THE APPLICATION OF Q-SORT METHODOLOGY TO IDENTIFY AND RANK STRATEGIES TO PROMOTE WORK-LIFE BALANCE, HEALTH AND WELLBEING IN CONSTRUCTION PROJECTS.

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ABSTRACT
Employees of the Australian construction industry experience high levels of work-life conflict which negatively impacts on their health and wellbeing. Research is underway to identify, implement and evaluate strategies designed to promote work-life balance, health and wellbeing in the Australian construction industry. An innovative Q-sort method was used in participative workshops with construction industry employees. This method enabled: (i) the identification of strategies that workers occupying different demographic and occupational groups would find beneficial; and (ii) the ranking of those strategies that workers believed would have the most impact upon their work-life balance, health and wellbeing. The result is a list of strategies recommended for implementation. A description of the Q-sort method and the workshop results are presented. The potential for Q-sort techniques to be used by organizations to identify opportunities to improve the health and wellbeing of their workforce and prioritise the implementation of work-life strategies is discussed.

Keywords: Q-Sort methodology, Construction, Work-family conflict, Work-life balance, Employee health and wellbeing.

THE RELEVANCE OF EMPLOYEE ‘WELLNESS’
Hillier, Fewell, Cann and Shepherd (2005) write of an ‘endemic un-wellness’ that is affecting employees’ behaviour within organizations, suggesting that a large number of employees and, by logical inference, organizational cultures are unwell. This is a concern because the health of a workforce is essential to productivity, performance and efficiency (Miller and Haslam, 2009). While it has long been recognized that workplaces expose workers to physical and chemical hazards, researchers have only recently begun to expose the health impact of long hours and psycho-social stressors. Another recent development has been the blurring of the distinction between occupational and non-occupational health effects (Drennan, Ramsay and Richey, 2006). There is a growing recognition that employee health and wellbeing are influenced by a complex interaction of factors in the work and non-work domains.

WORK-LIFE BALANCE, HEALTH AND WELLBEING
The link between work-life balance and health and wellbeing is very clear. Work-life balance is negatively impacted by conflict, in particular, work-life conflict. Work-life conflict occurs when “role pressures from the work and non-work domains are mutually incompatible in some respect” (Greenhaus and Beutell, 1985, p.77). People experiencing work-life conflict are known to experience negative health and wellbeing outcomes. In particular, work-life conflict has been linked to general wellbeing, psychological strain, psychiatric disorders, substance abuse, problem drinking and sleep disorders. Furthermore, a recent study revealed that employees’ experience of conflict was adversely related to objective indicators of physical health, namely cholesterol level, body mass index and physical stamina (Van Steenbergen and Ellemers, 2009).
Research also reveals that work-to-family conflict acts as the mechanism by which adverse work conditions translate into depression (Franche, Williams, Ibrahim, Grace, Mustard, Minore and Stewart, 2006). According to Wang, Afifi, Cox and Sareen (2007) work-family conflict is significantly associated with mental disorders in the American working population. This association was found for both women and men, although the association was stronger in men aged between 26 and 45 years of age and among married or divorced men with children. Wang, et al. (2007) suggest this might be due to the fact that middle age is a period of high productivity in which many workers also start a family. The combination of pressures to provide financially and participate in family life at this busy time, the researchers suggest, takes its toll on men's health.

Work-life conflict also impacts upon health and well-being indirectly, via employees’ health-related behaviours. For example, Allen and Armstrong (2006) and Roos, Salio-Lahteenkorva, Lallukka and Lahelma (2007) report that family interference with work is associated with the consumption of more fatty foods and less physical activity, while work interference with family is associated with lower consumption of healthy foods. Research has linked work-to-family conflict and role overload with unhealthy food choice coping strategies, for example eating take-away or fast food rather than home-cooked food, suggesting that this has serious implications for the nutrition and health of working parents and their children (Devine, Jastran, Jabs, Wethington, Farrell and Bisogni, 2006).

STATE OF HEALTH OF THE AUSTRALIAN WORKFORCE
In Australia, comprehensive workforce health statistics are not routinely collected. However, a national telephone survey of 16,304 Australian workers conducted between 1998-2001 revealed that a large proportion of Australian workers rate their health to be sub-optimal (Korda, Strazdins, Broom, Lim, 2002). In the Australian sample, male, blue-collar workers rated their health particularly poorly compared to other groups. These differences persisted after controlling for confounding variables including age, smoking and employment intensity (Korda, et al. 2002). Almost two thirds of the workers sampled reported a current long term health condition, such as asthma, arthritis, hayfever, back pain, cardiovascular disease or other long term health conditions.

THE AUSTRALIAN CONSTRUCTION INDUSTRY
One recurrent issue believed to impact upon the health of construction workers in Australia is the requirement to work long hours and participate in regular weekend work. In their study of work practices in the Australian construction industry, Lingard and Francis (2004) reported that the average number of hours worked each week was 62.5 among site-based construction workers. Perhaps unsurprisingly, recent evidence suggests that construction industry employees are particularly at-risk for negative work-life outcomes. For example, studies have linked long hours of work to burnout among Australian civil engineers (Lingard, 2004).

HEALTH PROMOTION INTERVENTIONS
An increasing number of organizations have initiated programmes designed to improve the physical and mental health of their employees (DeGroot and Kiker, 2003; Sorensen, Sembajwe, Harley and Quintiliani, 2009). DeGroot and Kiker (2003) distinguish between reactive employee health management programmes and those focused on more positive health promotion. Reactive programmes are those in which assistance is only provided once a particular health problem, for example alcoholism, is identified and help is sought. In contrast, occupational health promotion programmes focus on changing behaviours, both at work and outside work before adverse health outcomes occur. These programmes are designed to promote behaviours that will improve employees' fitness, health and general wellness. To date, little is known about the preferences of people in different demographic groups for health and wellbeing work-life initiatives, however it would be expected that preferences will vary by age, family status and occupational group (Roehling, Roehling and Moen, 2001).
Q-SORT TECHNIQUE
The Q-sort technique is useful for exploring attitudes, perceptions and beliefs about a phenomenon (Anandarajan, Paravastu and Simmers, 2006; Brown, 1986). This is of particular significance given that individuals’ work-life balance, health and wellbeing is considered a subjective cognitive appraisal (Moen, Kelly and Huang, 2008). Furthermore, the Q-sort technique is considered a sound method for conducting exploratory research and investigating underlying perceptions (Anandarajan, et al. 2006). Q-sort methodology typically focuses on a small sample (referred to as the P-set), using many questions or statements (referred to as the Q-sample), instead of seeking responses to a smaller number of questions or statements from a large number of people. The P-set is typically asked to sort the Q-sample into seven graduated piles. The forced choice format of the Q-sort technique results in a normal distribution which identifies respondents' relative evaluation of the Q-sample. As far as the authors are aware, this is the first time the Q-sort technique has been used to identify and evaluate work-life balance, health and wellbeing strategies in a practical setting.

AIM OF THIS PAPER
This paper describes an innovative Q-sort method that was used in participative workshops with construction workers to: (i) identify strategies that demographic and occupational groups would find beneficial; and (ii) rank those strategies that would have the most impact upon workers work-life balance, health and wellbeing. The result is a list of strategies recommended for implementation. A description of the Q-sort method and the workshop results are presented.

RESEARCH CONTEXT
Participative workshops were conducted at the ‘West Gate Freeway Alliance’. The Alliance is engaged in the upgrade of the Monash and West Gate freeways in Melbourne, Victoria.

Prior to conducting the workshops, a Health and Wellbeing Committee had been operating at the Alliance. The Committee comprised of workers from the project who represented various subsets of the workforce. The Committee’s role was to coordinate the development and implementation of work-life initiatives for the project. This Committee had overseen the implementation of a number health and wellbeing initiatives in the twelve months prior to the workshops. Some of these included flu vaccinations, stress management information sessions, blood pressure testing, and sporting activities. Thus, the Alliance is characterised by a proactive culture that is generally supportive of workers’ work-life balance, health and wellbeing (Turner, Lingard and Francis, 2009).

METHODS
Two Q-sort workshops were conducted with workers at the West Gate Freeway Alliance project. The Q-sort technique was initially tested with members of the Health and Wellbeing Committee at the first workshop. Due to the success of this workshop, an opportunity was provided to repeat the process with waged workers. It was considered important to investigate the preferences of work-life supports for waged workers, in addition to salaried workers, as their working arrangements differ significantly. In particular, waged workers are paid for hours worked which creates an incentive to work longer hours, while salaried workers are paid a set amount irrespective of the hours worked.

Workshop One
Eight workers of the West Gate Freeway Alliance project participated in the first workshop. All participants were classified as salaried workers. Seven of the participants were male, and one was female. Two participants had dependent aged children.
**Q-sample**
The Q-sample employed in this research originated from a set of 31 initiatives developed by the Alliance’s Health and Wellbeing Committee. Examples of the initiatives included: blood pressure, cholesterol, blood sugar level testing; flu vaccinations; stress management presentation; and limiting weekend work.

Given that one of the aims of the research was to identify work-life balance, health and wellbeing initiatives that were relevant to workers occupying different demographic and occupational groups, participants formed groups and were asked to take the perspective of: salaried (office-based) workers; waged workers (direct construction activity); workers with dependent children; or workers without dependent aged children.

In the first instance each group was provided with a full set of (31) cards. All groups were asked to consider the initiative and answer the question: “will this initiative support my work-life balance, health and wellbeing?” with a yes or no response. At the end of this activity, each group had two piles of cards: (1) initiatives which they perceived as supporting work-life balance, health and wellbeing; and (2) initiatives which they perceived did not support work-life balance, health and wellbeing.

Participants were then asked to create a new card for other initiatives which would assist them to achieve work-life balance, health and wellbeing. Additional initiatives included suicide prevention information; alcohol at social events at work with a limit of two servings per person (the project has a no-alcohol onsite policy); conflict management process; charity/fundraisers; dental check-up; childcare facility; e-tags (free access to toll roads); lunchtime sporting activities; and an independent help line (similar to an employee assistance program which includes access to help and support via the telephone).

Using only those initiatives identified as supporting work-life balance, health and well-being (the ‘yes’ pile of cards), each group ranked the initiatives along a continuum ranging from least supportive (1) to most supportive (7) in response to the question: “to what extent will this initiative support your work group to attain work-life balance, health and wellbeing?”. Participants were asked to form a ‘bell’ shape when ranking the cards, so that there were fewer cards at the extremes of the continuum (ie, least supportive (1) and most supportive (7)) and more cards in the midpoint of the continuum.

**Workshop Two**
Six workers participated in the second workshop. All participants were engaged in direct construction activity, and classified as waged workers. Five of the participants were male, and one was female. Two of the participants had dependent aged children, and one participant was a single parent.

The research method applied in workshop one was repeated in workshop two, with the exception that all participants completed Q-sorts. Additional initiatives suggested by participants included job security (many of the waged staff were employed as contractors on the project, and stated that the lack of job security and continuity of employment caused stress and anxiety and impacted on their health and wellbeing); and location of work (ideally the location of work would be closer to home so as to decrease travel time).

**RESULTS**

**Initiatives defined as supporting work-life balance, health and wellbeing**
Prior to the Q-sort exercise, participants were provided with a full set of initiatives and asked to consider whether the initiative would support their work-life balance, health and wellbeing. All of the initiatives presented to participants of workshop one were defined as supportive of work-life balance, health and wellbeing, while participants of workshop two considered the life insurance presentation, onsite childcare and superannuation information as not supporting work-life balance, health and wellbeing.
Q-sorts
Ten Q-sorts were completed, with four Q-sorts arising from workshop one (outlined in Table 1) and six Q-sorts arising from workshop two (outlined in Table 2).

Initiatives supporting all workers
Some initiatives were rated by all participants as supporting work-life balance, health and wellbeing irrespective of demographic or occupational group. These included stress management information; fatigue, quit smoking, and prostrate cancer information; skin cancer checks; blood pressure, cholesterol, blood sugar level testing; general practitioner consultation; and flu vaccination. Furthermore, limiting weekend work and time management information were also rated by all participants as supportive.

Health initiatives
Health-related initiatives such as prostate cancer information and skin cancer checks were rated very highly by salaried workers and to a lesser extent by waged workers as supporting work-life balance, health and wellbeing. Waged workers rated quit smoking information, fatigue and stress management information as more supportive in comparison to salaried participants.

Schedule revisions
Limiting weekend work was perceived by all participants as supporting their work-life balance, health and wellbeing. However, waged workers were concerned that limiting weekend work would impact on their income as they are paid for the number of hours they work in contrast to salaried workers who receive a set income irrespective of the hours they work.

Initiatives supporting subsets of the workforce

Job security
Four of the waged workers rated job security as the initiative most supportive of work-life balance, health and wellbeing. These participants explained that the lack of job security and continuity of employment causes stress and anxiety and impacts on their work-life balance, health and wellbeing.

Home and family
Salaried workers with dependent children ranked onsite childcare facilities as highly supportive of work-life balance, health and wellbeing. In contrast, waged workers rejected onsite childcare as supporting their work-life balance, health and wellbeing. For one waged worker, working close to home and reducing commuting time was rated as the initiative most supportive of work-life balance, health and wellbeing. Initiatives which provided important information that was directly relevant to participants’ home and family life were considered supportive, such superannuation and financial/home budget information.

Fitness
Providing opportunities for exercise, such as bike riding and lunch time sporting activities were rated by salaried participants as supporting work-life balance, health and wellbeing. In contrast, fitness-based initiatives were either rated least supportive or discounted all together by waged workers.

DISCUSSION
This paper aims to describe an innovative Q-sort method that was used in participative workshops with construction industry employees to: (i) identify strategies that workers occupying different demographic and occupational groups would find beneficial; and (ii) the ranking of those strategies that workers believed would have the most impact upon their work-life balance, health and wellbeing. Ten Q-sorts were completed by workers of the West Gate Freeway Alliance project, and results indicated marked differences between waged and salaried workers, and well as by parental status. Furthermore, Q-sorts revealed that initiatives supporting work-life balance are fundamentally linked to employee’s health and wellbeing.
Preferences of the workforce

Job insecurity was raised by waged workers as a critical issue impacting on work-life balance, health and wellbeing. Job insecurity is the perceived likelihood of involuntary job loss, and is associated with lack of control, uncertainty and ambiguity which in turn increases levels of work-life conflict (Voydanoff, 2007). Furthermore, job insecurity has been linked to heightened health risk (Strazdins, D’Souza, Lim, Broom and Rodgers, 2004), psychological distress (Barnett and Brennan, 1997), and poor self-rated health (Ferrie, Shipley, Newman, Stansfeld and Marmot, 2005). Given the probable impacts of job insecurity, it may be unsurprising that waged workers experiencing job insecurity identified health-related initiatives such as quit smoking information, alcohol abuse, fatigue and stress management presentations as supportive, as these initiatives essentially assisted to counter the impacts of job insecurity.

Salaried workers’ preferences for initiatives supporting work-life balance, health and wellbeing differed across demographic and occupational groups. The ‘child free’ group identified health-related initiatives, such as flu vaccinations, as supporting their work-life balance, health and wellbeing while in contrast, workers with children identified family focussed initiatives, such as child care facilities, as providing a high level of support. The salaried group identified health- and fitness-based initiatives as supporting work-life balance, health and wellbeing, while the waged workers placed far less emphasis on fitness-related initiatives. Regular physical activity has been found to lower the risk of health-related disease such as cancer (American Institute for Cancer Research, 2007) and positively impact on work-life balance, health and wellbeing. Studies have indicated that construction–based blue-collar workers are less likely to engage in leisure-time physical activity (Burton and Turrell, 2000) and this may be due to levels of physical labour associated with work (Sorenson, et al. 2009).

Supporting a diverse workforce

The present study highlighted that some work-life balance, health and wellbeing initiatives are supportive for all workers, irrespective of occupational or demographic group, while other initiatives support a subset only of the workforce. This finding is consistent with other findings (Behson, 2002; Blair-Loy and Wharton, 2002; Kirby and Krone, 2002), and suggests that organisations should give consideration to the differing needs of its workforce in supporting work-life balance, health and wellbeing, and that programs should cater for a diverse workforce rather than a ‘one size fits all’ approach. Similarly Casper, Weltman and Kwesiga (2007) suggest that organisations can enhance positive outcomes by providing work-life, health and wellbeing programs that appeal to a wider array of employees.

Equity

Catering for a diverse workforce in attaining work-life balance, health and wellbeing also supports the notion of equity and organisational justice, whereby procedures are perceived by workers to be consistent, unbiased, accurate and representative of worker concerns and perceptions (Judge and Colquitt, 2004). Research examining work-to-family conflict and organisational justice has suggested that the presence of justice allowed employees to better manage the interface of their work and family lives, which was associated with lower stress levels (Judge and Colquitt, 2004).

Designing effective health promotion programs

Sorensen, et al. (2009) propose that central to designing and implementing an effective health promotion program is broad representation from all occupational and demographic subsets of the workforce. As such, the Q-sort methodology is a tool which can be used to consult with subsets of the workforce to determine what initiatives they perceive as supporting their work-life balance, health and wellbeing. In addition to the Q-sort itself, the Q-sort exercise is a useful tool which provides an opportunity for the workforce to offer perspectives of why an initiative may or may not support their work-life balance, health and wellbeing. Such context can provide organisations with information about why an initiative may or may not be working, and how it can be changed or adapted to support a range of workers.
CONCLUSIONS
Participants engaged in the process with enthusiasm, and the Q-sort technique proved to be an effective way of eliciting information from various subsets of the workforce. There is great potential for the Q-sort technique to be used both in a practical and research setting to identify opportunities to improve the work-life balance, health and wellbeing of workers and prioritise the implementation of work-life strategies. This is of particular benefit based on the notion that the health of a workforce is essential to productivity, performance and efficiency (Miller and Haslam, 2009).

LIMITATIONS
The results are based on the experiences of a small number of employees at one case study construction project and no claims to generalisability of the findings are therefore being made. Although the Q-sort methodology typically focuses on a small sample (P-set), larger samples are preferred so that results may be generalised. Furthermore, each Q-sort completed in workshop one was undertaken by a group rather than an individual, based on the premise that no further Q-sort workshops would be conducted at the project. Based on the notion that Q-sort methodology reveals subjective structures, attitudes and perceptions, completion of Q sorts by individuals is the preferred approach. Finally, the Health and Wellbeing Committee essentially evaluated its own efforts through ranking the nominated initiatives in workshop one. However, the process was piloted with the Committee prior to replicating with other workers of the project.

Acknowledgement
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REFERENCES


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<td>• Quit smoking presentation</td>
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<td></td>
<td>• Gym membership discount / Gym vouchers</td>
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<td></td>
<td>• Physical activities and competitions</td>
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<td></td>
<td>• Ride to work breakfast</td>
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<td></td>
<td>• Shoulder and neck massage</td>
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<td></td>
<td>• Superannuation information</td>
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<tr>
<td>Level of support</td>
<td>Waged workers</td>
<td>Salaried workers</td>
<td>Dependant children</td>
<td>Child free</td>
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</tbody>
</table>
| • Skin cancer checks  
• Superannuation information | • Stress management presentation  
• Time management presentation | • Life insurance presentation  
• Limit weekend work  
• Parks Victoria presentation  
• Sleep pods for power nap access during night shift  
• Suicide prevention | • Fatigue presentation  
• Sleep pods for power nap access during night shift  
• Sports and activities equipment | • Charity / fundraisers  
• Dietician presentation  
• Personal trainer / exercise presentation |
| 2                  | • Computers located in lunch rooms for construction worker access | • Computers located in lunch rooms for construction worker access  
• Fruit truck visit the site each day | • Time management presentation | • Alcohol abuse presentation  
• Quit smoking campaign |
| least supportive 1 | • Location of work closer to home (to decrease travel time)  
• General practitioner visit site for general consultation  
• Limit weekend work | • Direct employee (permanent position)  
• General practitioner visit site for general consultation  
• Limit weekend work | • Job security  
• Stress management presentation | • Job security  
• Dietician presentation  
• Job security |
| 6                  | • Ergonomic assessment  
• Time management presentation | • Dietician presentation  
• Physical activities and competitions  
• Sports and activities equipment  
• Stress management presentation | • Fatigue presentation  
• General practitioner visit site for general consultation | • Financial / home budget planner presentation  
• Fatigue presentation  
• Financial / home budget planner presentation  
• Gym membership discount / gym vouchers  
• Limit weekend work  
• Skin cancer check  
• Stress management presentation |
| 5                  | • Blood pressure, cholesterol, blood sugar level testing  
• Fatigue presentation  
• Financial / home budget planner presentation  
• Skin cancer check | • Activities (such as go-cart day) on a non rostered day off  
• Blood pressure, cholesterol, blood sugar level testing  
• Computers located in lunch rooms  
• Fatigue presentation  
• Financial / home budget planner presentation  
• Fruit truck visit the site | • Blood pressure, cholesterol, blood sugar level testing  
• Flu vaccination  
• Provide blood pressure self testing equipment | • Ergonomic assessment  
• Limit weekend work  
• Stress management presentation |
| 4                  | • Blood pressure, cholesterol, blood sugar level testing  
• Fatigue presentation  
• Flu vaccination | • Blood pressure, cholesterol, blood sugar level testing  
• Flu vaccination  
• Provide blood pressure self testing equipment | • Fatigue presentation  
• Flu vaccination | • Computers located in lunch room  
• Fatigue presentation  
• Flu vaccination  
• General practitioner visit site for general consultation  
• Sports and activities equipment  
• Skin cancer check |

Table 2: Workshop Two - Waged workers’ perceptions of the usefulness of initiatives supporting work-life balance, health and wellbeing

<table>
<thead>
<tr>
<th>Level of support</th>
<th>Participant One</th>
<th>Participant Two</th>
<th>Participant Three</th>
<th>Participant Four</th>
<th>Participant Five</th>
<th>Participant Six</th>
</tr>
</thead>
</table>
| Most supportive 7 | • Location of work closer to home (to decrease travel time)  
• General practitioner visit site for general consultation  
• Limit weekend work | • Direct employee (permanent position)  
• General practitioner visit site for general consultation  
• Limit weekend work | • Job security  
• Stress management presentation | • Job security | • Dietician presentation | • Job security |
| 6                | • General practitioner visit site for general consultation  
• Limit weekend work | • Stress management presentation | • Quit smoking presentation | • Fruit truck visit the site each day  
• Personal trainer / exercise presentation | • Fatigue presentation  
• Financial / home budget planner presentation | • Ergonomic assessment  
• Limit weekend work  
• Stress management presentation |
| 5                | • Ergonomic assessment  
• Time management presentation | • Dietician presentation  
• Physical activities and competitions  
• Sports and activities equipment  
• Stress management presentation | • Fatigue presentation  
• General practitioner visit site for general consultation | • Financial / home budget planner presentation  
• Gym membership discount / gym vouchers  
• Limit weekend work  
• Skin cancer check | • Ergonomic assessment  
• Limit weekend work  
• Stress management presentation |
| 4                | • Blood pressure, cholesterol, blood sugar level testing  
• Fatigue presentation  
• Financial / home budget planner presentation  
• Skin cancer check | • Activities (such as go-cart day) on a non rostered day off  
• Blood pressure, cholesterol, blood sugar level testing  
• Computers located in lunch rooms  
• Fatigue presentation  
• Financial / home budget planner presentation  
• Fruit truck visit the site | • Blood pressure, cholesterol, blood sugar level testing  
• Flu vaccination  
• Provide blood pressure self testing equipment | • Fatigue presentation  
• Flu vaccination  
• General practitioner visit site for general consultation  
• Sports and activities equipment  
• Skin cancer check | • Computers located in lunch room  
• Fatigue presentation  
• Flu vaccination  
• General practitioner visit site for general consultation  
• Prostate cancer information  
• Skin cancer check |
<table>
<thead>
<tr>
<th>Level of support</th>
<th>Participant One</th>
<th>Participant Two</th>
<th>Participant Three</th>
<th>Participant Four</th>
<th>Participant Five</th>
<th>Participant Six</th>
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<td>each day</td>
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<td>Skin cancer check</td>
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<tr>
<td>3</td>
<td>Bicycle Victoria presentation</td>
<td>Ergonomic assessment</td>
<td>Sleep disorder presentation</td>
<td>Alcohol abuse presentation</td>
<td>Employed directly (permanent position)</td>
<td>Computers located in lunch room</td>
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<tr>
<td></td>
<td>Flu vaccination</td>
<td>Flu vaccinations</td>
<td>Time management presentation</td>
<td>Fruit truck visit the site each day</td>
<td>Ergonomic assessment</td>
<td>Quit smoking presentation</td>
</tr>
<tr>
<td></td>
<td>Prostate cancer information session</td>
<td>Personal trainer / exercise presentation</td>
<td>Stress management presentation</td>
<td>Stress management presentation</td>
<td>Time management presentation</td>
<td></td>
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<tr>
<td></td>
<td>Sleep disorder presentation</td>
<td>Quit smoking presentation</td>
<td></td>
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<td>Time management presentation</td>
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<tr>
<td>2</td>
<td>Sports and activities equipment</td>
<td>Gym membership discount / gym vouchers</td>
<td>Computers located in lunch room</td>
<td>Sleep disorder presentation</td>
<td>Provide blood pressure self testing equipment</td>
<td>Gym membership discount / gym vouchers</td>
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<td></td>
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<td>Prostate cancer information session</td>
<td>Prostate cancer information session</td>
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<td>Sleep disorder presentation</td>
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<td>Least supportive 1</td>
<td>Activities / social functions during work hours</td>
<td>Sleep disorder presentation</td>
<td>Night shift sleep pods for power nap access</td>
<td>Limit weekend work</td>
<td>Financial / home budget planner presentation</td>
<td>Fruit truck visit the site each day</td>
</tr>
</tbody>
</table>