

## **Multiple Dimensions of Workplace Attitudes and Perceptions Associated with Health and Well-Being**

Meghan Eckmann  
Management and Accountancy: Business Administration  
The University of North Carolina at Asheville  
One University Heights  
Asheville, North Carolina 28804 USA

Faculty Advisor: Dr. Bryan Schaffer

### **Abstract**

With a downward sloping economy and increased competitive pressures, organizations have become increasingly aware of the need to retain happy and healthy employees. Given that workplace wellness encompasses both physical health and psychological indicators of well being, an important research objective is to address this link between traditional health indicators and workplace perceptions and attitudes. A comprehensive survey, using preexisting scales, was administered to 529 employees of a large tourism and hospitality organization in the Southeastern United States. Results indicated a significant positive relationship between the dimensions of employee health and wellbeing (i.e., cholesterol, job stress, and somatic symptoms) and workplace attitudes and perceptions (i.e., job satisfaction and organizational commitment). These results support the general hypothesis that health may be an important predictor of work-related happiness. However, because of the study's cross-sectional design, there is uncertainty in the directionality of the relationship. To investigate this further, a comprehensive follow-up literature review was conducted to examine other studies looking at similar relationships. While the review provided general support for this study's empirical results, it was surprising that almost all findings were also cross-sectional. This discovery has important implications and represents an agenda for future research. New health and wellness research designs inferring causation from one dimension to another need protocols that employ longitudinal designs (plans for the current study include re-administering the questionnaire at a point one year from the initial survey). While more work is needed, the empirical results from this study can still provide organizations with valuable information. Management should consider both the happiness and the health of its workers when addressing important human resources issues.

**Keywords:** workplace attitudes, employee health, literature review

### **1. Introduction:**

“Working adults spend up to half of their waking hours at work, so effective initiatives to increase physical activity and healthy eating have the potential to significantly improve workers’ health and reduce related health costs.”<sup>1</sup> This heightened awareness illustrates a central premise in the workplace wellness literature: *a healthy organization is an effective organization.*<sup>2</sup> To truly understand health, as it is applied here, it is necessary to consider employees’ physical *and* psychological well-being.

Psychological well-being is rather vague; a difficult construct to define. Storseth in 2006, for example, measures mental health through tiredness, dizziness, anxiety, heat flushes and sleep problems.<sup>3</sup> Other research definitions of psychological well-being include the measures of depression,<sup>4 5</sup> somatic symptoms,<sup>6</sup> and stress.<sup>7</sup> In 2008, Musa and Hamid examined the mental health variables of somatic symptoms, distress, anxiety, stress and social dysfunction when compared to job satisfaction and burnout among aid workers in Darfur.<sup>8</sup> Results of this study concur with

previous research illustrating that job satisfaction is an influential factor of mental health or vice versa.

The conceptualization of physical health is equally ambiguous. In most research health is generally defined through a multiple item questionnaire.<sup>9 10</sup> Other explorations into physical health are more comprehensive, consisting of specific ailments, preventative healthcare and personal health history. Richardson, Burke and Martinis for example, researched headaches, pains in the heart, and changes in appetite.<sup>11</sup> The World Health Organization intermixes the various definitions to state that health is, “A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”.<sup>12</sup> This definition was used by Cass, Siu, Faragher and Cooper in 2003, whose research separated health into three main categories: physical health, mental health and the combination of both.<sup>13</sup> The results showed a correlation between physical health as well as an even stronger correlation with mental health and employee attitudes and perceptions. However when looking at the combination of physical and mental health compared to attitudes and perceptions the correlation was not as strong as when only studying mental health. Regardless of the many different definitions of health, it is apparent that there is strong evidence that both mental and physical health play a role on employee attitudes and perceptions.

It has been shown many times over how a healthy work organization can: increase financial performance, intensify competitiveness in the market, and not only develop but retain human capital.<sup>14</sup> Workplace attitudes and perceptions are a core element in what makes up a healthy work organization. Attitudes and perceptions can be formed through many different variables including but not limited to: job design, support systems, autonomy, learning opportunities, and organizational commitment. Vandenberg, Park, DeJoy, Wilson and Griffin-Blake, developed a model of health work organizations.<sup>15</sup> The model is designed in a series, leading from many different contributors of workplace attitudes and perceptions to conclude with workplace strains on employee behaviors along with their health and wellbeing. There is plenty of research in support of this model, including Weinberg and Cooper in 2003 who found significant relationships between job content, general health and stress.<sup>16</sup> The perception of autonomy has also been found to be positively linked to stress, life satisfaction and strain.<sup>17 18 19</sup> Whether the support comes from coworkers, the organization or from supervisors, support systems play an important role in the well-being of personnel.<sup>20 21 22 23</sup> The many different facets that combine to create a health work organization are proven to have an impact on employee well-being.

The goal of this study were twofold. First, the researcher wanted to directly examine if there is a positive relationship between employee general health and wellbeing and workplace attitudes and perceptions. Secondly, there was a desire to discover if there is any current longitudinal research available to support the concept that personal health is partially determined through an employee’s attitudes and perceptions of the workplace.

## 1.1 literature review:

There exists a large amount of prior research on the many different variables concerning workplace attitudes and perceptions associated with employee health and well-being. For instance Bridger, Brasher, Dew and Culminate in 2008 found a relationship between general health and stress in relation to organizational commitment and role conflict.<sup>24</sup> Organizational commitment was also studied by Kacmar and Carlson in 1999, as an independent variable with the dependent variable being life satisfaction, once again a positive relationship was found.<sup>25</sup>

When comparing the two variables of life satisfaction and communication Xun and LaRose found a positive relationship in 2008.<sup>26</sup> In 2002, Day and Jreige found significant correlations between job control, role ambiguity and job satisfaction in relation to life satisfaction and stress.<sup>27</sup> Schaffer and Harrison found that the variable of non-work satisfaction is dependent on job satisfaction and organizational commitment.<sup>28</sup> The researcher found that the variables of mental and physical health were found to be significantly related to job satisfaction.<sup>29</sup> More extensive health variables including blood pressure, BMI, cholesterol, general health and depression were studied in comparison to job content; the relationship was found to be supported.<sup>30</sup> Storseth in 2006 found that both psychological and physical health are significantly related to the security that an employee feels regarding their job.<sup>31</sup> These studies illustrate the many different connections between health and workplace attitudes. This research demonstrates that health and employees’ perceptions regarding their job are significant issues for organizations to be aware of. Consistent with this research, the general hypothesis in this study is: There will be a significant relationship found between employees’ health and well-being and their attitudes and perceptions regarding the workplace.

## 2. Methodology:

### 2.1 participants and design:

The participants of the study are employed in a large hospitality and tourism organization in the Southeastern United States. From the overall work population, 529 employees participated for a response rate of 45%. Sixty-six percent of the sample was female, with 50% having college or advanced degrees. Nearly all of the respondents (96%) were Caucasian. The respondents held many various jobs including sales, dining, management, marketing, and outdoor recreation. Participants represent both seasonal and year-round employees.

A voluntary survey was administered to participants by means of computer terminals set up at specific locations across the tourism site. The survey included 208 questions and 41 distinct constructs. Workplace perceptions and attitudes were assessed with 5-point Likert scales. The measuring instrument was delivered through a secure internet information gathering site. Informed consent was solicited of each participant before the survey could be commenced with participants being required to initial that they understood the privacy that would be adhered to.

All participants were informed of the survey through letters mailed out in the employee paychecks approximately two weeks prior to the survey initiation. Participants also learned of the study through a booth at the organization's health and wellness fair; participants could complete a paper and pencil survey while at the booth. Participants had a three week window in which to complete the survey. During this time period employees were encouraged take a break to complete the survey during their work day. A last-chance reminder message was sent out to all participants when a week remained in the survey time. Upon completion of the survey, participants were anonymously placed in a drawing for a weekend get-away trip and two monetary awards.

### 2.2 measures:

The core measuring instrument researchers developed for this study was an Organizational Health Survey. This study includes many numerous factors involving both organizational information and health-related outcomes. The majority of the measurements utilized stem from the Healthy Work Organization Model developed by Vandenberg, et., al.<sup>32</sup>

Health-related outcomes were measured through dichotomous and likert scale questions. Life satisfaction was designed to relate employees' perceptions with their viewpoint of their lives. The life satisfaction scale was measured through five questions.<sup>33</sup> Somatic Symptoms originate from psychological symptoms associated with stress and anxiety which translate into physical ailment of sleep deprivation. This measure was developed using ten items by Nimnuan, Hotopf and Wessely.<sup>34</sup> Employee health was measured as a single-item questions, where respondents were asked to rate their general health from 'poor' to 'excellent'.<sup>35</sup> Ilfeld developed measures for both depressive symptoms and anger. Anger was measured through four items and depressive symptoms were extensively measured through seven-items.<sup>36</sup>

Organizational information consist of many measures designed to operationalize factors associated with organizational climate, the make-up of employee jobs, and perceptions related to individuals' work environments. For example, autonomy measures the amount of control an employee has in relation to independence and discretion when processing work activities. Hackman and Oldham developed this scale based on three items.<sup>37</sup> Coworker support answers the questions of how much an employee feels cared about by their coworkers. The measure of coworker support was originally developed by Ribisl and Reischl.<sup>38</sup> Job content is defined by how significant and valuable the respondent views their job. This measure is based off a six-item scale.<sup>39</sup> Organizational support was based off of a nine-item global measure created by Eisenberger, Huntington, Hutchison and Sowa.<sup>40</sup> Vandenberg, Richardson and Eastman developed an eight-item communication scale and five-item scale to measure learning opportunities.<sup>41</sup> The measure of organizational commitment was measured based off of the Organizational Commitment Questionnaire developed by Mowday, Steers and Porter in 1979.<sup>42</sup> The construct of job security measures variables like, "I am afraid of losing my job" based on a five-item scale.<sup>43</sup> Job Stress asked questions like, "in the last month, how often have you been upset because of something that happened unexpectedly at work." These questions were set using a six-item scale from Cohen, Kamarch and Mermelstein.<sup>44</sup> The job satisfaction construct was developed by Hackman and Oldham and includes items such as "generally speaking, I am very satisfied with my job" with the answer being based on a five-item scale.<sup>45</sup> All constructs in the study were tested for internal consistency reliability, and were found to have Cronbach-alphas of greater than .75.

### **3. Results:**

The goal of this study was to examine the variables of employees' general health and wellbeing and workplace attitudes. The expectation was to discover potential positive associations between the variables. The study provided many significant relationships. Bivariate correlations and reliabilities for the measures used in this research are shown in Table 1.

Table 1. correlations between workplace attitudes and perceptions and health.

	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.	18.	19.	20.
1. Life Satisfaction	(.89)																			
2. Depression	-.39*	(.85)																		
3. Somatic Symptoms	-.14*	.53*	(.81)																	
4. Anger	-.26*	.56*	.48*	(.81)																
5. Stress	-.24*	.41*	.35*	.48*	(.90)															
6. General Health	-.23*	.26*	.35*	.20*	.11*	--														
7. BMI	-.09	.01	.07	-.02	-.07	.30*	--													
8. Blood Pressure	-.87	.08	.04	.02	.07	-.19*	-.19*	--												
9. Diabetes	.01	-.01	.00	.02	.10	-.09	-.10	.19*	--											
10. Cholesterol	-.04	.01	-.04	-.00	.06	-.14*	-.22*	.29*	.14*	--										
11. Job Satisfaction	.39*	-.26*	-.10	-.23*	-.41*	-.08	.08	-.09	-.00	-.15*	(.85)									
12. Org. Commitment	.35*	-.14*	.05	-.26*	.42*	-.09	.14*	-.03	-.06	-.12*	.62*	(.91)								
13. Job Content	.32*	-.18*	-.07	-.22*	-.30*	-.07	.05	-.05	.02	-.02	.65*	.56*	(.90)							
14. Autonomy	.25*	-.09	-.05	-.12*	-.15*	.00	.06	.06	-.03	.04	.38*	.38*	.60*	(.78)						
15. Organizational Support	.32*	-.13*	-.06	-.22*	-.41*	-.04	.10	-.02	-.01	-.03	.58*	.68*	.68*	.51*	(.94)					
16. Supervisor Support	.22*	-.07	-.04	-.16*	-.38*	.00	.04	-.01	-.01	-.06	.47*	.48*	.48*	.37*	.58*	(.94)				
17. Coworker Support	.21*	-.02	-.03	-.08	-.22*	-.05	.08	.01	.05	-.06	.38*	.39*	.39*	.33*	.41*	.57*	(.92)			
18. Communication	.30*	-.12*	-.05	-.19*	-.44*	-.08	.07	.00	.01	.02	.49*	.56*	.57*	.45*	.73*	.55*	.38*	(.90)		
19. Job Security	.11*	-.14*	-.10	-.07	-.24*	-.12*	.05	.09	.04	-.02	.29*	.24*	.30*	.30*	.34*	.28*	.24*	.32*	(.76)	
20. Learning Opportunities	.27*	-.11*	-.08	-.19*	-.30*	-.07	.04	-.03	-.01	.04	.56*	.58*	.69*	.51*	.73*	.51*	.39*	.62*	.36*	(.93)

\* Correlation is significant at the 0.01 level (2-tailed).  
 Reliabilities (alphas) are listed along the diagonal of the table.  
 '- -' indicate a single item measure

The results of the study indicate strong relationships between several of the variables. Life satisfaction was positively correlated to all of the organizational measures. This illustrates the importance of all the different facets in an organization and how they relate to an employee's quality of life. Stress is another measure that appeared to be significantly correlated to nearly all of the organizational variables. This corresponds to previous research completed by Glazer and Kruse in 2008 and Dixon, Cunningham, Sagas, Turner and Kent in 2005 explaining the impact of work situations on employee stress.<sup>46 47</sup> The study's hypothesis is supported by both the stress and life satisfaction being positively correlated with work attitudes and perceptions.

Research shows that depression is related to all workplace variables except supervisor support, coworker support and autonomy. Depression is most strongly related to job satisfaction with a Pearson correlation value of -.26. Anger correlated with all work dimensions other than job security and coworker support. The significance found in so many of the measures support the hypothesis that health and well-being are related to workplace perceptions and attitudes.

The data found no significant relationships between somatic symptoms, blood pressure and diabetes. The lack of a relationship between somatic symptoms and workplace attitudes and perceptions conflicts with the research from Jackson and Earl, and Fang et. al.<sup>48 49</sup> Both of these research studies found that factors such as job content and organizational support have a significant relationship with health outcome, in particularly with somatic symptoms.

A significant relationship was discovered between general health and job security, with a Pearson correlation of -.12. Results of this study support the hypothesis of this research, finding that there is a significant relationship between employees' health and well-being and their attitudes and perceptions regarding the workplace.

#### 4. Discussion:

The results of this study show many significant relationships between an employees' health and their attitudes and perceptions related to their employment. While these results support the claim that workplace attitudes, in conjunction with health and well-being, provide the makeup for a healthy work organization, the results here fail to specify the directionality of this relationship. For example, do the workplace attitudes drive general health outcomes, or do health factors serve to influence and develop employee workplace attitudes and perceptions? It is important for corporations to understand which end of the spectrum affects the other, thus allowing for actions to be taken in regards to the dependent variable. After the completion of this research, an extensive follow up literature review was conducted. The review perused fifty-four different research studies from the past ten years connected with these variables. To achieve a well-founded review, articles were procured from various disciplines (see table 2).

Table 2. disciplines drawn from for literature review

<b>Journals</b>	<b>Number of Articles</b>
Management Journals	5
Medical Journals	7
Occupational Journals	10
Psychology Journals	15
Social Science Journals	3
Stress & Health Journals	8
Stress Management Journals	6

Hypotheses from the different studies varied considerably in terms of how each of the domains was positioned. For example, Barkhuizen and Rothmann placed stress as the independent variable with the dependent variable covering organizational commitment, job security, communication and absenteeism. In this cross sectional study support was found for the hypothesis.<sup>50</sup> A different study in 2005 by Harris and Cameron used organizational commitment and identification as the independent variable with life satisfaction as the dependent variable. This research was not able to find support for the hypothesis using a cross sectional design.<sup>51</sup> In 2006, Bridger et., al. studied the effects of autonomy, coworker support, supervisor support and organizational support in relation to the

health variables of strain and stress on employees.<sup>52</sup> In a cross sectional study done by Bultmann et., al. in 2002 there was support for the independent variables of job content, supervisor support and coworker support on the dependent variables of somatic symptoms, psychological health and physical health.<sup>53</sup> Both physical and psychological health were also found to be dependent variables of learning opportunities, organizational support and organizational commitment according to Jackson et., al. in 2006.<sup>54</sup>

Through the literature review, a gap appeared, highlighting a significant shortcoming in this particular stream of research. The methodology employed to test the majority of these hypotheses were cross-sectional designs, as is the case in the current study. Only five out of the fifty-four studies were found to have a longitudinal design. (For a complete listing of the studies reviewed for this research please contact the author.) Although positive relationships between the domains can be confirmed, the directionality inherent in many of the hypotheses is not supported.

The discovery of this gap in the literature is a significant finding and represents a very important agenda for future research. In order to infer causation from one domain to the other, longitudinal designs must be employed. As part of the design of the current study, there are plans to re-administer the survey questionnaire at a point one year from the initial survey. Results from both surveys may provide a first step in determining which of these areas is the primary driver of the other.

In conclusion, results of this research provide valuable information to organizations and managers, highlighting the positive relationship between the broad domains of workplace attitudes and perceptions and employee health and well-being. While more work is needed in this area, organizations can move forward with the knowledge that retaining happy and healthy workers is linked to important initiatives targeting both domains, including job design, organizational climate, workplace health promotion, support teams, prevention planning, and employee development.

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