

APEX

**APEX 2012 EXECUTIVE
WORK AND HEALTH
SURVEY**

SYNOPSIS

SEPTEMBER 12, 2013

ASSOCIATION OF PROFESSIONAL EXECUTIVES
OF THE PUBLIC SERVICE OF CANADA

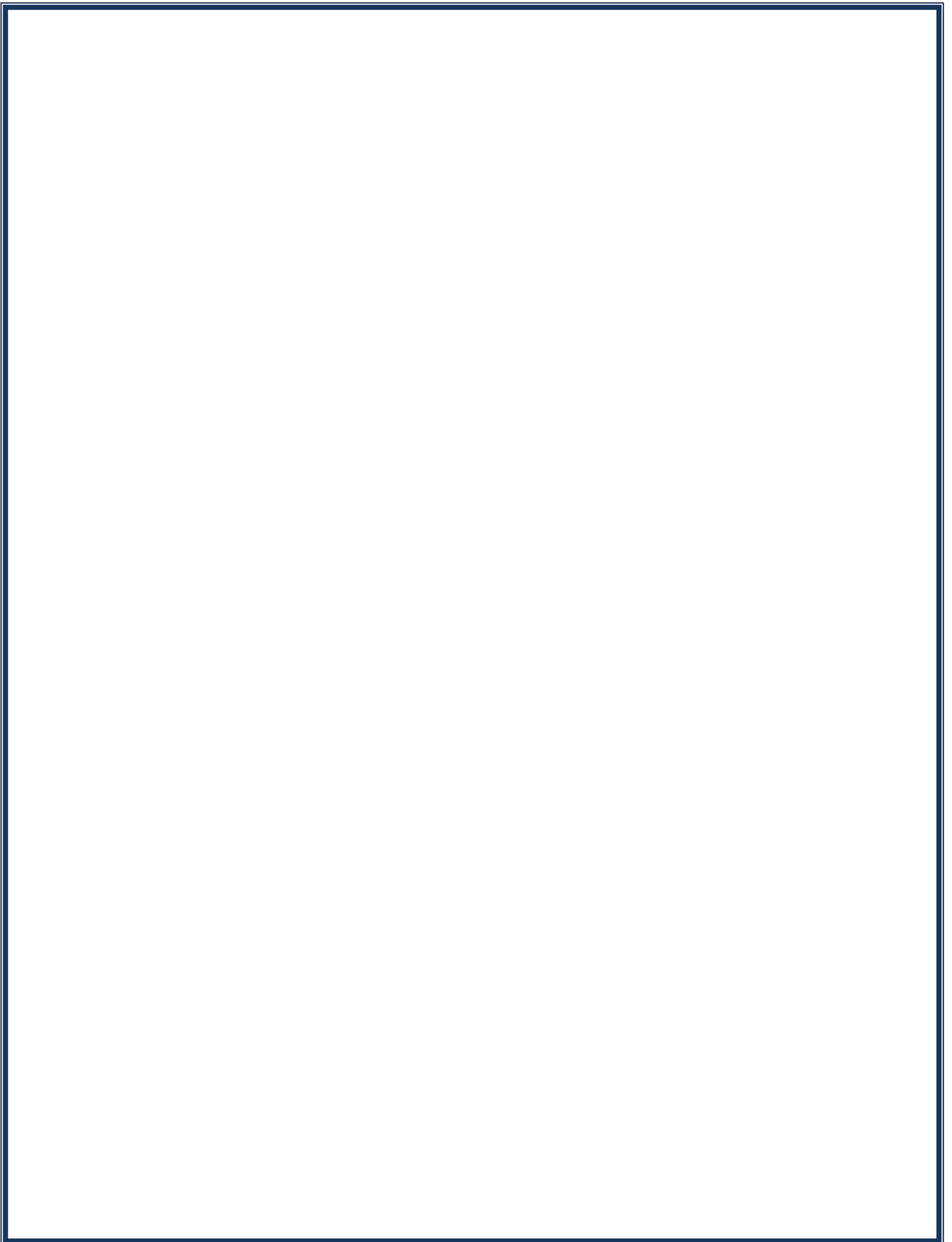


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1. INTRODUCTION

Since 1997, APEX has been conducting research on the health of federal executives and their workplaces. Under the Executive Work and Health Study, surveys of the executive population have taken place every five years. Survey results are contributing to a better understanding of the importance of a healthy workplace at both individual and organizational levels. The work environment has an impact not only on the health of individuals but on organizational performance. This synopsis provides an overview of the 2012 survey results, and paints a picture of the current reality of executive work, individual and organization health, and trends over time.

A total of 2,314 executives from across the federal Public Service responded to the 2012 survey. The 35% response rate provides statistically valid results 99 times out of 100 with a margin of error of plus or minus 1.6 percent. The psychometric properties and qualities of the instruments and scales used in this study are well established and are reflective of current state-of-the-art methods.

Since the survey sample was representative across all demographic factors, including age, level, gender, language and region, results can be generalized with confidence to the entire executive community. Of the survey respondents, 48% were current APEX members.

2. RESEARCH TEAM

The APEX 2012 Executive Work and Health survey was conducted by a team of researchers headed by Dr. Louise Lemyre, the McLaughlin Research Chair on Psychosocial Aspects of Risk and Health and the Director of GAP-Santé at the University of Ottawa's Institute of Population Health. Dr. Lemyre was assisted by Dr. Wayne Corneil and Dr. Céline Pinsent, both Associate Scientists with GAP-Santé. The research team also included affiliate researchers from the University of Ottawa's Telfer School, the Université de Montréal, the Université du Québec en Outaouais, the University of Lethbridge, and the University of Ottawa.

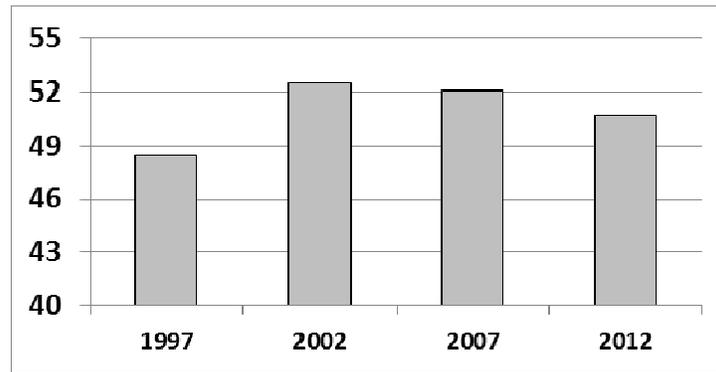
3. SURVEY RESULTS

3.1 WORK CHARACTERISTICS

ON AVERAGE, EXECUTIVES ARE WORKING 50,7 HOURS WEEKLY.

Figure 1

Average Executive Work Hours per Week

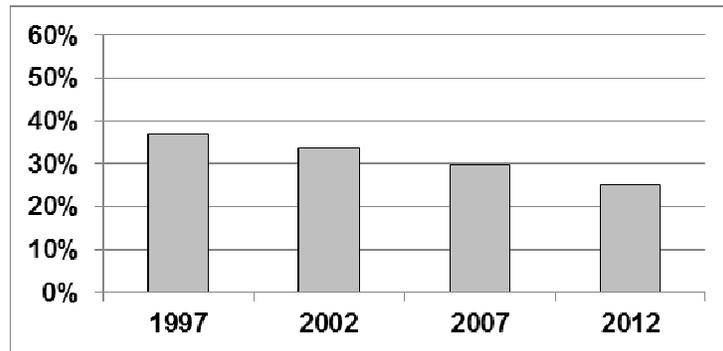


- Executives are working slightly fewer hours per week than they were 5 years ago. Respondents reported working an average of 50.7 hours per week in 2012 compared with 52.1 hours per week in 2007.
- The average number of hours worked weekly does not vary significantly by EX level.

A QUARTER OF EXECUTIVES ARE WORKING MORE THAN 55 HOURS PER WEEK.

Figure 2

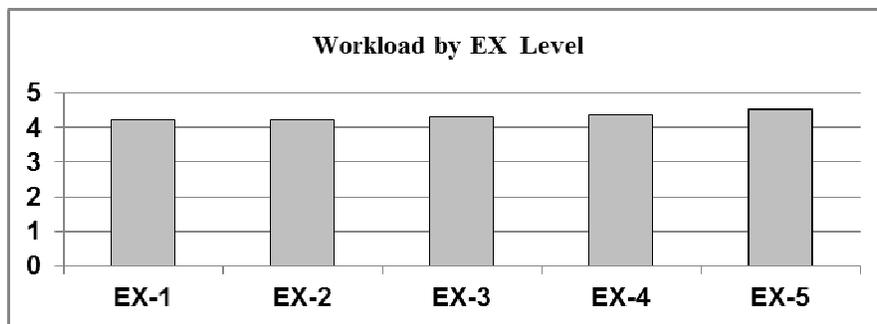
% Executives Working on Average + 55 Hours per Week



- Significantly fewer executives are working more than 55 hours per week than in 2007. In 2012, 25% of respondents reported working more than 55 hours per week compared with 30% in 2007.
- Working more than 55 hours a week has been shown to significantly increase the risk for cardiovascular diseases and depression. Working extended hours has also been shown to decrease mental capacity and performance, often resulting in higher error rates.

WORKLOAD DEMANDS CONTINUE TO BE HIGH AT ALL EX LEVELS.

Figure 3



Means Scores for Workload by Level. Scale: 5= very high workload

- Although workload scores have remained relatively constant over time, these scores have always been at the high end of the scale (greater than 4 on a scale of 5).
- While 59% of executives report that the use of technology increases their productivity, 84% say that it adds to their workload and 46% indicate that it contributes to a decrease in their work/life balance.

ON THE AVERAGE, EXECUTIVES ARE UTILIZING THEIR SKILLS AND KNOWLEDGE IN THE PERFORMANCE OF THEIR DUTIES.

- Skill under-utilization refers to situations where individuals cannot fully use their skills and knowledge in their work. It is the opposite of burnout and is often called “rustout” or “burn-in”. Skill under-utilization is measured on a 5 point scale, with 5 being an indicator of how frequently the person does not use their knowledge and skills.
- The average skill under-utilization score for executives has not changed significantly since 2007 and remains low at 1.9. Scores do not vary significantly by EX level.

EXECUTIVE LEVELS OF JOB CONTROL REMAIN LOW.

Table 1

<u>Executive Job Control</u>			
1997	2002	2007	2012
3.39	3.48	3.43	3.38

5 point scale with 5 = higher sense of control.

- Executives have a mean score of 3.4 out of 5 on the job control scale. There is no significant difference in scores by EX level.
- 3.4 is considered a low score. Scale norms would predict executives and leaders to have scores above 4 or 4.5.
- Having a sense of control over one’s work has been found to act as a protective factor in reducing the impact of work stressors. It is a very significant predictor of individual and organizational health outcomes.

ACCESS TO RESOURCES, INCLUDING MATERIAL, PEOPLE AND OTHER TANGIBLES, IS BELOW WHAT EXECUTIVES NEED TO ACCOMPLISH THEIR TASKS.

Table 2

Low Resources by Level

EX-1	EX-2	EX-3	EX-4	EX-5
3.09	2.99	3.14	3.20	3.42

Scores on scale of 7. High scores are better.

- The overall mean score for access to resources is 3.8 on a scale of 7, indicating that access to material, people or other tangible resources is below what executives need to accomplish their tasks.
- Trying to “do more with less” or even “do the same with less” creates an additional workload burden which increases stress.

60% OF EXECUTIVES ARE EXPERIENCING AN IMBALANCE BETWEEN THE AMOUNT OF EFFORT THEY EXPEND TO DO THEIR WORK, AND THE RECOGNITION AND RESPECT THEY RECEIVE.

- There has been a significant increase in the number of executives reporting an imbalance between effort and reward. In 2012, 60% of executives felt that costs outweighed gains compared to 49% in 2007.
- The Effort-Reward Model stipulates that efforts expended at work fall under the social norm of reciprocity, where rewards/recognition are provided in return for expended efforts. Effort refers to qualitative and quantitative demands associated with the work.
- Rewards include such aspects as financial compensation, esteem, opportunities for advancement and job security.
- Esteem and status/recognition have been found to play particularly important roles in determining whether individuals feel that they are receiving rewards commensurate with the efforts they are expending.



3.2 SOCIAL AND INTERPERSONAL ENVIRONMENT

SOCIAL SUPPORT PROVIDED BY SUPERVISORS AND COLLEAGUES HAS DECLINED SLIGHTLY SINCE 2007.

Table 3

Mean Scores for Social Support Sources by Cycle

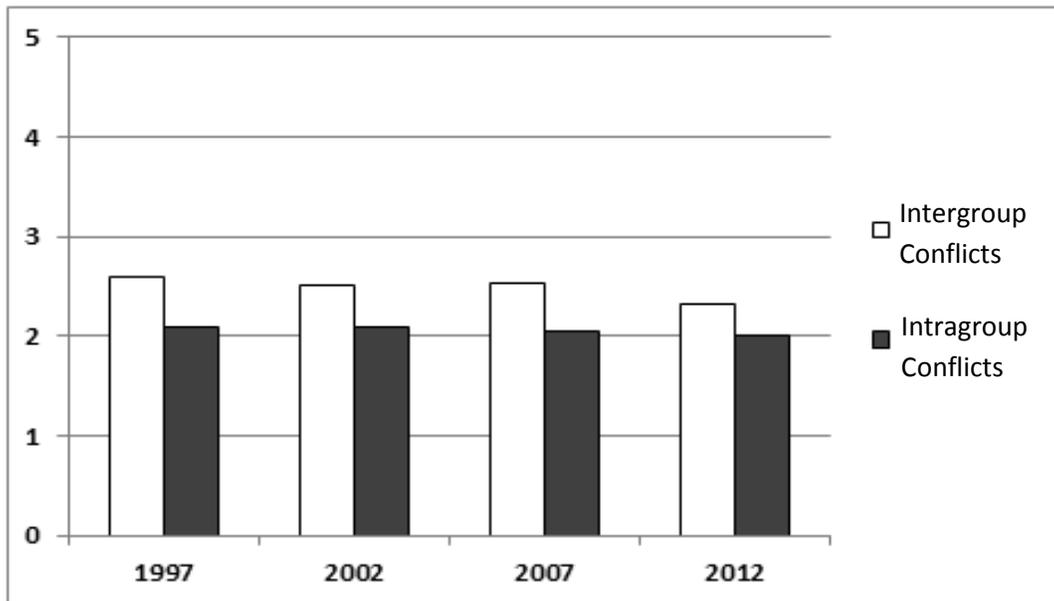
	1997	2002	2007	2012
Social Support - Supervisor	3.59	2.76	2.90	2.80
Social Support - Colleagues	3.91	2.94	3.10	3.00

Scores are on a 4 point scale.

- Social support scores are at an all-time low. Support from supervisors has fallen from a high of 3.59 out of 4 in 1997 to 2.8 in 2012. Support from colleagues has dropped from 3.91 in 1997 to 3.0 in 2012.
- Social support has been shown to be an effective buffer against adversity and stress. It is one of the most important protective factors against burn-out and distress. The absence of support from the supervisor is a significant risk factor for illness and absenteeism.
- Literature on social support shows that supervisor support plays a more instrumental role and has a greater effect on staff than support from colleagues. This is due to the nature of the support they provide and the fact that they are in a position of influence and power.

INTERPERSONAL CONFLICT CONTINUES TO BE A SIGNIFICANT RISK FACTOR TO ORGANIZATIONAL HEALTH.

Figure 4
Interpersonal Conflict



5 point scale

- Although intragroup and intergroup conflict scores have fallen slightly since 2007, interpersonal conflict continues to be above 2 on a scale of 5. Conflict within work groups is at 2.01 compared with 2.04 in 2007, and conflict between work groups at 2.33 compared with 2.53 five years ago.
- Interpersonal conflict is a significant predictor of work environments perceived to be disrespectful.

***EXECUTIVES ARE EXPERIENCING RELATIVELY LOW LEVELS OF ORGANIZATIONAL FAIRNESS,
EXCEPT IN THE AREA OF INTERPERSONAL FAIRNESS.***

Table 4
Fairness by Executive Level

	Distributive Fairness	Procedural Fairness	Interpersonal Fairness	Informational Fairness
EX-1	3.7	3.1	4.4	3.8
EX-2	3.7	3.2	4.3	3.9
EX-3	3.7	3.1	4.3	3.8
EX-4	3.8	3.0	4.3	3.8
EX-5	3.7	3.2	4.3	3.8

Fairness/Justice Scales (Means) By Level. 5 = High Level of Fairness

- Executives are reporting comparatively high levels of interpersonal fairness – above 4 on a scale of 5.
- They are reporting lower levels of fairness in three areas: decision outcomes and distribution of resources; influence over procedures and processes; and access to explanations and information regarding organizational actions.
- Fairness, including equitable treatment and recognition, is a key protective factor. Unfairness can have a negative impact on commitment and engagement, and lead to burnout.

HARASSMENT RATES HAVE NOT DIMINISHED.
22% OF EXECUTIVES REPORT BEING VERBALLY HARASSED.
10% SAY THE WORKPLACE IS DISRESPECTFUL.

Table 5
% of Executives Reporting Verbal Harassment

Cycle	% Executives
2002	17.8%
2007	21.0%
2012	22.0%

Proportion of Executives Reporting Verbal Harassment in Past 12 Months



- More than 1 in 5 executives report being verbally harassed in the 12 months prior to the survey.
- One in 10 executives says that their workplace lacks respect and civility.
- Top uncivil behaviours include: not sharing credit, breaking promises, showing anger, blaming, telling lies and making negative comments.

PERSONS IN POSITION OF POWER ARE THE PRINCIPAL SOURCE OF VERBAL HARASSMENT AND UNCIVIL BEHAVIOURS.

Table 6

Sources of Verbal Harassment

Source	% of Executives Reporting Verbal Harassment
Direct supervisor	39.2%
Superior	22.7%
Coworker	24.3%
Subordinate	30.1%
Clients	12.9%
Strangers	1.4%

Sources of Harassment of Those who Report Verbal Harassment

- More than one third of executives report being verbally harassed by their direct supervisor.
- Direct supervisors are also the main source of uncivil behaviours in the workplace.
- The proportion of executives reporting harassment and uncivil behaviours from superiors are consistent across EX levels.
- Harassment and lack of civility are measures of the type of workplace interactions that are having an increasingly harmful effect on individual and organizational health outcomes.

3.3 STRESS

EXECUTIVES ARE MORE STRESSED THAN 75% OF CANADIAN ADULTS.

Lemyre, Tessier & Fillion, 1990; Lemyre & Markon, 2009; Langevin et al, 2012

Table 7

Psychological Stress

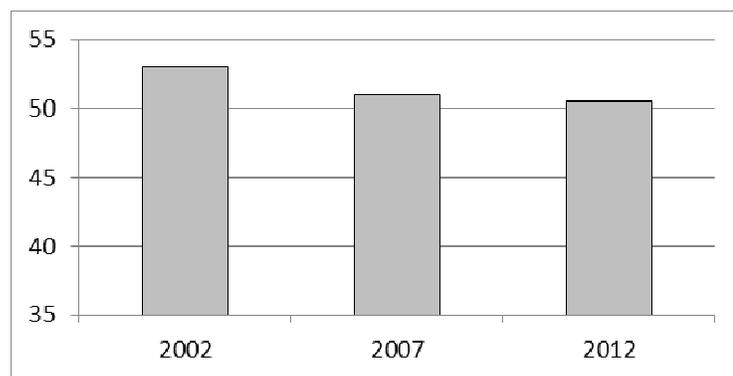
2002	2007	2012
35.3	34.7	34.7

*Psychological Stress by Cycle as measured by the Measure of Psychological Stress (MSP9/PSM9)
Mean scores indicate that executives are at the 76th centile.*

- Although stress levels have remained constant over the past 10 years, they are considered to be in the 'elevated' zone.
- Psychological stress is one of the principal precursors to serious individual and organizational health outcomes.
- If sustained at high levels without respite, stress may lead to a reduced immune response and result in medical conditions and illnesses.

A MAJORITY OF EXECUTIVES SAY THAT MOST DAYS ARE VERY STRESSFUL.

Figure 5
Executive Stressfulness



Proportion of Respondents Indicating Stressfulness by Cycle

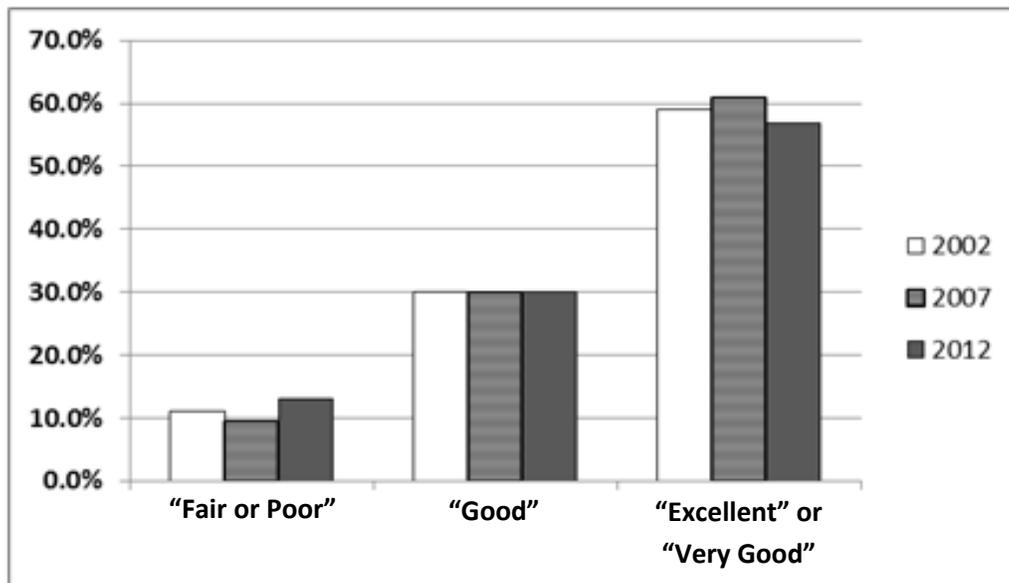
- The number of executives reporting that most days are extremely or quite stressful has dropped slightly from 53% in 2002 to 51% in 2012.
- The more days people experience as stressful, the more likely their performance and productivity will be affected.

3.4 INDIVIDUAL HEALTH OUTCOMES

EXECUTIVES REPORT THAT THEIR HEALTH IS ON THE DECLINE.

Figure 6

Self-Rated Executive Health Status



Proportion of Respondents by Self-Rated Health Status

- The number of executives reporting that their physical health is “excellent” or “very good” has decreased by approximately 3 percentage points, from 61% in 2007 to 58% in 2012.
- 13% of executives report that their health is “fair” or “poor” compared to 9% in 2007.
- Self-rated health status is a very strong predictor of subsequent health outcomes. It has been found to be a better predictor of mortality than physical health markers.

3.4.1 PHYSICAL HEALTH

DIAGNOSED CHRONIC HEALTH CONDITIONS

CARDIOVASCULAR DISEASES ARE IN DECLINE, BUT STILL AFFLICT NEARLY 1 IN 5 EXECUTIVES.

RESPIRATORY DISEASES ARE DECLINING.

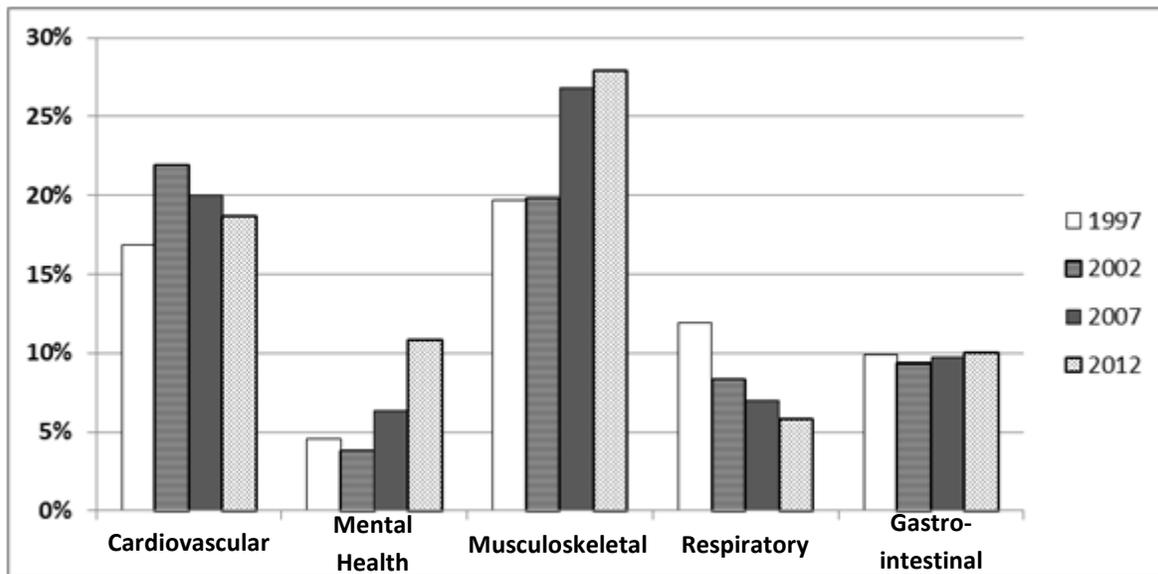
GASTROINTESTINAL DISEASES REMAIN CONSTANT.

MUSCULOSKELETAL DISORDERS ARE INCREASING.

MENTAL HEALTH CONDITIONS HAVE ALMOST DOUBLED.

Figure 7

Reported Physician-Diagnosed Chronic Health Conditions



Cumulative Proportions of Reported Physician-Diagnosed Chronic Health Conditions

- Cardiovascular diseases such as heart disease and high blood pressure are continuing a downward trend, from a high of 22% in 2002 to 17.4% in 2012. However, these diseases still afflict nearly one in five executives.
- Respiratory diseases are steadily decreasing, from 12% in 1997 to 5.6% in 2012.
- Gastrointestinal conditions remain relatively constant, below 10%.

- Musculoskeletal disorders such as back and neck problems have increased from 20% in 2002 to 28% in 2012.
- The percentage of executives with mental health conditions has almost doubled, from 6% in 2007 to 11% in 2012.

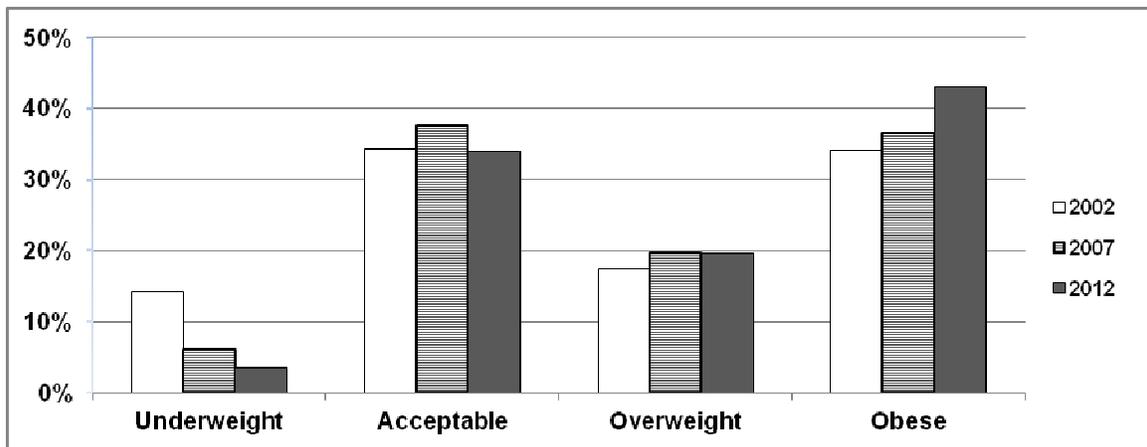
A THIRD OF EXECUTIVES ARE EXPERIENCING SLEEP DEPRIVATION.

- Executives are sleeping an average of 6.7 hours per night, which is about the same number of hours as in 2007.
- A third of executives do not get enough sleep, with 9% sleeping fewer than 6 hours a night, a known risk factor for cardiac disease.
- 10% of executives are under physician care for insomnia, up from 7% in 2007.
- 11% of executives are using some form of sleeping medication.
- People who drop below the threshold of 6 hours per night significantly increase their health risks. Their cognitive capacities needed for good decision-making are also impaired.

ALMOST TWO THIRDS OF EXECUTIVES ARE EITHER OVERWEIGHT OR OBESE.

Figure 8

Body Mass Index (BMI) of Executives



Proportion of Respondents in Body Mass Index (BMI) Categories

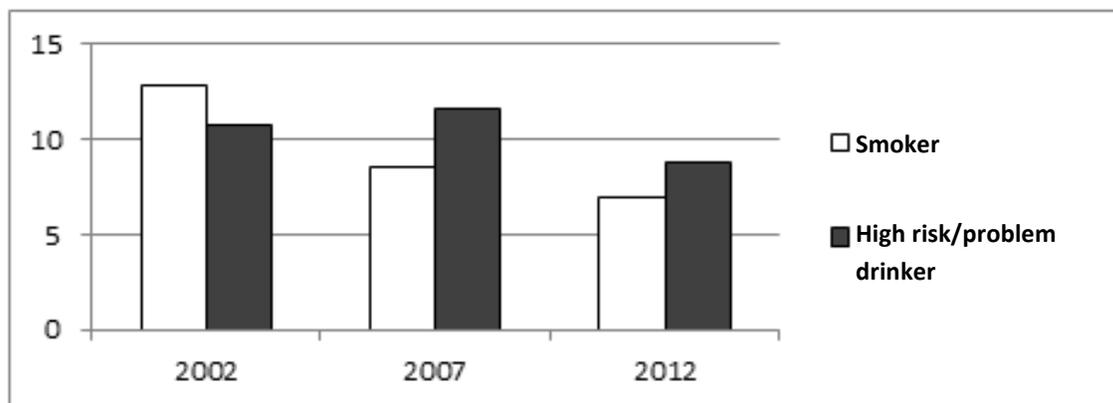


- At 43%, the rate of obesity among executives has reached an all-time high.
- Almost two-thirds (61%) of executives are either overweight or obese, putting them at risk for cardiovascular disease and Type II diabetes.

***SMOKING AND PROBLEM DRINKING ARE DECREASING.
THERE HAS BEEN A SHARP INCREASE IN THE NUMBER OF EXECUTIVES WHO ARE SEDENTARY.
MOST EXECUTIVES DO NOT ENGAGE IN SUFFICIENT PHYSICAL ACTIVITY TO MAINTAIN GOOD
HEALTH.***

Figure 9

% of Executives Engaged in Smoking and High Risk/Problem Drinking



Proportion of Smoking and High Risk/Problem Drinking

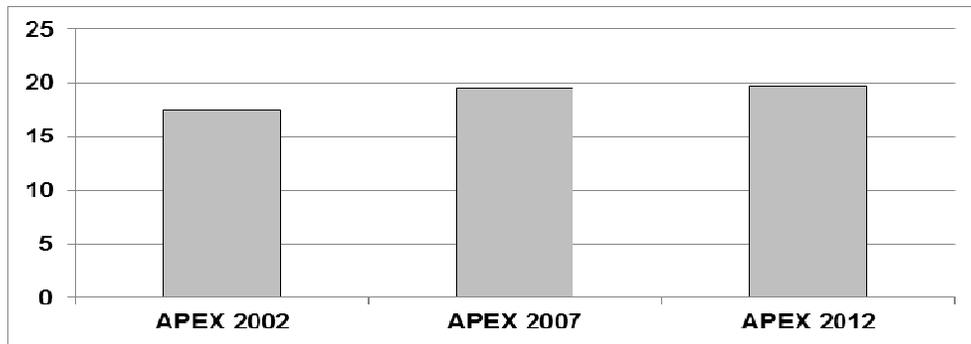
- Smoking rates have continued to decrease. 7% of executives smoked in 2012 compared with 13% in 2002.
- Rates of high risk and problem drinking have also decreased 9% of executives reported high alcohol consumption in 2012 compared with 12% in 2007.
- The following definitions were used to determine alcohol use:
 - Men: 0-15 drinks per week (normal); 15-21 (high risk); more than 21 (problem)
 - Women: 0-10 (normal); 10-20 (high risk); more than 20 (problem).
- Half of executives are now sedentary, compared with almost a third (32%) in 2007.
- Even executives who engage in moderate to vigorous physical activity are doing so, on average, less than the recommended 2.5 hours weekly.
- Rates of physical activity are insufficient to provide executives with the protective health benefits of exercise.

3.4.2 PSYCHOLOGICAL HEALTH

Mental health conditions have almost doubled.

Figure 10

% of Executives Using Medications for Treatment of Mental Health Disorder



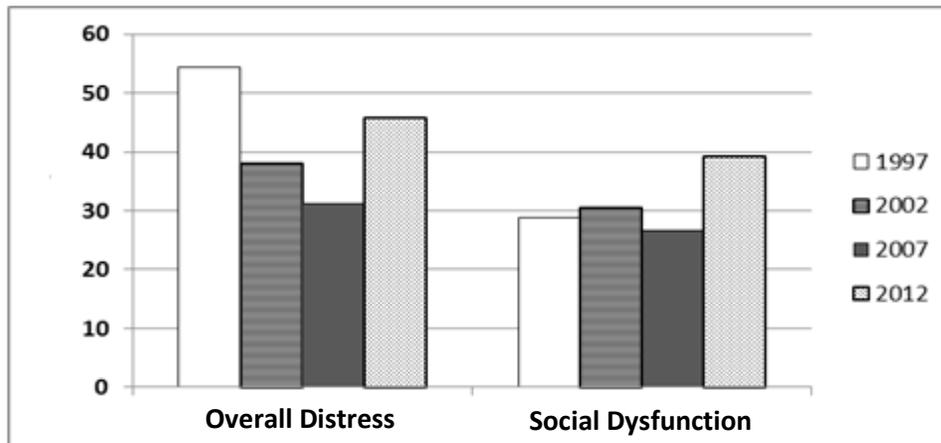
Proportion of Respondents Using Psychotropic (anti-depressants, sleeping pills and tranquillizers) by Cycle

- Mental health conditions – mostly depression and anxiety – have almost doubled since 2007 (see Figure 7).
- The use of psychotropic medications for anxiety, depression, and insomnia is increasing.
- 20% of executives use medications to treat depression, anxiety or insomnia, making psychotropic drugs the major category of medication used by executives.

EXECUTIVE DISTRESS LEVELS HAVE RISEN.

Figure 11

Executives with High Levels of Distress



Proportion of Respondents with high levels of Distress by Cycle

- 46% of executives are reporting high levels of overall distress in 2012 compared with 31% in 2007.
- Distress impairs day-to-day functioning and the ability to carry out normal tasks.

THE PROPORTION OF EXECUTIVES SEEKING PROFESSIONAL COUNSELLING SERVICES IS INCREASING.

Table 8

% of Executives Using Professional Counselling Services

1997	10.0%
2002	15.2%
2007	16.4%
2012	20.6%

% of Executives who Sought Professional Counselling in past 12 months

- The use of professional counselling services has doubled in the past 15 years, from 10% in 1997 to 21% in 2012.
- Executives at all levels are seeking counselling from physicians and psychologists to deal with work-related stress issues. These issues are not only affecting their performance at work but are having an impact on their personal and family lives.

RESILIENCE – THE CAPACITY TO WITHSTAND STRESS AND ADVERSITY – HAS INCREASED SLIGHTLY.

- Individual resilience has increased from 11.7 in 2007 to 12.2 in 2012 out of a possible score of 16, signalling a modest improvement in the capacity of executives to adapt, cope and interact effectively with their environment.
- There are significant differences in resilience scores across age groups. The most resilient executives are over 55 and the least resilient, under 45.

EXECUTIVE WELL-BEING LEVELS HAVE NOT CHANGED SINCE 2007.

- Although overall well-being scores remain almost the same in 2012 as in 2007, there is a significant difference in well-being across age groups, with executives under 45 reporting lower levels of well-being than older executives.

3.5 ORGANIZATIONAL HEALTH OUTCOMES

OVERALL WORK SATISFACTION LEVELS HAVE NOT CHANGED SINCE 2007, BUT SATISFACTION WITH TASKS, PERSONAL CAREER GOALS, AND JOB SECURITY HAS DECREASED.

Table 9

Executive Work Satisfaction

Work Satisfaction	2002	2007	2012
	Mean	Mean	Mean
Pay	3.30	3.55	3.79
Hours	2.78	2.86	3.14
Tasks	3.92	3.92	3.84
Workload	2.79	2.84	2.98
Career goals	3.41	3.41	3.27
Job security	4.05	4.24	3.68

Work Satisfaction Scale. 5 = high satisfaction; 1 = low satisfaction

- Overall work satisfaction scores have not changed, with mean scores of 3.5 out of 5 in 2012 and 2007.
- Executives are reporting increased satisfaction with pay, hours, and workload and decreased satisfaction with tasks, career goals and job security.

OVERALL LEVELS OF COMMITMENT HAVE DECREASED.

- The percentage of executives reporting high levels of organizational commitment has dropped from 65% in 2007 to 52% in 2012.
- Commitment is recognized as an indicator of willingness to extend effort in order to further organizational goals.

WHILE 68% OF EXECUTIVES ARE ENGAGED, ENGAGEMENT LEVELS HAVE FALLEN.

Table 10

Engagement and Disengagement

% Executives	2007	2012
Actively Disengaged	28%	32%
Moderately Engaged	49%	43%
Highly Engaged	23%	25%

Engagement and Disengagement by Cycle

- Engagement is an indicator of connection with work activities and ability to deal well with job demands. Engaged employees are more productive and better performing.
- In 2012, 68% of executives were highly or moderately engaged, compared with 72% in 2007.
- 32% of executives are now actively disengaged, up from 28% in 2007. On the other hand, 25% of executives are highly engaged, up from 23% in 2007.
- In world-class organizations, the ratio of engaged to disengaged employees is 9.6 to 1. In average organizations, the ratio of engaged to disengaged employees is 1.8 to 1 (Source: Gallup (2010): Employee Engagement: What is your engagement ratio? USA: Gallup).
- The public service ratio of engaged to disengaged executives is 2.1 to 1, down from 2.5 to 1 in 2007, but still slightly higher than in the average organization.



A QUARTER OF EXECUTIVES REPORT SYMPTOMS OF SEVERE BURNOUT.

Table 11
Burnout Levels by Survey Cycle

Level of burnout	2007	2012
None	6.8%	8.0%
Mild	71.2%	66.9%
Severe	22.0 %	25.3%

Burnout Levels by Survey Cycle for Executives with Burnout

- The burnout syndrome includes emotional exhaustion, cynicism, and a reduced sense of accomplishment /professional efficacy.
- While fewer executives report mild levels of burnout, 25% report symptoms of severe burnout, an increase of 3% since 2007.
- Burnout arises as a result of highly motivated individuals striving to meet performance goals in an environment characterized by a lack of resources and structures which would permit them to succeed.

***MORE THAN HALF OF EXECUTIVES ARE THINKING MONTHLY OR MORE FREQUENTLY ABOUT LEAVING THEIR CURRENT POSITION.
EXECUTIVES ARE NOW MORE LIKELY TO MOVE WHEN THEY ARE FACED WITH POSITIVE ‘PULLS’ RATHER THAN NEGATIVE ‘PUSHES’.***

Table 12

Reasons for Leaving: Pushes & Pulls

Pulls	2002	2007	2012
For higher salary	43%	36%	33%
To move closer to my family	11%	28%	9%
Engage in more interesting or challenging work	38%	34%	48%
Greater opportunities for career advancement	33%	18%	26%
To spend more time with family	43%	40%	27%

Pushes	2002	2007	2012
Lack of recognition	35%	57%	30%
Work environment not supportive of me as an individual	22%	34%	19%
Conflict between personal & organizational values	11%	26%	19%
Unrealistic work expectations	35%	24%	28%
Personality conflicts with coworker or superior	14%	21%	14%

- Loyalty to an organization is a dimension of engagement. Intent to leave reflects both an individual’s satisfaction with his/her organization and a desire to seek opportunities elsewhere.
- Reasons for thinking of leaving one’s current position have changed since 2007.
- Executives are now more likely to move when they are faced with positive ‘pulls’ such as better opportunities elsewhere rather than negative ‘pushes’ such as undesirable working conditions.
- They are also now more likely to remain where they are despite negative factors that would have motivated them to leave in the past.

ALTHOUGH EXECUTIVES STILL TEND TO MISS SIGNIFICANTLY FEWER DAYS OF WORK THAN OTHER GROUPS OF EMPLOYEES, THEY ARE TAKING MORE SICK DAYS PER YEAR THAN BEFORE.

Table 13

Executive Absenteeism

	1997	2002	2007	2012
Sick Days	3.4	3.8	4.3	5.4

- Executives now take an average of 5.4 sick days per year, up from 4.3 days in 2007.
- Many executives report using vacation days for stress leave.



ALMOST HALF OF EXECUTIVES GO TO WORK WHEN THEY SHOULD BE STAYING HOME DUE TO ILLNESS.

Table 14

Aspects of Presenteeism

Aspects	% Executives
Proportion who went to work when sick or not feeling well in previous 12 months	47.1%
Average number of days went to work when sick or not feeling well in previous 12 months (mean)	7.5 days
Proportion reporting performance affected when at work when sick or not feeling well	38.2%
Of those who report performance is impacted, assessed capacity level	67.7%

- Presenteeism is a rapidly growing cost to organizations. It occurs when workers go to work and stay at work despite being ill.
- 47% of executives go to work when they should be staying home for reasons of illness.
- On average, executives go to work 7.5 days per year despite not feeling well. This has an impact on both the quantity and quality of work performed. Decision making and problem solving abilities are particularly affected.
- Executives who say that their performance is affected when they go to work sick report that they perform at least 30% below their normal level. This creates a ripple effect on the rest of the organization, affecting overall productivity and performance.

4. CONCLUSIONS

The results of the survey provide new knowledge on executive health and work. The causes of poor health outcomes in individuals are often rooted in the workplace. Not surprisingly, the same factors that increase risk to individual health are responsible for increasing risk to organizational health.

The survey identifies a range of risk factors and protective factors that have a significant impact on individual health outcomes. It also reveals a chain of causality that makes it possible to predict health outcomes based on specific workplace factors. For example, effort-reward imbalance, lack of civility, harassment and low access to resources increase the risk for cardiovascular disease. The key risk factors associated with mental health disorders are lack of civility, effort-reward imbalance, low access to resources and harassment.

Conversely, it is possible to identify the factors that would reduce negative health risks for executives. Protective factors such as support from colleagues, supervisor support, using one's skills, high levels of job control and perceived fairness reduce the risk for mental health problems. The risk factors and protective factors that affect individual health and well-being can also be linked, in varying degrees, to organizational outcomes such as commitment and engagement. The chain of causality makes it possible to identify the main drivers of individual and organizational health and target those factors that will produce the greatest benefits. Survey findings reveal that, overall, the top drivers are job control, supervisor support, respect and recognition. Systematically addressing these four factors will result in significantly improved executive health and well-being and will have a considerable impact on productivity and organizational outcomes.

5. NEXT STEPS

The 2012 survey results are setting a foundation for open discussions with the executive community, the APEX membership, and key stakeholders on the findings and their implications. APEX will be seeking opportunities to disseminate survey results and receive feedback. Tailored reports will be produced for individual departments and agencies with a minimum sample size that are interested in receiving their own survey results. For departments and agencies looking to develop action plans to improve the health of their workplaces, APEX will be making available tools, best practices, expert resources and learning opportunities to assist executives and their organizations.

APEX looks forward to continuing collaboration with Public Service leaders in its efforts to promote executive health and well-being and support executive leadership excellence. We invite the executive community and all interested parties to join the conversation on these critically important issues.



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PROMOTING THE HEALTH AND WELL-BEING OF EXECUTIVES AND THEIR WORKING ENVIRONMENTS, AND
DEVELOPING AN ACTIVE, ENGAGED AND GROWING NATIONAL LEADERSHIP COMMUNITY OF PRACTICE THAT
SUPPORTS EXECUTIVES IN THEIR QUEST FOR HIGH PERFORMANCE, PRODUCTIVITY AND PROFESSIONAL GROWTH.