# Development of a Workplace Wellness Promotion Pilot Framework: A Case Study of the Blue Care Staff Wellness Program

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**Abstract**

Workplace wellness initiatives are currently unreflective of the multidimensional and holistic nature of the wellness construct. There exists an opportunity for promoters of health to move toward models of workplace wellness promotion that more fully appreciate the interconnected nature of health dimensions and promote them even-handedly. The Blue Care Staff Wellness Program framework was developed in response to a recognised need for consistent and wellness-focused constructs for workplace wellness promotion and dissemination. The framework promotes and supports the individual and organisational wellness of the Blue Care employee population by providing a comprehensive and sustainable employee wellness program. This has been achieved by the adoption of consistent wellness principles to guide the framework conception and theory based development. The use of the framework in a pilot program will provide insight into the frameworks effectiveness in promoting a comprehensive workplace wellness program, and go further to establish the relationship between wellness and productivity in the workplace.

**Key words:** Workplace wellness, health care, wellness promotion

The concept of workplace wellness promotion is becoming increasingly relevant as more private and public organisations recognize the potential of future success in a globalizing marketplace with a healthy, qualified and motivated workforce (World Health Organisation, 2010). However, current practice often fails to harmonise with the multidimensional, dynamic and functional nature of health and wellness (Hawks, 2004). Wellness promotion supports the balance and integration of wellness dimensions in the individual, and thus does not solely focus on disease and health risk prevention, but encourages the individual to move towards their optimal state of being beyond the absence of disease, into high level wellness (Ardell, 1977; Dunn, 1977; Travis & Ryan, 2004). There exists an opportunity to move toward models of workplace wellness promotion that more fully appreciate the interconnectedness of various dimensions of health and that promote them even-handedly (Hawks, 2004).

Many employers have devoted resources to workplace wellness promotion programs in an effort to achieve a healthier workforce, increase productivity and morale, and reduce costs associated with employee health problems (Reavley et al., 2010). However, workplace wellness promotion research is in its infancy. Inconsistency in the definition of wellness and wellness measurement tools used within workplace wellness programs (Corbin & Pangrazi, 2001; Hillier, Fewell, Cann, & Shephard, 2005) means little research has been conducted into the relationship between wellness and productivity (Reavley et al., 2010; Thogersen-Ntoumani & Fox, 2005). A lack of large-scale education, communication, and dissemination efforts with real-world application of current and emerging knowledge related to workplace wellness promotion means that knowledge concerning design, implementation and evaluation of workplace wellness programs is limited (Goetzel & Ozminkowski, 2008). And

furthermore, despite the findings that theory based interventions in the workplace (Task Force Community Preventive Services, 2007) with evidence of comprehensive evaluation (Johnson, Lai, Rice, Rose, & Webber, 2010) yield results, practice is not reaching the literature.

As a result of the critical gaps in evidence and associated lack of dissemination of evidence-based guidance, there are inconsistent recommendations regarding workplace wellness promotion best practice (Goetzel & Ozminkowski, 2008; Makrides, Heath, Farquharson, & Veinot, 2007; Simpson et al., 2000). An important challenge for workplace wellness endeavours is the widespread dissemination of information regarding success factors, requiring the expansion of the evidence base by designing and implementing workplace wellness promotion pilot projects (Goetzel & Ozminkowski, 2008). Despite demands for evidence-based research and practice, little attention has been given to systematic approaches to the development of complex interventions to tackle workplace health and wellness problems (Reavley et al., 2010). By adapting established programs that improve employee wellness, models of effective workplace wellness initiatives may be applied, particularly in the primary care setting (Blake & Lloyd, 2008).

The importance of health promotion in primary health care has been widely acknowledged as an important element of a health promoting general practice (Blake & Lloyd, 2008; Watson, 2008). The Health Development Agency (2001) consider the potential benefits of workplace wellness promotion in primary health care settings to extend beyond the health and productivity benefits for staff, into improved service delivery, continuity of care with the same general practitioners and practice staff, better premises, and improved health and safety (Health Development Agency, 2001). Furthermore, benefits to the employer and organisation to include greater patient satisfaction, recognition as a good employer, meeting statutory

requirements in relations to health and safety and employment legislation, reduced absenteeism and presenteeism, easier recruitment and lower staff turnover, improvements in staff morale and better employee relations (Health Development Agency, 2001). Improving health and wellbeing of employees in the primary health care sector is important since employees with better physical and mental health are better able to provide quality care, safely and consistently, to their patients, with increased numbers of employees who are fit and able to work thus improving the standard of care provided (Blake & Lloyd, 2008). Throughout Australia, there are increasing demands on primary health care facilities to provide services that are delivered in ways that are empowering and that address issues of client well-being, individual choice, independence, and rights to meaningful and productive lives (Breen, Green, Roarty, & Saggers, 2008). To facilitate the move toward wellness approaches to health and disability in the policies and practices of allied health providers in Australia, the concept of wellness and its relation to allied health professionals needs to also be explored (Breen et al., 2008). While attempts are being made to introduce legislation and workplace health policy to improve employee health in the health care sector, at present there are no published findings of primary care employee wellness interventions, although anecdotal evidence suggests that interventions in this setting are emerging (Blake & Lloyd, 2008).

The challenge for modern organisations is no longer whether or not workplace health promotion programs should be implemented, but rather how they should be designed, implemented and evaluated to achieve optimal health and cost-effectiveness benefits (Pelletier, 2005). As more work organizations begin to address health promotion and wellness issues for their employees, this issue of program planning has become increasingly important (Ryan, Chapman, & Rink, 2008).

There exists an abundance of resources proposing guidelines, and databases for workplace wellness promotion. However, these resources are rarely founded in evidence-based practice, let alone methodological vigour and empirical research. Furthermore, many workplace wellness promotion strategies and proposals do not accommodate the complex and multidimensional requirements of a comprehensive workplace intervention (Reavley et al., 2010), rendering them ineffective. However, there are a collection of resources whose recommendations are founded in organisational practice and strive to enhance the wellness of the working population (Wellness Councils of America, 2006; World Economic Forum, 2007). It is through these resources, consistent dissemination efforts and comprehensive evaluation that the future of workplace wellness can be strengthened.

While the importance of workplace wellness and health promotion is increasingly recognised, there is clearly scope for the development of formal evaluation of employee wellness and health promotion schemes, especially in primary health care setting (Blake & Lloyd, 2008). Consequently, the need for a comprehensive workplace wellness framework is evidenced. Just how this might be achieved and the main elements required to develop and implement such a program within the health care sector are the topic of this paper, supported by initial piloting of the Blue Care Staff Wellness Program.

## Methods

### Setting: The Blue Care Staff Wellness Program

Blue Care is Australia's largest not-for-profit (registered charity) provider of community and residential care services across Queensland and Northern New South Wales, Australia. As part of UnitingCare Queensland, Blue Care is committed to providing quality holistic care services that express the Uniting Church's Christian values and address clients' physical,

intellectual, emotional, and spiritual needs. Blue Care employs in excess of 10,000 frontline staff members, in roles such as registered nurses, enrolled nurses, personal carers, assistants in nursing, allied health professionals, respite coordinators, disability support workers, chaplains, support services staff, and diversional therapists. Blue Care operates more than 260 centres and facilities located in over 80 communities throughout Queensland and Northern New South Wales.

Specifically, the Blue Care Staff Wellness Program is a one year (August 26th 2009 – 2010) pilot initiative to be implemented in Central Queensland and Fraser Coast Blue Care services. This region spans 50 Blue Care services, with approximately 1,200 predominantly female (80%) employed staff who work across the spectrum of roles incorporated within Blue Care. Accordingly, the program required a framework for consistent development and delivery, and flexibility to accommodate the varied and specific needs of geographically and demographically diverse employee populations. The framework was required to acknowledge the specific aims of the Blue Care Staff Wellness program, whose primary intent is to promote and support the individual and organisational wellness of the Blue Care employee population by providing a comprehensive and sustainable employee wellness program, targeting multiple levels of influence, providing a multi-component and comprehensive wellness strategy, and adapting the program delivery to the specific needs of workplaces across the geographically diverse regions.

The development of the Blue Care Staff Wellness Program framework was proposed as a commitment to Blue Care staff, and a recognised need for consistent and wellness-focused constructs for workplace wellness promotion and dissemination. Specifically, the program aimed to identify the impact of workplace wellness initiatives on productivity and

organisational health culture within the health care sector through measurement of individual and organisational wellness and health culture levels.

## Framework Development

The development of the Blue Care Staff Wellness Program framework described in this study was based on three sources: a review of the health and wellness promotion literature, a workplace profile, and the input of a workplace wellness steering committee. Each of these processes is identified in *Figure 1 Development of the Blue Care Staff Wellness Program Framework* and will now be covered in detail. Stages 4 and 5 will be addressed in future research.

Insert Figure 1 here

### *Stage 1: Workplace Wellness Steering Committee*

Employee advisory boards or steering committees are felt to be important for implementing worksite health promotion programs (Sorensen, Linnan, & Hunt, 2004). The creation of a workplace wellness program steering committee was used to inform the development of the Blue Care Staff Wellness program framework. The steering committee consisted of management level employees involved with the inception of the program concept, along with specialised Blue Care staff, industry professionals and University partnership positions. This included the involvement of a postgraduate student to facilitate the research component of the program and act as the program Project Officer. The steering committee provided participatory consultation on practical implementation, program development, and knowledge of internal processes, policies, and culture in order to facilitate program design.

### *Stage 2: Workplace Needs/Resources Assessment*

Following this phase, a needs and resource assessment was conducted using internal human resources (HR) reporting schedules. Quarterly regional reports were accessed and assessed to provide an understanding of the current situation within the regions in terms of collective employee age, gender, job role and duties within the specified pilot program region. The resources assessment also demonstrated workplace practices and policies and existing workplace infrastructure. Specifically, access to resources such as technology and computer based information was assessed in the identified regions, and distribution of services and staffing levels at each of these services. These findings were used to guide the development of the specific framework in the context of a multi-site health care provider. Information regarding these services was provided by internal Information Technology (IT) reporting systems. All levels of information were gathered with permission and were service and region specific, not identifying individual employees at any stage in reporting processes. This was in-line with Blue Care Human Research Ethics Committee and CQUniversity Human Research Ethics Committee guidelines regarding privacy and practice.

### *Stage 3: Review of Literature*

Workplace Wellness Promotion (WWP) and Workplace Health Promotion (WHP) literature was reviewed to identify principles necessary for effective WWP and provide the basis for the development of the Blue Care Staff Wellness pilot intervention framework. The process was structured so as to identify existing theoretical WHP frameworks, WHP and WWP best practice studies, WWP development and implementation frameworks, and research gaps in WWP and WHP literature.

Electronic databases (PubMed, Scopus, Ebscohost, Informit, Science Direct, CINHAL, Proquest and Sport Discuss) were searched systematically to determine the specific impacts, outcomes, determinants, and components of WWP programs. To locate potential studies search terms included, but were not limited to, *workplace, wellness, health promotion, framework, barriers, outcomes, health care,* and *organizational support*. Secondly, reference lists of all relevant primary studies and review articles were manually searched for potential studies not yet identified.

Further literature was searched in the online and published mediums to determine elements of WWP which have not reached peer review literature. Best practice WHP studies, existing workplace wellness development and implementation frameworks (World Economic Forum, 2007) and guidelines (Wellness Councils of America, 2006) were identified through the use of online search engines. The terms *workplace wellness promotion* and *workplace health promotion* were used to identify historical, current and future WWP endeavours in the workplace. Existing health behaviour change theoretical frameworks, including the ecological model of health promotion (Glasgow & Linnan, 2008), were researched in order to develop a theory based WWP framework.

Based on the above resources, the Blue Care Staff Wellness program framework was developed in collaboration with Blue Care, and in accordance with CQUniversity and Blue Care Human Research Ethics committee guidelines for human research. The framework was then implemented as a pilot program within the specified Central Queensland and Fraser Coast services.

## Blue Care Staff Wellness Program Pilot Framework Case Study

### Conceptual Framework

The conceptual framework (Figure 2) for the Blue Care Staff Wellness program was developed to visually demonstrate the processes required to successful implement a program, whilst continuously drawing focus to the wellness construct. It was recognised that many programs in the workplace have often failed to harmonise their practices with wellness principles, whilst focusing on only one area of workplace promotion. This model demonstrates the need to not only focus on wellness approaches to program delivery, but also to recognises the importance of employees, management, workplace culture and environment, and organisational practices and policies. It emphasises the importance of factoring each of these four levels of wellness promotion into the process framework outlined in Table 1, and embraces the holistic nature of workplace wellness promotion.

Insert Figure 2 here

### Process Framework

The Process Framework (Table 1) provides further delineation of the Conceptual Framework, and critical steps for successful development, implementation and evaluation of a workplace wellness program. Each of these steps was put into practice in the Blue Care Staff Wellness program pilot intervention, and monitored to provide ongoing feedback and implementation recommendations.

Insert Table 1 here

### *Develop Business Case*

The business case requires evidence-based information on the proposed benefits of successful workplace health promotion, both in terms of financial and productivity organisational outcomes, and individual health and wellness benefits. Furthermore, the business case requires specific metrics concerning the potential costs and resources required for program implementation, along with the potential outcomes of these proposed actions. This is best conceptualised with a workplace wellness promotion action plan, which delineates each of the steps involved with initiating a program within the workplace, those responsible, and measurable outcomes. Each of these steps is essential for securing management support, which forms the basis of workplace wellness program success. It is widely recognised that leadership involvement and support is vital to successful workplace health promotion programs and a powerful influence on organisational culture (Goetzel & Ozminkowski, 2008; Hillier et al., 2005; World Economic Forum, 2007). Leadership is often the nexus in a workplace wellness framework (World Economic Forum, 2007), so ensuring that management are aware of workplace wellness, its potential outcomes, requirements, and directions is imperative.

Considering the geographically diverse field of management levels required for participation in this program, a multi-level strategy which recognises the different stages and levels of management support and interest was incorporated to secure frontline management support. Blue Care Staff Wellness Program aims and objectives, action plans, and metrics were presented at management meetings, ensuring consistency in dissemination of programs values, methods, and proposed outcomes. Those managers that expressed concern were provided with an opportunity to voice their opinions and views, and gain more information about the program. Beyond the initial presentation, management were provided with hard-

copy materials outlining the scope, purpose and intended methods and outcomes of the program. This also captured those managers that were unable to attend meetings. All managers expressed interest in the Blue Care Staff Wellness program, and did not present active opposition to its implementation.

In the case of Blue Care, it was essential to not only generate active front-line management support at the service centre levels, but also to secure top-level management support from the Executive Director (ED). This was achieved through the presentation of a tailored business case to the ED of Blue Care, which included the key components previously identified as essential to a strong business case. WELCOA (Wellness Councils of America, 2006) suggest that ED support appears in the form of communication practices regarding wellness, resource allocation practices; delegation practices, and personal health promotion practices. Active leadership was sustained by the ED of Blue Care in the form of substantial resource allocation toward program implementation and development, written and verbal support for the program through internal communications to staff, active participation in the Wellness Program launch, and advocacy for wellness practices throughout the organisation.

### *Create Support Network*

The creation of a support system is essential to effective workplace wellness program success, and knowing support is readily available can greatly enhance coping strategies and help ease the tension of perception of stressors (Gurung, 2006). Lessons learned from workplace wellness initiatives in secondary care practice suggest that effective implementation requires change in organisational health culture, through a combination of education, behaviour change intervention, needs-based facilities, and services and strategies for developing supportive and health-promoting work environments (Blake & Lloyd, 2008).

A supportive, enabling culture is very important for positive behaviour change (Hillier et al., 2005).

The Blue Care Support system consisted of a Workplace Wellness Steering Committee, Wellness Ambassadors, and supportive environmental and policy changes.

The Wellness Ambassadors were the key component to the development and implementation of the Blue Care Staff Wellness Program. Ambassadors were volunteer staff members recruited from each of the services. For those services in close proximity to each other or operating out of the same building, Ambassador duties were combined, leaving a total of 29 potential Ambassador positions. In the initial recruitment, 27 Wellness Ambassadors volunteered and were trained using a two-day Wellness Ambassador workshop. The workshop covered Wellness, the Ambassador Role, supportive workplace practices, workplace wellness activities and promotion, and barriers and enablers to program implementation. The two sites who did not volunteer a Wellness Ambassador were still invited and eligible to participate in the Blue Care Staff Wellness program.

The Wellness Ambassador role was created to act as a liaison between the Project Officer and the employees, to disseminate information, to participate (where possible) in wellness activities, and to support and encourage staff in their personal wellness endeavours. The Wellness Ambassadors in the Blue Care Staff Wellness Program were able to identify the best practice methods that would ensure effective communication and dissemination of the program as per specific workplace needs. They were consequently, also able to provide insight into practices and methods that were not effectively reaching staff. They provided a visible face of the program, and were provided with Wellness Ambassador badges so as to readily identify them to interested staff.

WELCO advocate for the creation of a supportive health-promoting environment, in particular as it relates to health-promoting behaviours (Wellness Councils of America, 2006). They propose the use of environmental modifications to increase physical activity, reduce tobacco use, promote better nutrition, improve workstation ergonomics, reduce unintended on-the-job injuries, better manage and reduce job related stress, and increase participation among all employees (Wellness Councils of America, 2006). In the case of the Blue Care Staff Wellness program, a supportive culture was created through support from management to participate in program registration (Approximately 30-45 minutes) during work hours, visibly demonstrating commitment from management to the employees' wellness. Further to this, the provision of resources and facilities, the creation of on-site wellness groups and activities, and the development of wellness centres all contributed to the supportive wellness culture within Blue Care.

### *Create Program*

The creation phase of a Workplace Wellness Program would ideally follow the framework development as previously outlined in this paper (Figure 1). A centrally important component of a successful workplace wellness program is conducting a thorough and comprehensive workplace profile, which identifies demographic characteristics, available resources, workplace policies and practices, and staff interests. Program content, scope, approach, goals and interventions were shaped around the socio-ecological model of health behaviour change as a result of the organisational profile.

The ultimate purpose of ecological models of health behaviour is to inform the development of comprehensive intervention approaches that can systematically target mechanisms of change at several levels of influence (Glasgow & Linnan, 2008). The core concept of an ecological model of health promotion is that health behaviour has multiple levels of

influences, often including intrapersonal (biological, psychological), interpersonal (social, cultural), organisational, community, physical environmental, and policy (Linnan, Sorensen, Colditz, Klar, & Emmons, 2001).

Workplace Wellness promotion further requires the alignment of wellness goals with business strategy, business objectives, mission, (Wellness Councils of America, 2006; World Economic Forum, 2007). Blue Care place *Our People* at the centre of their directions statement, thus honouring this strategic position by providing a quality and meaningful wellness based service to their staff. Furthermore, Blue Care outlines core strategic directions as including *The Uniting Church's Faith in Action, National Leader in Quality Care,* and *Innovative Delivery of Holistic Care*. Each of these directions is reflected in the purpose and operation of the Blue Care Staff Wellness program. The provision of a workplace wellness program will allow the translation of wellness based research, practices, and philosophies into innovative and holistic delivery of care, placing Blue Care as a leader in quality National care. Furthermore, the recognition of the spiritual dimension of wellness is in line with the Uniting Church's faith in action strategic direction.

### *Deliver Program*

Workplace wellness needs to take a holistic approach to program delivery where by employers have a mutually beneficial partnership that allows both parties to take and accept responsibility for wellness in the workplace (Hillier et al., 2005). Shamian and El-Jardali (2007) note the need for collaboration between researchers, policy makers, stakeholders and practitioners (i.e. human resource managers, clinicians etc), to establish comprehensive workplace wellness programs. Processes involving collaboration, measurement and monitoring of the workplace wellness initiatives strengthen the motivations of both employers and employees (World Economic Forum, 2007).

The first step in program delivery is to research the specific wellness and culture needs and interests of the target employee population. Well planned and comprehensive programs are cost effective when the program is matched to the specific health issues of the specific employee population (Makrides et al., 2007). This was achieved through the use of two survey methods: 1) The Wellness Inventory Online System (Health World Online, 2010), and 2) The Health Culture Audit tool (Human Resources Institute, 2000). These surveys provide a profile of employee wellness and health culture, and particularly highlight areas employees are most interested in improving. From there, it is possible to provide targeted wellness promotion and intervention programs based on the employee wellness and health culture profile of needs and areas of interest.

Once a workplace wellness needs and interests have been established, targeted appropriate interventions are necessary to ensure the success of the workplace wellness movement (Hillier et al., 2005; Wellness Councils of America, 2006; World Economic Forum, 2007). The World Economic Forum (World Economic Forum, 2007) note employee engagement, a targeted and ongoing communication strategy and the use of incentives/rewards and tailored interventions as critical components to workplace wellness promotion. Each of the workplaces involved in the Blue Care Staff Wellness Program used un-named workplace profiles of collective Wellness levels generated from the Wellness Inventory Online System (www.mywellnesstest.com) to identify areas of motivation for wellness initiatives. To accommodate the geographic diversity of the population, and the varying levels of technology awareness and access, multiple levels of communication and dissemination were established. This included ambassadors, workplace wellness centres, newsletters and wellness activities to support and facilitate health behaviour and culture change.

The Wellness Inventory was used to facilitate intrapersonal wellness behaviour change, which identified individual wellness in the areas of self-responsibility and love, breathing, sensing, eating, moving, feeling, thinking, playing and working, communicating, intimacy, finding meaning and transcending (Health World Online, 2010). This was chosen because the ultimate goal of the Blue Care Staff Wellness Program is to achieve increased levels of wellness among the employee population. Beyond this, providing the core wellness resource in an online medium allowed for dissemination of program content across the geographically diverse population.

The social-ecological model further recognises the importance of the community within health behaviour change, and consequently collaboration with external community parties is important to create sustainability and comprehensive interventions. The Blue Care Staff Wellness program used such resources as external health professionals like Diabetes educators, and existing health promotion programs such as Breast Screen Queensland. Furthermore, activities were encouraged to involve the community, and recognised the importance of wellness outside the workplace.

### *Evaluate and Monitor*

Well planned evaluation can provide information and offer understanding about how the program was implemented (Steckler et al., 2003), help explain program outcomes (Pratt, McGuigan, & Katzev, 2000), help engender alternatives to program design (Schulz, Israel, & Lantz, 2003), and provide a foundation for program maintenance, dissemination, and generalization (Johnson et al., 2010). Choosing an evaluation design requires a balance between internal and external validity considerations, as well as state of the literature, cost, resources, time and potential burden to participants for data collection (Glasgow & Linnan, 2008).

The RE-AIM framework is compatible with social-ecological thinking, as well as community based and public health interventions (Glasgow, Vogt, & Boles, 1999). RE-AIM is an acronym for Reach, Effectiveness, Adoption, Implementation, and Maintenance (Glasgow, McKay, Piette, & Reynolds, 2001; Glasgow et al., 1999). The Blue Care Staff Wellness program utilises an embedded RE-AIM evaluation framework to assess the effectiveness of the program, and assesses such measures as wellness (Health World Online, 2010), health culture (Human Resources Institute, 2000), workplace productivity (absenteeism, turnover, health cover costs) ambassador engagement (Ambassador Log of Activities), program dissemination, and wellness activities (Activity Summary and Evaluation forms).

Beyond the quantitative measures collected in standard evaluation, qualitative methods are particularly relevant to the new public health, given its emphasis on the need to both describe and understand people (Liamputtong & Ezzy, 2006). Qualitative methods provide an insight into how people make sense of their experience that cannot be easily provided by other methods, and play an important role in facilitating the dissemination of research findings (Liamputtong & Ezzy, 2006).

In the case of the Blue Care Staff Wellness Program, focus groups and interviews will be used to provide qualitative insights into the development and implementation of the program. Focus groups will be structured to reveal insights into specific workplace practices regarding the program, perceptions and experiences of the program, outcomes and behaviour changes made as a result of the program, barriers and obstacles to implementation and delivery, and suggested improvements and changes for further program dissemination from both a management and staff perspective. Interviews will be used to determine Wellness Ambassador perceptions, outcomes, perceived barriers and supports for program dissemination.

A combination of these qualitative and quantitative evaluation methods across the development and implementation phases of program provides a comprehensive understanding of the effectiveness of the program, so as to shape future workplace wellness efforts. The results of the evaluation procedures are the topic of future research.

**Discussion**

The Blue Care Staff Wellness Program framework has been developed in response to a recognised need for consistent and wellness focused constructs for workplace wellness promotion and dissemination. The framework honours the specific aims of the Blue Care Staff Wellness program, whose primary intent is to promote and support the individual and organisational wellness of the Blue Care employee population by providing a comprehensive and sustainable employee wellness program. It has been proposed that a more comprehensive model of wellness program implementation and participation would be useful to guide subsequent research in the area of workplace wellness promotion (Parks & Steelman, 2008). This research will present a comprehensive model of workplace wellness promotion, whose use within the health care sector will be evaluated in a one year pilot program, and aims to fill this identified research gap.

Although reviews and consequent outcomes are available about effective workplace health promotion programs within the current literature, the translation of this knowledge into business practices regarding how to design, implement and evaluate effective programs is lacking (Goetzel & Ozminkowski, 2008). The provision of the World Economic Forum working towards wellness initiative provides a starting block for the large-scale communication and dissemination required to initiate workplace wellness initiatives, however real-world application of the current knowledge is lacking within the scientific literature.

An important challenge for future workplace wellness endeavours is the widespread dissemination of information regarding success factors (Goetzel & Ozminkowski, 2008), requiring the expansion of the evidence base by designing and implementing workplace pilot projects (WHO, 2006). Shamian and El-Jardali (2007) state monitoring, evaluation, documentation and effective dissemination is essential and that more public reporting of measurable results from workplace wellness programming should be encouraged to increase accountability and share learning about successes and barriers. The Blue Care Staff Wellness program framework provides this source of information dissemination and program evaluation.

Throughout Australia, there are increasing demands for primary health care facilities that are delivered in ways that are empowering and that address issues of client well-being, individual choice, independence, and rights to meaningful and productive lives (Breen et al., 2008). To facilitate the move toward wellness approaches to health and disability in the policies and practices of allied health providers in Australia, the concept of wellness and its relation to allied health professionals needs to also be explored (Breen et al., 2008). As a provider of a variety allied health primary care and nursing services, this framework will provide a model by which wellness promoting primary care workplaces such as Blue Care can sustainably and methodologically implement workplace wellness initiatives into their organization.

This framework provides a comprehensive approach to workplace wellness promotion, whose impact is proposed to disseminate into the service delivery and wider community. The use of the framework in a pilot program will provide insight into the framework's effectiveness in promoting a comprehensive workplace wellness program, and go further to establish the relationship between wellness and productivity in the workplace. This framework consistently promotes the concept of wellness within all structures of

dissemination, and presents an avenue to further delineating the potential impact and outcomes of workplace wellness promotion.

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**Figure 1 Development of the Blue Care Staff Wellness Program Framework**

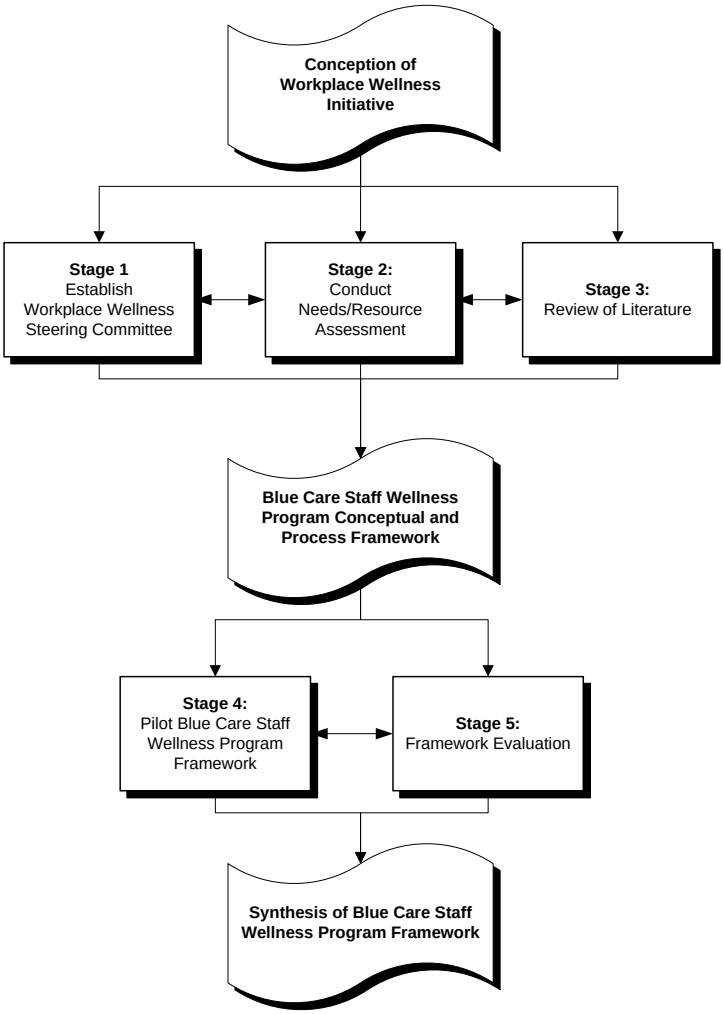

**Figure 2 Blue Care Staff Wellness Program Conceptual Framework**

**Table 1 Blue Care Staff Wellness Program Process Framework**

| **Stage** | **Process** |
|---|---|
| Develop the Business Case | • Present the potential outcomes & metrics<br>• Provide an action plan<br>• Secure management support |
| Create Support Network | • Establish wellness program steering committee<br>• Recruit, train and support Wellness Ambassadors<br>• Embed wellness principles and policy into environment/culture |
| Create Program | • Conduct workplace profiling<br>• Formulate program content, scope, approach, goals, interventions<br>• Align wellness goals with business strategy |
| Deliver Program | • Conduct wellness and culture needs assessment<br>• Provide targeted and tailored multi-level/multi-component interventions with ongoing marketing, promotion and communication<br>• Collaborate with external parties |
| Evaluate and Monitor | • Use embedded measureable evaluation framework (RE-AIM)<br>• Use ongoing and measureable qualitative evaluation<br>• Use evaluation outcomes to monitor and improve program delivery |