

Assessment-to-Solutions Approach to Psychological Health and Safety in Defence

Cindy Suurd Ralph, LCol, Tzvetanka Dobрева-Martinova and Gary Ivey
Director General Military Personnel Research and Analysis
Department of National Defence
CANADA

Cindy.SuurdRalph@forces.gc.ca

Tzvetanka.Dobрева-Martinova@forces.gc.ca

Gary.Ivey@forces.gc.ca

ABSTRACT

We describe an assessment-to-solutions approach to psychological health and safety in Defence, grounded in the Defence Team Total Health and Wellness Strategic Framework. The assessment part of our approach was accomplished through the Defence Workplace Well-being Survey (DWWS), which was administered in spring/summer 2018 to a large sample of Canadian Armed Forces members serving in the Regular Force and Primary Reserve, as well as civilian employees working for the Department of National Defence. The sample was representative of the Defence Team and its three core segments. The main purpose of the DWWS was to establish a baseline for psychological health and safety across Defence and to inform the development of specific and targeted change strategies across organizational levels that support well-being in the workplace and prevent harm. An important component of our assessment-to-solutions approach was engaging stakeholders and key change agents early in the process, prior to survey administration, and soliciting their commitment to the survey and to post-survey action. The solutions aspect of our approach is focused on primary intervention at the group/unit level or higher. It targets the work conditions that provide the psychosocial resources necessary to cope with work demands, foster optimal individual and group functioning, and help prevent foreseeable psychological injury.

1.0 INTRODUCTION

In 2017, the Department of National Defence (DND) and the Canadian Armed Forces (CAF) released *Strong, Secure Engaged – Canada’s Defence Policy*.¹ Strong, Secure, Engaged (SSE), places a focus on personnel. In fact, nearly 25% of SSE initiatives are personnel-related. SSE commits to a comprehensive approach to care referred to as *Total Health and Wellness*, which includes preventative consideration of employees’ psychological and physical health along with commitment to care and treatment.

Indeed, initiatives and policies, such as SSE, reflect a growing body of knowledge that has shown that negative workplace factors (e.g., work overload, poor leadership) are associated with a variety of adverse outcomes, including psychological (e.g., depression, anxiety) and physical disturbances (e.g., cardiovascular disease).²⁻⁴ Similarly, poor employee health (both psychological and physical) accrues costs to the organization in numerous ways, for example, through reduced job performance, increased absenteeism and increased turnover.⁵⁻⁹

1.1 Context: The Total Health and Wellness Strategic Framework

The Total Health and Wellness Strategic Framework¹⁰ was developed to identify and integrate the key dimensions of the *Total Health and Wellness* approach, to which SSE committed. These dimensions are: the physical work environment; the psychosocial work environment; and individual dimensions, including mental, physical, ethical/spiritual, social/familial and financial. The Framework supports the analysis of existing health and wellness programs across these dimensions and ensures alignment between the various lines of effort regarding health and wellness in the joint DND/CAF context, i.e., that the assessment, promotion, prevention and treatment efforts, identified in the Framework, work together to promote well-being for all members of the Defence Team.¹¹ By building a holistic view of health and wellness at the strategic level, the Framework allows leaders to develop and integrate specific tactical level health and wellness initiatives. Overall, leaders are an important enabler to Total Health and Wellness initiatives as organizational leadership has been linked to a wide variety of employee workplace outcomes (e.g., safety, physical health and mental well-being)¹² and also because leaders can influence the workplace conditions that are associated with positive well-being outcomes (i.e., enable primary interventions to improve employees' lives. For a review see Kelloway and Barling¹³).

1.2 The Psychosocial Work Environment

Psychosocial factors in the workplace can include a variety of workplace conditions such as high workload, role stressors and relationships at work.¹⁴ In Canada, the enactment of a *National Standard for Psychological Health and Safety in the Workplace*¹⁵ (referred to herein as the Standard) has offered a framework to help organizations identify, control and eliminate psychosocial hazards that threaten well-being, and to proactively set conditions for psychological health.

Drawing from motivation-hygiene theory¹⁶, self-determination theory¹⁷, positive psychology,¹⁸ and positive organizational scholarship,¹⁹ the Standard highlights thirteen workplace resilience and risk factors that impact mental health.²⁰ The 13 factors include psychological and social support, organizational culture, clear leadership and expectations, civility and respect, psychological competencies and requirements, growth and development, recognition and reward, involvement and influence, workload management, engagement, balance, psychological protection (from violence, bullying, and harassment), and protection of physical safety.^{15,21} To facilitate the interpretation of the Standard in relation to psychological health, Ivey, Blanc, Michaud and Dobрева-Martinova²² applied the Job-Demands Resources^{23,24} framework to the thirteen factors, classifying them as either a job demand or a job resource. Job demands, the physical or emotional stressors at work that deplete employees' mental and physical energy, and may lead to thwarted well-being²⁴ include factors such as workload management and balance. In contrast, job resources are the physical, social and organizational factors that promote goal achievement, stress reduction, growth and well-being.^{24,25} In Ivey et al.'s model,²² these resources include factors such as recognition and reward, civility and respect, and organizational support.^{15,21} Key organizational outcomes (burnout, psychological distress, morale, engagement, and turnover intentions), against which progress could be measured, were also included in Ivey et al.'s model.²²

1.3 The Positive Psychology Approach

Positive psychology highlights that individuals actively respond to their environments whether at work, at home or in the community.¹⁸ Rather than viewing individuals as passive recipients of the stimuli in their environment, this approach sees them as "decision makers, with choices, preferences and the possibility of becoming masterful, efficacious".^{18(p8)} Thus, if our goal is to optimize human functioning in the workplace, we must aim to discover the factors that promote employees' flourishing within their organizations.²⁶ From positive psychology

perspective, complete mental health is conceptualized as a state where individuals feel high levels of positive emotion, rather than the mere absence of mental illness.²⁷

Positive psychology would suggest that we should focus on interventions that increase “the positive experience of work”^{28(p433)} rather than solely focusing on interventions designed to reduce stressors. Some of the resilience factors described in the Standard promote such increases in positivity in the workplace including opportunities for growth and development, social support and recognition and reward.

2.0 THE DEFENCE WORKPLACE WELL-BEING SURVEY

Inspired by the publication of the Standard and adopting a positive psychology approach, military and civilian researchers from Director General Military Personnel Research and Analysis developed the Unit Morale Profile version 2 (UMP v2.0) survey battery to assess the 13 psychosocial risk and resilience factors identified in the Standard,^{15,21} along with the organizational outcomes identified in the Ivey et al.’s model.²² See Figure 1 for the risk and resilience factors and psychosocial outcomes measured in the UMP v2.0. Integrating the 13 factors of the Standard into the job demands-resources framework^{23,25} allows for the survey results to inform specific action, for leveraging external research to inform positive change initiatives, and also for assessing progress and sustainability of workplace well-being over time. The UMP v2.0 was originally administered as a census style survey to a formation or unit, at the Commanding Officer’s (or equivalent) request. Between 2014 and 2018, the UMP v2.0 was administered to over 90 DND/CAF units, with participation from over 16,000 military and civilian personnel.

The growing interest in the UMP v2.0, along with the development of the Total Health and Wellness Strategic dimension of the Total Health and Wellness Strategic Framework,¹⁰ highlighted a pressing need in Defence to



Figure 1: DWWS: Measuring psychological health and safety.

look at workplace well-being more broadly – at the strategic level. Thus, the UMP v2.0 survey battery was adapted for strategic-level assessment and rebranded the Defence Workplace Well-being Survey (DWWS), which was then used to assess the psychosocial workplace dimension of the Total Health and Wellness Strategic Framework¹⁰ and to establish a baseline for psychological health and safety in Defence for future assessments and benchmarking with other organizations.

2.1 DWWS: from Assessment to Solutions

During a visit to the Defence Equal Opportunity Management Institute (DEOMI), the second and third authors were introduced to DEOMI’s concept of assessment to solutions,²⁹ used for Defence Organizational Climate Surveys administered to United States military units. The DWWS represented an opportunity to design our own assessment-to-solutions approach, inspired by DEOMI. To develop the DWWS in light of assessment to solutions²⁹ and as part of the Total Health and Wellness Strategic Framework,¹⁰ we used insights gained from organizational interventions research.³⁰⁻³³ In the pre-assessment phase of the DWWS (see also initiation/preparation phase of organizational interventions^{30,33}), we considered the spheres of influence in the Total Health and Wellness Strategic Framework, depicted in Figure 2 below, as well as the key stakeholders and change agents for the workplace psychosocial domain of the framework.

From assessment to solutions in health and wellness

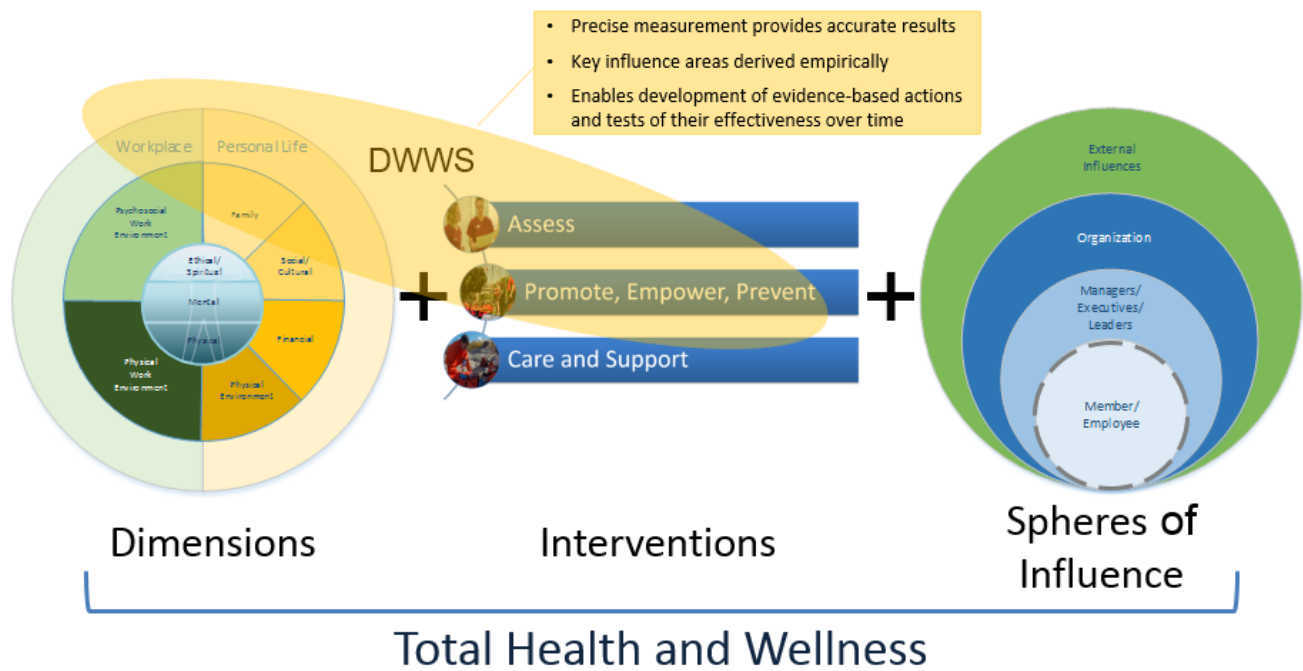


Figure 2: From assessment to solutions in health and wellness.

We consequently developed a complex sampling plan for DWWS that is representative of the Defence Team – specifically, across environments, positions, levels, genders, ranks and status groups (i.e., Regular Force, Primary Reserve and civilian employees). This allowed us to establish an accurate baseline for psychological health and safety across the Defence Team and each segment, and also to provide rigorous empirical evidence for the

solutions component of our assessment-to-solutions approach (see also action planning and implementation phases of organizational interventions^{30,33}) within the respective spheres of influence.

2.2 Stakeholder Engagements

Understanding the critical importance of engaging stakeholders and change agents early in the process and soliciting their commitment to post-survey action to support well-being in the workplace and prevent harm, we began stakeholder consultations for the DWWS eight months prior to survey administration. We obtained endorsement from relevant committees within the DND and the CAF; we sought the support and engagement of Occupational Health and Safety stakeholders including Unions and Bargaining Agents as well as the Total Health and Wellness stakeholders. We held consultations with the departmental organizations identified as the key agents of change for the psychosocial work domain, engaging them in the sampling design and the planning process, and building capacity for and commitment to post-survey action. They championed the survey for their respective organizations, encouraging participation prior to and during survey administration. We also developed a communication strategy for all Defence Team members and for stakeholders. Maintaining regular communication was a key part of the pre-survey and survey administration phases of our assessment-to-solutions approach. Several reminder communications in the form of behavioral nudges were developed to boost survey response rates.

2.3 Preparing for Post-Survey Action

Workplace initiatives/interventions can be focused at three different levels (primary, secondary and tertiary).^{34,35} Primary interventions target, for example, the source of the stress (i.e., stressor reduction), secondary interventions target individuals' abilities to cope with their stress and tertiary interventions are focused on treating problems that have progressed beyond prevention.^{36,37} Primary interventions are perhaps the least utilized by organizations.³⁶ However, incorporating a positive psychology approach to primary intervention suggests that individuals could benefit from organizational efforts that target both stressor reduction and changing the level of positivity experienced in the workplace (e.g., through transformational leadership training programs).^{28,38} Overall, primary interventions for psychological health and safety in Defence could focus on establishing/maintaining the work conditions that help prevent psychological injury, foster workplace well-being and optimal functioning, and provide the psychosocial resources necessary to cope with work demands.

With the DWWS completed, and the results being analyzed,³⁹ we are preparing for Defence Team and stakeholder re-engagement for action planning and developing solutions in our assessment-to-solutions approach (see also action planning and implementation phases of organizational interventions^{30,33}). Our focus will be on the application of positive psychology¹⁸ to primary interventions³⁶ (i.e., targeting the workplace conditions that are associated with positive functioning at work and workplace well-being).

3.0 DISCUSSION

3.1 Summary

For the first time within DND/CAF, we are conducting a complex survey-based research project using an assessment-to-solutions approach within a strategic-level, department-wide initiative that involves a wide and diverse range of stakeholders. There have been many challenges but, we would argue even more anticipated benefits. The observed benefits of the approach, thus far, include its ability to pro-actively address the “so what” question for the organization during pre-assessment, allowing us to solicit engagement and commitment to action

that will ultimately be informed by the DWWS results. By positioning the DWWS to ensure that the results can inform organizational objectives for follow on action, our next steps will involve moving into the solutions space. We expect to be able to work with organizational stakeholders to formulate action plans that are specific and precise. We are committed to encouraging our stakeholders to take ownership of solutions that reflect their needs and, to the extent possible, are grounded in existing organizational initiatives.³²

In terms of lessons learned thus far, we emphasize that early engagements to solicit commitment and build capacity for action are extremely important. We also assert that it is key to manage organizational stakeholders' expectations throughout the process. This lesson learned underscores the critical role of communications in the assessment-to-solutions approach.

3.2 Next Steps

Analysing the results of the DWWS involved cutting-edge advanced statistical analyses (e.g., latent profile analysis, dominance analysis, language and gender invariance testing).³⁹ Our goal was to produce scientifically rigorous and actionable empirical evidence to inform the development and prioritization of workplace well-being solutions in collaboration with key stakeholders. This combination of analysis will highlight areas of strength as well as areas of concern for the organization. We expect the results of the DWWS to inform the identification of strategic priorities and associated action plans aimed at establishing/maintaining the work conditions that foster workplace well-being and optimal functioning. As an organization, DND/CAF will continue to strive to provide the psychosocial resources necessary to allow the Defence Team to manage their work demands. The results of DWWS will also help establish the initial baseline for the psychosocial domain for the Total Health and Wellness Strategic Framework, informing the development of programs, initiatives and tools to help leaders and Defence Team members support and enhance psychological health and safety in the workplace.

4.0 REFERENCES

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