Defence Team Total Health and Wellness Strategic Framework

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1.0 INTRODUCTION

Leading for health and wellness requires coordinated effort at multiple levels of the organization. It is a leadership responsibility at all levels of leadership and requires the leader's focus when balancing the needs of the individual member with those of the organization. Rooted in the Competing Values Framework[1,2], the *Canadian Armed Forces Leadership Doctrine* defines leadership and effective CAF leadership in relation to CAF effectiveness, the latter comprising five major dimensions: mission success, internal integration, member well-being and commitment, external adaptability, and the military ethos. It is recognized that at times these dimensions may compete for resources and attention, therefore, it is important for leaders to keep member health and wellness in mind when dealing with competing values and priorities, and managing the risks inherent in making decisions.

Leaders' responsibilities and opportunities to positively influence member's health and wellness are highlighted in the Defence Team Total Health and Wellness (THW) Strategic Framework (SF), which presents a holistic view of health and wellness by integrating multiple dimensions of the individual, workplace and personal life. As the foundation for the Defence Team Total Health and Wellness Strategy, the THW SF builds a holistic view of health and wellness at the strategic level, which allows to integrate specific tactical level health and wellness initiatives.

By focusing on the Defence Team as a whole, the Total Health and Wellness strategy recognizes the importance of keeping a holistic view of the health and wellness of the two distinct groups comprising the Defence Team: Canadian Armed Forces (CAF) members and Department of National Defence (DND) employees. Recognizing that these separate communities have unique requirements from a total health and wellness perspective, the THW SF, presented in this paper, provides the necessary overarching architecture to advance common health

and wellness goals, and create opportunities to leverage existing resources and action in an integrated and coordinated manner.

2.0 PURPOSE OF THE STRATEGIC FRAMEWORK

The THW SF was developed using a comprehensive approach to health and wellness that was informed by cutting edge research and professional practices. The Framework considers the full spectrum of health and wellness from one's personal life to the workplace and incorporates prevention activities such as health promotion and education, as well as assessment and treatment of illness and injury. THW SF presents a well-defined conception of total health and wellness to support the development of strategic priorities at different levels of the organization and to guide the development of action plans and specific initiatives. The Framework promotes developing action plans and initiatives using multidisciplinary and collaborative approaches as well as managing existing programs and tools designed to help leaders support members of the Defence Team in achieving peak health and wellness at home and in the workplace.

2.1 Total Health and Wellness is Greater than Physical and Mental Health

Individual health is impacted by both aspects of the work environment (psychosocial and physical) and of one's personal life. Thus, a comprehensive (or *total*) approach to health demands attending to the various determinants (or *contributing factors*) across both work and personal dimensions of health.[3] A socio-ecological model of health[4] recognizes the inextricable link between people and their environment and according to this view, health is, "*the extent to which an individual or group is able, on the one hand, to realise aspirations and satisfy needs; and, on the other hand, to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living; it is a positive concept emphasizing social and personal resources, as well as physical capacities*."

3.0 WHAT IS HEALTH?

Providing clear definitions of health, wellness, and well-being is a challenging task, made more difficult by the unique nature of work and military focus of the Defence Team. In both academic and lay usage, these words are often used interchangeably, adding to the confusion. For the purpose of the THW SF, our goal is not to resolve existing debates about how best to define these terms or to legislate usage. Instead, we define each of these concepts in a way that makes them distinct from one another, ensures their utility to the development and application of the strategic framework, and captures the essential elements of each concept defined in the literature.

The World Health Organization's (WHO)[4] 1948 definition has remained the standard adopted by healthcare and health promotion practitioners, and appears in the *National Standard*: Psychological Health and Safety in the Workplace.[5] On this view, health is defined as, "*a state of complete, physical, mental, and social well-being and not merely the absence of disease or infirmity*." The development of this definition was largely a recognition that prior clinical conceptions of health - as the absence of disease - failed to capture important features of health, outside of clinical contexts. The presence/absence of disease is part of our understanding of health but does not provide a complete picture.

Although the WHO's definition has been lauded for moving beyond defining health as merely the absence of illness, and its inclusion of social well-being, there is growing recognition that this definition can be improved.[6] One technical problem is its circular use of the term *well-being* to define *health*, making disambiguation of the

terms difficult. A more substantive criticism of the WHO's definition is the demand for *complete* physical, mental and social well-being. The reality is a growing number of people live enjoyable lives while managing chronic diseases and injuries due to medical advancements in the treatment of their condition (e.g., Crohn's disease). Under the WHO's[4] 1948 definition, these individuals would not be deemed *healthy* in spite of the fact that their condition presents few (or manageable) adverse effects, and they report feeling *well*.

By 1984, a move away from the WHO's health definition was emerging. The *Working Group on Concept and Principles of Health Promotion* in Copenhagen, 9-13 July 1984, advanced a socio-ecological model of health and the Ottawa Charter of Health Promotion (1986) announced its adoption of this definition at the *First International Conference on Health Promotion*, 21 November 1986. This more dynamic view sees health as not simply the achievement of certain physical, psychological and social *states*, but stresses the importance of the ability to *live in a certain way*, to manage one's self and adapt to stressors (physical, mental or otherwise) in the environment.

The socio-ecological conception of health finds a natural application in the workplace, and the Defence Team specifically, by emphasizing the importance of environmental (i.e., workplace) factors as key determinants in the health, wellness and safety of employees. Secondly, the focus on the importance of coping, or resilience, as a central concept of health and wellness is beneficial given its positive association with improved psychological and physical health. In our view, the two key resources for everyday life captured in the Ottawa Charter definition of health are *fitness* and *resilience*, discussed below.

3.1 Fitness

Fitness can be defined broadly as *the capability of an individual (or group) to perform required tasks, functions or missions within a given domain (physical, mental, or spiritual) on a spectrum ranging from poor to optimal performance.* In common usage, fitness describes our ability to perform physical tasks. However, it is also used in other domains, such as law, where it describes an individual's mental or intellectual capacity to stand trial – *fit for trial*. In aviation, *fit to fly* describes an individual's physical and mental capacity to perform the function of operating an aircraft free from physical or cognitive impairment.[7] All of these applications of the concept of fitness share the core notion that fitness is the ability to perform some set of tasks or functions, whether they are biological/biomechanical functions as in the case of health related fitness, or work-related functions as in the case of operational fitness. As such, they are aligned with the general definition of fitness we have adopted for the THW SF.

Although fitness assessments, such as the FORCE Fitness Profile, establish thresholds to determine whether someone can perform the required tasks or functions, fitness is not an all or nothing concept. Fitness comes in degrees, with some individuals being 'more fit' than others. This broad approach coheres with Antonovsky's[8] expanded view of health, such that fitness can be conceptualized as a continuum, ranging from poor to optimal levels.

3.2 Resilience

The concept of resilience is also aligned with the Ottawa Charter of Health Promotion definition of health and constitutes an important instance of health as a resource for everyday life. In short, resilience is a key component of health that enables us to cope with life stressors in positive ways. In the interest of accommodating a variety of applications across the dimensions addressed in the THW SF, we have adopted the following general definition: resilience is "*the sum total of dynamic psychological processes that permit individuals to maintain or return to previous levels of well-being and functioning in response to adversity*" (see Sudom and Lee[9]).

Building and maintaining a resilient workforce helps sustain operations in stressful working environments. Stressors can be multitudinous in the workplace and may include: workload, time pressure, incivility, bullying, harassment, and even sexual assault. For CAF members additional stressors may include separation from family, and trauma experienced as a result of witnessing or taking part in violent activities during deployed operations. Research has shown that not everyone responds to stressors in the same way.[3] Certain personality characteristics are associated with one's ability to remain resilient in the face of stressors. For example, positive personal characteristics associated with resilience include conscientiousness, emotional stability, mastery, and positive social interactions.[3] Therefore, selecting for these characteristics as well as providing resources and training to support personnel will help sustain an environment that fosters a positive psychosocial workplace. While the focus of much research is on psychological (mental) resilience, the THW SF will include applications of the resilience concept to physical, mental, and spiritual dimensions of the THW SF.

4.0 DIMENSIONS OF HEALTH

The THW SF recognizes that whereas personal health is impacted by psychosocial and physical aspects of an individual's work environment, work can also be affected by aspects of an individual's personal life. Thus, a comprehensive approach to health demands attending to the various determinants across both work and personal dimensions of health. Figure 3-0, below, provides a representation of health dimensions associated with work life (on the left), personal life (on the right) and the individual (in the centre) – comprised of physical, mental and ethical/spiritual dimensions

Figure 3-0: Total Health and Wellness Dimensions.

4.1 Workplace

The work environment, represented in green in Figure 3-0 consists of psychosocial and physical dimensions with underlying determinants that impact health. Psychosocial determinants consist of the social aspects of the work environment that affect feelings, attitudes, and behaviours (e.g., work load, job stress, co-worker relationships, leadership, perceived organizational support, etc.). The physical environment captures those physical determinants typically related to occupational health and safety (e.g., adhering to safety standards, identification of hazards in the workplace, safety education, etc.) as well as infrastructure supports, such as the availability of gyms, walking paths, healthy food choices, spaces to socialize/meet, etc.

4.1.1 Psychosocial Work Environment

Psychosocial factors at work include aspects of the design and management of work, and the social and organizational contexts that have the potential to influence (positively or negatively) an employee's well-being.[10] Most people can relate to the impact interpersonal relationships at work (e.g., co-workers, leaders) have on shaping the workplace environment (e.g., climate). There is a great deal of research on the effects of social dynamics (e.g., cohesion, team psychological safety, incivility, leadership, culture, etc.) in the workplace on employee satisfaction and productivity. More specifically, job characteristics such as skill variety, task identity and task significance, enhance meaningfulness of work and contribute to positive organizational outcomes such as performance, and reduced turnover and absenteeism.[11] Employees who perceive their work as meaningful are more likely to be engaged in their work and have feelings of self-worth.[12] Moreover, feeling a great sense of purpose (e.g., a calling) in one's work is associated with positive affect, well-being, health satisfaction, life satisfaction, job satisfaction, desire for challenge, engagement, and organizational affective commitment.[13,14]

Within the domain of the psychosocial work environment there are a number of underlying determinants that affect health, wellness and productivity in the workplace. The *Unit Morale Profile V2.0 Model of Psychological Health and Safety in the Workplace* developed by military and civilian researchers within Director General Military Personnel Research and Analysis (DGMPRA) provides a conceptual representation (see Figure 3-2) of the relationship between positive workplace factors (i.e., resources such as role clarity, job competence, and organizational support), negative factors (i.e., demands such as workload, and job stress), and indicators of individual well-being in the workplace (i.e., outcomes such as morale, and job burnout). This conceptual model is grounded in Canada's *National Standard* for Psychological Health and Safety in the Workplace[5] and is the foundation of the Defence Workplace Well-being Survey (DWWS).

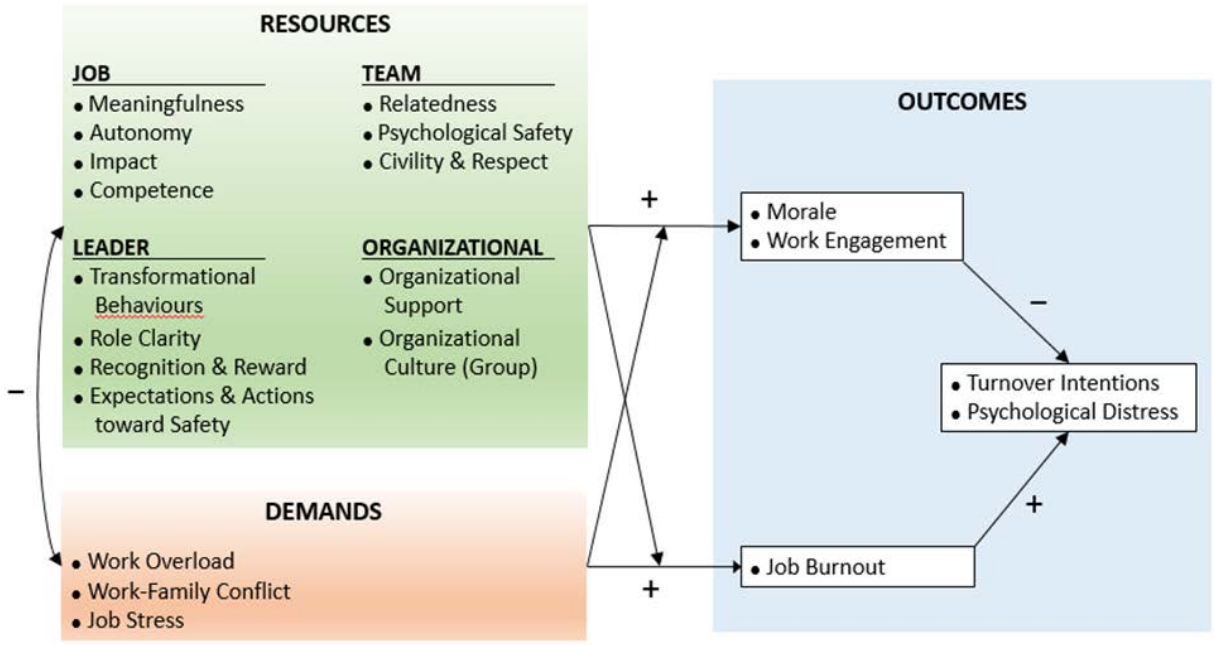

Figure 3-2: UMP v2.0 Model of Psychological Health and Safety in the Workplace.[a]

4.1.2 Physical Work Environment

The physical work environment consists of the material (or tangible) workplace elements that constitute the physical workplace conditions of employees/members including but not limited to the physical components of the building and workspace. Aspects to consider are: whether or not the workspace environment is controlled or uncontrolled (e.g., heated/air conditioned); work stations (e.g., ergonomic design for desk tops, confined spaces of vehicles, ships, and aircraft); workshops (e.g., safety systems and protocols for use of tools, machines, and equipment); air and water quality; and biological contaminants and hazardous substances or energy (e.g., in the presence of radiation, ammunition, etc.). The components of the physical work environment related to hazards and risks fall under the auspices of occupational health and safety in the workplace. The physical environment also consists of positive supports that, beyond avoidance of risk and safety issues, provide a net benefit to the health and wellness of members of the Defence Team. These include the design of physical spaces, such as gyms, meeting/social spaces, and cafeterias, to provide opportunities for activity, socializing and healthy eating. Many of these items are considered in the CAF Physical Performance Strategy. The design of the physical environment also includes aesthetic choices such as the presence of natural light, artwork, and landscaping to improve the enjoyment and use of those spaces. Design choices, such as ergonomic design of work stations, are focused more on the improvement of productivity and worker satisfaction than on addressing safety issues. Modifications to the physical environment to improve health and wellness outcomes should include both harm avoidance/reduction measures as well as changes that support improvements to physical and psychological performance.

[a] Adopted from Ivey, G.W., Blanc, J-R.S., Michaud, K., & Dobreva-Martinova.[15]

4.2 Personal Life

Personal life, represented in orange in Figure 3-0 above, consists of family, social/cultural, financial, and physical environment with underlying determinants that impact health. The family dimension refers to persons intimately involved in one's life, such as co-habitual partners, dependants, extended family, in-laws, and/or close friends who are perceived as family. The social/cultural dimension captures larger social circles that individuals participate in such as community and special interest groups, sporting and cultural groups, etc. The financial dimension refers to one's financial life, including financial literacy, financial management ability, and personal net worth. The physical environment dimension refers to the type and quality of housing one lives in (rents, owns, lives in military quarters, etc.) and the quality of the neighbourhood (gated community, remote region, or city centre) that determines one's level of safety, security and access to essential community services such as police, fire stations, hospitals, and medical clinics. Other important amenities impacting the quality of one's neighbourhood can include schools, sport and recreation facilities, banks and shopping centres.

4.2.1 Family

Aspects of one's personal life can serve a supportive or hindering function to total health and wellness. In times of crisis, family, friends, and community can often be critical sources of support, providing a buffering effect that enables individuals to function well, despite major stressors in their lives. On the other hand, personal issues, such as poor health, marital discord, and demands of dependants can be significant stressors impacting psychological health[16], and productivity at work.[17] Finally, workplace stressors can spill over into one's personal life, causing work-family conflict.[18] Being preoccupied with stressors, whether originating in the home or in the workplace, can contribute to sleep loss and fatigue - both associated with cognitive errors which, in turn, are associated with accidents at work.[19,20]

Resilient families contribute to the success of the employee/member, the mission, and the organization as a whole.[21] Family resilience and successful adaptation to stressors involves family participation in celebrations, routines, traditions, financial management, and social support networks.[21] However, family resilience is also dynamic and can be expected to evolve across life stages in response to different stressors and available supports.

The demands of military life present unique challenges to military families. Frequent relocations can be stressful for families managing the complex tasks of setting up new accommodations in a different region, accessing necessary services (e.g., childcare and healthcare, seeking new employment opportunities for spouses/partners, and re-building new social networks). Separations during deployments also present unique challenges, with the risk of injury (physical, psychological or moral) or death to the partner/parent. The stresses of military life, left unmanaged, can increase relationship problems with spouses, partners, children and friends.

4.2.2 Social/Cultural

Developing social networks and having a diverse set of relationships can have a positive impact on health and wellness. Physical recreation activities in the community, for example, can contribute to health and wellness through improved fitness and socialization outside of the workplace. At work, social relationships can have both positive and negative impacts on morale and productivity.[22] For example, an obnoxious employee may disturb concentration of other co-workers, thereby hindering productivity, whereas a polite and conscientious employee may contribute a more productive and socially pleasant work environment. Lack of social support can result in loneliness and research suggests loneliness and social isolation may be a greater public health threat than obesity.[23] For many years, science has revealed the importance of social relationships both at work and in our personal lives. For example relatedness (social connectedness or belonging) is one of three basic psychological

needs required for optimal well-being and positive motivation, as explained by Self-Determination Theory (SDT).[24]

4.2.3 Financial

The financially literate have confidence and knowledge to efficiently manage their financial assets, and the financially responsible do so by budgeting and planning for the future in accordance with their personal priorities. However, not everyone who is financially literate, is financially responsible. Having knowledge is not sufficient to motivate people to do what they know is prudent and the same can be said for health. For example, people engage in maladaptive behaviours such as smoking (or accumulating consumer debt), despite knowing the negative consequences of doing so. Further, despite one's best efforts, sometimes situations arise that are difficult to control and hard to plan for (e.g., serious illness, divorce), and may contribute to significant financial strain.

Statistics Canada reported that among the employed population in Canada aged 20-64, who participated in the General Social Survey (GSS), the largest life stressors were work (64%) followed by finances (12%).[25] Financial problems can have severe consequences for families and are a source of marital instability and dissolution.[26] If the general population has problems with work and financial stress, members of the Defence Team may have similar concerns. Moreover, CAF members have unique financial needs, as they must incorporate posting cycles into their financial planning. For those military members who experience financial difficulties, the Service Income Security Insurance Plan (SISIP) provides many services to help, including financial counselling, management and education, term life insurance plans, long term disability, travel insurance, term life insurance, CAF savings plans, and a CAF group retirement savings plan.[27]

4.2.4 Physical Home Environment

The physical environment related to one's personal life may be dictated by choice or necessity, depending on one's personal financial situation. Geographically, the cost of owning a home can vary significantly from province to province. These provincial differences have implications for CAF members who relocate during the annual posting season (APS) and must decide whether to buy or rent. When considering where to live, one must consider a number of factors that may affect quality of life, and even personal safety and security. Some considerations should include spousal job opportunities, crime rates in the area, proximity to essential services, such as police and emergency health care, as well as proximity to schools, recreation facilities, community services, financial institutions and shopping centres. For many, childcare requirements are essential to consider since cost and availability can vary significantly from place to place. Being physically located close to amenities and services can result in less commuting time, but may also result in higher living costs. Ultimately, individuals must balance personal priorities and make choices with respect to physical environmental needs (shelter) that will impact personal security, quality of life, and cost of living.

4.3 Individual

The individual dimensions are depicted in the centre of Figure 3-0 straddling dimensions in both the personal and work environment to make clear that both work and personal factors affect an individual's physical, mental, and ethical/spiritual health.

4.3.1 Physical

In general terms, the physical domain of the personal dimension refers to those factors relating to the functioning

of an individual's physical body. Traditional medical indices of physical health include the functioning of various bodily systems (e.g., cardiovascular, respiratory, digestive, immune system, muscular, renal etc.). From a fitness perspective, bodily system functioning can be understood in terms of concepts like cardiovascular endurance, muscular strength and endurance, flexibility and body composition, as they relate to general health and wellness.[28]

Overall physical health is a complex phenomenon that has genetic, environmental, psychophysiological, and behavioural components. At any given point in time, an individual's physical health is the result of the interaction of these components over time. Though subject to epigenetic factors, genetic traits are considered reasonably stable characteristics, whereas environmental psychophysiological, and behavioural factors are more susceptible to change, and therefore are a better focus for interventions to improve physical health outcomes. Psychophysiological factors can be managed through stress reduction techniques, such as those taught in *Strengthening the Forces* workshops. More acute cases (e.g., hypertension) may need to be treated through Canadian Forces Health Services (CF H Svcs) for CAF members and through provincial health care systems for DND employees. Lastly, the behavioural component requires that individuals stay motivated to eat healthy, exercise regularly, and refrain from unhealthy behaviours. To encourage healthy behaviours, the CAF developed *The Physical Performance Strategy* that identifies four contributing factors to overall physical health and wellness: 1) physical activity; 2) injury reduction; 3) nutrition; and 4) sleep hygiene.

Though genetics plays a role in determining one's risks for some diseases, proper nutrition and fitness can increase quality of life and extend life expectancy by enhancing the immune system, thereby improving resilience and the ability to repel illness and disease. There are many benefits of regular exercise, and research evidence demonstrates that physical fitness prolongs life, contributes to positive mental health, and serves a protective role against the most common killers: cancer, heart disease and stroke.[29] A physically healthy Defence Team is vitally important to its ability to productively carry out its work. This need is even more pronounced for CAF members, as physical health is essential to the maintenance of a readily deployable force. Medical fitness to deploy and the *FORCE Fitness Profile* help define in practical terms the physical health standards required for a ready force. Canadian Forces Health Services provide a full spectrum of high-quality health care to ensure CAF members are medically fit to deploy. Modern fitness facilities, fitness coaching, and fitness education provided through Personnel Support Programs (PSP), play an equally important role in motivating CAF members to maintain the high levels of fitness and health required for optimal performance in garrison and on operations.

4.3.2 Mental

The mental dimension, broadly understood, consists of cognitive (i.e., thinking, intellect, sensorimotor, language, etc.), affective (emotional) and behavioural sub-domains. All of these domains are implicated in mental health in a variety of ways. Mental health is similar to physical health in complexity in that it involves genetic, environmental, psychophysiological and behavioural components. In cases of genetic predispositions to mental disorders, a combination of monitoring, preventative behavioural change and treatment can help address disease onset and manage symptoms. For example, Cognitive Behavioural Therapy combats mental health issues by targeting patterns of thinking, feeling and behaving (e.g., negative thoughts, negative feelings, and maladaptive behaviours that can contribute to depression).[30] The environment can impact mental health through both physical and psychosocial factors. For example, lighting in the physical environment may contribute to or reduce Seasonal Affective Disorder[31], whereas, trust among co-workers, an aspect of the psychosocial work environment, may contribute to positive mental health. Promotion of mental health initiatives helps support a stigma-free environment, thereby reducing barriers to care.

For the most part, enabling individuals to cope positively with the challenges of daily life can lead to good

mental health. However, chronic or acute stressors exacerbated by distorted thought processes (e.g., pervasive negative thoughts) or maladaptive coping mechanisms (e.g., such as reliance on drugs or alcohol) might give rise to mental illness that can take the form of anger, anxiety, depression, panic disorder, obsessive compulsive disorder, or bipolar disorder.[32] To reduce stress and prevent mental illness, the PSP *Strengthening the Forces* workshops are offered to CAF members and their families, as well as to DND employees when space and resources permit, and contribute to positive mental health by encouraging healthy behaviours.

Health Canada estimates that 20% of individuals will experience a mental illness in their lifetime, and the remaining 80% will be affected by the mental illness of someone they know.[33] The CAF developed the Mental Health Continuum Model (see Figure 3-3-2) to explain the temporal nature of mental health that fluctuates depending on one's ability to cope with life's stressors at any given time. The model demonstrates bidirectional movement symbolizing the constant potential to move from one end of the spectrum to another. The Mental Health Continuum Model is part of an education program designed to reduce stigma surrounding mental illness, called the Road to Mental Readiness (R2MR) and is delivered to both CAF members and their families at various times throughout a member's career, such as during basic training, before deployment, and during the reintegration process (i.e., third location decompression).

The importance of mental health in the workplace is emphasized by the Government of Canada in its direction for all government departments to implement the *National Standard* for Psychological Health and Safety in the Workplace and the Federal Public Service Workplace Mental Health Strategy, the latter having three strategic goals: 1) changing culture to be respectful to the mental health of all colleagues; 2) building capacity with tools and resources for employees at all levels; and 3) measuring and reporting on actions.

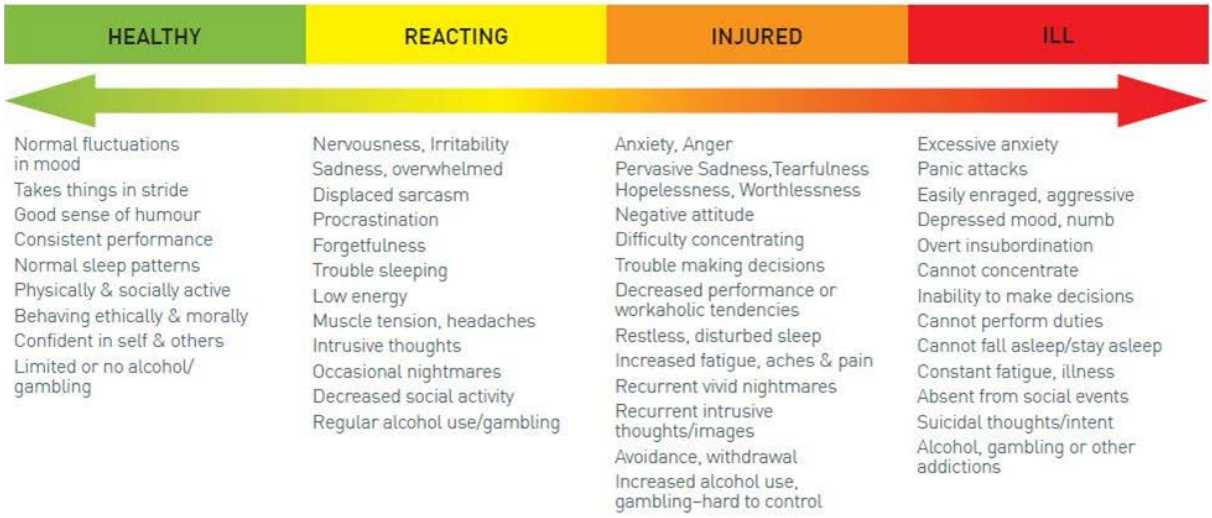

Figure 3-3-2: Canadian Armed Forces Mental Health Continuum Model.

4.3.3 Ethical/Spiritual

Ethics refers, in part, to the set of moral beliefs (the 'right' and the 'good') and assumptions held by an

individual or group that govern our behaviour.[34] A key feature of the practice of personal ethics is the process of exploring the foundations and justifications of moral beliefs: ethical awareness – which implies reasoned reflection.[35] Ethical readiness and wellness thus involve a learned skill or capacity for such awareness, which can be enhanced by support (such as education) within one's institutional and professional setting, in order to understand both the unique, necessary ethical context of the institution, and the character of ethics in general. Ethical reflection should inform one's morality. Given the necessary and difficult moral choices and experiences sometimes confronted in life (especially work in support of the profession of arms), ongoing ethical reflection is one more vital support to morale and spiritual wellness, and to coping with morally difficult experiences. The promotion of ethical readiness and wellness through training and education is necessary to reduce the risks of moral injury and support ongoing ethical development of the Defence Team.

Spirituality is, for many, aligned with traditional religious traditions, but a growing number of individuals identify as holding spiritual beliefs and values without being religious.[36] The question of meaning or life purpose is central to our self-identity. This holds true both for those who have traditional religious beliefs and those who hold non-religious or more philosophical perspectives. One's beliefs are an important factor that shapes how individuals face existential issues and other challenges of life (e.g., major life transitions such as career change, personal loss etc.). For example, one's ability to derive meaning from stressful life events is associated with reduced PTSD symptoms, depressive symptoms, suicide ideation, and suicide attempts.[37] Perceiving meaningfulness in life is associated with reduced symptoms of PTSD.[38] Other research has demonstrated that having a sense of purpose in life and feeling satisfied with life both serve as protective factors against suicidal ideation.[39] Furthermore, having purpose in life is associated with reduced incidences of suicide ideation for those who also suffer from depression.[40]

The phenomenon of moral injury provides an important lens on the key features of the ethical/spiritual dimension of health and wellness. When there is incongruence between an individual's actions and their beliefs about how they ought to behave, either from their own perspective or based on how it may be perceived by others, it may lead to feelings of shame or guilt, when their behaviour is judged to be outside of ethical norms. For example, people are said to experience moral injury when they feel shame, guilt, or anger as a result of witnessing atrocities or taking part in them and can manifest in many ways including lack of interest in social activities or questioning of moral or spiritual beliefs. Litz and colleagues explain, that for a moral injury to occur, it requires, "an act of transgression that severely and abruptly contradicts an individual's personal or shared expectation about the rules or the code of conduct, either during the event or at some point afterwards."[41(p700)] Examples of transgressions include violence or other inhumane acts that cause suffering or death.[42]

Those who have difficulty finding meaning after traumatic or stressful experiences may seek mental health services to restore or reconcile thoughts and beliefs. Those who suffer from moral injury may struggle with ethical conflicts, guilt, self-condemnation, lack of purpose, and struggles with spirituality. Consequently, a *Spiritually Oriented Cognitive Processing* therapy has been suggested as a potential treatment for those with inner conflict related to spiritual or religious beliefs.[43] The Royal Canadian Chaplain Service's Spiritual Wellness Strategy, *Called to Serve 2.0*, defines the concepts of spiritual resiliency and spiritual fitness and identifies seven key indicators of spiritual fitness: 1) engaging in life's meaning/purpose; 2) integrating morals, values, beliefs; 3) being hopeful; 4) forgiving others; 5) respecting diversity; 6) cultivating relationships; and 7) connecting to personal beliefs.

5.0 SPECTRUM OF INTERVENTIONS

In addition to ensuring coverage of the core dimensions of total health and wellness, another foundational

element of the THW SF is the belief that maximizing the improvement of health and wellness outcomes requires the development of programming that targets the full spectrum of interventions: assessment, promotion, empowerment and prevention, and care and support.

5.1 Assessment

In the context of total health and wellness, assessment activities are focused on the systematic evaluation of a variety of health and wellness status indicators across the work and personal dimensions of health and wellness. The aim of assessment is to identify needs and opportunities for health and wellness improvement for individuals and for specific groups (e.g., deployed CAF members), and to support the development of strategies and interventions to improve health and wellness outcomes. Assessment activities are not limited to individual assessment/diagnostic tools and should include monitoring relevant organizational records such as usage of sick leave, disability and injury rates, organizational assessments, evaluation of the care and support system, and its impact on the performance of the organization as a whole.

5.2 Promotion, Empowerment and Prevention

Addressing the root causes of poor health can improve health and wellness outcomes and prevent illness before it happens (e.g., preventative medicine). This broader definition of health promotion includes communication campaigns and education and training programs directed at improving awareness and understanding such as those offered by Health Promotion's *Strengthening the Forces* workshops. However, it also includes prevention activities and programs aimed more directly at addressing the root causes (personal, psychosocial and physical) of health and wellness issues.

5.3 Care and Support

Although it is always preferable to prevent health and wellness issues before they emerge, even with the most concerted health promotion efforts there is always a need for care and support. Across the Defence Team a range of care and support services that span the dimensions of total health and wellness are available to military members, their families and civilian employees. The care and support available to an individual does, however, depend on the entitlements of the individual as defined by their need, employment status, and relevant legislative and policy direction. Some examples of the resources available include medical care from the CAF Health Services for CAF members. It also includes services provided to members and their families through Chaplain and Morale and Welfare services (e.g., Financial Services and Military Family Support Services). Civilian employees rely on provincial medical care systems, and have access to the Employee Assistance Program (EAP) and Office of Disability Management.

6.0 SPHERES OF INFLUENCE

Supporting behaviour change toward the adoption of healthier lifestyles and creating a health oriented workplace environment and culture is a shared responsibility. The THW SF targets all levels of the organization, with members/employees at the core, and all other spheres of influence supporting members/employees and the work they do for the organization. Canada's Defence Policy – *Strong, Secure, Engaged* (SSE) – echoes this sentiment with people at the top of the agenda.

Individual health and wellness outcomes are affected by a myriad of influences inside and outside of the workplace. These factors can stem from employee personal issues/co-worker interpersonal relationships,

leadership style, job design, executive decisions, organizational systems, processes and procedures, and influences external to the organization. Figure 5-0 (below) provides a representation of the main spheres of influence affecting the workplace. Each of these spheres of influence has a unique role that can impact employee health and wellness, as well as organizational effectiveness and productivity. The dotted line between Member/Employee represents the various intermediaries including unions and bargaining agents, the Integrated Complaint and Conflict Management (IC2M), etc. The line is dotted to indicate that these intermediaries are not a barrier to member/employee and leader/manager relations, but an enabler in developing positive working relationships. The remaining spheres of influence aim to support positive decisions by creating a supportive work environment.

6.1 Members/Employees

Military members' and civilian employees' health and productivity at work is affected by the workplace physical environment (e.g., air quality, lighting, ergonomics), psychosocial environment (e.g., job stress, co-worker relationships, work-family conflict), as well as personal factors. Personal factors vary widely and can range from one's genetic disposition, disabilities, lifestyle choices (e.g., nutrition, physical activity), to social relationships and activities with family and friends. Individual employees ultimately have the greatest control over their personal health, through the choices they make and the lifestyle they adopt. The importance of individuals' choices to engage in a healthy lifestyle cannot be overstated. The concept of *Health Leadership* intends to capture the idea that, when it comes to health, individuals' behaviours and the resultant influence on their co-workers are as important as organizational leadership. Every individual in the organization, regardless of rank or role, can also lead by example through their choices and behaviours. Research demonstrates that co-workers play an important role in influencing perceptions, attitudes and behaviours of work colleagues.[44] The THW SF aims to capitalize on these concepts to transform workplace culture by encouraging Defence Team members to be *Health Leaders* by modelling and promoting healthy behaviours.

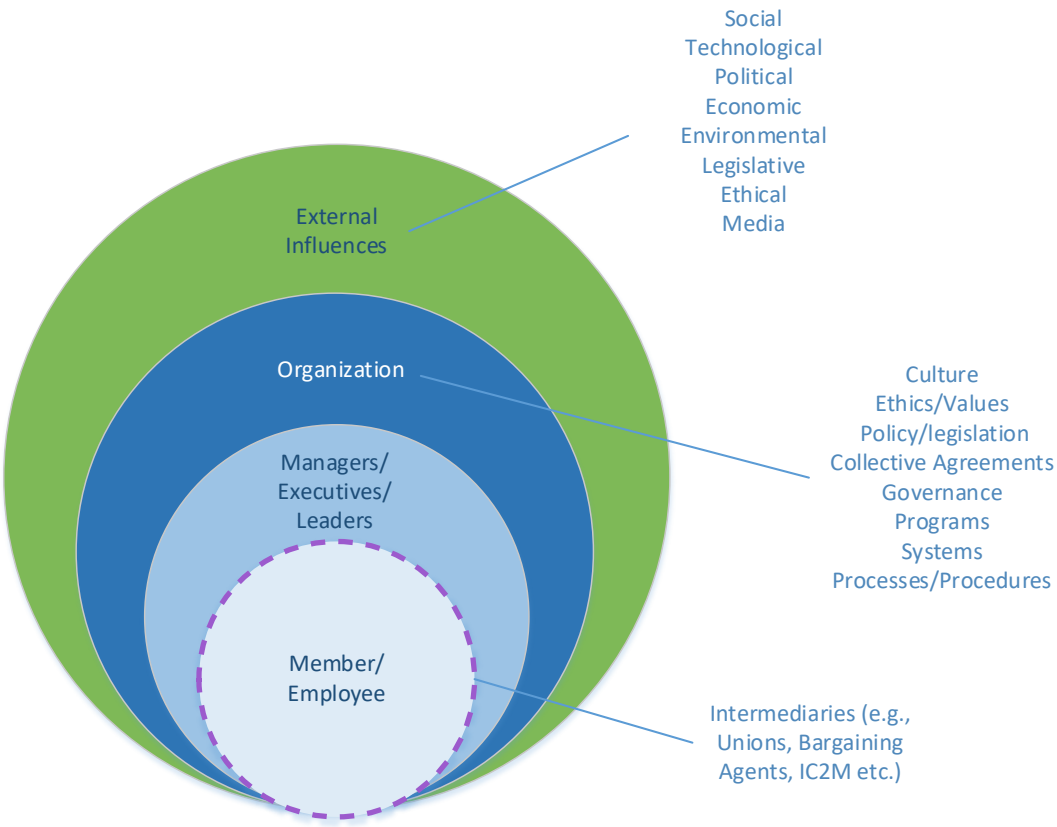

Figure 5-0: Spheres of Influence in the Workplace.

6.2 Managers/Executives/Leaders

Leaders play a central role in shaping the behaviour of their subordinates and they contribute a great deal to the quality of the workplace environment through their management style, role-modelling, coaching, and their capacity to inspire employees/members in the workplace.[45] The example they provide, the expectations they set, and the work conditions (e.g., workload management and team dynamics) they create are important components of the psychosocial health and wellness in the workplace. Beyond managing workloads through task assignment and deadline setting, leaders are in the unique position to ensure employees/members are motivated, and engaged with meaningful work. Important in this regard is the leader's ability to provide clear direction and entrust various levels of autonomy, authority and responsibility to their employees. In doing so, they ought to consider the needs and individual capabilities of each employee when assigning tasks in order to best manage available resources to meet the needs of the organization.

6.3 Organizations

Organizations can be complex and include systems, processes, procedures and policies that impact employees in the performance of their jobs. Examples of systems are Human Resources (HR) and Information Technology (IT). The HR system impacts pay, rank progression/promotion, compensation, benefits, and incentives, directly impacting quality of life, and therefore employee perceptions of organizational support which, in turn, contributes to employee motivation, engagement, and commitment.[46] IT systems impact security and efficiency

of the organization and can help or hinder the work of employees. Programs should be formulated based on scientific evidence, industry standards, and inputs from subject matter experts, and must align with the organization's strategic vision. Policies and procedures, also in line with the strategic vision, help guide and influence employee behaviour. Organizations also need grievance systems and performance evaluation systems to hold employees and leaders accountable, so when issues of unfairness or lack of transparency are brought forward, both employees and leaders can have confidence and trust in the measures put in place to protect them and the work they do. Governance includes oversight of programs and systems through their validation and adherence to mission, ethics, and values.

6.4 External Influences

In a broader context, external political, legislative, social, cultural, ethical and economic influences, among others, impact organizations. External events, such as war and natural disasters can affect national priorities that shape the focus of organizations' mandates. The Government of Canada policy framework and governance structures take these external factors and immediate priorities into account when providing direction to the Defence Team.

7.0 WELLNESS

As laid out previously, the concepts of health, wellness, and well-being historically have not been clearly defined and there is no consistently agreed upon usage in the research literature. The wellness literature, in particular, reveals enormous variance and inconsistency in the way it is defined and applied in practical contexts. The concept of wellness was developed as a result of dissatisfaction with the medical/clinical understanding of health as merely the absence of disease. There was recognition that either the concept of health or an alternative concept needed articulating to capture features outside of the strict health-illness dichotomy. Dunn[47], credited as the originator of the modern wellness movement, described wellness as a dynamic notion involving the integrated and balanced functioning of physical, mental and spiritual factors, with the aim of maximizing individual potential. This more holistic and dynamic concept is an important departure from previous clinical view of health which was characterized as a passive state—merely being free from illness.

Antonovsky[8] (as cited in Harari, Waehler and Rogers[48]) expanded this view, conceptualizing health as a continuum, rather than as a simple dichotomy, with disease at the lower end and wellness at the upper end of the continuum. Movement along the continuum is the result of positive factors (e.g., sleep, nutrition, etc.) that contribute to improved health outcomes.[48] This approach defines wellness as a multidimensional and synergistic construct associated with a positive state oriented towards maximizing individual potential. It goes beyond the clinical focus on specific pathologies by including positive factors that contribute to enhanced functioning. Across the wellness literature there is consistency between models and definitions. As Roscoe[49] points out in her literature review on the topic, there are five common features of wellness definitions: 1) wellness is not merely the absence of illness, as outlined in the WHO definition of health; 2) wellness is a synergistic concept, involving the dynamical integration of a complex set of factors, the sum of which is greater than the parts; 3) wellness depends on the maintenance of balance or dynamical equilibrium across all dimensions; 4) wellness is the positive end of a continuum, with disease on the lower end; and 5) improved wellness involves movement towards higher levels of functioning and improved health outcomes that are partially dependent on individual responsibility and motivation.

8.0 WELL-BEING

To avoid confusion with the definitions of health and wellness offered above, we have opted to refer to well-being in the psychological tradition, explained by Hattie, Myers and Sweeney[50], as one's subjective evaluation of life satisfaction. Seligman[51] added that well-being is a positive condition of existence characterized, in part, by positive emotion, engagement, meaning, identity (sense of self), positive relationships and accomplishment, from the perspective of the individual. How individuals perceive their own health and wellness is as important as objective indices of the same. Further, the concept of well-being lends itself more closely to a psychological perspective than other health and wellness definitions. Consistent with this approach, Diener[52] suggests that any theoretical definition of well-being should include three components: it should 1) be subjective, capturing the individual's perspective/assessment of their state of being; 2) focus on positive indices of an individual's sentiments regarding their life; and 3) be a global assessment, encompassing all facets of an individual's life. In contrast with health and wellness, well-being is fundamentally a subjective judgement of how one's life is going.

9.0 WHAT IS TOTAL HEALTH AND WELLNESS?

The total health and wellness approach recognizes that a complex set of factors impact personal health. There are three core elements that define what it means to take a total approach to health and wellness. First, the development of health planning and interventions need to consider all the dimensions to health and wellness: psychosocial workplace, physical workplace, and personal factors.[53] Second, developing a comprehensive approach to health and wellness is a collective responsibility across the entire institution and must include the full spectrum of interventions from assessment, promotion, and prevention, to care and support. Finally, effective interventions need to take a holistic approach that targets all the main spheres of influence inside of the institution (the employee, intermediaries, executive leadership and managers, organizations and their systems, and external influences), where possible, to improve health and wellness outcomes.

The concept of Total Health and Wellness in the workplace is 1) complex because it considers elements of the workplace influenced by the organization, such as the physical working conditions (e.g., buildings, equipment, etc.) and psychosocial factors (e.g., workload, job stress, leadership, culture, etc.), and it includes individual factors, such as mental, physical, spiritual, social and financial health. Total Health and Wellness is also 2) dynamic because situations, environments and conditions for both the organization and individuals change and evolve over time, requiring constant adaptation. Finally, elements of Total Health and Wellness are often 3) interdependent, such that one factor can impact other factors. For instance, poor air quality in the workplace might affect employee physical health, thereby negatively influencing other factors such as employee engagement, and job stress. Figure 8-0 below displays the total health and wellness dimensions captured within the THW SF, with nine health dimensions contributing to overall wellness.

Figure 8-0: Dimensions of Total Health and Wellness.

10.0 COMMON GUIDING PRINCIPLES

The Defence Team THW SF guiding principles provide direction for the development of the Total Health and Wellness Strategy, anchored in the SF, and consequently for the development of action plans within the different spheres of influence. . These guiding principles have been developed based on best practices and stem from a number of sources, including the Defence Policy: *Strong, Secure, Engaged*, input from stakeholders, and industry best practices for program intervention design and implementation. Participants/stakeholders in the Total Health and Wellness strategy development process are expected to adhere to these guiding principles in their work related to THW SF.

- Maintain Defence Team commitment. We comprise a single Defence Team and, as such, we share a continued commitment to the health and well-being of both DND employees and CAF members, and to the provision of a safe, supportive, and respectful work environment;
- Ensure alignment with relevant GoC policies and strategies. The THW SF is guided by two key documents: Defence Policy: Strong, Secure, Engaged, and the Federal Public Service Workplace Mental Health Strategy;
- Account for differences between CAF members' and DND employees' requirements and obligations. While respecting differences (e.g., unlimited liability, and Bona Fide Occupational Requirements for CAF members), the THW SF should look for opportunities to align programs and services for the benefit of all Defence Team members, where practicable;
- Utilize a comprehensive analysis. THW SF requires a comprehensive approach. Efforts should span the entire spectrum of interventions, across all dimensions in the THW SF and, to the extent possible, leverage all spheres of influence across the organization. This can be accomplished by:
    - Using evidence-based approach to decision making. Where possible empirical evidence should be used to inform the development of policies, plans, programming, budgeting, implementation, operations, evaluation and management;
    - Utilizing Gender Based Analysis+. GBA+ will be used throughout the planning lifecycle from needs analysis to program evaluation;
    - Seeking out best practices from subject matter experts. Strategic planning, design and implementation of THW SF strategies and initiatives should, where possible, be founded on

evidence-based best practices;

- Engaging stakeholders. Promote member/employee participation in the design process to ensure comprehensiveness, discussion, and buy-in;
- Engaging unions. Unions are key stakeholders, and their contribution and support is critical in the development and implementation process; and
- Recognizing the importance of family to well-being. The well-being of the family is key to the well-being of the Defence Team and their needs should be considered in all stages of analysis.

- Leverage and align existing strategies, policies and initiatives. The Defence Team already has a large number of health and wellness strategies and initiatives that are delivering on the health requirements of Defence Team members. The Defence Team strategies and initiatives should be aligned, consistent with THW SF and coordinated to ensure such efforts are mutually supportive and address gaps wherever they are identified;
- Incorporate flexibility into strategies and initiatives. The design of THW strategies and initiatives will need to take into account the comprehensive health determinants outlined in the THW SF from a systemic perspective. However, each individual will have unique and specific requirements that will influence one's health and wellness. As such, there is no one solution that will fit everyone, and the strategy must be flexible and agile enough to meet the needs of a diverse Defence Team;
- Engage and enable leadership at all levels. Leadership commitment is one of the most important conditions for success. Leaders must model behaviours that demonstrate concern for the wellness of members of the Defence Team and work to create strong support networks that promote a culture of health and wellness;
- Emphasize resilience as a core component of health. Selection of resilient personnel, and improving resilience of Defence Team members through training and services offered to them will ensure efforts continue to foster resilience;
- Promote health and wellness as a shared responsibility. Individual health and wellness is a shared responsibility. Whereas the THW SF places an emphasis on leadership and organizational responsibility to improve services and promote a healthy workplace environment, it also recognizes the responsibility of individuals to behave in a healthy and respectful manner and to contribute positively to their environment, while taking responsibility for their own personal unique health and wellness needs;
- Remove obstacles to health practices. The organization must create an environment free from obstacles to positive health practices. Leaders can help by ensuring they support and encourage the use of services and training that support health and wellness; and
- Take a continuous improvement approach. The development and review of existing THW strategies and action plans will identify the desired total health and wellness outcomes within each domain of the THW SF. Performance measures embedded in an ongoing monitoring and evaluation based management system, like that envisioned by the National Standard, will inform improvements to identified total health and wellness outcomes.

10.0 CONCLUSION

This paper described the recently developed Defence Team THW SF, its purpose and components, as well as its role as a holistic framework for guiding specific health and wellness-focused action plans and interventions. The THW SF recognizes that the health and wellness of an individual is impacted by the psychosocial and physical aspects of their work environment and also by dimensions and events in their personal life. It also recognizes that

at times these dimensions may compete for the resources and attention of the individual. Therefore, it is important to maintain a holistic view of total health and wellness in order to make informed decisions and manage competing demands.

The THW SF extends this holistic view of health and wellness to the whole Defence Team, comprising CAF serving members and DND civilian employees. It provides the necessary overarching architecture to advance common health and wellness goals, and create opportunities to leverage existing resources and action in an integrated and coordinated manner. The strategic view of total health and wellness captured in the Defence Team THW SF, along with the identified spheres of influence and common guiding principles, provide the structure and space for specific, tactical level action through which leaders could drive positive health and wellness outcomes.

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