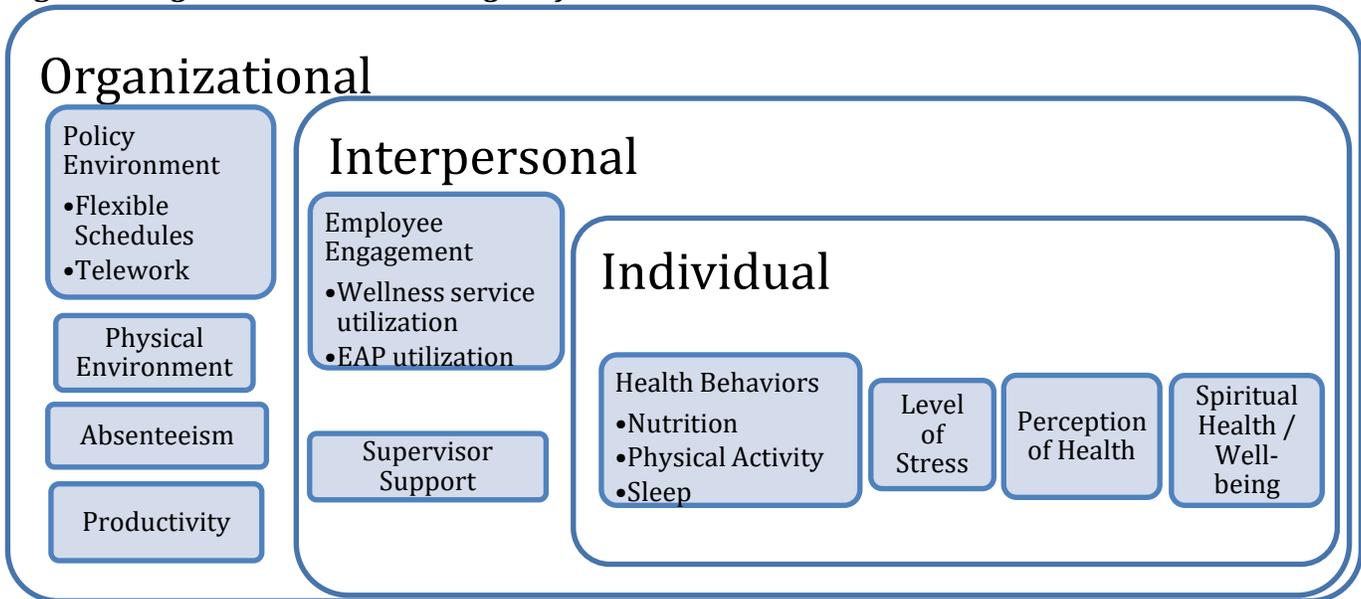
The *Organizational Well-being Profile* provides a framework of factors that contribute to employee well-being. In order to have a comprehensive evidence-based workplace wellness program, research recommends drawing from individual-, interpersonal-, and organizational-level factors.<sup>15-17</sup> The design of the *Organizational Well-being Profile* draws from the social-ecological model with a focus on workplace outcomes at the following levels:

- Individual (worker health behaviors such as nutrition and physical activity)
- Interpersonal (employee engagement such as health and wellness service offerings and EAP use)
- Organizational (policy environment such as absenteeism, flexible schedules, and telework)

Individual-level factors included behaviors (e.g., unhealthy eating habits), clinical markers (e.g., elevated cholesterol, high blood pressure), and psychosocial factors (e.g., stress). Interpersonal-level factors included supervisor support and employee engagement. Lastly, organizational-

level support included policy and environmental supports (e.g., telework). Figure 1 provides an example, influenced by the socio-ecological

**Figure 1: Organizational Well-being Profile**



model, of how wellness staff might consider organizing workplace data into a framework of well-being components.

One way of developing a report based on this profile is via a table or chart of results from analysis of health and well-being of employees and the physical and social environment of the workplace. Data for the profile may come from various sources. In the *Organizational Well-being Profile*, grouped individual-level data came from personal health assessments and biometric screenings. Interpersonal- and organizational-level data came from employee viewpoint surveys, inventories of campus supports or amenities, and health campaign data. The profile provides a holistic view of the factors that support employee well-being, such as organizational culture and physical characteristics of the workplace. Working with management, workplace wellness staff can use the profile to prioritize intervention areas for employee well-being improvements.

In large organizations, workplace wellness programs may need to look beyond aggregate

data to see if there are needs that they can address in subordinate parts of the organization. Disaggregating data (as long as it is not personally identifiable) might allow for more effectively tailored programming to a specific audiences’ needs. Reporting data in a table so that it provides comparisons between different departments and/or comparisons with some external or total workforce is component of an Organizational Well-being Profile that can be useful for leadership.

The *Organizational Well-being Profile*, in Table 1, provides an example of a reporting dashboard that uses selected commonly used metrics in a side-by-side comparison of department- and organization-level results. The charts below present the data as raw percentages without tests for statistical significance. Department leadership can compare their unit’s results to other similar departments and the overall organization-level results to gauge how well they are supporting employee well-being. Workplace health professionals can review this type of internal data to identify target groups and the need for potential targeted health

promotions. Workplaces can also compare organizational-wide data to national, regional, or local benchmarks (e.g., prevalence of high blood pressure, diabetes, and exercise levels)

from health appraisals or medical claims data to determine priority areas given available resources. Comparisons can also help inform strategic direction.

**Table 1: Examples of Organizational-level Well-being Data and Comparison Across Workforce**

Well-being Measure	Total Workforce	Department A (Lab-based)	Department B (Field-based)	Source/Response Options
<b>Overall Health Risks/Perception of Health</b>				
Health Risk Stratification	64%	74%	73%	PHA** Example stratification: University of Michigan Health Assessment tool <a href="http://new.ipfw.edu/dotAsset/223006.pdf">http://new.ipfw.edu/dotAsset/223006.pdf</a>
- Low	24%	17%	22%	
- Moderate	11%	9%	5%	
- High				
General Self-perception of Health	83%	86%	85%	PHA** In general, compared to other persons your age, would you say your health is: (Excellent, Good, Average, Fair Poor, No Answer)?
- Good to Excellent*				
<b>Organizational Support</b>				
Senior Leader Support, % positive responses <sup>t</sup>	73%	67%	58%	Climate survey: "Senior leaders demonstrate support for Work/Life programs."
Supervisor Support, % positive responses <sup>t</sup>	87%	85%	80%	Climate survey: "My supervisor supports my need to balance work and other life issues."
Alternative Work Schedule Participation - Yes	30%	19%	17%	Climate survey: "Do you participate in Alternative Work Schedules?"
Health and Wellness Programs participation - Yes	30%	19%	17%	Climate survey: "Do you participate in Health and Wellness Programs?"
Employee Assistance Program participation - Yes	15%	12%	11%	Climate survey: "Do you participate in the Employee Assistance Program?"

Table continued on page 5.

<b>Health Behaviors</b>				
Fruit - 2 or more per day*	56%	59%	56%	PHA** Servings: none, 1,2,3,4
Vegetables - 3 or more per day*	42%	45%	45%	PHA Servings: none, 1-2, 3, 4, 5
Fried/fast food - 0-1 time per week*	73%	79%	75%	PHA** Frequency: Rarely or never, once a week, 2-3 times per week, daily
Sugary Beverages - 0-1 time per week*	73%	84%	77%	PHA** Frequency: Rarely or never, once a week, 2-3 times per week, 4-5 times per week, daily
Exercise ≥5 times per week - 0-1 time per week	18% 14%	20% 11%	19% 17%	PHA** Frequency: Seldom or never, less than 1 time per week, 1-2 times per week, 3-4 times per week, 5 or more times per week
Sleep - 7 hours or more per day*	41%	56%	39%	PHA** Hours of sleep in 24-hour period: less than 5, 6-6.9, 7-9, more than 9
<b>General Well-being</b>				
General well-being - Good to Excellent*	72%	75%	69%	PHA** Feeling in general past month: excellent spirits, very good spirits, good spirits mostly, up and down, low spirits mostly, very low spirits
Life satisfaction - Very to mostly satisfied*	83%	87%	81%	PHA** Overall life satisfaction: not satisfied, partly, mostly, and very satisfied
Stress - Moderate to A lot*	57%	59%	61%	PHA** Stress experienced over last month: a lot, moderate, relatively little, almost none
Spiritual health - Good to Excellent*	80%	82%	81%	PHA** Spiritual health: good to excellent, fair to poor, very poor
<b>*Aggregate percentages</b>				
<b>† Positive responses: "Strongly Agree and Agree" or "Very Satisfied and Satisfied" or "Very Good and Good"</b>				
<b>**PHA=Personal Health Assessment (N=800)</b>				

## What are Some Examples of an Organizational Profile Report?

Providing a report to leadership can facilitate a conversation about workplace well-being goals. Executive managers may be interested in the status of employee health or general morale because this affects healthcare costs and productivity. An *Organizational Well-being Profile* might serve as a catalyst for leadership conversations about employee wellness. Segmenting data into smaller departmental

reports might also be informative. Table 2 provides a few examples of how we use the larger workforce example from Table 1. The +, -, and = signs in Table 2 are used to show the relationship between the data collected from the total workforce and the data analyzed from the client organizations' two departments. A plus sign means better than the larger workforce. A minus means worse than. Providing a dashboard of subordinate departments in comparison to the whole might be effective for strategy development and

targeting. The *Organizational Well-being Profile* can be helpful within executive documents to enable a quick assessment and understanding of the well-being climate. Comparisons with external data can also help leadership with perspective and expectations. The report focus could be on single-response items within a category (e.g., Sleep, Life Satisfaction) or broad categories (e.g., General Well-being, Health Risk Stratification) depending on organizational goals and focus areas for specific interventions and promotions.

**Table 2: Sub-Department Compared with Larger Workforce**

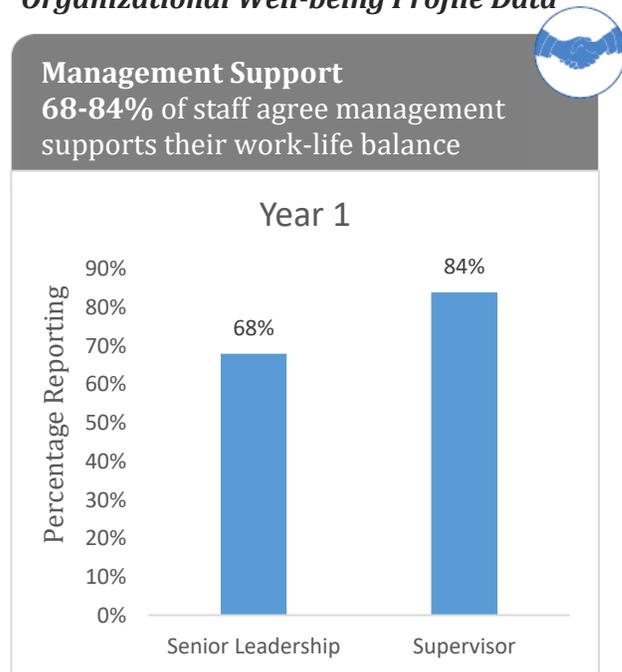
	Low Health Risk (Overall Health Risk)	Alternative Work Schedule (Organizational Support)	Sleep (Health Behaviors)	General Well-being
Department A (Lab-based)	+	-	+	=
Department B (Field-based)	+	-	=	=

The work environment context is important when communicating the information in Table 2. Both departments A and B are categorized as large (2000-3000 employees). Department A includes employees that are limited in job control due to laboratory work and potentially unpredictable staff schedules. When using a profile such as in Table 2, the person generating the report could include a few sentences that interpret the data and suggests next steps. For example: “Next steps for Department A and B could include a multitude of interventions, such as EAP support for how to achieve work-life balance or work schedule control while in the field. From a health promotion standpoint, encouraging teamwork and a team health challenge could decrease stress and improve morale and camaraderie. Most importantly, increasing the visibility of senior leadership support is an opportunity to inspire and empower employees. EAP professionals might achieve this by extending appreciation through awards (monetary or non-monetary) and

organizational intranet communication pieces on the importance of the department’s work.”

An infographic style report, like in Figure 2, is another valuable format. This type of visual, which can include bar charts or graphs, can convey information in a simple, at-a-glance format. A “profile” like Figure 2 can also communicate additional information that supplements the type of data shown in Tables 1 or 2.

**Figure 2: Sample Graphic Using Organizational Well-being Profile Data**



If the author writes a paragraph about this figure, this would be a good place to point out that there are valuable comparisons that can be made without making reference to an external “total workforce” sample. The author has already mentioned comparisons between departments. In reference to Figure 2, the author could add a new suggested comparison between supervisors and senior leadership.

### Conclusions

The workplace offers significant opportunities to improve employee health and well-being. Establishing an *Organizational Well-being*

*Profile* can support a culture of health in the workplace. Both employers and employees can use the results to improve work-life through coordination of workplace supports. The *Organizational Well-being Profile* can be a dashboard to engage leadership in discussion around workplace supports and data, as well as employee health needs. Data collection is part of a larger strategy for a successful, thriving organization where well-being is valued and understood. The profile is a vehicle to help prioritize the use of wellness resources and, subsequently, help support the well-being of the workforce, provide leadership direction, and allow partners to help create a work environment that supports well-being and promotes a positive culture of health. This comprehensive data collection, analysis, and communication process can illustrate where successes are occurring – leading toward a positive culture of health. Common elements of a useful OW profile are, a) to make simple, at-a-glance reports; b) showing differences between departments within the organization, and (c) measure outcomes at the three levels of the social ecological model.

## References

- [1] Lincoln, P., & Owen, J. W. (2015). Workplace culture that promotes health and wellbeing for all: an imperative for health care managers and others. *Perspectives in Public Health*, 135(5), 220.
- [2] Raya, R. P., & Panneerselvam, S. (2013). The healthy organization construct: A review and research agenda. *Indian Journal of Occupational & Environmental Medicine*, 17(3), 89-93.
- [3] Tremblay, D. G., & Thomsin, L. (2012). Telework and mobile working: Analysis of its benefits and drawbacks. *International Journal of Work Innovation*, 1(1), 100-113.
- [4] May, J., Moseley, K., & Terry P. (2016). *Developing culture of health metrics that really matter to companies and communities final report*. Retrieved from Health Enhancement Research Organization website: [https://hero-health.org/wp-content/uploads/2016/04/HERO-Final-Report-](https://hero-health.org/wp-content/uploads/2016/04/HERO-Final-Report-Developing-Culture-of-Health-Metrics-That-Really-Matter-to-Companies-and-Communities.pdf)
- Developing-Culture-of-Health-Metrics-That-Really-Matter-to-Companies-and-Communities.pdf
- [5] Goetzel, R. Z., Henke, R. M., Tabrizi, M., Pelletier, K. R., Loeppke, R., Ballard, D. W., ... & Serxner, S. (2014). Do workplace health promotion (wellness) programs work? *Journal of Occupational and Environmental Medicine*, 56(9), 927-934.
- [6] Goh, J., Pfeffer, J., Zenios, S. A., & Rajpal, S. (2015). Workplace stressors & health outcomes: Health policy for the workplace. *Behavioral Science & Policy*, 1(1), 43-52.
- [7] Cohen, S. (2004). Social relationships and health. *American Psychologist*, 59(8), 676.
- [8] O'Donnell, M. P. (2015). What is the ROI for workplace health promotion? It really does depend, and that's the point. *American Journal of Health Promotion*, 29(3), v-viii.
- [9] Grossmeier, J., Fabius, R., Flynn, J. P., Noeldner, S. P., Fabius, D., Goetzel, R. Z., & Anderson, D. R. (2016). Linking workplace health promotion best practices and organizational financial performance: tracking market performance of companies with highest scores on the HERO scorecard. *Journal of Occupational and Environmental Medicine*, 58(1), 16-23.
- [10] Pronk, N. P. (2014). Placing workplace wellness in proper context: value beyond money. *Preventing Chronic Disease*, 11, 1-4.
- [11] Bennett, J. B., Bray, J. W., Hughes, D., Hunter, J. F., Jacobson Frey, J., Roman, P. M., & Sharar, D. (2015). Bridging Public Health with Workplace Behavioral Health Services: A Framework for Future Research and a Stakeholder Call to Action.
- [12] Baines, S., & Gelder, U. (2003). What is family friendly about the workplace in the home? The case of self-employed parents and their children. *New Technology, Work and Employment*, 18(3), 223-234.
- [13] Tremblay, D. G., & Thomsin, L. (2012). Telework and mobile working: Analysis of its benefits and drawbacks. *International Journal of Work Innovation*, 1(1), 100-113.
- [14] Institute of Medicine, C. A. W. P. H. P. N. N. (2005). Integrating employee health: A model program for NASA.

[15] Goetzel, R. Z., Roemer, E. C., Pei, X., Short, M. E., Tabrizi, M. J., Wilson, M. G., & Baase, C. M. (2010). Second-year results of an obesity prevention program at the Dow Chemical Company. *Journal of Occupational and Environmental Medicine*, 52(3), 291.

[16] U.S. Department of Health and Human Services. (2000). *Healthy people 2010: With understanding and improving health and objectives for improving health*. 2<sup>nd</sup> ed. Washington, DC: Government Printing Office.

[17] Goetzel, R. Z., Roemer, E. C., Kent, K. B., & Smith, K.J. (2010). *Comprehensive worksite health promotion programs*. Retrieved from Bipartisan Policy Center website: [http://bipartisanpolicy.org/wp-content/uploads/sites/default/files/Worksite%20Health%20Promotion%20Programs\\_0\\_0.pdf](http://bipartisanpolicy.org/wp-content/uploads/sites/default/files/Worksite%20Health%20Promotion%20Programs_0_0.pdf)

Suggested Citation: Fletcher Williams, D., Chen-Bowers, N., Lankford, T., & Batan Wolff, M. (2019). Designing an Organizational Profile to Inform Leadership of Employee Well-being. *EASNA Research Notes, Vol. 7 No. 3*. Available from: <http://www.easna.org/publications>