This chapter is about work and well-being, setting the stage for those that follow. It examines factors at work that diminish or enhance well-being and what can be done to increase levels of employee well-being at work.

THE EXPERIENCES OF PEOPLE WORKING

This book, being about work, is, by its very nature about violence – to the spirit as well as to the body. It is about ulcers as well as accidents. About shouting matches as well as fist fights, about nervous breakdowns as well as kicking the dog around. It is above all (or beneath all) about daily humiliations. To survive the day is triumph enough for the walking wounded among the great many of us. . . It is about a search, too, for daily meaning as well as daily bread, for recognition as well as cash, for astonishment rather than torpor; in short for a sort of life rather than a Monday through Friday sort of dying. (Terkel, 1974, p. xiii)

Adults will spend over one-third of their waking hours at work. The average person will spend about 70,000 of their hours working, with some people spending more than 120,000 of their hours working. Some individuals find satisfaction in their work, even continuing to work following their retirement. Others find little satisfaction in their work, some counting the days until they can retire from their work. Some individuals work for free in voluntary organizations, their work often costing them their own money, picking up and distributing food for the poor, building homes for the needy, or planting trees to save the planet.

Work does not exist in a vacuum; it takes place in the context of particular labour market policies, employment conditions and work conditions. These factors contribute to health and health disparities. Labour market factors include income levels and income-level disparities; the rich are generally healthier than the poor. Employment conditions include the nature of one’s employment – whether one has full-time permanent employment, part-time or temporary employment, precarious employment or no employment. Work conditions include the presence of physical hazards, working in a toxic environment, working in badly ergonomically designed spaces, and experiencing psychosocial demands or stressors
The irony then is that work contributes to keeping one healthy as well as making one sick.

WHAT IS WELL-BEING?

It has proven difficult to define well-being. Early definitions of well-being focused on the absence of illness or disease. Today the emphasis is on positive psychological states, the degree to which one feels positive and enthusiastic about life (Wright and Huang, 2012). Ryff (1989) proposed six dimensions of well-being: positive relationships with others, personal growth, purpose in life, environmental mastery, self-acceptance and autonomy. Keyes (2002) writes that flourishing is a combination of high levels of emotional well-being (positive affect, low negative affect, high satisfaction), psychological well-being (Ryff’s six dimensions mentioned above) and social well-being (social activities, social contributions, social values, social integration). But his research indicated that less than 20 percent of the adult population were flourishing.

Grant et al. (2007) identified three components of well-being: psychological well-being (e.g., happiness), which emphasizes one’s subjective experiences; physical well-being (e.g., health), which emphasizes objective physiological measures as well as one’s subjective experiences of bodily health; and social well-being (e.g., friendships), which emphasizes the quality of one’s relationships with other people and communities.

Well-being then is an umbrella concept used by researchers; the general public uses the term happiness. Well-being includes various dimensions such as happiness, satisfaction, positive affect and flourishing. Employee well-being is related to several important work outcomes such as job satisfaction, job performance, turnover, accidents, absenteeism, productivity and health outcomes such as obesity, psychosomatic complaints and cardiovascular disease. Well-being is subjective based on how people believe they are. Well-being is influenced by people’s feelings, emotions and experiences. Thus, well-being is a global judgment.

TRADE-OFFS AMONG WELL-BEING DIMENSIONS – IT GETS COMPLICATED

Grant et al. (2007) described three broad dimensions of well-being (psychological, physical and social) and consider possible trade-offs among them. They examined the possibility of well-being trade-offs resulting in four
managerial human resources (HR) practices: job enrichment, incentive compensation, team building and safety practices:

- Job enrichment has been found to increase job satisfaction and levels of work stress.
- Incentive compensation has been shown to increase satisfaction as well as employee competitiveness and to reduce trust.
- Team building increases interpersonal relationships but reduces psychological well-being of those preferring to work alone.
- Safety practices obviously increase health by reducing injuries and absenteeism but reduce satisfaction of those not willing to comply.

Grant et al. (2007) offered two important managerial recommendations following from this. First, managers should pay attention to the importance of well-being and how their practices and policies affect this. Second, managers should then become more motivated in using the impact of their practices and policies on well-being to both broaden the range of well-being indicators they consider and examine and change those practices and policies that reduce well-being.

**STRESS AT WORK**

Stress in the workplace has emerged as a leading cause of negative emotions and psychological and physical harm. Various sources of workplace stress have been identified including job insecurity, work and family conflict, excessive workload and toxic supervision. Sauter and Murphy (2003) reviewed the ways that changes in the organization of work have occurred. These include macro-level factors such as the global economy, new trade and economic policies, changing worker demographics such as an aging workforce, and new technologies; organizational factors such as the introduction of lean production processes, downsizings, merging and restructuring, more use of part-time workers, the ability to work from different places, and flatter organizational structures; and job factors such as changes in work hours and work scheduling, more complex jobs and increased job demands (Paskvan et al., 2016).

Building on the concept of stressful life events (Holmes and Rahe, 1967), Kanner et al. (1981) noted the role played by the hassles and uplifts of everyday life. They argued that hassles and uplifts influence a range of outcomes including health. Hassles were defined as experiences in one’s daily living that were perceived as harmful or threatening to one’s well-being. Uplifts referred to positive experiences in one’s daily life. In a study...
of 185 hourly employees, Ivancevich (1986) found that the frequency and intensity of daily hassles predicted general health symptoms while uplift frequency and intensity predicted job performance and absenteeism.

Events at work influence employee affect, satisfactions, attitudes, behaviours and their contributions at work, which in turn influence employee experiences, affect and satisfactions outside of work – termed spillover (Ilies et al., 2007). In a study of the impact of supervisory social interactions (positively perceived versus negatively perceived) and blood pressure outcomes using hourly diary information, Wong and Kelloway (2015) found that negatively perceived supervisory interactions were related to higher systolic blood pressure at work and poorer cardiovascular recovery after work.

COSTS OF WORKPLACE STRESS AND LOW LEVELS OF WELL-BEING

Although thousands of studies have examined the effects of workplace stress on health and well-being, Goh et al. (2015) considered the combined effects of these on individual mortality and health costs. Using meta-analysis, they examined the relationship of excess mortality and incremental health expenditures associated with ten work stressors. These ten stressors were chosen because considerable data linked them with health outcomes. The ten stressors were: unemployment, lack of health insurance, exposure to shift work, long working hours, job insecurity, work–family conflict, low job control, high job demands, low social support at work and low organizational justice. Four subpopulations were considered: employed and unemployed men and women. Dependent variables included mortality and healthcare spending. They reported that about 120,000 deaths and about 5 percent to 8 percent of annual healthcare costs were associated directly with these stressors and indirectly to the ways that US organizations manage their employees.

Rath and Harter (2010a), using data from several countries, identified, in descending order of importance, five areas of well-being: career, social, financial, physical and community. They then (Rath and Harter, 2010b) estimated the costs (e.g., sick days taken, reduced work effort, disease burden) of low levels of well-being in each of these five areas. The costs associated with low levels of well-being exceeded several billions of dollars. Reviews by others (e.g., Cotton and Hart, 2003) as well as empirical data (Sears et al., 2013) have documented the association of low overall well-being with increased healthcare costs, lower levels of productivity and higher turnover rates. A US study (Sacks et al., 2015) estimated that
excessive alcohol consumption cost the US economy $239 billion in 2010, the biggest cost (72 percent) in reduced workplace productivity.

BUT NOT ALL STRESSORS ARE EQUAL

Cavanaugh et al. (2000) were among the first to distinguish two types of stressors – challenge stressors and hindrance stressors. Challenge stressors include job demands such as job responsibilities, time pressures, workload, and job complexity. Hindrance stressors include job demands that interfere with and limit job performance and include role ambiguity, excessive bureaucratic hurdles, wasting time at meetings and role conflict. Podsakoff et al. (2007) undertook a meta-analysis of 183 independent samples and found that hindrance stressors had negative relationships with work attitudes such as job satisfaction and organizational commitment, and positive relationships with turnover; challenge stressors had the opposite relationships with these outcomes. They also concluded that the negative attitudes associated with hindrance stressors contributed to withdrawal behaviours and turnover.

JOB QUALITY AND SUBJECTIVE WELL-BEING

Several researchers have proposed the importance of job quality to individual happiness and subjective well-being (Green, 2006; Kalleberg, 2011; Burgard and Lin, 2013). This raises at least two important questions. What dimensions make a quality job? How do dimensions of quality jobs affect well-being? Job quality consists of several dimensions. A sample of dimensions supported by empirical research includes pay, job security, work demands such as work intensity and long work hours, autonomy and discretion, and safe working conditions (Green, 2006; Kalleberg, 2011; Smith and DeJoy, 2012; Vidal, 2013). How does job quality affect well-being? It is likely that there are direct effects between these two sets of concepts. In addition, there are likely to be indirect effects through one or more other variables. These would include spending less time in leisure and recovery from work demands, being less able to spend quality time with family and friends, experiencing higher levels of stress and strain, differences in social class identification, and access to higher-quality food and exercise opportunities. Different dimensions of job quality affect well-being indicators via different paths.
WHY EMPLOYEE WELL-BEING MATTERS

Here is a sample of research evidence on the link between worker satisfaction and well-being and job performance. Luthans et al. (2007) found that psychological well-being in the form of employee levels of psychological capital was related to job performance. Wright et al. (1993) found that mental health was positively related to work performance; Wright and Cropanzano (1998), in a one-year longitudinal study, showed that emotional exhaustion predicted job performance of 52 social workers. Wright and Cropanzano (2000) reported that psychological well-being predicted job performance of 47 human service workers and 33 juvenile probation officers. Finally, mentally healthy employees reported better psychosocial functioning and missing fewer days at work (Keyes, 2007) and higher levels of productivity (Keyes and Grzywacz, 2005).

Keyes and Grzywacz (2005), using a sample of 2032 respondents and data collected in 1994 and 1995 in the United States, created a multidimensional measure of mental health, correlating it with work performance and healthcare use and costs. The health measure consisted of positive affect, ratings on overall life, Ryff’s (1989) six dimensions of psychological well-being (self-acceptance, positive relations with others, personal growth, purpose in life, environmental mastery and autonomy) and Keyes’s measures of social well-being (social acceptance, social actualization, social contribution, social coherence and social integration). Three groups of respondents were then compared based on scores on these indicators: complete ill health, incomplete health and complete health. Individuals in the complete health group were more productive (more effort and thought put into work, fewer work cutback days, work more days) and had lower healthcare utilization and costs (medical visits, work injuries, hospitalizations and prescription medication use).

Van de Voorde et al. (2012) reviewed 36 quantitative studies of employee well-being and the human resources management (HRM)–organizational performance relationship. Three dimensions of well-being were used: happiness (e.g., commitment, satisfaction), health (e.g., workload, stress, emotional exhaustion) and relationship (e.g., morale, cooperation, trust, organizational support). They found that employee well-being in terms of happiness and relationship were associated with organizational performance, whereas health-related well-being was associated with lower levels of organizational performance. HRM practices that increased both happiness and relationships were associated with organizational benefits whereas HRM practices associated with health-related well-being were not. High-performance work practices were associated with higher levels
of employee strain, but given the small number of observations here these conclusions should be considered tentative at best.

THE ROLE OF ORGANIZATIONAL PURPOSE AND CONTEXT

Van Loon et al. (2015) examined the relationship of high levels of public sector motivation potential reflected in the societal impact of one’s job with two indicators of well-being (job satisfaction, burnout) among 465 employees working in people-processing organizations (e.g., police) and 459 employees working in people-changing organizations (e.g., hospitals, schools, prisons), and found that higher levels of public sector motivation were associated with less favourable outcomes in employees of people-changing organizations (less job satisfaction, more burnout) and associated with more favourable outcomes among employees working in people-processing organizations (more job satisfaction and less burnout).

SOME THINGS WE KNOW ABOUT SATISFIED (HAPPY) EMPLOYEES

People Believe That More Satisfied Employees Are More Productive

Fisher (2003) undertook a study examining this link. University students responded to six items making the link to varying degrees between satisfaction and job performance. Her results indicated a strong belief in this sample that more satisfied employees performed at higher levels.

More Satisfied/Happier Employees Are Actually More Productive

Considerable research has examined the satisfied-productive worker hypothesis. Judge et al. (2001) undertook an exhaustive review of literature exploring this relationship and found a significant positive relationship, with a correlation of 0.30. Boehm and Lyubomirsky (2008) reviewed cross-sectional, longitudinal and experimental research on the association of happiness and various indicators of career success. They defined happy employees as those frequently experiencing positive emotions. Positive emotions included job satisfaction, contentment, enthusiasm and interest. They found the following in all three types of studies: happier employees described their jobs as more meaningful and offering more autonomy, they were more job satisfied, performed at higher levels, engaged in more
More Satisfied Units and Organizations Are Actually More Productive

A smaller number of studies have examined the relationship of unit/organizational levels of satisfaction and performance. Thus, Brown and Lam (2008), using meta-analysis, reported that unit-level satisfaction predicted both levels of customer satisfaction and customer perceptions of service quality. Harter et al. (2002), using 42 relationships from Gallup research on organizational effectiveness, found that average employee engagement at unit levels was significantly related to customer satisfaction, firm profit, productivity, employee turnover and safety. Tang and Lee (2014), using the US 100 Best Companies to Work For listing, examined the link between employee satisfaction and shareholder returns. They divided their firms into service-providing firms and goods-producing firms. They found high levels of long-run shareholder returns from higher levels of employee satisfaction in service firms than goods-producing firms. They cited several studies showing that firms having higher levels of employee satisfaction provide higher-quality service, higher levels of customer satisfaction, and better financial performance.

Unfortunately Many Employees Are Not ‘Happy’

The Gallup organization has studied employee engagement for a number of years. It recently reported that 70 percent of US workers were not engaged at work (Gallup, 2015). Gallup collected data from over 6000 employed adults aged 18 and older. Actively engaged workers comprised 17 percent of the sample. Actively engaged employees displayed energy, commitment and enthusiasm. Gallup research found that only 13 percent of the worldwide workforce was engaged. Unfortunately the most educated respondents, those with advanced degrees, were the least engaged. Actively disengaged workers merely put in time, doing the minimum.

There is also evidence that levels of employee stress have also increased in much of the developed world. Stress levels reflected increasing job
insecurity, toxic leaders, the effects of organizational restructuring and downsizings, increased workloads, daily hassles and greater work-family conflicts. The major source of workplace stress was dysfunctional managers. Employee stress is associated with lower levels of job satisfaction, engagement and commitment, and higher levels of absenteeism and turnover intentions (Langan-Fox and Cooper, 2011).

A psychologically unhealthy workplace
The Canadian Broadcasting Corporation (CBC) employs almost 8000 people and is Canada’s only public broadcaster. A recent employee survey of about 4000 CBC employees undertaken by Gallup depicted an unhealthy workplace; only 43 percent described their workplace as psychologically healthy. The percentage of CBC employees feeling ‘pride of association’ fell from 92 percent in 2012 to 69 percent in 2015; overall work satisfaction dropped from 69 percent in 2012 to 42 percent in 2015; only 22 percent thought the CBC made efforts to prevent harm to employees; and 30 percent believed that the CBC would not do what was right in situations involving ethics and integrity. Over the past few years the CBC has gone through restructuring and downsizing and was found to have a culture that tolerated harassing behaviour (Donovan, 2015).

PSYCHOLOGICALLY HEALTHY WORKPLACES AND WELL-BEING

Day and Randell (2014, p.10) defined psychologically healthy workplaces as ‘workplaces that not only aim to reduce negative demands and stressors but also promote organization resources to improve well-being’. Kelloway and Day (2005) offered an illustrative model of a psychologically healthy workplace. Healthy workplaces include a culture of support, respect and fairness; employee involvement and development; work that is safe, ergonomically based, and offering tasks that fit employee needs and skills; interpersonal relationships with supervisors, co-workers and clients; work–life balance; and high levels of corporate social responsibility. These workplace characteristics then influence psychological, physical, behavioural and organizational outcomes. Individual outcomes include higher levels of satisfaction and engagement and lower levels of strain and burnout; organizational outcomes include better job performance, less absenteeism and lower levels of turnover; and, ultimately, societal outcomes include lower healthcare costs, and healthier citizens and communities (Gratton, 2004; Grawitch and Ballard, 2016).

Grawitch et al. (2006) reviewed research and writing on healthy
workplace practices and identified several practices in particular: work–life balance, health, safety, employee growth and development, recognition, and employee involvement. In addition, these practices had a stronger positive association with desired work and well-being outcomes when effective communication existed within an organization and workplace practices were aligned with the organizational context. In a study of 152 university faculty and staff, Grawitch et al. (2007) found that satisfaction with these healthy workplace factors predicted employee outcomes such as commitment, mental well-being, emotional exhaustion and turnover intentions.

The Psychosocial Safety Climate

Dollard and her colleagues (Dollard, 2007; Dollard and Bakker, 2010; Dollard and McTernan, 2011) proposed an organizational-level factor, the psychological safety climate (PSC) – a workplace climate for psychological health – as a significant contributor to levels of psychological distress among employees. PSC consisted of four dimensions: senior management commitment to stress prevention; senior management priority to psychological health versus productivity objectives; organizational participation and commitment to managing psychosocial health risks; and organizational communication about psychological health issues. PSC starts with senior executives and their values and priorities. PSC then spreads throughout an organization, reflecting its regard and concerns about employee psychological health (Hall et al., 2010).

Their research program has shown associations of PSC with levels of workplace bullying and post-traumatic stress (Bond et al., 2010), harassment, psychological distress and low levels of employee engagement (Law et al., 2011), emotional exhaustion and low levels of job satisfaction (Dollard and Bakker, 2010).

POSITIVE ORGANIZATIONS

Cameron et al. (2011) carried out studies in two sectors, financial services and healthcare, and found that positive organizational practices (e.g., caring, compassionate support, forgiveness, inspiration, meaning, respect, integrity and gratitude) were associated with higher levels of employee and client satisfaction and lower turnover and higher levels of organizational performance, and that increases in positive practices over time were associated with increased organizational performance over time.
Quinn (2015), building on emerging findings from positive organizational behaviour, made the case for ‘positive organizations’. Too many employed are ‘overextended and underutilized’; instead they should be ‘fully engaged and continually renewed’. He described positive organizations and why conventional cultures need to change. He contrasted ‘negative zone’ characteristics of self-interest, bureaucracy, micro-management, cynicism, conflict and exhaustion with a ‘positive zone’ characterized by full engagement, authentic relationships, work–life balance, cohesive teamwork and individual accountability. Leaders need to understand positive and negative organizations and how to make their workplaces more positive. Quinn (2015) described 100 positive practices from actual organizations to encourage leaders to develop their own positive practices.

LEADERSHIP AND EMPLOYEE WELL-BEING

The quality and character of leadership is an important factor in employee satisfaction and well-being. Surveys indicate that the most stressful part of an employee’s job is dysfunctional and toxic leadership. It is not surprising then that researchers have examined the link between leadership and employee health. Here are some examples.

Judge and Piccolo (2004) undertook a meta-analysis involving thousands of employees under transformational and transactional leadership and six work outcomes: employee job satisfaction, satisfaction with the leader, motivation, leader job performance, work group and organizational performance, and leader effectiveness. In general, transformational leadership perceptions were associated with more favourable work and well-being outcomes, whereas perceptions of transactional leadership were associated with less favourable work and well-being outcomes.

Kelloway et al. (2012) reported results of two studies of the relationship of transformational leadership and employee well-being. In the first study, involving 436 field workers (71 percent male) in a large Canadian telecommunications organization, well-being was measured by the General Health Questionnaire. Employee trust fully mediated the relationship of employee perceptions of managers’ transformational leadership and psychological well-being. In the second study, data were collected from 269 employees using a roster of potential respondents. Psychological well-being was assessed by high and low scores of pleasure and arousal (four subscales). This study replicated the results of the first but also showed that leaders’ use of management by exception and laissez-faire leadership reduced employee psychological well-being by also reducing trust in one’s manager. Dimoff et al. (2016) found that a short training
session for supervisors and managers increased their knowledge of and attitudes towards employee well-being, their self-efficacy, and intent to promote well-being at work.

Gregersen et al. (2014), in a sample of 1045 German healthcare workers, compared various leadership constructs as predictors of employee positive well-being (e.g., job satisfaction and general health) and negative well-being (e.g., emotional exhaustion, depersonalization, psychological strain as measured by an irritation scale). Leadership constructs included transformational, transactional, leader–member exchange, consideration and initiating structure. Leader–member exchange predicted most of the well-being measures; adding the other leadership constructs did not increase their predictability.

LONG WORK HOURS

Kivimäki et al. (2015) undertook a meta-analysis investigating the association of long work hours and risk of coronary artery disease and stroke. They considered 25 longitudinal studies from 24 cohorts in Europe, the United States and Australia. Controlling for age, sex, socioeconomic status and coronary heart disease and stroke at baseline, a sample of 603,838 men and women individuals working 55 hours or more, compared to those working 35–40 hours, had a 13 percent greater chance of developing coronary heart disease, and in a sample of 528,908 women and men, found those working 55 or more hours a week had a 33 percent increased risk of stroke.

UNEMPLOYMENT AND UNDEREMPLOYMENT CAN ALSO BE HAZARDOUS TO YOUR HEALTH

Being unable to find employment can also reduce individual well-being. Events beyond one’s individual control have been found to have effects on individual and family satisfactions and well-being. These external events include organizational downsizing, organizational mergers, increasing levels of job insecurity, inability of young women and men to find jobs, inability of women and men to find full-time decent paying jobs, and global financial and economic crises that affect several nations and millions of people simultaneously (Burgard et al., 2009, 2012, 2013). Examples would include the current economic crisis in Greece, rates of youth unemployment exceeding 25 percent in Spain and Greece, the difficulties educated men and women have in finding jobs, and the lingering
effects of the global economic downturn of 2008. The unemployment rate in Greece in mid-2015 was 25 percent but 50 percent for youths. Youth homelessness and substance abuse have increased (Zeitchik, 2015). In Canada, medical school graduates are unable to get full-time jobs or training positions they need to become doctors (Blackwell, 2015). Seventy-eight percent of ear, nose and throat specialists were unable to find jobs. One hundred and seventy-eight trained orthopedic surgeons in Canada are currently unemployed. Bjarnason and Sigurdardottir (2003) studied six European countries and found high rates of psychological distress among emerging adults who were unemployed, also reporting in longitudinal studies that those who found work, either full-time or part-time, increased their levels of well-being.

Milner et al. (2013) undertook a meta-analysis of 16 studies examining the link between unemployment, length of unemployment, and suicide and suicide attempts. They concluded that long-term unemployment was associated with increased incidence of suicide. This risk was greatest in the first five years of unemployment.

UNSAFE WORKING CONDITIONS

On 24 April 2013 Rana Plaza, an eight-storey building collapsed in Savar, a district on the outskirts of Dhaka, capital of Bangladesh. The death toll reached 1129, with 2515 people injured. Possibly up to 200 individuals remain unaccounted for. The building consisted of clothing factories, apartments and some small shops. Although cracks in the building emerged early the previous day, garment workers were forced back to work the next day. The building collapsed during the morning rush hour. The garment factories made apparel for major US, Canadian and UK companies. The top floors were built without a permit, and the building was not built to house factories. Substandard construction materials were also used. Conditions at factories in Bangladesh still remain atrocious three years after the Rana Plaza disaster (Aulakh, 2015).

Police in the Philippines have begun a criminal investigation into a factory fire that killed at least 72 workers, trapped on the second floor, when iron bars on the windows prevented their escape (Teves, 2015). It was not yet clear whether the factory, which made rubber slippers, followed fire and building safety standards. A plant in China producing a toxic chemical had its second explosion in 20 months (National Post, 2015). This plant had had recurring technical problems since opening in 2013.
PRECARIOUS WORK

Mojtehedzadeh (2015) describes workers in temporary jobs as trapped in endless temporary jobs, earning minimum wages, receiving no wage increases, being paid less per hour than permanent employees, receiving no benefits, with no obligations from employers to hire temporary workers permanently, little time before shift changes, and a lack of respect and dignity in temporary work. There has been a 33 percent increase in the number of temporary workers in Ontario since 2004.

Vives et al. (2013) examined the association of precarious employment and poor mental health in a sample of 5679 permanent and temporary workers in Spain. Their data were collected in 2004–05. Six dimensions of precariousness were considered: instability, low wages, employee rights, disempowerment, vulnerability, and capacity to exercise rights (e.g., access to vacation time). Individuals, both men and women, in more precarious jobs reported poorer mental health (nervousness, anxiety, depression, psychological distress). The association was stronger for women than for men. They attribute the latter to women having less power than men generally. Benach et al. (2014) reviewed the research on precarious employment, noting its association with adverse well-being outcomes, and viewing it as another social determinant of health.

The only meaningful solution to deal with the problem of precarious work is for governments to legislate (e.g., raising the minimum wage, more company inspections). Several jurisdictions in both Canada and the United States have passed legislation to increase the minimum wage to $15 an hour. New York City mayor, Bill de Blasio, plans to raise the minimum wage to $15 by 2019. His plan also includes workforce development initiatives, universal pre-kindergarten, improved transportation and affordable housing. Seattle also plans to increase the minimum wage from $11 to $15 for large employers by 2017 and for small employers by 2022. Two Canadian provinces passed legislation to increase their minimum wages (Quebec in 2000; Ontario in 2005).

VIOLENCE IN THE WORKPLACE

On 26 August 2015, a disgruntled former TV anchor shot and killed two former colleagues while they were live on air. Vester Flanagan had previously been fired from two TV stations, and had claimed racial biases (Rayner and Sherlock, 2015). Flanagan had also threatened his colleagues and had been described as a ‘human powder keg’. These warning signs were ignored. Violence-prone behaviours also include increased use of
alcohol and drugs, increased lateness and absenteeism, depression and withdrawal, heightened levels of anger, making threats or verbally abusive comments to co-workers, making comments about suicidal thoughts, and mood swings.

Workplace violence refers to any act in one’s workplace in which a person is abused, threatened, intimidated or assaulted. In the United States from 2006 to 2010, an average of 551 workers were killed in work-related homicides. In 2010, there were 518 workplace homicides, 10 percent of all fatal workplace injuries. Shootings represented 78 percent of all workplace homicides in 2014, with most (83 percent) occurring in the private sector. Most workplace homicides involved men (72 percent). Types of assailants varied depending on whether the victim was a man or a woman. More women were killed by relatives or personal acquaintances than men (39 percent to women and 3 percent to men). In 2004, workplace homicides were more likely to occur in retail trade (17 percent), government (17 percent), and leisure and hospitality (15 percent) (Bureau of Labor Statistics, 2010).

Certain types of work or working conditions increase the risk of workplace violence (Ontario Ministry of Labour, 2010). These include having direct contact with clients, handling cash, valuables or prescription drugs, working alone or in small numbers, working with unstable or volatile people, working where alcohol is served, working in a community-based setting, working in high-crime areas, securing or protecting valuable goods and transporting people or goods. Every country in the developed world, and likely beyond, has created legislation addressing workplace violence. All jurisdictions have legislation against workplace violence typically related to their criminal code.

WORKPLACE BIAS AND DISCRIMINATION

Discrimination and bias, often based on stereotypes, exist in workplaces, though there are laws against them. Biases can be both conscious and unconscious. Discrimination based on age, gender, race, ethnicity, appearance and social class has been documented (Dipboye et al., 2013). When pictures appear on résumés, more ‘attractive’ candidates are selected for interviews. Fred is more likely to get an interview than Jamal; Susan than Keizzia. Women are less likely to be invited for interviews if there are very few women in the applicant pool. Women get paid less than men in the same jobs. Social networks such as Facebook and LinkedIn provide a wealth of information (religion, political affiliation, parental status) that allows biases to play a role. Hiring managers use this kind of information
to find reasons not to hire a candidate (weird photos, off-beat comments). All rely on stereotypes. Personnel systems that have subjective and arbitrary criteria for decision-making allow biases to flourish. Even the use of tests is not immune to biases. Target, a large US retailer, was recently required to pay rejected high-level job candidates for a job $2.8 million because the tests given to applicants were biased (had an adverse impact) on women, blacks and Asians (Walsh, 2015).

Discrimination also affects the well-being of the victims. Hammond et al. (2010) in a study of discrimination among 604 multi-ethnic hospital employees found that African Americans were more likely than other ethnic groups to report frequent and multiple types of discrimination exposure and they also indicated higher levels of depressive symptoms. Several other studies have also shown the negative effects of discrimination on its victims (Roberts et al., 2004; Bhui et al., 2005; De Castro et al., 2008).

REducing stress, improving well-being, or both?

A number of researchers and practitioners have advocated and developed interventions to reduce negative emotions, experiences and outcomes such as levels of workplace stress (Biron et al., 2012). Researchers and practitioners have also emphasized interventions that increase positive outcomes, experiences and emotions such as engagement and flow (Cameron et al., 2003). We believe that it makes sense to undertake both types of interventions. Stress interventions at both individual and organizational levels reduce negative outcomes; positive interventions at both individual and organizational levels will increase health and effectiveness (Quick et al., 2013). Although these two approaches can be distinguished conceptually, both aim to bring about workplace changes that improve individual and organizational health. They can be combined, each having potential advantages and disadvantages (Burke, 2014).

It might be easier for organizations, however, to integrate positive-oriented interventions as part of their organizational culture; historically, stress-reduction interventions have been seen as having a narrow ‘health’ focus. Interventions having a ‘good work’ focus may be easier for organizations to embrace (Semmer, 2012).
Do Health Interventions Work?

Anger et al. (2015) reviewed 17 published evaluations of US National Institute for Occupational Safety and Health (NIOSH) Total Work Health (TWH) interventions, finding in 16 of them improvements in risk factors for major injuries and/or chronic illnesses, with four improving ten or more risk factors. Several TWH interventions had sustaining improvements for over a year. Details of each of these interventions were provided.

INCREASING EMPLOYEE SATISFACTION AND WELL-BEING

Evaluations of workplace interventions targeting various dimensions of happiness, satisfaction and well-being have been undertaken with promising results. Since dimensions of satisfaction and well-being are themselves significantly and positively correlated, these interventions have some common features. We review several positive states and interventions designed to increase their levels.

Increasing Happiness

Happiness is typically defined as higher levels of subjective well-being. Subjective well-being consists of life satisfaction and a preponderance of positive feelings. Fisher (2010) presented a wide array of happiness-related concepts (e.g., job satisfaction, flow, vigour, flourishing). Causes of happiness tend to fall into two major categories: personal factors (e.g., personality traits, positive affect) and environmental factors (e.g., hassles and uplifts). Causes of happiness at work include HR policies and practices, task variety, control and social relationships. Fisher also presented a number of job and task characteristics related to happiness. Happiness is associated with some important outcomes including positive mood, proactivity, creativity, job satisfaction and organizational commitment, among others, and we are increasingly coming to understand what individuals can do to live happier and healthier lives (Hays, 2014).

Fisher (2010, p. 398) suggested ten ways to increase happiness at work:

- Create a healthy, respectful and supportive organizational culture.
- Supply competent leadership at all levels.
- Provide fair treatment, security and recognition.
- Design jobs to be interesting, challenging, autonomous and rich in feedback.
Facilitate skill development to improve competence and allow growth.

Select for person–organization and person–job fit.

Enhance fit through the use of realistic job previews and socialization practices.

Reduce minor hassles and increase daily uplifts.

Persuade employees to reframe a current less-than-ideal work environment as acceptable.

Adopt high-performance work practices.

**Job Crafting**

Wrzesniewski and Dutton (2001, p. 179) defined job crafting as ‘the physical and cognitive changes individuals make in the task or relational boundaries of their work’. All employees can be ‘job crafters’ and efforts to reshape and redefine their jobs is job crafting. Job crafting begins with employee motivation to undertake job crafting. Wrzesniewski and Dutton identify at least three motivations: increase control of their job and its meaning, develop a positive self-image, and increase human contacts. Opportunities for job crafting must exist if job crafting is to be undertaken. Employees can change both their types and number of job tasks, who with and how often they interact with others, and their views of their work as a whole and what it means to them in terms of their identity. Job crafting then can change both the meaning of one’s work and one’s work identity. Job crafting is also not a one-time activity but instead is a process over time. Wrzesniewski and Dutton (2001) also offered examples of job crafters.

Wrzesniewski et al. (2013) wrote that job crafting increases both the meaning one derives from one’s work as well as a stronger identification with one’s work. They also reviewed several studies in which job crafting has been associated with increases in job performance, job satisfaction, reduced absenteeism, higher levels of control, increased readiness to change, and less stress and strain. In addition, job crafting can take place at a work-unit level as well.

Petrou et al. (2015) in a longitudinal study of 50 Dutch police officers, found that officers engaged in job crafting (e.g., seeking resources, reducing job demands) were better able to respond to widespread major organizational changes (e.g., less exhaustion).
Flow

Csikszentmihalyi (1997) proposed eight conditions for the experiencing of flow by individuals: clear goals, immediate feedback on progress, challenging but doable tasks, deep concentration, living in the present moment, feelings of being in control, being absorbed in the task so that one’s sense of time changes, and submerging one’s ego in the task. Csikszentmihalyi (2003), however, did not believe that flow happened very often at work since most jobs did not provide the conditions listed above that fostered flow.

Demerouti (2006), in a study of employees in a wide range of jobs, found that motivating job characteristics predicted flow, and flow predicted both in-role and extra-role job performance as assessed by a work colleague, but only among employees high on conscientiousness. Bakker (2008) noted that job characteristics predicted flow, and that flow in turn was associated with ratings of in-role and extra-role job behaviours and performance.

Demerouti and Fullagar (2013) examined five interventions that organizations can introduce to increase levels of flow. These include: increasing levels of challenge in employees’ tasks and increasing levels of individual skill in performing their tasks, increasing employee job resources such as job variety, autonomy, feedback, task identity and task significance, increasing levels of employee self-efficacy and achievement needs, utilizing goal-setting by employees, and allowing employees to shape their jobs – termed job crafting (Berg et al., 2010).

Psychological Capital

Psychological capital (PsyCap) refers to positive state-like psychological capabilities (Luthans et al., 2004). Psychological capital includes confidence and self-efficacy, optimism and positive attributions about present and future success, perseverance toward goals, and resilience when facing adversity. They developed a measure of psychological capital with four components: hope, resilience, optimism and efficacy, and found it predicted both job satisfaction and job performance of employees in service and high-technology manufacturing organizations. Psychological capital has been shown to reduce stress, increase individual well-being, and foster positive work attitudes and behaviours. Luthans et al. (2004) and Luthans and Youssef (2004) describe several ways to build social capital. These include building employee confidence and employee mastery through watching others being successful, persuading employees that they have the necessary skills and attitudes for success, and increasing employee experiences of hope, optimism and joy.
Luthans et al. (2010) evaluated an intervention to increase PsyCap and resulting job performance. They first undertook a pilot study of a training intervention to increase the four PsyCap elements ($n = 242$ advanced management students at a large university participated). Treatment and control groups were utilized. The intervention consisted of two hours of content that addressed the four PsyCap elements. In the second study, 80 managers were recruited from a variety of organizations. Again the training intervention was the same two-hour format. Measures of self-rated and manager-rated performance served as outcome measures. The training significantly improved PsyCap and both performance measures following the training initiative.

**Finding One’s Calling**

Work can be seen as a job, a career or a calling (Wrzesniewski et al., 1997). How one views one’s work has implications for satisfaction with work and well-being. A job is seen as a requirement, primarily for pay, working to live and enjoy life outside of work. A career is defined in terms of upward advancement, is motivated by money, promotion up the hierarchy, and opportunities to achieve more prestige. Seeing one’s work as a calling involves having work as a major part of one’s identity and conveys fulfillment and passion. Wrzesniewski and her colleagues, in a sample of 238 working women and men, divided them as having jobs, careers or callings based on survey responses. Individuals in callings were more life satisfied, more job satisfied and missed fewer days at work. No differences were found in health satisfaction and self-reported health. Duffy et al. (2011), in a study of 390 diverse employees at a large research university, found that those having a calling were moderately more satisfied with their jobs, had more career commitment, more organizational commitment and lower intentions to quit.

In a review of the literature, Elangovan et al. (2010) reported that having a calling was associated with higher levels of work motivation, more job satisfaction, engaging in more organizational citizenship behaviours, lower levels of experienced job stress, and lower intentions to quit.

Leider and Shapiro (2015) offered a methodology for helping individuals find their calling. Individuals were asked to examine 52 natural preferences (e.g., advancing ideas, doing the numbers, building relationships, performing events) to identify their values and passions and find work that expresses these.
Increasing Levels of Work Engagement

Bakker et al. (2013) described seven successful interventions for increasing levels of employee work engagement:

- Reducing job demands and increasing employee resources. Interviews are used first to identify occupation- and organization-specific job demands and individual resources. These then create questionnaire scales and are used along with a validated measure of work engagement. Employees complete the survey, identifying job demands and resources associated with work engagement. Supervisors and work teams, working together, use this information to identify ways of reducing critical job demands and strengthening individual and team resources.
- Job crafting has employees redesign their jobs by identifying tasks and job content that increases the meaning in their work.
- Increasing personal resources of psychological capital (self-efficacy, organizational-based self-esteem, optimism) through training.
- Strength-based interventions that address positive traits in employee thoughts, feelings and behaviours.
- Happiness interventions that include enhancing feelings of gratitude, engaging in acts of kindness, and optimistic thinking.
- Encouraging new ways of working that increases flexibility of when individuals work, where they work, and how they undertake their work.
- Finally, interventions helping women and men integrate work and family by increasing levels of supervisor support, senior executives modelling work–family balance, changing organizational culture norms, and encouraging use of relevant work–family policies.

INTERVENTIONS TO REDUCE LEVELS OF JOB STRESS

Murphy and Sauter (2004) reviewed workplace interventions to increase worker safety and health. These interventions can take place at individual, job or task, organizational and legislative levels. They also examined interventions addressing different stages of prevention: primary, secondary and tertiary. Primary prevention lowers or removes the sources of stress (e.g., job demands causing person–job misfit); secondary interventions, mainly through education and training, increases workers’ resources to cope with and manage their stress; tertiary interventions
provide access to counselling and treatment once the worker has been harmed.

Here are examples of interventions at each of the four levels:

- legislative: the development of labour standards, work hour policies and safety standards;
- organizational: the introduction of work–family programs, employee assistance programs and corporate wellness programs;
- job or task: use of participative job redesign to improve person–job fit and reduce levels of demands;
- individual: offering education on stress management, time management.

Resilience and Resilience Training

Fletcher and Sarkar (2013, p. 12) define psychological resilience as ‘the role of mental processes and behavior in promoting personal assets and protecting an individual from the potential negative effects of stressors’. Resilience has both trait and process aspects, and resilience can be changed. Robertson et al. (2015) reviewed 14 studies of the usefulness of resilience training in terms of mental health and psychological well-being, psychosocial, physical/biological and performance outcomes. These studies showed that resilience training improved individual resilience and enhanced psychological and physical well-being, psychosocial well-being and job performance. Resilience was defined in various ways in these 14 studies. In addition, intervention programs varied in length, content, type of participants, modes of delivery, occupations and outcomes. They concluded, based on the results presented in these 14 studies, that resilience training had benefits, particularly for mental health and psychological well-being outcomes.

Mindfulness, Psychological Well-Being and Performance

Brown and Ryan (2003) examined the potential benefits of mindfulness for psychological well-being. Mindfulness is most commonly defined ‘as the state of being attentive to and aware of what is taking place in the present’ (Brown and Ryan, 2003, p. 822). Dane (2011, p. 1000) defines mindfulness as ‘a state of consciousness in which attention is focused on present-moment phenomena occurring both externally and internally’. Brown and Ryan (2003), in a series of investigations (correlational, quasi-experimental, experimental) reported that mindfulness was associated with a range of well-being indicators (e.g., positive affect, life satisfaction,
self-esteem, optimism) and negatively correlated with anxiety, depression, negative affect, physical symptoms, and medical visits in the past 21 days among a sample of cancer patients. Other reviews (Brown et al., 2007; Glomb et al., 2011) have found mindfulness to be positively associated with higher levels of vigour, more life satisfaction, better interpersonal relationships, and fewer negative affective states and lower levels of stress. Grossman et al. (2004) undertook a meta-analysis of 20 studies on the stress reduction and health benefits of mindfulness interventions. They found benefits of mindfulness-based stress reduction on pain, depression, anxiety and heart disease, and cancer patients’ levels of stress.

Dane and Brummel (2013), in a study of potential benefits of mindfulness among 102 servers in restaurants, reported a positive relationship between workplace mindfulness and job performance and a negative relationship between workplace mindfulness and turnover intentions.

### Increasing Workplace Civility

Workplace incivility, including abusive supervision, toxic leadership, bullying and rudeness, seems to be on the increase in workplaces (Perrewé et al., 2015). Pearson and Porath (2005) reported that 89 percent of professionals in the United States had been insulted or bullied at work and 78 percent said their organizational commitment declined as a result. Leiter et al. (2011), in a longitudinal study of 1173 healthcare workers working in 41 nursing units, had respondents complete measures of their social relationships at work, burnout, work engagement and intent to quit before and after a six-month intervention to improve civility, respect and work engagement undertaken in some units but not in other comparison units. Measures improved significantly for the intervention units compared to the comparison units in workplace civility, respect, job satisfaction, management trust, and absences. Leiter et al. (2012) undertook a data-gathering and intervention project in 45 hospitals, designed to increase workplace civility. Employees first rated the civility and support of their managers and co-workers. Then groups of employees met with trained staff in half-hour-long sessions to review and discuss issues that were identified. Employees met weekly to examine issues identified in the survey and how these affected their work. Emphasis was placed on identifying ways they now wanted to interact with each other. Civil behaviours were identified and included paying more attention to others, acknowledging, listening, being considerate, and giving praise. A civility workshop was developed that encouraged nursing staff to think before acting, and consider how words and actions affected others. Ongoing reminders from senior management, the development of civility policies with spelled-out
accountabilities, and efforts to monitor these policies were utilized. A follow-up survey indicated a decline in levels of perceived stress and an increase in perceptions that nursing supervisors now behaved more civilly, that team members treated one another with more respect, and reports of co-worker incivility and absences declined. More information on civility interventions can be found in Osatuke et al. (2014) and Leiter (2014).

Decreasing Discrimination in the Workplace

Discrimination in the workplace based on both gender and race has been consistently shown to be associated with negative emotions and poorer physical health. Dipboye et al. (2013) reviewed workplace interventions designed to create a healthy work environment free of discrimination. Interventions were of two types: those that focused on the perpetrators, and those that focused on the victims. Considering the first type, the most common is diversity training. These efforts try to make employees aware of their own biases and how best to deal with these, how to comply with civil rights legislation, and increasing one’s skills in dealing with others who are different. These efforts have been found to change the attitudes and knowledge of participants and to lower grievances (Kulik and Roberson, 2008). Considering the second type of intervention, efforts include training potential victims of discrimination to more effectively manage their emotional responses, teaching potential victims to take control of their situation and address problems of discrimination, and teaching potential victims how to alter their behaviour in ways that contradict stereotypes. The most important intervention, however, is creating a healthy organizational climate by stating and acting in ways that signal that diversity and non-discrimination are key organizational and business priorities. This includes developing affirmative action policies and practices, monitoring their implementation, and holding employees accountable for non-discriminatory behaviour.

Some initiatives to tackle discrimination would include holding discussions of biases to get employees thinking about their own biases, increasing awareness of the impact that biases can have on decision-making, surveying employees on their experiences with unconscious biases, and introducing policies and practices that reduce the impact of these biases on organizational processes. More systematic initiatives would include analyzing pay among employees doing similar work, comparing performance evaluation of various groups of employees, examining the length of time to promotion of various groups, and identifying the percentages of employees of various groups in senior and executive positions and in mid-level jobs. Finally, individuals need to ensure that they are on top of their own biases.
Reducing Workplace Violence

Employers have a legal and moral obligation to create a workplace free of threats and violence. The US Department of Justice (2002, p. 15) suggests the following methods:

- adopting a zero tolerance workplace violence policy and prevention program and communicating the policy and program to all employees;
- providing regular training in preventative measures for all new/current employees, supervisors and managers;
- defining what workplace violence is and identifying violence-prone behaviours;
- supporting victims of workplace or domestic violence;
- adopting and practicing fair and consistent disciplinary practices;
- fostering a climate of trust and respect among workers and between employees and management;
- stabilizing the workplace after an incident;
- helping to prevent future incidents.

Organizations can also undertake an audit of risk factors in their workplaces. This might involve talking with employees about their work experiences, reviewing any earlier incidents of violence, and visually inspecting the workplace in terms of design, layout and work practices. Organizations can also network with similar places of work to get information, advice and learning outcomes from them, as well as reading newspapers and other media reports.

Organizations can also undertake preventative measures. These could include workplace design, administrative practices and work practices. Workplace design could involve creating physical barriers, reducing the number of entrances, using keys or access cards to control entrances, using better exterior lighting, and placing employees closer to exits. Administrative practices might include keeping cash on hand at a minimum and using locked safe deposit boxes. Work practices could include having a ‘buddy system’ to provide support and protection, knowing where co-workers should be, and checking the credentials of clients and customers.

It is also important to address the aftermath of violence at work (Bishop et al., 2006). The effects of violence remain after the violent act is over, and others besides the victim(s) are affected. Employee distress is heightened and must be dealt with quickly through the provision of information about what happened. Short-term and long-term psychological support
is likely needed. Critical incident debriefing, trauma counselling, and employee assistance programs can help victims as well.

Reducing Sexual Harassment in the Workplace

Sexual harassment exists in every organization. Sexual harassment has both emotional costs to victims and often financial costs to organizations. Magley et al. (2013) noted that training interventions are most commonly used to reduce sexual harassment in the workplace and described two concrete examples of two such initiatives and evaluations of both. Training was shown to increase understanding of what sexual harassment entailed. The training had no effect, however, on the frequency with which women reported incidents of sexual harassment. Actual complaints about sexual harassment to the HR department actually increased following the training. Participants saw the training as a good first step but were also sceptical about the value and purposes of the training effort. The limited value of this training highlighted important context factors relevant to the success of any organization-level intervention. Employees did not believe that management was serious about sexual harassment. Thus, training by itself without other factors in place is certain to fall short.

Reducing Long Work Hours

It is not uncommon for employees to say they waste one or more hours each day at work doing nothing productive, and others say they remain at work putting in ‘face time’ so they can be seen by others as hard-working. Long work hours reduce time for recovery and diminish family enrichment. Munck (2001), a senior executive with the Marriott hotel chain, describes how Marriott changed its culture of ‘face time’. Most Marriott managers worked over 50 hours each week. Marriott had difficulties in recruiting talented staff and effective managers were leaving to spend more time with their families as a result of these long hours. Its program, called Management Flexibility, resulted in managers now working five fewer hours each week. This was achieved by eliminating redundant meetings, requiring the filing of fewer reports, having a shorter overlap between shifts, providing greater access to e-mail and better IT support, changing inefficient procedures, and stressing task accomplishment instead of hours worked. They also found that levels of work stress were reduced and work–personal life integration and satisfaction was enhanced. Similarly, Perlow (2012), working with an international management consulting organization, demonstrated that work units can develop strategies to reduce the
time they spend connected to their work and enhance the quality of their personal lives and increase their productivity simultaneously.

**Corporate Wellness Programs**

Berry et al. (2010) define a corporate wellness program as ‘an organized employer-sponsored program that is designed to support employees (and sometimes their families) as they adopt and sustain behaviours that reduce health risks, improve quality of life, enhance personal effectiveness, and benefit the organization’s bottom line’. Corporate wellness programs are long-term organizational efforts to promote the adoption of organizational practices and employee behaviours to improve individual employee physiological, mental and social well-being (Burke and Richardsen, 2014). Corporate wellness program elements typically include smoking cessation programs, physical fitness and exercise components, weight loss programs, access to personal health coaches, and nutrition classes. A majority of organizations offer financial incentives for health improvements, both for achieving results and for participation.

Isaac and Ratzan (2013) describe the development and results of a corporate wellness program implemented by Johnson & Johnson. They found that for every dollar invested in wellness, Johnson & Johnson reported a reduction of nearly $4 in reduced healthcare costs, lower absenteeism and improved productivity.

**CONCLUSIONS AND IMPLICATIONS**

Although some types of jobs or work have not changed much over the past 20 years, other types have changed and more will change in the future (Gratton, 2011). These changes will most likely produce both challenge and hindrance stressors. Workers will increasingly have to have more education, possess more knowledge and skills, make greater use of technologies, encounter a faster pace of work and relationships, engage with colleagues in various parts of the world, be able to manage themselves and reorganize their work units. Organizations will have to meet the needs of more educated workers, a workforce consisting of more ‘freelancers’ working on projects, more women, more employees wanting meaningful work and greater flexibility – all these elements embodied in ‘good work’.

Organizations today are facing increasing challenges from competitors, the globalization of business, greater use of new technologies, more demanding customers and clients, and changes in the needs and make-up of their workforces. Leaders are responsible and held accountable for meeting
these demands. The strategic imperative of developing a satisfied, psychologically healthy and productive workforce is central to dealing with these demands. The evidence, however, indicates that the majority of organizations worldwide are falling short. Work engagement levels are low, and lower among those employees who are most highly educated. Levels of alienation, burnout and job stress remain high. The good news is that increasing research evidence indicates that ‘happy’ employees working in positive and healthy organizations exhibit a range of valued work outcomes important for both individual and organizational performance and success (Lawler, 2003; Sirota et al., 2005; Gratton, 2007; Sisodia et al., 2007). These outcomes include higher levels of performance, fewer accidents and errors, less absenteeism and turnover, and lower healthcare costs. A healthy workplace creates positive emotions and higher levels of well-being. The best employees (e.g., Southwest Airlines) want an organization that provides ‘good work’. In addition, we know how to improve these feelings of satisfaction and engagement. Leaders have considerable influence here. It is time for them to make the statement that ‘employees are our most important asset’ a reality.

NOTE

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REFERENCES


36 Research handbook on work and well-being


