



Australasian Faculty of Occupational
and Environmental Medicine



The Royal Australasian
College of Physicians

What is Good Work?

Position Statement

October 2013

Companion Statement to *Realising the Health Benefits of Work*

The views in this paper are of the Royal Australasian College of Physicians and the Australasian Faculty of Occupational and Environmental Medicine, and do not represent the views of signatories to the *Health Benefits of Work Consensus Statement*.

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1 Foreword

Physicians' concerns, particularly those of Specialists in Occupational and Environmental Medicine and Public Health Medicine, are not limited to an individual's health and their ability to work safely. The Royal Australasian College of Physicians (RACP) is also concerned with effects of "the work" and "the workplace environment" on the health of an individual and their community. Historically, medicine has focused on the hazard and the chain of events leading to the consequence of that hazard: disease, injury, disability and death. Occupational, Environmental and Public Health Medicine consider the multidimensional environment in which those events occur.

The fundamental premise behind the question "What is Good Work?" is simple: to move beyond preventing harm; if we identify the characteristics of "good work" and actively promote and expand their prevalence, we can displace "not so good work".

With increasing awareness of the health benefits of work, it is important to recognise that not all work has a beneficial impact on health. In order to reap the health, social and economic benefits of work, it is essential to focus on what constitutes "good work". While there is an easily identifiable and broad consensus that good work is good for people's health, we still lack a clearly articulated shared vision of what good work entails.

This document is intended for those who want a contextual understanding of "good work" so that they can facilitate putting the evidence into practice. It is a companion statement to the New Zealand and Australian Consensus Statements concerning the *Health Benefits of Work*¹ and the RACP's original Position Statement, *Realising the Health Benefits of Work* (although the views in this paper are those of the RACP).²

The RACP's initial findings were presented at the Stakeholder Forum in November 2011 and since then more research has been published. Consultation with a reference group of stakeholders, including the business sector, unions, government and the health industry itself, provided valuable commentary highlighting their respective insights.

While there is an easily identifiable and broad consensus that good work is good for people's health, by identifying the characteristics of good work across the spectrum of work environments, for the benefit of individuals, businesses, governments and communities, this position statement aims to:

- Foster understanding;
- Promote recognition; and
- Enable intervention strategies and research to create more "good work" from which individuals and communities can benefit.

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2 Context

This policy document is an initiative of the Australasian Faculty of Occupational and Environmental Medicine (AFOEM) under the auspices of RACP.

As physicians, we attend to the health of employers and employees and deal daily with the impact of poor organisational culture on individuals, their families and their communities.

The RACP and AFOEM advocate for improvements in health through improved workplace culture. When workplaces embrace the wellbeing of employers and employees as a fundamental principle, both employers' and employees' quality of life improves. There is a sense of support, mutuality, a place where they contribute and feel valued.

This position statement is the third in a series of position statements exploring work and health, developed by the AFOEM. The first position statement explores an evidence-based approach to assisting people to stay in work or return to work.³ The second outlines the health benefits of work and the health consequences of long-term work absence.⁴

This position statement is supported by a sister position statement that outlines the links between workplace health and workplace productivity.

3 Recommendations

3.1 *Advocating for good work*

Governments, insurers, businesses and worker advocates all have a role to play in encouraging good forms of work.

3.2 *What can governments/regulators/insurers do?*

1. Persuade, support and create incentives for employers (all levels) to make changes in support of “good work”.
2. Produce a “good work” guide for employers across industries and social sectors, to enable owners and managers to assess their own organisation.
3. Implement an education campaign, to enhance societal and employer awareness of what is “good work”, and promote the business case for good work.
4. Promote research through public and commercial partnerships that explore and then disseminate insights and understanding to expand good work in our society.
5. Facilitate “good work” education and research in our tertiary business schools, universities and technical institutions.
6. Develop tools to assess the prevalence of characteristics of “good work” in the Australian and New Zealand context, including in the public service sector, as an index to be measured over time.
7. Partner with business organisations to spread the case for creating more “good work” especially among small and medium-sized enterprises (SMEs), which are often characterised as being:
 - a. harder to reach; and
 - b. having fewer resources.

3.3 *What can business leaders do?*

1. Foster an understanding of “good work” and related management styles and skills within their managers.
2. Resource senior and operational managers to create workplace environments consistent with “good work”. Encourage employers, workers and their representatives to cooperatively assess workplace roles and activities to facilitate redesign where appropriate.
3. Partner with government to overcome the challenges facing policy makers:
 - a. Understanding “good work” and the barriers to good work; and
 - b. Disseminating knowledge and research needs.

3.4 *What can worker advocates do?*

1. Foster an understanding of “good work”.
2. Survey and monitor workplaces for “*opportunities for their members to realise the health benefits of Good Work*”.

4 Introduction

In 2011 the Royal Australasian College of Physicians Australasian Faculty of Occupational and Environmental Medicine (RACP AFOEM) launched the position statement, *Realising the Health Benefits of Work*. The central message of this position statement is:

For most individuals, the evidence is compelling: good work improves general health and wellbeing and reduces psychological distress.

This claim clearly requires a precise explication of the concept of “good work”, hence the genesis of the current position statement.

What is Good Work? is intended as a companion statement to the original position statement, *Realising the Health Benefits of Work*, and the more recent one, *Improving Workplace Health and Workplace Productivity*. It is central to the *Realising the Health Benefits of Work* position statement.⁵

In 2010 the RACP AFOEM brought together international evidence and added the Australian and New Zealand evidence and context. Good work is a source of productive engagement, economic stability and personal interaction, all of which have a positive impact on recovery or managing an ongoing illness or disability.

The 2009 *Good Jobs* report by The Work Foundation in the UK concluded that “job quality, employee health and an employee’s ability to perform productively at work are closely linked”.⁶ This finding was upheld by research across a range of disciplines including epidemiology⁷, occupational health⁸, labour economy⁹,¹⁰, education¹¹, and human relations.¹² These attributes combine to underpin the overall health of an organisation.

A pragmatic financial analysis by the international accounting firm McKinsey, published in 2011¹³, demonstrated that organisational health is an asset rather than a cost to the organisation. It found that companies with strong organisational health profiles (comparing top quartile against bottom quartile companies) are twice as likely to achieve above median financial performance as measured by earnings before interest, tax, depreciation and amortisation (EBITDA) (2.2x) and growth in enterprise value / book value (2.0x).¹⁴

Good work also promotes workforce participation. The Australian Government has been committed to advancing a participation agenda whereby “anyone who is able to work can be a full and active participant in Australia’s growing economy”, including the currently “unemployed, the under-employed, young workers, parents looking to return to work and older Australians”.¹⁵ New Zealand is equally committed to ensuring its population has access to work, with its Ministry of Social Development noting that “work is at the heart of a better quality of life for New Zealanders. Paid work leads to better health and wellbeing ... and connects people to their community”.¹⁶ Expanding the range of good work on offer makes achieving this goal more realistic.

Increasing the understanding and prevalence of good work will also lead to the constructive engagement of vulnerable populations such as Indigenous Australian and Māori peoples and the substantial volunteer workforce that operates in our communities. Dr Tom Calma specifically highlighted the positive contribution the environment and employment can make to the health of Aboriginal and Torres Strait Islander communities¹⁷ and the associated movement towards the achievement of health equality.¹⁸ New Zealand research has also highlighted the link for Māori between greater life satisfaction and good, very good, or excellent health, and being in employment.¹⁹

When work is good, the impact on the worker’s life beyond work can be very significant. The resilience that good work instils can be protective against other challenges the worker faces. For instance, if someone is facing personal difficulties for reasons such as divorce, or related to the care

of a child or ageing parent, their work can provide invaluable social connections and emotional support that they otherwise may not receive.

Experience has shown benefits arising for insurers, workers and employers²⁰ when there is a good match between a person's abilities and their work. This is true for people who are ill or have an ongoing disability, and it is true of those who do not.²¹

5 Consequences of Good Work

5.1 Ameliorating harm

Literature focused on ameliorating harm has developed concepts of “decent work”, “good jobs”²² and “healthy work”.²³ Safe working environments are a consequence of good work, so ameliorating harm needs to be considered with other parameters of good work, including clear performance expectations and accountabilities associated with healthy productive activity.

Good work naturally meets requirements to provide a safe working environment and recognises the universal duties of care that all employers have to their employees.²⁴ But safety at work is not simply about managing the physical risks. There is growing recognition of the need to address workplace psychological stressors as well, which is reflected in the various workplace health and safety legislative environments.²⁵

Factors such as conflict and workplace culture also influence rates of work injury. Allen (2011) reported that enhanced health and safety performance and productivity gains of up to 200 per cent could be made with effective workplace cultural reform.²⁵ Grievances, workplace disagreements and differences of opinion reflect counterproductive workplace behaviour and may lead to bullying and harassment.

The UK Health and Safety Executive (HSE) offers a helpful framework for understanding the factors that impact on stress at work.²⁶ It highlights protective factors which, when managed properly, reduce stress at work, thereby constituting components of good work, namely:²⁷

- **Demands:** Employees indicate that they are able to cope with the demands of their jobs.
- **Control:** Employees indicate that they are able to have a say about the way they do their work.
- **Support:** Employees indicate that they receive adequate information and support from their colleagues and superiors.
- **Relationships:** Employees indicate that they are not subjected to unacceptable behaviours, e.g. bullying at work.
- **Role:** Employees indicate that they understand their role and responsibilities.
- **Change:** Employees indicate that the organisation engages them frequently when undergoing an organisational change.

Dealing with identifiable hazards and the chain of events that create the risk of injury is important and must continue. Unfortunately, commercial experience shows there is a diminishing return on our efforts if we solely pursue this path.

Both Australia and New Zealand have a focus on the good job and the International Labour Organization's (ILO) decent work rubric.²⁸ Since 2007, the New Zealand government has been committed to promoting the ILO's decent work project.²⁹ Equally, the Australian Council of Trade Unions' (ACTU) decent work agenda³⁰ recognises the ILO's focus on decent work, calling for an

inclusive workforce, satisfying jobs, friendly workplaces, reasonable working hours, fair treatment at work, equality and dignity at work, and progressive use of technology. The New Zealand Council of Trade Unions (NZCTU) has its own decent work agenda focused on advocacy for children at work, injured workers, ratification of the ILO Conventions and family friendly policies.³¹

As of April 2013, over 50 New Zealand organisations and over 50 Australian organisations, including state service organisations, are signatories to the RACP AFOEM's *Health Benefits of Work*.³²

In July 2011 the Australian Government and peak employer representatives and unions released a Joint Statement of Commitment promoting good health at work.³³ This statement recognises the growing and significant evidence³⁴ that the work environment is not only among the determinants of health and reduction of social inequality in the wider community, but is a material and effectively untapped vehicle to improve the health of individuals and their communities. While the Bambra et al. (2010) umbrella review³⁵ recognised this impact, it also recognised the need for more evidence around interventions to achieve the desired outcomes.

5.2 Beyond ameliorating harm

The international literature provides some guidance in specifying the characteristics of good work. The Work Foundation in the UK³⁶ defined good jobs as consisting of work that fosters wellbeing, personal growth, fulfilment, autonomy and meaning. These soft outcome indices reflect an individual's internally referenced "sense of what is good". They move beyond the "sense of safety at work" and allude to the worker's sense of self-determination and moral relevance.

It is thus important to identify the essential characteristic of good work by looking at those attributes that:

1. distinguish high-performing companies based upon their growth in revenue and profitability or their ranking in the World's Most Admired Companies list, produced annually by Fortune³⁷;
2. are trends in human resource management³⁸; and
3. mobilise and engage volunteers.

The volunteer workforce is seen as an important demographic to consider because they don't have a financial motivation to work. The Australian Bureau of Statistics 2009 Census indicates that 20 per cent of the population are engaged in volunteer work.³⁹ In New Zealand, the 2006 Census (latest Census from which data is available) shows that, in the four weeks preceding Census night, 89 per cent of New Zealanders aged 15 years and over undertook some form of unpaid work.⁴⁰ Developing an understanding of the characteristics of good work in the volunteer or otherwise unpaid working sector will enhance participation in this sector, as well as the productivity and wellbeing of its members who make a significant contribution to society. Volunteer roles are often flexible and meaningful and involve working purposefully in a local context to address global issues.⁴¹

The volunteer workforce also includes carers of children, the elderly, and people with disability, illness or injury. Many carers are forced by circumstance into this role, and the role of carer is not without intrinsic health risks. However, the work is of enormous value to society, can be very rewarding for the carer and, as such, is crucial to our understanding of good work.⁴² It should be noted that, from 1 October 2013, the New Zealand Ministry of Health's Funded Family Care Policy came into effect.⁴³ The policy sets out the funding and associated criteria for Ministry of Health funded disability support services that are:

- for personal care and household management services;
- provided by a family carer⁴⁴ to a disabled person who meets the eligibility criteria;
- provided to the disabled person up to a maximum of 40 hours a week; and
- paid at the rate of the minimum wage for adults.

It is equally important to look at our Indigenous populations.⁴⁵ Project-based experience, particularly associated with the mining and agricultural industries, has led to constructive insights into what is necessary to engage Indigenous persons in work and return them to work after injury.⁴⁶

In New Zealand, Māori are over-represented in high-risk industries such as forestry and construction, and Māori workers, Pacific workers and workers of non-European ethnicities are more likely to be seriously injured at work.⁴⁷

6 The Domains of Good Work

6.1 Good work by design

Good work is about balancing the interests of individuals, employers and society in order to deliver performance, engagement and fairness.⁴⁸

There are four domains to good work. Good work by design:

1. Engages workers – and where necessary partners with workers and suppliers;
2. Engages with the community *culture* that reflects the local, regional and operational contexts in which the work is performed;
3. Respects procedural justice and relational fairness – promotes civility and is intolerant of incivility, discrimination and bullying;
4. Appropriately balances job demands, job control and job security and requires:
 - aware managers, but not necessarily aware employees, who *manage change effectively*, focusing on mental and psychological wellbeing, security and life balance;
 - clear and *realistic performance indicators* to guide and acknowledge the efforts of the worker;
 - use of hard and transparent “people productivity metrics”; and
 - matching “the work” to “the individual”.

It is important to note that not all domains need to be present in order for the work to be “good” for the health and wellbeing of the individual and not all domains apply equally to all industries. For any specific industry, when identifying opportunities to enhance the prevalence of “good work”, one or two domains appear to predominate.

6.2 Engages workers

From the literature we conclude that good work makes a positive contribution to the health and wellbeing of the worker. When you walk into a company that engages its workforce you can feel it: there is a sound, a sense and an aesthetic that you don’t have to measure to know it is present. It is reflected in the way management and its workforce interacts.⁴⁹

By engaging with workers, managers are able to create an environment that enables workers to do what is necessary for themselves, creating a culture of workplace participation. This can be measured and can be optimised by conscious leadership.⁵⁰

6.3 Engages with community

Good work also impacts on *those affected by the worker*. The evidence from public health⁵¹ and industry⁵² is increasingly recognising the power of health promotion through workplaces.

The reach of good work goes beyond the individual to encompass all those directly benefiting from the worker's activities – the worker's internal and external customers, their families and their social networks.

Good work engages with the community and the cultures that reflect the local, regional and operational context in which the work is performed. This reflects the need for any business to be part of the communities in which it operates and encompasses the concept of community or social responsibility, which is increasingly recognised as an essential part of a profitable, sustainable business charter.

6.4 Procedural justice and relational fairness

Good work exists in an environment where people interact with customers, suppliers and the employee's workgroup. The work is conducted in a space that respects procedural justice and fairness, critically dealing effectively with incivility, discrimination and bullying. Procedural justice and relational fairness must also be conducted with an awareness and understanding of the relevant legislative environment and requirements.⁵³

It is worth noting that this issue can affect the health impact of work both positively and negatively. If well managed, the processes of procedural justice and relational fairness can contribute to positive health and wellbeing outcomes for workers; on the other hand, failure to manage these aspects can lead to poor health and wellbeing and can have a direct adverse impact on performance. Cotton and Hart (2011) reported: "organisational health research has shown that both positive emotional states (morale) and negative emotional states (distress) make independent contributions to overall levels of employee wellbeing".⁵⁴ They also reported that focusing on increasing positive emotions has a greater impact on both wellbeing and a range of other performance measures when compared to efforts to reduce negative emotions.^{55 56}

6.5 Work design

Good work appropriately balances the design of job demands, job controls and workplace supports.⁵⁷ It reflects the nature of the specific industry in which it operates, and is linked to recognising that, in the modern world, work is part of life and change is predictable.

Butterworth et al. (2011) found that work with poor psychosocial quality does not bestow the same mental health benefits as employment in jobs with high psychosocial quality.⁵⁸ Some work will be inherently less psychologically beneficial, e.g. "insecure work" (like contract work), or work in which there is a significant power differential between the employer and the employee.

While further research is needed, promoting and developing the capacity and resilience of workers so they can arrange their work to fit their life will promote this balance. Flexibility to adapt – both for the worker adapting to the demands of work and for work adapting to the worker's life – will be an increasingly important feature of good work.⁵⁹

"Life balance" incorporates the capacity and resilience necessary for identifying and dealing with role demands and episodic overload, work interfering with family, family interfering with work, and caregiver strain (societal care, childcare and eldercare).⁶⁰

In addition, the "workspace" is changing in nature⁶¹ – with the loss of the physical boundaries of what was/is "the workplace", particularly for knowledge workers. This means management needs to be

more actively aware of the natural tensions created by the competing life demands of healthy, productive lives.

Fostering the traits of resilience and the ability to cope is the focus of positive psychology, particularly in the last decade.⁶² The trend is towards recognising that work (in all its forms) is part of life and not somehow separate from life.

Work that is good for one person may not be good for all. Likewise, what is harmful for one person may be beneficial for another. To achieve the benefits associated with good work there must be a reasonable match between the individual and the job.

This means that there need to be clear and realistic performance indicators guiding and acknowledging the efforts of the worker⁶³, using hard and transparent people productivity metrics that match the work and the individual, in an environment that requires strategically aware managers, but not necessarily aware employees.

In the absence of such a fit, work might be a significant stressor in the person's life, although they may not realise this to be the case. Various individual characteristics determine what is "good work" for such a person, including:

- Strength and physical fitness;
- Capacity to manage competing priorities;
- Tolerance level for monotonous tasks;
- Education and skill level in specific areas;
- Preference for specific types of tasks; and
- Various personality traits (emotional/behavioural).

7 Achieving Good Work

7.1 *Looking ahead*

Governments, regulators and insurers have the fundamental responsibility to set the tone and framework in which business is conducted. This leads to two important challenges for policy makers and the bureaucrats who support these processes. First is to develop an understanding of “What is Good Work” and in particular, strategies and initiatives to overcome any barriers to good work. Second is to strategically propagate the current knowledge and any identified research needs about good work to all levels of researchers, educators and practitioners of business.

Business leaders have the responsibility to run profitable and sustainable enterprises. Strategic leadership will naturally incorporate a growing understanding of good work as business leaders respond to the commercial imperatives of their industry.

The traditional advocates for the health of individuals are health professional associations and industrial unions. Identifying opportunities to enhance the health benefits of work is a natural role for these organisations to champion in our society.

8 Role of Occupational and Environmental Physicians

As Specialists in Occupational and Environmental Medicine, our concern is not limited to an individual's health and their ability to work safely. We are also concerned with effects of “the work” and “the workplace environment” on the health of an individual and the collective of individuals. Historically, medicine has focused on the hazard and the chain of events leading to the consequence of that hazard: disease, injury, disability and death.

Environmental Medicine considers the multidimensional environment in which those events are happening. Workplace environments range from the manufacturing factory or office to the coffee shop and work from home. They cover major metropolitan, rural and remote communities.

In his 2011 Ferguson-Glass Oration¹⁷ Dr Tom Calma recognised the unique opportunities in Australia for Occupational and Environmental Medicine to go beyond “*ameliorating negatives and remedying health threats, or potential health threats, which arise from time to time in various contexts you encounter*” for the good of Indigenous Australians. While Dr Calma expressed the sentiment as an advocate for Indigenous Australians, it applies to many communities in Australia and New Zealand.

Occupational physicians are uniquely placed to facilitate discussion and provide strategic guidance because they hold a distinctive and independent position at the interface between workers, managers, unions, general practitioners, medical and allied professionals, and relevant government authorities.

9 References

- ¹ RACP 2012. *Consensus statement on the health benefits of work*. Royal Australasian College of Physicians. Available from: <http://www.racp.edu.au/page/policy-and-advocacy/occupational-and-environmental-medicine>.
- ² RACP 2011. *Position statement: Realising the health benefits of work*. Royal Australasian College of Physicians. Available from: <http://www.racp.edu.au/page/policy-and-advocacy/occupational-and-environmental-medicine>.
- ³ *ibid.*
- ⁴ RACP 2012. *op. cit.*
- ⁵ *ibid.*
- ⁶ Constable S, Coats D, Bevan S & Mahdon M 2009. *Good jobs*. London: The Work Foundation, sponsored by the Health and Safety Executive. November.
- ⁷ Marmot M 2004. *Status syndrome: how your social standing directly affects your health and life expectancy*. New York: Henry Holt.
- ⁸ G Waddell & A Burton 2006. *Is work good for your health and wellbeing?* London: Department of Work and Pensions.
- ⁹ Brown A, Charlwood A, Forde C & Spencer D 2006. *Changing job quality in Great Britain: 1998–2004*. London: Department of Trade and Industry.
- ¹⁰ Lowe G 2007. *21st century job quality: achieving what Canadians want*. Research Report W37. Ottawa: Canadian Policy Research Networks.
- ¹¹ Berberich K & Gardner H. 2000. *Good work in business*. Good Work Project Report Series, Number 4. Project Zero, Harvard University.
- ¹² Clark A 2005. Your money or your life: changing job quality in OECD countries. *British Journal of Industrial Relations*; 2(3):377–400.
- ¹³ Keller S & Price C 2011. *Beyond performance: how great organizations build ultimate competitive advantage*. New Jersey: McKinsey & Company / John Wiley & Sons Inc., pp. 6 & 7.
- ¹⁴ *ibid.*
- ¹⁵ The Hon. Brendan O'Connor 2007. Promoting the participation agenda. Media release, 5 December. Available at: <http://ministers.deewr.gov.au/oconnor/promoting-participation-agenda>.
- ¹⁶ Ministry of Social Development 2012. *Ministry of Social Development Annual Report 2011/12*. Wellington: Ministry of Social Development, p. 6.
- ¹⁷ Calma T 2011. *The Close the Gap campaign for Indigenous health equality and tackling Indigenous smoking*. Ferguson-Glass Oration, RACP Congress, May.
- ¹⁸ Department of Finance and Deregulation 2010. *Strategic review of Indigenous expenditure report to the Australian Government*, February.
- ¹⁹ Te Puni Kokiri 2011. *Māori life satisfaction*. Factsheet 003-2011. Wellington: Te Puni Kokiri. Available from: <http://www.tpk.govt.nz/en/in-print/our-publications/fact-sheets/maori-life-satisfaction/>.
- ²⁰ Q-COMP Return to Work Assist: <http://www.qcomp.com.au/services/return-to-work-assist.aspx>.
- ²¹ RACP 2012. *Royal Australasian College of Physicians Policy Statement on Disability*. Available from: <http://www.racp.edu.au/page/policy-and-advocacy/public-health-and-social-policy>.

²² Smith A, Wadsworth E, Chaplin K, Allen P & Mark G 2011. What is a good job? The relationship between work/working and improved health and wellbeing. Wigston, UK: IOSH.
http://www.iosh.co.uk/information_and_resources/research_and_development/research_fund/published_research.aspx.

²³ Constable et al., op. cit.

²⁴ Parker L & Bevan S 2011. *Good work and our times*. Report of the Good Work Commission. London, July. Available from: www.goodworkcommission.co.uk/Reports.

²⁵ Allen J 2011. Achieving a culture of health – the business case. Paper presented at Leadership and Vision in Injury Management – Achieve Better Outcomes by Successfully Linking Safety, Health, Wellness & Injury Management at the Workplace. Joint conference Queensland Government, Q-COMP and the workers' compensation insurers in Queensland. Brisbane, 28 March.

²⁶ Mackay C, Cousins R, Kelly P, Lee S & McCaig R 2004. Management standards and work-related stress in the UK: policy background and science. *Work & Stress*; 18(2):91–112. Available from: <http://secure-qnb.co.uk/stress/techpart1.pdf>.

²⁷ Health and Safety Executive. Causes of stress. Available from: <http://www.hse.gov.uk/stress/furtheradvice/causesofstress.htm>.

²⁸ International Labour Organization 2013. Decent work agenda. Available from: <http://www.ilo.org/global/about-the-ilo/decent-work-agenda/lang--en/index.htm>; International Labour Organization 2008. *Decent work country programmes: a guidebook*. Version 2. Geneva: ILO. Available from: <http://www.ilo.org/public/english/bureau/program/dwcp/download/guidev2.pdf>.

²⁹ See also <http://www.ilo.org/asia/countries/new-zealand/lang--en/index.htm> and <http://www.dol.govt.nz/services/decentwork/index.asp>.

³⁰ Australian Council of Trade Unions 2009. Decent work. Available from: <http://www.actu.org.au/Issues/DecentWork.aspx>.

³¹ New Zealand Council of Trade Unions. *Decent Work –New Zealand Council of Trade Unions*. Ministry of Business, Innovation and Employment. Labor Information. Available from: <http://www.dol.govt.nz/services/decentwork/activities/agencies/ctu.asp>

³² Royal Australasian College of Physicians 2013. Consensus Statement Signatories New Zealand. Available from: <http://www.racp.org.nz/index.cfm?objectid=6BE71C1E-F416-7EB9-7E398B9BB6B1A3B4>.

³³ *Joint statement of commitment – promoting good health at work*. A joint commitment between the Australian Government and peak employer representatives and unions, July 2011. Available from: <http://www.healthyworkers.gov.au/internet/hwi/publishing.nsf/Content/joint-statement-toc~foreword>

³⁴ Bambra C, Gibson M, Sowden A, Wright K, Whitehead M & Petticrew M 2010. Tackling the wider social determinants of health and health inequalities: evidence from systematic reviews, *Journal of Epidemiology & Community Health*; 64:284–291.

³⁵ *ibid.*

³⁶ Constable et al., op.cit.

³⁷ Wilson P, Brown K, Barbour B, Grant A, Harris C, Nolan J & Orth R 2010. *People@work2020: the future of work and the changing workplace – challenges and issues for Australian HR practitioners*. Melbourne: Australian Human Resources Institute, May.

³⁸ Strack R, Espinosa E, Caye J-M, Francoeur F, Lassen S, Haen P, Bhalla V & Puckett J 2010. *Creating people advantage 2010: how companies can adapt the HR practices for volatile times*. Boston, MA: The World Federation of People Management Associations and the Boston Consulting

Group. Available from: <http://www.ahri.com.au/scripts/cgiip.exe/WService=AHRI-LIVE/ccms.r?DocCmd=Display>.

³⁹ Wilson et al., op. cit.

⁴⁰ The NZ 2006 Census measures unpaid work as being broken into three broad categories: unpaid work that occurs within the household; unpaid work that occurs outside the household; and other voluntary work through an organisation, group or marae. See Statistics New Zealand. [No date.] *QuickStats about unpaid work*. Wellington: Statistics New Zealand. Available from: <http://www.stats.govt.nz/Census/2006CensusHomePage/QuickStats/quickstats-about-a-subject.aspx>.

⁴¹ Volunteering Queensland 2009. *New models for community solutions: position paper*. Available from: <http://www.volunteeringqld.org.au/home/resources/New%20Models%20for%20Community%20Solutions.pdf>.

⁴² Australian Institute of Health and Welfare 2004. *Carers in Australia: assisting frail older people and people with a disability*. Aged Care Series No. 8. AIHW Cat No. AGE 41. Canberra: AIHW.

⁴³ See the Ministry of Health's Funded Family Care Notice and Operational Policy. Available from: <http://www.health.govt.nz/our-work/disability-services/disability-projects-and-programmes/funded-family-care-notice-and-operational-policy>.

⁴⁴ The Ministry of Health's Funded Family Care Policy uses the definition of "family member" as set out in sections 70B(1) and (2) of the New Zealand Public Health and Disability Act 2000. A "family member" is related to the disabled person as one of the following persons:

- parent, step-parent, or grandparent;
- child, step-child, or grandchild;
- sister, half-sister, step-sister, brother, half-brother, or step-brother;
- aunt or uncle;
- nephew or niece; or
- first cousin.

⁴⁵ Burgess C, Johnston F, Berry H, McDonnell J, Yibarbuk D, Gunabarra C, Mileran A & Bailie R 2009. Healthy country, healthy people: the relationship between Indigenous health status and "caring for country". *Medical Journal of Australia*; 190(10):567–572.

⁴⁶ Wilcox J 2011. Changing the face of rehabilitation: increasing the effectiveness of rehabilitation and return to work programs for Indigenous people. The Return to Work Conference, Expo & Awards, Q-COMP, Brisbane, 26 October.

⁴⁷ Independent Taskforce on Workplace Health and Safety 2013. *The report of the Independent Taskforce on workplace health and safety. Full report*. Wellington: Independent Taskforce, p. 13. Available from: <http://hstaskforce.govt.nz/>.

⁴⁸ Parker L & Bevan S 2011. *Good work and our times*. Final report of the Good Work Commission. London: The Work Foundation, July. <http://www.goodworkcommission.co.uk>.

⁴⁹ Wilcox, op. cit.

⁵⁰ Keller & Price, op. cit.

⁵¹ In the New Zealand context, see, for example: Regional Public Health 2012. *A guide to promoting health and wellness in the workplace*. Wellington: Regional Public Health. Available from: <http://www.rph.org.nz/content/a87180ef-7077-4465-9bcd-bd8c6c76e882.cmr>.

⁵² In the New Zealand context, see, for example, the work being done by the Health Promotion Agency (<http://www.hpa.org.nz/>), a Crown entity, and the privately provided NZ Well@Work (<http://www.nzwellatwork.co.nz/>).

⁵³ In New Zealand, there are numerous legislative requirements around employment, for example: the Employment Relations Act and Amendments 2004; the Health and Safety in Employment Act 1992; the Treaty of Waitangi Act 1975 and amendments; and the Wages Protection Act 1983 and 2007 amendments, to name but four relevant pieces of legislation.

⁵⁴ Cotton P & Hart P 2011. Positive psychology in the workplace. *InPsych: The Bulletin of the Australian Psychological Society Ltd*, April. Available from: <http://www.psychology.org.au/publications/inpsych/2011/april/cotton>.

⁵⁵ Cotton P & Hart P 2003. Occupational wellbeing and performance: a review of Organisational Health research. *Australian Psychologist*, 38(2):118–127.

⁵⁶ Hart P, Caballero C & Cooper W 2010. *Understanding engagement: its structure, antecedents and consequences*. Paper presented at the International Academy of Management and Business Summer Conference, Madrid, July.

⁵⁷ Health and Safety Executive, Causes of stress. Available from: <http://www.hse.gov.uk/stress/furtheradvice/causesofstress.htm>.

⁵⁸ Butterworth P, Leach L, Strazdins L, Olesen S, Rodgers B, Broom D 2011. The psychosocial quality of work determines whether employment has benefits for mental health: results from a longitudinal national household panel survey. *Occupational and Environmental Medicine*; 68(11):806–812.

⁵⁹ Strack et al., op. cit.

⁶⁰ Duxbury L & Higgins C 2008. Work–life balance in Australia in the new millennium: rhetoric versus reality. Available from Australian Human Resources Institute: <http://www.ahri.com.au/scripts/cgiip.exe/WService=AHRI-LIVE/ccms.r?DocCmd=Display>.

⁶¹ Wilson et al., op. cit.

⁶² Vella-Brodrick D 2011. Positive Psychology: reflecting on past and projecting into the future. *InPsych: The Bulletin of the Australian Psychological Society Ltd*. April. Available from: <http://www.psychology.org.au/publications/inpsych/2011/april/vella-brodrick/#s7>.

⁶³ Wilson et al., op. cit.