*Original Paper*

# Identifying Risks Associated With Workplace Health and Employee Wellness

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*Abstract*

*Background: Well-being at the workplace influences health and productivity and a negative work environment may lead to physical and mental health problems. Objectives: The current study aimed to measure the attitude and perception of the workforce towards work place environment and to identify key factors affecting workplace health and employee engagement and wellness. Methods: A survey study was conducted over a period of three months at Ras Al Khaimah Medical and Health Science University, United Arab Emirates. The Mental health America's Workplace Mental Health Survey was used to collect data from a random sample of employees in the study settings. The objective of the study was adequately explained to participants and their informed consent was obtained with assured confidentiality. Results: The overall mean score of respondents satisfaction was 61.0 ± 8.1 SD. Employees responses towards workplace was significantly lower among full time university personnel than those at affiliated teaching hospitals (59.3±6.9 vs. 62,3±8.7, p=0.01). Work insecurity was the only item which was negatively correlated with the overall score (r= -0.72; p=0.02). The rate of absenteeism, Engaging in unhealthy behavior due to workplace stress and Speaking poorly about the workplace were strongly correlated with overall workplace health score (r=0.5;P=0.001). Support from colleagues and supervisor were correlated with overall job satisfaction (r=0.3 and r= 0.2; p=0.01 respectively). Conclusion: Respondents were generally happy with the state of their workplace. However, workplace perquisites such as open door policies, flexible time arrangement; opportunities for professional development promote more positive attitude and perceptions.*

## 1. Introduction

Workplace mental health has been receiving increased attention in recent years. The WHO's Mental Health Action Plan 2013-2030 outlines relevant principles, objectives and implementation strategies to promote good mental health in the workplace (WHO, 2022). A healthy workplace can be described as one where workers and managers actively contribute to the working environment by promoting and protecting the health, safety and well-being of all employees (Mackey et al., 2017). Well-being at the workplace influences health and productivity, and a negative work environment can be a contributory factor to a range of physical illnesses like hypertension, diabetes and cardiovascular conditions. Moreover, poor mental health can also lead to burnout amongst employees, seriously affecting their ability to contribute meaningfully in both their personal and professional lives (WHO/HQ, 2005; WHO/Europe, 2017).

Every organization has health related risk issues among its workers. Some are so often due to potentially modifiable risk factors. The majority of risks related to poor communication and management practices, the organizational and managerial environment, the skills and competencies of employees, and the support available for employees to carry out their work (Harter et al., 2003). Indeed, workplace perquisites, such as flexible time arrangement, opportunities for personal development had the greatest influence on job satisfaction and employee engagement. In addition, it could promote more positive attitude and perceptions amongst employee, while increasing productivity (Mcnall et al., 2006). International organizations recognized the psychological impact that workplaces can have on their employees. Millions of employees spend a large part of their day, and lifetime, at work. Employee engagement, is indicative of workplace stress levels and overall mental health (Chapman, 2007).

Mental Health America (MHA), formerly the National Mental Health Association, identified three domains associated with workplace health and employee wellness. First, workplace Environment that influence how employees perceive their value and contribution to an organization's mission on a day-to-day basis. Second, workplace Stress: that cause a disruption to an individual's cognitive-emotional- environmental system. Finally, employee engagement or the level of commitment and involvement an employee has toward their organization, its values, and goals (Hellebuyck, 2017). One way to build competitive advantage for your organization is to improve the health status and well-being of your employees (Mcnall, 2009). Workplace health and employee wellness directly influences employee work behavior, work attendance and on-the-job performance. Therefore, developing healthier employees will result in a more productive workforce (Magnus, 2009).

Research has shown that one's ability to experience satisfaction in life is correlated with the opportunity to experience satisfaction in the workplace (Ganster, 2013). Considering that individuals

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will spend a quarter to a third of their life working, therefore, the state of workplaces and its impact on the workforce's mental and physical health is an area that cannot be overlooked. It is important to identify risk factors in a given workforce and then taken measures to control the risk or eliminate the hazard. The current study aimed to identify the risks associated with workplace health and employee wellness at Ras Al khaimah Medical and Health Science University (RAKMHSU) and affiliated hospitals through measuring the attitude and perception of the workforce towards work place environment. In addition, assessing the impact of stress on employees and level of employee engagement towards their organization as regard to work investment and emotional attachment to the workplace.

## 2. Method

### 2.1 Setting and Design

A cross sectional, survey study was conducted over three months at Ras Al Khaimah Medical and Health Science University and the affiliated teaching health care facilities namely: Saqr and Ibrahim Obaidullah Hospitals

### 2.2 Participants

Work force personnel from RAKMHSU including faculty from college of Medicine, Pharmacy, Dental, Nursing, and administrative personnel. In addition to adjunct faculty (part time) in the affiliated teaching hospitals.

### 2.3 Sampling Method

Recruitment was facilitated by the directors of the office of human resource in the assigned facilities. A compiled list included all workforce personnel (597), was prepared. A sample of 234 participants was decided based on the margin of error (5%), confidence level (95%), total population (597) and response distribution (50%) (Raosoft, 2019). Participants were purposively sampled from the intercom directory list to include as many different personnel from teaching hospitals and RAKMHSU colleges including Medicine, dentistry, nursing and pharmacy and administrative personnel. A Google form that included the participant information sheet and consent form was sent via their electronic mails.

### 2.4 Data Collection

An anonymous self-administrative questionnaire was used to collect the required data from the participants. It included the demographic characteristics and twenty items MHA's Workplace Mental Health Survey (Mental health America, 2020). This scale was used to to measure workplace environment, workplace stress levels, and employee engagement with answers ranging on a five-point Likert scale: 1 – Never, 2 – Rarely, 3 – Sometimes, 4 – Often, 5 – Always. Inverse scoring was used for negatively worded questions or statements. Lower scores indicate unhealthy workplace. The final score for each respondent represented the sum of all ratings, while the average was determined by a collective sum divided by all respondents.

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*2.5 Pilot Study*

A pilot study was undertaken to test the feasibility and reliability of the data collection tool and identify possible field problems. Necessary modifications were made accordingly.

*2.6 Data Analysis*

Data analysis was done using SPSS 23. Descriptive analysis was done by Frequency, percentage, Mean and SD. A one-way, between groups' analysis of variance (ANOVA) and Student t test were conducted on the faculty attitudes for each of the subscales. Correlation Coefficients were computed for each question against the overall workplace health score, Level of significance will be at $P \leq 0.05$.

*2.7 Ethical Consideration*

The current study was in accordance with the ethical standards of the institutional and national research committee and with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards. The approved by the research and ethics Committee of Ras Al Khaimah Medical and Health Science University (No. RAKMHSU-REC-7-2017-UG-M.) Was obtained before commencement of the study. An Anonymous informed consent was obtained from all individual participants with assured confidentiality. The participants have consented to the submission of the data for publication.

## 3. Result

Overall, 214 respondents of 234 completed the survey for a total response rate of 91.5%. More than two third (66.8%) of respondents were 51 years and older, 52% were female, 75% married, and 61.2% of them with work experience more than 5 years. Sixty percent from RAKMHSU with 39.1% from college of Medicine (Table1).

**Table 1. Demographic Characteristics of Participants (N=214)**

| Variable | NO. | % |
|---|---|---|
| AGE | | |
| ≤30 | 24 | 11.2 |
| 31-50 | 47 | 22.0 |
| ≥51 | 143 | 66.8 |
| GENDER | | |
| Male | 101 | 47.2 |
| Female | 113 | 52.8 |
| MARITAL STATUS | | |
| Single | 54 | 25.2 |
| Married | 158 | 73.8 |
| Divorced | 2 | 0.90 |
| Widow | 0 | 00.0 |

| WORKING YEARS | | |
|---|---|---|
| ≤5 | 83 | 38.8 |
| >5 | 131 | 61.2 |
| COLLEGE | | |
| Medicine | 50 | 23.48.4 |
| Pharmacy | 18 | 10.3 |
| Dental | 22 | 6.1 |
| Nursing | 13 | 11.6 |
| Administrative | 25 | 40.2 |
| Adjunct faculty | 86 | |
| PLACE OF WORK | | |
| RAKMHSU | 128 | 59.8 |
| Affiliated hospitals | 86 | 40.2 |

Workplace Health Survey respondents had an overall mean score of $61.0 \pm 8.2$ SD, (out of 100). The mean score of participants responses towards workplace health was significantly more among respondents age ≥50 years old than the youngest (p=0.025), and the workforce at RAKMHSU affiliated hospitals than the full time university personnel ($62.30 \pm 8.74$ $59.90 \pm 7.53$, p=0.033). Respondents from College of pharmacy showed highest positive attitude with a mean score of ($66.54 \pm 7.50$), followed by nursing ($61.27 \pm 10.11$) and dentistry ($60.59 \pm 8.05$). Whereas college of medicine mean score ($57.42 \pm 4.20$) was the lowest (p=0.004). Female gender, married participants and those with less than 5 years of work experience showed higher mean score of attitude towards work place but statistically insignificant (Table 2).

**Table 2. Comparison of Respondents Attributes with the Mean Score of Attitudinal Scale towards Workplace Health**

| Respondents Characteristics | No. | Average $\pm$ SD | F | P-value* |
|---|---|---|---|---|
| Gender | | | | |
| Female | 113 | $61.76 \pm 8.93$ | 0.971 | 0.326 |
| Male | 101 | $60.34 \pm 7.31$ | | |
| *Age (Years)* | | | | |
| ≤30 | 37 | $58.48 \pm 5.34$ | 3.769 | 0.025 |
| 31-50 | 85 | $60.55 \pm 7.83$ | | |
| ≥51 | 92 | $62.64 \pm 9.21$ | | |
| *Marital status* | 54 | $60.88 \pm 8.03$ | | 0.756 |
| Single | 158 | $61.21 \pm 8.34$ | 0.280 | |

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| | | | | |
|---|---|---|---|---|
| Married | 2 | 57.00 ±4.24 | | |
| Divorced | | | | |
| *Place of work* | | | | |
| RAKMHSU | 108 | 59.90 ±7.53 | 4.614 | 0.033 |
| Affiliated hospitals | 106 | 62.30 ±8.74 | | |
| *College* | | | | |
| Medicine | 50 | 57.42 ±4.20 | | |
| Dentistry | 18 | 60.59 ±8.05 | | |
| Pharmacy | 22 | 66.54 ±7.50 | 3.6 | 0.004 |
| Nursing | 13 | 61.27 ±10.11 | | |
| Administrative | 25 | 60.32 ±8.30 | | |
| Adjunct faculty | 86 | 62.78 ±8.93 | | |
| *Years of experience* | | | | |
| ≤5 | 83 | 61.1 ±9.1 | 0.9 | 0.4 |
| >5 | 131 | 57.6 ±4.3 | | |

Workplace Mental Health Survey was used to to measure three parameters, which are workplace environment, workplace stress levels, and employee engagement.

Survey questions on work place environment focused on two parts which are accountability, support (Q11, 14, 1, 3, 13) reward and recognition (Q4, 5, 7).

The current study results showed that, over 60% of respondents reported that always or often there was a support across the workplace from either supervisor or co-workers (Q11, 14). Thirty six percent of respondents (36%) felt that the work place institution had not appropriately deal with co-workers who did not do their jobs (Q1). Only 23 percent of respondents reported that it was "Rarely or never" the case that all people were held accountable regardless of their position in the institution (Q3) Survey respondents were affected by workload expectations, Over 40 percent of respondents felt their companies had unrealistic workload expectations (Q13). Forty percent of respondents said that they were "Rarely, Never or sometimes" paid what they deserved (Q4). Moreover, 71% of respondents believed that skilled employees were not given proper recognition like promotion or even word praising (Q5). Only 19.2% of respondents felt hindered by trivial activities, including feeling micromanaged and forced to adopt ineffective processes to complete their work or overly bureaucratic company policies (Q7).

The second part assessed in the current study, was work place stress. it was assessed through measuring the rate of absenteeism (Q18), work family conflict (Q10)and mental and physical health (Q20,12).Findings from the current study showed that about fourteen percent (13.6%) of respondents stated they always, often, or sometimes missed work because of stress (q18). One quarter (24.3%) of

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the respondents stated that work stress affected their personal relationships (Q10). Experiencing problems with outside relationships due to workplace stress was moderately correlated with workplace health (r=.42). Few respondents (12.6%) stated that they "Always or often" engaged in unhealthy behaviors such as being anxious, irritable, shouting in response to workplace stress and frustrations (q20). One in five (19%) of respondents reported that they "Always or Often" were feeling isolated in their workplace due to an unhelpful and hostile environment (Q12). Working alone because a workplace is hostile or unhelpful is moderately correlated with overall workplace health (r=4).

Lastly, survey questions that measured the degree of Employee engagement focused on assessing workplace loyalty (Q15) and work distraction (Q16, 17). About twenty percent of survey respondents stated that they spoke poorly about their workplace to others (Q15). Survey findings showed that few respondents (12.7%) were thinking about, or actively looking for new job opportunities (Q17). All respondents reported "Rarely, Never or Sometimes" having difficulty concentrating in the workplace and being distracted from their work (Q16) (Figure 1).
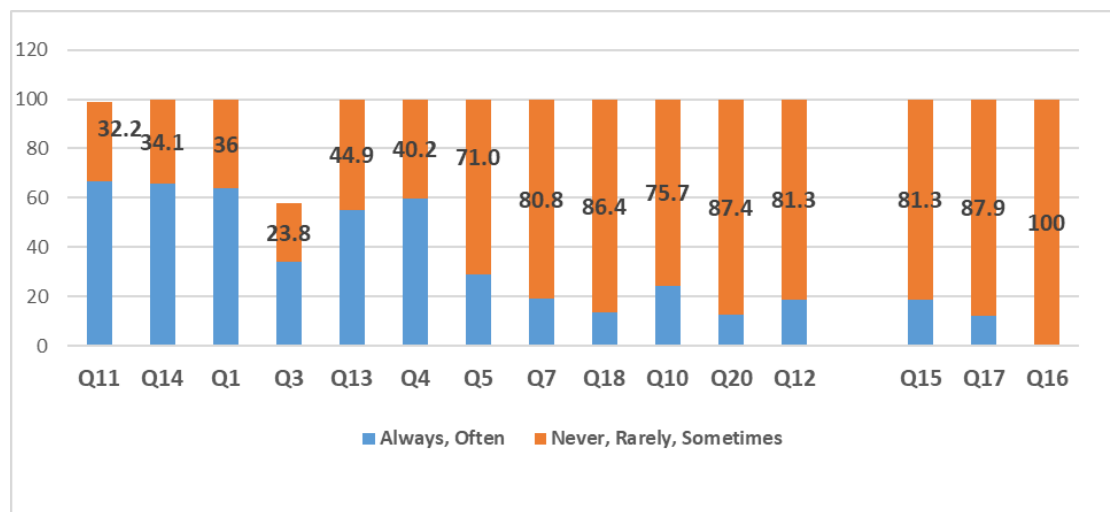


**Figure 1. Respondents Response to Work Place Health Survey (N=214)**

Correlation Coefficients for each question against the overall workplace health score revealed that the rate of absenteeism (Q18), Engaging in unhealthy behavior due to workplace stress (Q20) and Speaking poorly about the workplace were strongly correlated with workplace health score (Q15) (r=0.5; P=0.001). Support from colleagues (q11) and supervisor (Q14) were correlated with overall job satisfaction (r=0.3 and r= 0.2; p=0.001 respectively). Work insecurity (Q6) was the only item which was negatively correlated with the overall score (r=-.72; p=0.02).

**4. Discussion**

Most of employees spend a large part of their day, and lifetime, at work, increasing the effect that workplaces have on employees' mental health and well-being. Living longer than ever before (Mental

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Health America, 2017), it is important to uncover workplace disparities, promote meaningful change in organizational practices, and develop resources to address the mental health needs of the employees (Mental Health America, 2019).

The current study results showed that, respondents had a positive attitude and perceptions towards their workplace. Significant positive attitude was more among older age respondents than younger ones. A possible explanation could be the inverted U-shaped model of performance related to age. This theory stated that performance is low in the beginning of an individual's work life, then starting to increase as the person gains experience and confidence (Ng, 2008; Cardoso et al., 2011). In this *sense*, Vasconcelos *A. (2018) indicated that older workers* aged 55 years and older *were* significantly *more* engaged and had more sense of loyalty and belonging than *younger* counterparts had (Ferreira Vasconcelos, 2018). However, it is important to mention that these results are different from the findings presented by other research that found negative impact of age in productivity (Ilmakunnas, 2016; Rocha, 2016).

The medical workplace is a complex environment, and health professionals respond differently to it. Some health professionals finding it stimulating and exciting whereas others become stressed and burned out from the heavy workload (McManus, 2014). The current study results showed that, respondents from college of Medicine showed the lowest attitude towards workplace than others. There is good evidence to show that physicians in medical schools are at higher risk of stress because being a doctor is both physically and emotionally demanding (Wong, 2008). In fact, the culture of medicine is one in which perfectionism, workaholic standards rule the day, and many practice settings that reward long hours and less time for leisure (Miller, 2000).

Multiple research on workplace wellness confirmed that work environments that provide positive recognition and reward, and promote professional development, generate higher levels of employee engagement, promote quality employee performance and increase organizational stability (WHO/HQ, 2005). Study findings pointed to a need for practices and policies that increase employee engagement and professional development. Data showed that more than one third of employees taking the survey perceived a lack of support and recognition in their workplace. Additionally, one in five felt that there is an unmet demand for professional development through the diversification of skills, and increased work autonomy. Opportunities for professional growth in the workplace allow employees to develop new skills, diversify their work, and experience work autonomy (Mental health America, 2022). Having a manager or supervisor constantly looking over your shoulder damages autonomy and leadership trust in the workplace. Indeed, autonomy may be an effective solution to a lack of workplace engagement. Additionally, it empower employees and make them happier, and happy employees are productive and motivated. Empowerment helps employees and their managers grow and develop faster, both professionally and personally (Wooll, 2021). Job satisfaction is an important element of individual wellbeing. The absence of fair pay, recognition and autonomy, and tangible benefits and reinforcements, fosters higher levels of job dissatisfaction.

Equally important, research on job stress has greatly expanded in recent years. However, in spite of this attention, confusion remains about the causes, effects, and prevention of job stress. The Center for disease control and prevention had defined job stress as the harmful physical and emotional responses that occur when the requirements of the job do not match the capabilities, resources or needs of the worker (CDC, 2014). Work Health Survey questions measuring workplace stress focused on the impact a negative work environment had on a person's ability to do their job, their relationships, and their mental health. Workplace stress was reported to contribute to higher rates of absenteeism in the workplace, which in turn results in lowers levels of productivity and performance. Furthermore, stress cultivated by unhealthy work environments does not remain in the workplace. It spills into personal spaces, influencing personal relationships. Considerable work-family conflict threatens individual well-being by contributing to a greater sense of isolation and dissatisfaction, and increase risk for depression and anxiety (Harter, 2003). Workplace stress also had an impact on employees' ability to feel integrated or included in their workplaces. These risks hurt employees' productivity and harm job performance by decreasing the job satisfaction of employees Respondents in the current study reported feelings of isolation, as well as perceiving work environment as unfriendly or lacking support, similarly pointed to tension between an employee and his/her workplace. Lack of open communication, feedback, and discussion about any concerns might deter an employee from feeling motivated and productive. These barriers also affect mental health by perpetuating feelings of loneliness, discomfort, and dissatisfaction. Some key factors contributing to stress in the current study included workloads and work expectations, team relationships, and staff management.

Employees that perceive a lack of recognition, support, and structure in their workplace will experience higher levels of stress (Mackey, 2017). This is significant given that high stress levels lead to decreased employee satisfaction, engagement, and subsequent low performance and productivity.

In measuring employee engagement, physically there but mentally absent, the current survey questions were designed to measure both behaviors and attitudes that would be reflective of levels of investment and degrees of loyalty. One in five employees held negative perceptions and attitudes towards their workplace. The source of this detachment appears to be the perceived absence of organizational support, reward and recognition.

Our findings should be viewed in the context of additional limitations. First, the external validity of the study may be affected by the purposive sampling of the participants from one institution; this may not allow generalization of the results to other institutions. Given the non-probability nature of the sample, the use of statistical significance tests in this manuscript is for illustrative purposes only. Future research employing a nationally representative sample would allow generalization from the results of this study. Secondly, the anonymous self-administrative questionnaires which sometimes was incomplete reporting. As a result, the response rate among participants was affected.

In conclusion, workplace support, recognition and providing opportunities for personal development promote more positive attitude and perceptions amongst employee and influence job satisfaction and

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employee engagement. While indeed increasing work productivity. The perceived absence of organizational support, reward, and recognition were associated with speaking poorly about workplace. Engaging in unhealthy behavior and absenteeism due to workplace stress was strongly correlated with workplace health.

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