Strategies for Creating a Healthy Workplace Culture
at Vancouver Island Mental Health Society

by

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I would like to thank my family and friends for their patience, especially when it came to missing out on hiking adventures and road trips.

And finally, I would like to thank my wife, Glynnis Waters, for staying with me even though she was over this ‘school thing’ some time ago.
Executive Summary

Vancouver Island Mental Health Society (VIMHS) is a small not for profit organization in Nanaimo, BC on Vancouver Island. VIMHS provides support services and housing for persons experiencing psychiatric illness, substance use disorders, and for those at risk of, or experiencing, homelessness. After a period of significant growth and change, VIMHS has struggled with poor employee mental health, interpersonal conflict including bullying and harassment, burnout, fatigue, grievances, absenteeism and presenteeism. These issues were creating a profoundly unhappy dynamic, and VIMHS’s former Executive Director asked me to address what he believed was the complex interpersonal conflict affecting workplace morale.

The primary research question for this project was captured in two parts: 1) What is the current organizational culture at VIMHS and what are the factors contributing to that culture, and 2) What strategies can VIMHS use to create and maintain a culture of health and wellness in a long term and sustainable way.

Methodology

This project employed a qualitative methodology to understand VIMHS’s organizational culture because it was the most effective way to explore the lived experience of VIMHS employees and understand the unique factors contributing to the health and wellness of the organization. The methods used to collect the data included a literature review which explored workplace culture and four factors associated with maintaining a healthy workplace: psychological safety; leadership; workplace relationships; and human resources strategies that facilitate a healthy workplace. A review of secondary data supported the case for the project, highlighting a pattern of absenteeism and poor workplace mental health. An arm’s length online survey was used to ensure staff felt they had the ability to include their voice in this project.
anonymously and the survey asked respondents if they wished to participate in an in-depth face to face interview. The interview provided a rich context and expanded the understanding of the issues experienced by VIMHS employees. VIMHS’s Board of Directors completed a brief, anonymous survey to provide a high-level perspective on their understanding of the organization and to identify areas of board support.

**Findings**

The findings revealed an organization in flux but one that is committed to transforming the workplace culture. To achieve a healthy workplace culture, the project used a conceptual framework that focused on four factors that help create a healthy workplace: leadership, healthy workplace relationships, psychological health and safety, and human resources strategies. The findings expanded on each of these concepts, yielding an in-depth perspective on the issues affecting VIMHS. The findings revealed leadership challenges linked to low-trust, lack of clearly defined roles and responsibilities, and ineffective change management strategies, including inadequate communication and poor follow-through. When asked to define effective leadership, respondents indicated they expected their leadership team to lead by example and set the tone for the workplace but acknowledged they felt the current leadership team was “approachable” and “trying”.

Respondents emphasized the importance of high-quality workplace relationships as a conduit for growth and learning, and as a source of job satisfaction. Findings revealed a desire to rely on their coworkers for support and camaraderie. Respondents also described challenges with coworkers experiencing poor mental health in the workplace that were impacting their experiences of their
own work and the workplace. Psychological health and safety and workplace mental health emerged as two significant areas of importance for the VIMHS workplace.

Respondents highlighted several human resources related areas requiring attention. Staff wanted more opportunities to come together as a team, more training and development, and better hiring practices. When asked directly about the types of wellness initiatives staff would like to see implemented in their workplace, staff identified the following: professional development opportunities, discounted gym memberships; employee assistance programs, outside/social activities with the team; support for a healthy lifestyle; team building exercises and mental health supports.

**Recommendations**

Based on the findings, three strategies were recommended to VIMHS to improve and sustain a healthy organizational culture. The recommendations are:

1. **Improving the Culture at VIMHS - Rebuilding Trust and Improving Relationships**

   A staged approach is recommended for rebuilding trust, improving relationships, and creating a healthy culture at VIMHS. The initial step is to bring each worksite team, including supervisors and management, together in a full-day facilitated workshop to assess their current workplace culture and identify their ideal working environment. The group develops a set of workplace goals assessed using a force field analysis – considering both the enhancing and inhibiting influences they are working with. All participants regularly assess their goals with a survey tool. This step has been competed by one of the worksites and is expected to be completed by the two other workplaces in the spring of 2020. The second stage of this recommendation is to bring representatives from each
site together for a two-day retreat to review and reflect on the current mission, vision, and values of VIMHS.

Additionally, the organization now known as Vancouver Island Mental Health Society was, up until 2014, known as the Columbian Centre Society. For nearly forty years the Society consisted solely of two programs and a dedicated crew of longtime employees. It is important to acknowledge the ‘death’ of the Columbian Centre Society and the experiences of staff struggling with the loss of the organization they knew and loved. A healing circle and cedar brushing ceremony is recommended for the Gateway House site and should be available to all staff of VIMHS.

2. **Developing and implementing a workplace mental health program**

The experiences illustrated in both case studies and the increase of non-physical injuries in the workplace have highlighted the need for an organization wide mental health program. The goal of the mental health program is to eliminate the stigma associated with reporting and disclosing mental health challenges, obtain early support and treatment, provide training and education about mental health and mental illness and develop a clear process for supporting persons experiencing mental health challenges in the workplace. The objective is to see fewer instances of poor mental health and/or psychological harm at any of the VIMHS worksites.

3. **Instituting a Recruitment and Retention Program**

A strategy for recruitment and retention is beneficial to any organization. Recruitment is the process of attracting, screening, and selecting qualified people to work for an organization. Retention, as noted earlier, can build morale and boost engagement. A report on recruitment and employee retention strategies from the Yukon government emphasizes the challenges faced by today’s
employer of attracting the right staff for the job “while creating a positive work environment to keep them” (Government of Yukon, 2010, p. 10). A plan for recruiting and retaining new employees that aligns with VIMHS’s goal of becoming a healthy and safe workplace is another critical component in shifting the organizational culture.
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**Introduction**

Vancouver Island Mental Health Society (VIMHS) is a Nanaimo, B.C. based non-profit organization that provides psychiatric rehabilitation, housing, and support services to adults experiencing mental illness, homelessness, and/or substance use disorders. VIMHS’s vision is “to encourage a society that values and supports all people, include those experiencing psychiatric, addiction, and cognitive challenges through thoughtful, community-driven leadership” (VIMHS Website About page) and VIMHS has been a valuable community resource for more than forty years.

In recent years, VIMHS has experienced substantial organizational change. Like many not for profit organizations providing similar services in British Columbia, VIMHS is struggling with a rapidly changing clientele with complex needs and limited resources (Statistics Canada, 2019) leading to an increase in workplace stressors. The impact of stress in the workplace is well known: workplace stress leads to increased absenteeism, mental health issues, substance use issues, and interpersonal conflict occur (Csiernik, 2014) while at the same time, employee retention, satisfaction, productivity, and work quality decrease (Burton, 2006; Csiernik, 2014; Statistics Canada, 2011). There is increasing awareness of the impact of mental health on the Canadian workplace (Mental Health Commission of Canada, 2013) and VIMHS is joining the ranks of hundreds of Canadian organizations trying to assess, develop, and implement an organizational wellness initiative whose clear objective is to improve the health of all its stakeholders.

In mid 2016, I was approached by the previous executive director of the organization and asked to “fix the rampant interpersonal conflict” that was “making everyone miserable” at VIMHS. The ED’s position was that the staff were the root cause of the organization’s problems, which included funding cuts,
insubordination, chronic absenteeism and long-term disability, costly grievances, low morale and low trust, and that they should be ‘dealt with’ through various novel conflict resolution strategies. As an employee of VIMHS, it became evident to me very quickly that there was much more to the issues faced by VIMHS than the actions of a few disgruntled employees. Eventually, a variation of that initial question became this project. The goal of this project is to provide recommendations to improve the long-term health and wellness of the organization in order to benefit the employees, the organizational funders, and above all the clients VIMHS serves. This report describes the steps that were taken to assess the reported interpersonal conflict and understand what was truly “making everyone miserable” at VIMHS.

The first section contextualizes the issues affecting VIMHS and defines the problem. The next section examines the literature on organizational health and wellness and then provides a conceptual framework for this project. The following section describes the methodology, the data collection methods used, and the criteria for participation. The findings reveal staff perceptions of their work and workplace and the discussion links the findings to the current literature focused on workplace culture, psychological safety, workplace relationships, leadership, and human resources strategies dedicated to health and wellness. Finally, this report includes recommendations for improving the culture of the VIMHS workplace

**Background**

Prior to 2016, VIMHS experienced a lengthy period of stability – with limited growth, long term retention of staff, stable funding, and a clear and manageable mandate. Services pre-2016 were limited to three programs – Gateway House, a ten-bed licensed psychiatric rehabilitation program, the Semi-Independent Living program (SILs) housed in three separate facilities owned by the organization, and the Public Education and Community Education program (PECO), a single staffed and volunteer driven
venture which provided a weekly radio broadcast about mental health. VIMHS employed 13 permanent employees, maintained a small roster of long-term casual staff, and was managed by a small, long-term leadership team of three. Within a short period of time, that solid leadership team was supplanted due to retirement and resignation. A new executive director (ED) was recruited by the board of directors and the ED hired a site manager from the existing pool of employees. Concerns were raised about the new leadership team but staff felt they had no place to voice their concerns. Serious questions surrounded the new executive director’s conduct and credentials but again – those queries went unanswered and uninvestigated.

During this time of leadership upheaval and change, VIMHS expanded its services, introducing two new programs effectively tripling the size of the organization within a one-year period. VIMHS opened a supportive housing program, Boundary Crescent, in partnership with two Nanaimo based not for profits, Nanaimo Affordable Housing Association and Haven Society. VIMHS also opened a Sobering and Assessment Centre in Campbell River, B.C., expanding their services outside of the Nanaimo area.

In June 2017, the VIMHS Board and Management Team underwent a strategic planning process as a means of visioning a strategic direction and inspiring hope and engagement amongst VIMHS employees and stakeholders. The following strategic objectives were identified but have not yet been operationalized:

- To achieve managed thoughtful growth over the next five years;
- To strengthen internal capacity to support growth;
- To increase VIMHS’s visibility and community awareness of mental health, and;
- To become an employer of choice.
In July 2017, the site manager resigned, citing burnout and exhaustion, and the ED was terminated after an investigation into fraudulent credentials— the investigation was not shared with staff and the decision was made to communicate to staff that the ED retired. For a period of eight months, VIMHS was without an ED or site manager. The part-time supportive housing manager took on the role of interim ED, and I, the development coordinator at the time, took on the role of Human Resources and Operations Manager, and the two of us worked hard to keep VIMHS running while we recruited a new ED and site manager. Throughout this transitional time, VIMHS staff at all sites remained committed to providing excellent client care but struggled to remain positive and engaged in their work. At this time, we began seeing increased instances of non-physical WorkSafe BC claims, burnout, and chronic absenteeism.

**Problem:** VIMHS has been experiencing persistent problems with staff morale, low trust, absenteeism and presenteeism, retention and recruitment, complex interpersonal conflicts including bullying and harassment, and poor employee mental health. Manager’s report being overwhelmed by personnel crises leaving them unable to attend to program and fund development, management, and effective leadership. One site describes itself as “toxic”. VIMHS staff are reporting burnout and emotional exhaustion are affecting their ability to provide the quality of care to VIMHS clients they know they are capable of delivering. Employees have expressed feelings of frustration, resentment, and anger toward the current management for the unhealthy workplace they find themselves a part of and are demanding change. Additionally, VIMHS has struggled to recruit and retain new employees throughout this time leading to excessive overtime hours and fatigue for regular staff.
In part because of its strategic goal of becoming an “employer of choice”, as well as an understanding of the inherent value found in maintaining and health and safe work environment, VIMHS is undertaking this project to investigate its role in the creation and promotion of a healthy and safe, or “well” workplace through recommendations to improve the workplace. The primary research question for this project is captured in two parts: 1) What is the current organizational culture at VIMHS and what are the factors contributing to that culture, and 2) What strategies can VIMHS use to create and maintain a culture of health and wellness in a long term and sustainable way.

**About VIMHS**

VIMHS began in 1977 when a group of concerned citizens recognized psychiatric patients discharged from hospital were released back into the community without rehabilitation supports and frequently wound up back in hospital. To address this gap, VIMHS opened a licensed psychiatric rehabilitation facility to help people transition back to optimal health and reintegrate into the community. Since then, VIMHS services have expanded to include transitional housing, independent supportive housing, and substance use disorder services. The organization also runs a community education program as part of its ongoing commitment to reduce stigma and raise awareness about the realities of persons experiencing precarious housing, mental illness, and substance use disorders.

VIMHS is governed by a volunteer Board of Directors. The Board is responsible for the broader direction of the organization and meets monthly with the Executive Director (ED). VIMHS has 59 paid employees. The current management team consists of the ED, a part-time Director of Finance, Rehabilitation Manager, Human Resources and Operations Manager, and part-time Accounting Clerk. Additionally, VIMHS contracts a part-time maintenance person and a Public Education Coordinator. The management team and contracted staff are excluded. Two Team Leads act as supervisors for the
Boundary Supportive Housing Program and a Coordinator supervises the Sobering and Assessment Centre. VIMHS currently employs two permanent part-time psychiatric nursing staff who fall under the Collective Agreement of the Nurses Bargaining Association of BC (NBABC). The non-nursing staff include eleven permanent Mental Health Support Workers (MHSW’s), nine Tenant Support Workers (TSW’s), and six permanent Sobering and Assessment Workers (SACW’s). Additionally, VIMHS maintains a roster of casual staff for all positions of approximately twenty-five employees. All non-nursing staff are unionized members of the Health Sciences Association of BC (HSA) and fall under the Community Subsector Agreement. VIMHS is funded by Island Health, BC Housing, the BC Government, the City of Nanaimo, and by community support through organizations like United Way and through private donations.

**TABLE 1: VIMHS PROGRAMS**

<table>
<thead>
<tr>
<th>VIMHS Programs</th>
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<tbody>
<tr>
<td><strong>Gateway House.</strong></td>
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<tr>
<td>Gateway House is a ten-bed licensed rehabilitation program in Nanaimo. Residents of the program are referred from Island Health and must be willing to participate in the psychosocial rehabilitation program. Residents receive staff support twenty-four hours a day and are required to participate in life skills development, medication management, goal setting and group activities, attend meals and perform housekeeping chores. Gateway House is staffed by Mental Health Support Workers (MHSWs) and Registered Psychiatric Nurses. MHSW’s are members of the Health Sciences Association (HSA) and fall under the Community Subsector Collective Agreement. Gateway Nurses are covered by the Nurses Bargaining Association of BC Collective Agreement. Gateway House is also the physical home of the Management team as its main offices are located there.</td>
</tr>
<tr>
<td><strong>Semi-Independent Living (SILs):</strong></td>
</tr>
<tr>
<td>VIMHS currently operates two semi-independent living (SIL) homes: KC House with five resident beds, and Bob Currie House with eight resident beds. The SIL program offers residents transitional housing geared toward independent living. Residents of the program receive daily staff support but are able to manage their own activities of daily living including but not limited to: socializing, employment where possible, medication administration, meal preparation, communal living, hygiene, and emotional regulation. The SIL program is staffed daily by MHSW’s from 0800 – 2200, Monday to Friday, and Gateway Staff are available overnight and on the weekend for resident support.</td>
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<tr>
<td><strong>Boundary Crescent.</strong></td>
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<tr>
<td>Boundary Crescent Supportive Housing is a 41-unit supportive housing program. Tenant Support Workers support residential tenancy by maintaining the safety and security of the building, directing tenants to community resources, and encouraging tenants to connect with their supports as needed. Events like monthly community dinners, pool tournaments, and yoga are held regularly to foster a supportive and community centred atmosphere. Boundary Crescent has nine permanent staff members and the site is staffed twenty-four hours a day, seven days a week. Staffing is made</td>
</tr>
</tbody>
</table>
up of two Team Lead positions and Tenant Support Workers. All Boundary staff fall under the Community Subsector Agreement and are HSA members.

**Campbell River Sobering and Assessment Centre:**
The Campbell River Sobering and Assessment Centre (CRSAC) provides a safe and supportive environment for publicly intoxicated individuals to become sober. CRSAC offers twelve beds to substance affected adults with staff support to monitor their safety while at rest. Guests of the Centre are offered food, laundry, showers and a secure space to recover. Guests are provided with access to community resources if desired. The Centre has 6 permanent staff, consisting of a Site Coordinator and Sobering and Assessment Centre Workers (SACW’s).

**Public Education and Community Outreach (PECO):**
VIMHS’s mandate is to provide ongoing education to the general public. The PECO program does this primarily through People First Media, a VIMHS initiative using traditional media and social media to raise awareness about issues related to health and wellness – with a particular emphasis on topics related to mental illness and mental health, homelessness and housing, and addiction, harm reduction and recovery. The program also offers annual awareness campaigns that coincide with national and international campaigns like Mental Health Awareness Week. Additionally, VIMHS offers, free of charge, workshops like Hearing Voices, which simulates the experiences of what it might be like to hear voices. VIMHS also offers Mental Health First Aid courses to the general public and organizations in the Central Vancouver Island area.

**Literature Review**

This literature review explores aspects of organizational culture and examines the factors that influence and sustain a healthy workplace culture. Work plays a primary role in most people’s lives and it is estimated that Canadians spend approximately one third of their lives at work (Csiernik, 2014; Veitch, 2011). Herzberg, Mausner, and Snyderman’s motivational-hygiene theory (1959) proposes certain conditions present in the workplace can contribute to a continuum of employee satisfaction (satisfaction – no satisfaction), and a continuum of dissatisfaction (dissatisfaction – no dissatisfaction). Conditions that led to employee’s experiences of satisfaction included achievement, recognition, responsibility, opportunities, personal and professional development, and the nature of the work itself. Herzberg et al., referred to these ‘satisfier’ factors as motivators. Factors that influence dissatisfaction include workplace and working conditions, relationships with coworkers, policies, leadership quality, and wages and benefits – Herzberg et al., called these ‘hygiene factors.’ Motivating factors are linked to ‘psychological growth’ and hygiene factors involve ‘physical and psychological pain avoidance’ (Cunningham, 2016; Herzberg et al., 1959; Sachau, 2007, p. 380). While this project does not delve deeply into the
motivational-hygiene theory, it does acknowledge Herzberg’s early work into employee satisfaction, engagement, and psychological factors in the workplace and draws on subsequent literature.

This literature begins with a brief overview to define a “healthy workplace culture” and then explores factors that contribute to the health of an organization: psychological safety, including mental health and the legal implications for failing to provide a safe workplace; effective leadership; high quality workplace relationships; and the human resources strategies required to effectively bring these factors together to create a healthy workplace.

**Healthy Workplace Culture**

Workplace culture is the thread that weaves an organization’s personalities, practices, policies, and purpose into a place where people want to work or avoid and because of its ability to influence all aspects of work, it can enable or impede the development of a healthy workplace (Greiser, Stutzman, Loewen, & Labun, 2019). A healthy workplace is one that: acknowledges and responds to the needs of its workers by reducing workplace stressors and mitigating risk (Csiernik, 2014), encourages and promotes the attributes of supportive leadership (Hacker & Roberts, 2003) and high-quality workplace relationships (Carmelli & Gittell, 2009; Edmondson, 2014), promotes psychologically health and safety (Kahn, 1990; Edmondson, 1999; MHCC, 2013); and provides organizational supports including dedicated programs geared toward a healthy workplace (Newman, et al., 2017). The unspoken social mores within an organization define what is encouraged, discouraged, accepted, or rejected within a group (Grieser, et al., 2019), therefore, the healthy workplace can be defined as the degree to which staff members feel confident and safe in the face of challenges and remain committed to their work due to shared values and beliefs (Edmonson, 2003; Newman, Donohue & Eva, 2017).
Research shows the workplace has changed significantly over the last two decades. The number of workdays lost from illness, disability, family or personal reasons have increased since the early 2000s (Csiernik, 2014; Dabboussy & Uppal, 2012). In 2011, a Statistics Canada report revealed that 1 in every 4 Canadian adults found their lives stressful to the point of affecting their health and two thirds of those individuals reported workplace stress was the primary stressor affecting their health. A positive workplace can actually benefit a person’s psychological and physical health (McCubbin et al., 2003; Csiernik & Chechak, 2014) by creating a ‘safe place’ where workers feel empowered, engaged, and valued. Employees and organizations must be committed to working together to improve workplace culture, but employees require dedicated leadership and organizational supports to guide and support them throughout (Nembhard & Edmondson, 2006)

**Psychological Safety**

The emphasis on workplace psychological health and safety in the workplace is relatively recent. While workplace stressors are not the only cause of psychological distress there is a relationship between work stress and home stress (Malachowski, Boydell, Kirch, 2017) and one influences the other. A person reporting to work after experiencing a conflict with a family member may react inappropriately to a coworker’s statement; a person arriving home after a difficult day in the office may snap at their spouse, creating tension, and so on. The changing workplace and attitudes toward work which see organizations having to do more with less, increased emphasis on productivity and outcomes, decreased job security, stagnant wages and rising costs of living (Csiernik, 2014; Raderstorff & Kurtz, 2006) has led to higher reported incidences of workplace stressors and therefore greater attention to mitigating risk (Csiernik, 2014). While the predominant motivator for the employer to act is financial, the actual implications of poor employee health on an organization are much greater.
Workplace stressors impact workers at all levels of well-being: psychological, social, spiritual, physical, intellectual; thus, increasing attention has been paid to psychological health and safety in the workplace over the years (Edmonson & Lei, 2014; Mental Health Commission of Canada (MHCC), Website, 2019; Newman, Donohue, Eva, 2017). In 2013, the MHCC Council of Canada (NSCC), commissioned by the Mental Health Commission of Canada, released the report, *Psychological health and safety in the workplace - prevention, promotion, and guidance to staged implementation*. This publication alerted Canadian organizations to their responsibility to provide a safe and healthy workplace free from harm to their workers and encouraged Canadian employers to prioritize the psychological health of their workers by implementing psychologically healthy and safe workplace strategies. According to the report, workplaces that promote psychological safety have fewer instances of interpersonal conflict and (MHCC, 2013, p.1). A study on the relationship between what the authors referred to as a ‘psychological safety climate’ (PSC) and workplace bullying and harassment found a direct link between a poor PSC and instances of bullying and harassment (Law, Dollar, Tuckey, & Dormann, 2011).

Early research into the psychological conditions of work examined the extent to which employees could simply ‘be themselves’ at work (Goffman, 1959; Kahn, 1990). When employees’ workplace conditions encouraged autonomy and creativity, employee engagement increased and employees felt safe to ‘perform’ their authentic selves at work (Kahn, 1990, Edmondson, 1998). When the workplace was perceived as dysfunctional and potentially ‘unsafe’, employees withdrew, or disengaged, as a means of self-protection (Kahn, 1990). Psychological safety describes an individual’s or group’s perception of comfort with being and/or expressing themselves at work and an awareness of the risks or consequences of doing so (Edmonson, 2003; Edmondson & Lei, 2014; Kahn, 1990; MHCC, 2013).
A psychologically healthy and safe workplace is one in which the employer takes deliberate actions create the conditions that promote psychological safety and prevent psychological harm (MHCC, 2013). Psychological safety has been linked to outcomes in perceptions of leader support, teamwork and workplace relationships, and learning and development at the both team and organizational levels (Edmondson & Lei, 2014). Edmondson and Lei’s (2014) exploration of the literature at the organizational indicate the relationship between psychological safety, dedicated human resource strategies, high quality relationships, and organizational climate are necessary for optimal organizational learning and performance (2014, p. 28). In the realm of health care and the health care workplace, psychological safety is linked to safer workplace, employee engagement, and increased employee commitment to the organization (Rathert, et al., 2009). Failure to provide a psychologically healthy and safe workplace can lead to significant increases in worker psychiatric illness and mental health issues.

**Workplace Mental Health**

Healthcare workers are 1.5 times more likely to be off work due to illness or disability than people in all other areas of work (Casselman 2013) and it was further observed that health care workers were at greater risk of burnout and emotional exhaustion at work (Casselman, 2013; Green, Milner and Aaron, 2011). Mental health care workers are at an even higher risk of stress because of the demands of their job, which include, working with complex individuals often in crisis, heavy work load, few or limited resources, and little reward (Green, Milner & Aaron, 2013). Research shows that healthcare workers and mental health care workers experience higher rates of poor mental health, emotional exhaustion, and burnout than other industries (Casselman, 2013).

Mental health challenges experienced by staff are generally associated with financial costs and the effect on operational requirements (Goetzal, et al., 2002, Moll, S., Eakin, J.M., Franche, R.L. Strike, C., 2013),
including a decrease in employee production, and an increase in absenteeism and presenteeism (Ammendolia, Cote, Cancelliere, Cassidy, Hartvigsen, Boyle, & Amick, 2016; Burke, 2012). However, the impact of poor mental health on morale, employee engagement, job satisfaction, workplace relationship while less measurable, is just as costly (Malachowski, et al., 2018). Additional outcomes associated with poor employee health include high turnover and turnover intention (Bukach, Ejaz, Dawson, Gitter, 2017; Green, et al., 2013) which not only affects workers by increasing burnout and emotional exhaustion, it impacts clients receiving services by affecting both the quality and continuity of care (Green, et al., 2013). Mental health problems in the workplace have been estimated to be the equivalent of nearly 3% of the Canadian GDP (Casselman, 2013; MHCC, 2013) and estimates suggest that mental health claims have cost Canada more than 50 billion dollars (MHCC, 2013). One third of all disability claims are related to mental illness and mental health claims disproportionately represent all disability costs because mental illness is harder to diagnose and treat and requires more time away from the workplace (MHCC, 2013). With one in five Canadians experiencing a mental illness in their lifetime (Canadian Mental Health Association (CMHA), Website, 2019), an unwell workplace can be problematic for a small non-profit organization with a fixed budget.

The challenges for the employer experiencing mental health problems in the workplace are complex. There is a lag between diagnoses and access to adequate supports. Employer benefit providers struggle to adequately support employees. Unlike a physical injury where a clear link to the cause in generally known and can be in many cases ‘seen’, a mental injury or illness can be linked to a variety of causes, including biology, genetics, previous trauma and/or environmental factors (Dewa, et al, 2012). Because the causes of a mental illness are much more difficult to determine (Dewa, et al, 2012), establishing a
The legal implications of psychiatric illness in the workplace are high. Traditionally occupational health and safety related practices, policies, and procedures have focused predominantly on the physical health of the worker and the perception of safety, safe work practices, and mitigating workplace hazards that have the potential to physically harm the worker (Dollard & Bakker, 2010). Mental injury, in a legal
context, can be defined as the significant impact on mental health that leads to chronic inability to function as usual at work and/or at home and caused by the negligent, reckless, and intentional acts or omissions on the part of the employers, their agents, and other employees (Shain, et al, 2012, p. 144). Canadian employers are required to provide to their employees a safe workplace, free from physical or mental harm. Canadian legislation amendments, most notably, Bill 14, enacted on May 31, 2012, expanded the allowable criteria for compensation for mental disorders in Section 5.1 of the Workers Compensation Act. Bill 9, enacted on May 17, 2018 which further redefined allowable criteria and allowed for a review of all decisions involving section 5.1 of the Act made on or after May 17, 2018 as per the Act’s transitional provisions (Work Safe BC, 2018). The impact of this on organizations like VIMHS is that the onus of providing a safe and healthy workplace free from psychological harms falls squarely on the shoulder of the employer.

Leadership

Research is very clear on the role of the leader to set the example in the workplace and staff are acutely aware of the behaviour of their leadership (Edmonson, 2003). Demonstrating leadership behavioural integrity – when leader behaviour is aligned with not only their actions but those actions themselves align with the mission, vision, and values of the organization (Leroy, Anseel, Halbesleben, Dierynck, Simons, McCoughey, & Sels, 2012) is critical when the goal is to transform organizational culture. When leadership values and promotes a culture of safety, encourages employees to report concerns, and then takes steps to address issues in the moment, workplace errors, which in a health care context can be dangerous, decrease (Leroy, et al., 2012; Rathert et al., 2009) highlight the importance of leadership that aligns with the values and mission of the organization. Congruent messaging matters; a mission statement that emphasizes recovery-
oriented client care while managers emphasize maintaining the bottom line is perceived as disingenuous (Rathert et al, 2009) and affects both trust and morale.

Strong leadership is important in organizational change. In a study about engaging health care workers in improving their workplace, findings suggested leadership played a critical role in facilitating and supporting staff as they navigated workplace change (Brabant, Lavoie-Tremblay, Viens, & LeFrancois, 2007). Leaders keep the bigger picture in mind, understand the work being done, provide encouragement and direction, and support the team through challenges and difficulties (Brabant, et al., 2007). Including and encouraging staff opinions of their work environment and participation into planning workplace improvements leads to greater acceptance and commitment to workplace change from staff (Brabant, et al., 2007; Rathert, Ishquioxide & May, 2009).

There are numerous theoretical perspectives on leadership – the scope of this project does not allow for a thorough examination of leadership theory. Inspirational or transformational leadership powerfully motivates others to do their best, understands the larger picture and communicates the organizational vision to their staff (Bass, 1985; MHCC, 2013); transformational leaders are creative, visionary, empowering, and community builders (Hacker and Roberts, 2003). An empowering leadership approach encourages a level of responsibility and autonomy amongst staff and promotes collaborative decision making, knowledge sharing, and teamwork (Grieser, Stutzman, Loewen & Labun, 2019; Lorinkova, Pearsall, & Sims, 2012). Inspired leaders build relationships built on mutual trust, inspire and motivate others through genuine enthusiasm and expressions of gratitude, and “exert conscious influence”, or knowing when, what, and how to give the appropriate feedback and/or direction needed in the moment (Grieser, et al., 2019, p. 66).
Leaders who listen to their employees show they care about their employees as people, not simply as ‘staff’. A sense that it safe for staff to express and share their opinions is created when leaders are perceived as “open, accessible, and available” to staff (Edmondson & Lei, 2006; Hirak, Peng, Carmeli, Schaubroeck, 2012, p. 109). In a study on leadership behaviour and employee “voice”, which can be defined as the perception staff have of being able to raise concerns with their supervisor even when it may upset or challenge the supervisor, the authors found that transformational leadership styles encourage staff to raise concerns and make suggestions for improvement (Detert & Burris, 2007).

**Workplace Relationships**

Team relationships are linked to both personal and professional growth. A healthy and safe workplace with a team of healthy employees reduces personal risk and exposes personal vulnerabilities – creating a safe yet open environment (Kahn, 1990; Edmondson, 1999). A unique tension between psychological safety and conflict must occur for learning and growth to take place (Edmondson & Lei, 2014) – staff must feel safe comfortable risking embarrassment and judgment when making a mistake as well as be open to receiving feedback and instruction. The feedback and instruction must be delivered in a supportive and considerate way. High-quality workplace relationship can lead to job satisfaction and personal satisfaction (Vartia, 1996), while poor coworker relationships leads to work stress and is linked to an increase in interpersonal conflict and bullying and aggressive behaviour (Chechak & Csiernik, 2014).

Workplace relationships can foster a sense of safety, belonging, and personal value (Kahn, 1990; Edmondson, 1999). The “high-quality workplace relationship” is comprised of shared goals, shared
knowledge and mutual respect (Carmelli & Gittell, 2009). The workplace relationship, therefore, can be seen as opportunity for creativity, learning, and growth. High quality relationships also promote safety: in the health care realm; critical operations with a potential for harm, like medication administration, require a level of safety, trust, comfortability in the role (Nembhard & Edmondson, 2006); if there is a crisis and another staff person is required to take over an task like medication administration, staff need to know and trust that their coworker knows their job and will understand their decision to attend to the crisis. Nembhard and Edmondson (2006) report that between 70% and 80% of medical errors are due to mistakes between team members due to a lack of shared information and/or assumptions.

The trend toward collaborative practices in health care, which values multiple ‘experts’ sharing knowledge and making decisions as a team (Nembhard & Edmondson, 2006) is in reality very difficult to achieve. In their work on workplace learning and job status, Nembhard and Edmondson (2006) revealed a well-documented reluctance to share information across roles, for examples, between nurses and physicians. A physician is less likely to consider information from a lower status employee, a nurse for example, and a nurse is less inclined to share information with the doctor (Carmelli & Gittell, 2009; Nembhard & Edmondson, 2006). When employees share the same goal but perform different functions in obtaining that goal, their different roles and a lack of respect for each other’s roles can negatively impact the team and the work the team is trying to achieve (Carmelli & Gittell, 2009).

**Human Resources Strategies**

Human resources strategies operationalize the values and vision of an organizations. HR strategies that support a healthy workplace culture and promote psychological safety include dedicated mental health programs and wellness policies and procedures (MHCC, 2013); recruitment and retention practices (Shain, Arnold, & GermAnn, 2012); ongoing training and development opportunities; and reward and recognitions programs (MHCC, 2013).
Mental health programs seek to improve organizational awareness about mental health and mental illness and psychiatric disorders, reduce the stigma associated with mental illness, and are unique to the organization (Canadian Mental Health Association, 2012). In their ‘how-to’ guide, Gilbert and Blisker (2012) propose a comprehensive approach to promoting a mental health program in the workplace, citing social inclusion, freedom from discrimination and violence; and access to economic resources as the “three most significant determinants of mental health” (p. 15). Promoting mental health at work could be the most effective way to prevent poor mental health as the workplace can generally provide the three determinants of mental health outlined above.

Workplace wellness programs are often seen as preventative measures to tackle ‘soaring health care costs’ (Baicker, Cutler & Song, 2010). While these programs traditionally describe dedicated “wellness programs” or “health promotion programs” that feature a lifestyle or work/life balance component (Roman & Blum, 1988), these initiatives frequently fail to address the environmental, organizational, and social aspects of health and focus instead on employees’ personal habits and behaviours, including exercises, nutrition, finances, and stress management (Lee & Lovell, 2014). Participation, or a lack of, is the primary barrier to the wellness initiative of any organization (Cseirnik, 2014, p. 80), and participation rates in Canadian workplace wellness initiatives are very low, with participation estimates ranging from 11% to 23% of employees reporting ‘occasional’ participation (Lowensteyn, Berberian, Belisle, DaCosta, Joseph, & Grover, 2018). Not only is there low participation in workplace wellness initiatives, but the people who would benefit most from the program are the ones who do not access them (Kelloway, 2016). A study on improving outcomes for participation in wellness initiatives found that ensuring the services offered by the program are relevant to workers, providing small financial
incentives, promoting the program, and securing leadership commitment yielded better participation outcomes than programs that did not (Batorsky, Van Stolk, & Lui, 2016).

**Conceptual Framework (Project Planning)**

Preliminary research into factors constituting a ‘healthy workplace’ provided a stepping off point for understanding the state of the VIMHS workplace. The MHCC (2013) report on psychological safety identified thirteen factors required for a psychologically healthy and safe workplace. For this project, I began my investigation into the state of VIMHS’s organizational health by using the concepts from the report that repeatedly emerged in numerous informal and formal discussions with staff, managers, union representatives, and board members. For example, concerns with the leadership of the organization prompted questions about what characteristics make a good leader and whether staff felt the leadership was effective, were able to manage change, and whether they felt they could approach their manager if needed. Questions about organizational supports, employee engagement, and dedicated wellness initiatives opened the door for staff to consider their worksite, their workplace relationships, what they thought was working, or not working, and respond to survey questions and participate in interviews in a meaningful way. After an analysis of the data was completed, and prior to the writing of this report, the conceptual framework was altered to reflect the findings. A new version of the framework emerged and focused on the relationship between effective leadership, human resources, psychological health and safety, and high-quality relationships as factors that contribute toward creating and sustaining a healthy workplace culture. The rationale for including each factor is outlined below.

*Psychological Safety*

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1 See Appendix 1 for a list of the 13 Workplace Factors of Workplace Psychological Health
Psychological safety and perceptions of safety are essential for a safe and healthy workplace. As indicated in the literature review, staff perceptions of psychological safety are linked to employee engagement, creativity and learning, healthy workplace relationships, job satisfaction, and, in the health care context, fewer errors and client safety (Gilbert and Bilsker, 2016).

Leadership

Leaders that value and promote a culture of safety set the tone for the workplace. Research shows that although an organizational cultural shift requires commitment from all stakeholders, staff need their leadership to demonstrate and uphold the values and practices required for organizational change and leaders must provide direction, information and feedback to their workers throughout the process.

High-Quality Relationships

Teamwork and coworker relationships influence the culture of any workplace. Research suggests the workplace relationship is a key component of any workplace culture – high quality relationships create a sense of belonging and safety and shared goals and values in action influence the culture of the workplace.

Human Resources

Human resources strategies operationalize the vision and values of an organization. HR programs that promote health and safety and provide clear procedures for employees mitigate risk. Dedicated wellness initiatives tailored to the workplace can encourage healthy practices inside and outside of the workplace. Recruitment and retention practices can help build a diverse and healthy team and training and development opportunities can motivate and inspire workers.
Methodology and Methods

A qualitative research methodology was used to understand the organizational culture at VIMHS – this approach was the most effective way to explore the lived experience of VIMHS employees and understand the unique factors contributing to culture of the organization. Phenomenological studies seek to describe the meaning of a phenomenon experienced by several individuals (Creswell, 2007; Sanders, 1982) and this approach was used to understand the culture at VIMHS and the ways in which it is created and reinforced in the workplace every day. I used the following methods: a review of secondary data; a review of the literature on organizational cultural health and wellness; an online survey for staff members; a short questionnaire for the Board of Directors; and face to face interviews. I also made use of my own experiences as an employee of the organization. This reflexive inquiry was essential to mitigate my changing role in the organization and maintain an ethical and conscientious perspective throughout the completion of the project (Oliver, 2005; Sanders, 1982).

A review of secondary data was conducted to understand examples relating to workplace mental health issues experienced by VIMHS employees. Instances of long-term disability, absenteeism, mental health related Work Safe BC claims, and employee turnover rates were examined over a three-year period.
between April 2016 and April 2019. Secondary data was collected using the payroll software Sage, and by consulting personnel files. All identifying data was excluded to maintain anonymity.

Data sources for the literature review included articles from peer reviewed academic journals and professional publications. All online searches were conducted through the University of Victoria Library portal. Databases used were Academic Search Premier, EbscoHost, JStor, and PsychCentral. Search terms included the following: workplace wellness, organizational health, organizational health and wellness, psychological safety, psychological health and safety at work, healthy organizational culture, and health and wellness in the Canadian workplace.

**Sample interviewed and surveyed**

A request to participate in a survey link was made to all forty-six active2 employees at VIMHS. To address confidentiality, the survey was delivered via email link by my project supervisor, Dr. Barton Cunningham, and no identifying information was collected. Forty-one staff members accessed the online survey. Of those forty-one individuals who accessed the survey, twenty-five completed the survey in its entirety, and one individual completed the survey but did not indicate consent so the data was removed. In total there were 24 respondents (N=24) for a 52% response rate. The final survey question asked participants if they wished to participate in a face to face interview. Of the twenty-four responses to the survey, ten indicated they wished to participate in an interview. Of those ten, only six provided contact information. All six participants were interviewed.

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2 Active employees are those currently on the schedule and/or available for work. Employees on leave without pay, LTD, Work Safe BC claims, or otherwise unavailable for shifts were excluded.
The 2018 Annual General Meeting provided an opportunity to get input from the Board of Directors. A short, four question survey and a consent form was given to each of VIMHS’s nine board members to complete. Four Board members completed the survey for a 44% response rate.

**Instruments**

**Survey**

The confidential online survey questions were developed to gain insight into the initial four conceptual areas: leadership, employee engagement, organization supports, and workplace wellness. The questions included both scalar and open-ended questions. For example, a five-point Likert scales included questions such as: “How easy is it to get the resources you need to do your job well at VIMHS?” and, “My work and my work done at VIMHS positively impacts people’s lives”. The open-ended questions asked for examples using wording such as: “Describe a positive example of your working relationships with your supervisor or managers?” and, “Please describe what actions you think VIMHS can take to build a satisfying and healthy workplace”.

The Board questionnaire consisted of five questions about organizational health and wellness. They were asked, 1) what does ‘employer of choice” mean to you? 2) In your opinion what steps can VIMHS take to achieve its goal of becoming an employer of choice? 3) What does the expression “mentally healthy workplace: mean to you? 4) In your opinion, what role(s) can the board take to create and sustain a health and wellness initiative for VIMHS? and, 5) Is there anything else you would like to add in regards to psychological health and safety in the workplace?

**Interviews**

The purpose of the interview was to gain a deeper understanding of the VIMHS employee’s experiences of their work with VIMHS. The open-ended nature of the guide allowed for exploration by the
interviewee without forcing them into a yes or no response. It also provided an opportunity to delve deeper into answers of particular interest to the interviewer with the interviewee. Adopting a phenomenological interview approach allowed me to explore the respondent’s real experiences of working with and for VIMHS (Patton, 2015). All of the interviews were conducted between February and April 2018. Six staff interviews were conducted and each was digitally recorded and transcribed by a professional transcriptionist.

Interview questions were linked to the initial conceptual framework components: leadership, employee engagement, organizational supports, and dedicated wellness policies and procedures. Questions were open ended and included examples such as; (1) Can you tell me what the term “workplace wellness” means to you?, (2) Please give me an example of a workplace situation when you witnessed or observed effective [leadership], (3) Please give me an example of a workplace situation where you witnessed or observed ineffective [leadership], (4) What does the term “engaged employee” mean to you? and, (5) Please give me an example of a workplace situation where you experienced being part of an effective [team].

Analysis

The analysis focused on content analyzing the 24 open-ended survey responses and the 6 interviews. I organized the data into the four initial conceptual areas (leadership, organizational supports, engaged employees, and wellness programs and policies) while being open to new themes or categories that might emerge. I reviewed the data and highlighted phrases that stood out to better understand the content. The data was further reviewed with my supervisor and sorted into categories. After identifying themes, we sorted the interview and open-ended survey responses into the theme areas to get an overall frequency score (Boyatzis, 1998, p. 133). I then selected statements that best represented each category.
for illustrative purposes. Consequent stages involved verifying the reliability of the sorting and creating a visual representation (tables) to highlight examples of each of the key themes that emerged from the data.

**Limitations**

Given my role as a VIMHS manager, I was mindful of my position and sought feedback and objectivity from my supervisor and co-managers throughout the process. The limitations to this study include a relatively low response rate to the online survey (N=24; 54%) which may lead to an inaccurate reflection of staff perceptions of their workplace culture. However, the survey findings consistently revealed parallel themes to the interviews and aligned with the secondary data review. There are also limits to the confidentiality of the respondents due to the sample size and the nature of the work. Every effort was made to remove identifying information and maintain anonymity.

**Findings**

This section begins with the findings from the review of the secondary data. These data highlight the impact of the issues on the organization and support the findings from the surveys and interviews. The data from the survey and the interview collection methods revealed and were categorized into five distinct themes: psychological health and wellness; workplace culture; workplace relationship (team); leadership; and human resources. The findings have been summarized into each theme for clarity.

**Secondary Data Review Findings**

Between April 2016 and April 2019, there were eight physical injury related WorkSafe BC claims, but fifteen ‘non-physical injury’ WorkSafe BC claims; 95 of those claims were mental health related. With a staff roster of only 29 permanent employees, these findings are significant. At any given time over the previous three years, approximately 30% of the permanent staff were off work. The medical reasons
include work related post-traumatic stress disorder, mental illness diagnoses, substance use disorders, workplace violence including assault, and chronic illness stemming from stress and burnout. Between 2016 and 2019, an average of 23% of regular employees were off work for a period of time greater than one month for medical reasons. In 2016, 17% of staff members were on a long-term medical leave or a Work Safe BC claim; 21% of staff in 2017; 28% of VIMHS staff in 2018; and 26% of employees in 2019. Three staff members have been found to be permanently unable to return to work. VIMHS’s WorkSafe BC employer claim costs increased by 2.2% in 2019, leading to a higher annual premium. Costs associated with overtime were approximately $98,000 and sick days accounted for $91,713 with an employee average of 17 days off sick each year.

Additionally, between 2016 and 2019, VIMHS recruited and failed to retain forty-one support workers (including MHSW’s, TSW’s, and SACW’s) and four nursing staff. During this time, VIMHS also lost its entire leadership team made up of the Executive Director, the Clinical Rehabilitation Manager, and the Support Services Manager, as well as the long-time accountant: the combined equivalent of seventy years of experience and knowledge of the organization.

**Workplace Culture**

<table>
<thead>
<tr>
<th>Theme and Frequency</th>
<th>Workplace Culture</th>
</tr>
</thead>
<tbody>
<tr>
<td>Defining Meaningful Work</td>
<td>I think it’s where they all are invested in the society they’re working for. That they can see past it being just a job. That they’re actually part of a society that is helping others.</td>
</tr>
<tr>
<td>Personal Responsibility</td>
<td>So, there’s a difference between having emotions about your work and then bringing your own personal baggage and trauma, your whole life history, into your work...</td>
</tr>
<tr>
<td>and Ownership (7)</td>
<td></td>
</tr>
</tbody>
</table>

3 At the time of this writing, three staff members have returned.
Respondents described the current workplace culture as ‘in flux’ and were wary of more change. Some respondents felt the culture in the workplace was unhealthy, one individual felt the culture was “not well at all”, another stated, “The current culture is a bit of a garbage fire.” Staff indicated they believed some of their coworkers were struggling to move forward and manage change. One staff member observed, “Many [staff members] do not want to move on from the past which makes working in the present very difficult.” Some respondents felt recent changes at VIMHS were positive and created a feeling of reconciliation and forgiveness.

**Meaningful Work**

A common thread throughout the responses was a passion for their work. Nearly all of the respondents indicated they took tremendous pride in the work they were doing with the clients. One respondent said, “Well, I think that we all care a lot about the residents and I think that you know, even though there are some disgruntled staff members and you know and stuff like that, and there is some disorganization and it doesn’t always feel like we’re working as a team, I think that we do all really care about the residents.” Another stated that while they, “love being available to the people we serve and supporting them with their daily struggles - like homelessness, psychological issues, addictions and other life experiences”, they felt the continued struggle to “achieve a healthy work environment amongst staff”
was negatively impacting their work. 93% of the survey respondents indicated they believed the work they were doing and that was being done by VIMHS positively affected people’s lives.

**FIGURE 2: PERCEPTIONS OF MEANINGFUL WORK**

![Pie chart showing responses to the question: My work and the work VIMHS does positively affects the people we serve.]

**Personal Responsibility at Work**

Respondents indicated a need for greater personal responsibility in the workplace, not only in the area of maintaining their skill development and job knowledge but also in terms of personal accountability and ownership of poor behaviour. Staff acknowledged management responsibility for providing opportunities for training and development and for managing unwanted behaviour, but consistently mentioned the need for personal reflection and awareness. One individual stated, “There are so many resources out there… sometimes I use [those] for my wellness, right? If I’m buggered up in the head, I have to go and read something about it.” Staff consistently acknowledged a willingness to be accountable and seek accountability from their coworkers in their work but noted they felt some of their coworkers were unable to recognize their part in contributing to an unhealthy workplace.

**Attitudes and Values**

Staff reported a shared set of values when it came to client care but diverged in relation to attitude. Some of the values identified by respondents in relation to client care included respect, trust, passion, empathy,
and responsibility. Several respondents commented on the importance of bringing a positive attitude to the workplace and wanting to do their part but many commented they “were keeping their nose to the grindstone” in order to stay out of internal politics. One respondent stated, “for sure, everyone is here for a pay-cheque but in this profession, there are values, and there are ethics that go along with that… and I sometimes see them seriously lacking.”

**Morale**

While the majority of respondents suggested morale in the workplace was low, they also reported they believed morale was improving. Staff acknowledged management addressing workplace morale by increasing communication and listening to staff concerns. One respondent stated they believed the fact that this project was underway gave them hope and increased their optimism that morale “really would improve.” Some individuals linked low morale to an earlier budget cut that reduced staffing hours and suggested management try to recoup those funding dollars and take steps to mitigate future losses. Others suggested poor workplace morale was linked to the ongoing workplace negativity exhibited from their coworkers but noted they were encouraged by organizational growth opportunities and leadership changes.

**Psychological Health and Safety**

**TABLE 3: PERCEPTIONS OF PSYCHOLOGICAL HEALTH AND SAFETY IN THE WORKPLACE**

<table>
<thead>
<tr>
<th>Theme and Frequency</th>
<th>Perceptions of Psychological Health and Wellness</th>
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<tbody>
<tr>
<td>Psychological health and safety (13)</td>
<td>I would like to see less passive aggressiveness, not from leadership, but even kind of addressing the passive aggressiveness by helping people with their conflict resolution [skills]. The toxic workplace and fellow co-workers motivate me least and make work harder in all aspects (Survey).</td>
</tr>
<tr>
<td>Bullying and Harassment (8)</td>
<td>Coworkers gossiping about each other instead of dealing with it properly... going behind backs and chatting about each other instead of dealing with the person directly.</td>
</tr>
</tbody>
</table>
Respondents defined a psychologically healthy and safe workplace as one where staff were:
acknowledged for their work, included in decision making processes, supported by their coworkers and
their managers, knew what was expected of them, and were accountable for their actions. Respondents
also cited healthy workplaces as being a ‘fun’ place where staff can learn and develop professionally. In
an interview one employee stated, “For the most part, I think my workplace is psychologically healthy. I
think we work amazing as a team, we all share the work. I find that we support each other… I know they
trust me, and they communicate with me, and they delegate things to me and we all work as a
team.” A
survey respondent commented they found “management supportive and encouraging of ways of
improving [themselves] and supportive of their suggestions for workplace improvements”.

Conversely, respondents reported that an unhealthy or unsafe workplace was one that was toxic,
divisive, unaccountable, violent, and uncaring. Respondents reported difficulty with maintaining a safe
and mentally well workplace. Staff reported having to deal with ‘anger’ in the workplace – saying,
“some staff have a lot of anger and passive aggressiveness…sometimes people really blow themselves
up and make themselves bigger and I have felt psychologically unsafe.”

When asked about their ability to maintain a healthy work/life balance nearly 62% of staff reported they
did not find it difficult to maintain a healthy work/life balance, although 8% of survey respondents said

<table>
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<tr>
<th>Mental Health (5)</th>
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<tbody>
<tr>
<td>I find that maybe some people aren’t that well... aren’t team players and they don’t have anything outside of work. [We need] support for our mental health, we do see and hear a lot, and support balanced work life (Survey).</td>
</tr>
</tbody>
</table>
maintaining their work/life balance was very difficult and 31% reported it was somewhat difficult. Interview respondents elaborated saying, “People need to recognize their limits… they’re getting stressed out because of their day or somethings, and then they need to learn how to work their day differently so they’re not getting so stressed out because then it stresses everyone else out!”

_Bullying and Harassment_

Respondents indicated they struggled to steer clear of workplace ‘violence’ with their coworkers. One respondent said, “It’s a reasonable worksite for the most part as long as you do not engage in the side talk that goes on between staff about other staff.” Another requested a formal process for “dealing with aggression from staff and clients”. Respondents expressed frustration about ongoing ‘bad attitudes’ in their workplace and the “prolonged exposure to negative behaviours exuded by [their] coworkers” and lamented a lack of consequence for poor behaviour. Another commonly raised concern was workplace gossip. Staff expressed concern about the ongoing effects of negative gossip, saying, “It gets resolved but then it just crops up again and just continues. I don’t know if some people just don’t know what gossiping is?” and “I find I have to be really careful with how I communicate with certain individuals… they take things personally and act like bullies.”

Several respondents commented on what they perceived as a lack of emotional and social intelligence among their coworkers causing inappropriate workplace behaviour. One respondent stated, “You should have a level of emotional awareness to work in this field. I think we are all human and everyone does something that might offend someone, or you know, but it’s like recognizing that and going home and thinking about it and then coming back and addressing it.” An example of psychological health and safety at VIMHS is illustrated in the case study below. There have been innumerable instances of
challenging interactions with coworkers and staff with both managers and staff struggling with both the causes and effects of mental and emotional harm.

_Mental Health_

Staff also reported they felt impacted by the behaviours of their clients and that they experienced vicarious trauma and expressed a desire for more opportunities to debrief after critical incidents. There were questions about what types of client behaviours would be considered unsafe versus simply uncomfortable or difficult and that clarification and training would be beneficial for all staff at all sites. While nearly 80% of VIMHS staff reported VIMHS took their physical and emotional safety concerns seriously, many respondents requested additional skill development opportunities for dealing with clients in crisis. Staff further indicated they experienced difficulties dealing with the mental health of their coworkers. Respondents repeatedly mentioned the mental health of their coworkers, suggesting their coworkers may not be entirely culpable for their behaviour due to their mental health but that the behaviour was still having a negative effect on the team. As one person reflected, “How do you recognize you’re not emotionally well... Recognizing you’re not ready, willing, healthy, and able to go to work… you know, checking yourself and recognizing if you’re starting to take things personally, if you’re disgruntled and disrespectful to your coworkers…”.

_Workplace Relationships_

**TABLE 4: PERCEPTIONS OF WORKPLACE RELATIONSHIPS**

<table>
<thead>
<tr>
<th>Theme and Frequency</th>
<th>Workplace Relationships (team)</th>
</tr>
</thead>
</table>
| Relationship with coworkers (11) | - You spend a lot of time with your co-workers at work so those relationships are important to keep healthy.  
- Having a relationship and caring about each other. Caring about each person’s well-being.  
- Part of the engagement is bouncing the ideas back and forth because I like to be able to...you know be in an interdependent relationship because I like people to |
Respondents felt that being included and valued for their contributions and recognized for their diversity of knowledge were important aspects of being ‘part of the team’. Staff reported a sense of responsibility to their team and for supporting each other. They stated they enjoyed being productive and supporting the clients as a team and that working together was an opportunity for learning and facilitated effective problem solving, one respondent proclaiming, “I love problem solving with staff and clients!” Staff also indicated they expected their coworkers to take responsibility for their actions, maintain professional boundaries, share the workload fairly, and be respectful in their interactions with one another.

*Relationships with Coworkers*

When considering their relationships with each other, the majority of staff expressed an interest and willingness to connect with their coworkers, at least on a professional level. Several respondents recalled an earlier, much different workplace relationship with their colleagues, recounting weekly dinners at each other’s homes, social events and outdoor activities, and, as some respondents reflected, they considered each other ‘family’. Several respondents indicated they struggled with coworker relationships because of experiences they’d had in the past that impacted their ability to trust their coworkers. Some suggested the level of burnout and mental health related stressors in the workplace left them feeling mistrustful and ‘tired’ and unwilling to make the effort to maintain healthy coworker
relationships. Although many respondents reported facing difficulties with their coworker relationships, almost all respondents expressed a willingness to improve them.

**Teamwork**

The majority of respondents said they valued teamwork and that they felt that they were ‘part of’ the team at VIMHS. Most said they saw teamwork as an opportunity for growth and development and as a way to develop empathy and understand diversity. One respondent said they felt like part of the team when they felt trusted and respected by their coworkers and when their coworkers valued their opinion or felt they could confide in them. Another respondent stated they felt unable to be part of the team because they were, “dealing with coworkers that are petty, and making mountains out of molehills” and they need to “be mindful of [their] words” for fear they would be used against them in some way. Most respondents reported they saw value in team work and offered suggestions for team building, including developing a mentorship program that partners new staff members with senior staff members, and having ‘team building’ workshops and exercises.

**Leadership**

**TABLE 5: LEADERSHIP PERCEPTIONS**

<table>
<thead>
<tr>
<th>Theme and Frequency</th>
<th>Leadership</th>
</tr>
</thead>
</table>
| Defining effective leadership (19) | - I think the continued follow through from management and stuff like that is making a really big difference so I’m seeing that as a success.  
- Being supportive, you know, listening if they have a problem. Being a role model. You know, making sure you do your stuff properly because they’re watching what you’re doing. You know you have the same rules as everybody else.  
- Setting the example. Not talking down to people, not controlling people. Not complaining about everything. |
| Ineffective leadership (7) | - I think management before was very ineffective. Maybe they didn’t have bad management skills, but they were not connecting with their staff and that in itself is ineffective. I think that is changing. |
| Trust (9) | - So, there are people that … don’t trust other people, once they’ve lost trust, it doesn’t matter if you change the whole team, it’s still there.  
- People don’t know if they can trust you necessarily because sometimes if you’re tarred and feathered management, you can’t trust management. |
Change Management (9)
- We didn’t prepare for the relief of [the changes] and some of the energy in the positive shifts. Didn’t sit down with anybody and say ‘okay it’s changed. It’s going to take us time to recover. Change takes time in general. We need patience and we need… [everyone to] please keep trying to make it a better kind of place’.

Communication (8)
- We’re very professional in our communicating and so we’re communicating about the residents and we’re communicating about the tasks that we need to do, and we all understand, like we share the role of caring for the clients.
- I recognize how hard it is to get everybody to communicate [the same way]… what I do see is an effort made to [try].

Knowledge of roles and Responsibilities (5)
- I don’t know too much about the board. Like honestly, I don’t even know what they do half the time, which is not saying they don’t do anything, but I guess maybe I don’t even know what they do.
- You have to be mindful of your role. This is what you get paid for. You can’t be all things to all people.

Defining Effective Leadership

When asked to describe characteristics of effective leadership, staff indicated they would like to see leaders that practiced the following skills: active listening, setting and maintaining clear boundaries, strength-based approaches to managing staff, clear and responsive communication, and consistent and ethical practices. When asked how the current leadership team could improve, respondents overwhelmingly recommended increased follow-through on action-items but acknowledged they were seeing improvement. Respondents wanted the leadership team to exemplify excellence and lead by example. One respondent said, “[managers] need to have high standards and be positive role models … and provide clear leadership and expectations to workers.” Several staff expressed frustration about not having an opportunity to weigh in on performance evaluations for their managers.
When asked to describe a positive example of their working relationship with management, staff reported their managers were approachable and supportive and staff acknowledged that management were taking steps to improve the workplace culture. When asked to describe a negative example of their working relationship with management, staff indicated their primary concerns were a lack of trust, poor follow through, and a lack of role clarity. 79% of survey respondents said they had a good working relationship with their supervisors or managers. 65% of survey respondents said they felt ‘extremely’ or ‘very’ comfortable raising concerns with their managers and 27% said they were at least somewhat comfortable voicing concerns to their managers.

**Ineffective Management**

When asked to provide examples of ineffective leadership, the majority of respondents provided experiences with the previous management team. Staff felt the former managers had been unable to connect with their staff; whether this was due to an inability to connect or a lack of interest was unclear. A lack of follow-through was also cited as an example of ineffective management. Respondents described a lack of transparency in decision making processes and poor communication created mistrust amongst the team. When commenting on the current state of management, the respondents stated they could see improvement but expressed concern that their current managers were being “spread too thin.”
Trust

The majority of respondents indicated they struggled with a lack of trust at work. Some reported they mistrusted their managers, others their coworkers, and some trusted neither. Many respondents reported the lack of trust began some time ago and they were unsure what steps would be needed to rebuild that trust, with one respondent stating, “Once they’ve had a distrust, it doesn’t matter if you change the whole team, it’s still there.” Criteria that constituted a lack of trust varied amongst respondents. Some respondents felt that micromanagement equated mistrust, another suggested an individual’s role in the workplace created distrust, for example, “you can’t trust management.”

Change Management

Respondents frequently referred to workplace changes as being ‘difficult’ or ‘managed badly’. When asked about an example of a time that change was managed ineffectively, two examples were raised repeatedly: the opening of the Boundary Crescent Supportive Housing program, and the implementation of a new schedule at Gateway in response to funding cuts. Respondents reported the development of the new supportive housing program was not communicated to staff properly and they felt they were not involved in the process. Staff also suggested previous managers did not fully grasp the impact the new program would have on the identity of the organization and therefore were unable to mitigate the effects. Some respondents stated the options for transferring to the new site were not adequately presented to Gateway staff resulting in missed opportunities for professional development.

Multiple respondents referred to a schedule change that occurred in the spring of 2016, whether they had personally been affected by the schedule change or simply “heard about it” from senior staff. Respondents reported they felt the schedule change was intentionally punitive and that the rationale for
the change was ‘dishonest’; the new schedule was not being implemented due to budget cuts but rather as a means of ‘shaking up the team’.

When asked to describe examples of effective change, responses were less specific. A few respondents mentioned the creation of two new supervisory positions at one location, citing a clear process for applying and selection as well as clearly communicated outcomes. One respondent referred to a time when a large donation was used to pay off one VIMHS’s mortgages and this information was shared with and celebrated by the team. Another respondent shared their experience of implementing a new communication tool that was initially met with resistance but later embraced once staff understood its usefulness. One astute respondent put it this way, “when you’re working in an environment with lots of people and again, like change isn’t everyone’s cup of tea, like lots of people have a really hard time with change, so I think there’s always going to be situations where people are going to be unhappy with change.”

Knowledge of Roles and Responsibilities

Respondents commented on the need for greater role clarity. One respondent stated, “you have to mindful of your role – this is what you get paid for… you can’t be all things to all people.” Respondents expressed a desire for clear reporting relationships and firm boundaries around job duties. An example that was mentioned numerous times was the role of the nurse versus the role of the mental health support worker. Multiple respondents suggested the nurses regularly oversteps their role and do the work of the MHSW. Nurses report they see work that needs to be done and that they occasionally need to step in and help out. Other respondents suggested the team lead positions at one location were not clearly defined and that tenant support workers frequently performed duties beyond the scope of practice outlined in
their job description. Another respondent commented they believed the introduction of the team lead position was a very positive step to provide clarity and direction to the role of the tenant support workers

*Communication*

Communication was a key aspect identified by staff as being central to effective leadership. Respondents referred to both communication styles and communication tools. Respondents stated they appreciated regular communication, even in the form of regular weekly email updates from managers to all staff. Respondents also felt the majority of communications were professional, the communication processes at their site were clear, and they knew where to find information they needed. One respondent requested greater transparency and access to information in specific cases, for example, when a new program is implemented or a new policy and procedure is introduced.

Respondents valued open communication and expressed a desire for more 1:1 time with their managers and regular performance appraisals. As well as seeking feedback, respondents indicated they wanted more opportunities to communicate with their team and with other sites. Nearly all of the respondents wanted to see an increase in scheduled team meetings. When asked for examples of ways managers can facilitate communication with staff, one respondent said they weren’t sure, stating, “I think that management is tasked with the difficulty of trying to communicate with people who have built walls around themselves to cope.

*Board of Directors*

Only four Board members responded to the survey. When asked how they would define the strategic goal of becoming an ‘employer of choice”, the Board stated they would like to see VIMHS known as an honest and caring organization that people want to work for with a strong reputation in the community. In order to achieve the goal of becoming an employer of choice, the Board suggested that VIMHS maintain and communicate clear roles and expectations, provide training and development opportunities
for staff, ensure staff are recognized for their work, and establish a workplace wellness program that regularly surveys employees for feedback. According the Board, they see a psychologically healthy and safe workplace as one that encourages staff to take their holidays and use their benefits. It also ensures staff are supported after critical incidents, where there is a clear process established for dealing with conflict, where there is no bullying and staff feel they are safe to come forward with concerns and opinions, and one where there is good staff morale.

Finally, when asked what steps the Board could take to achieve the goal of becoming an employer of choice and promote psychological health and safety, the Board stated they could allocate people and funding to develop a sustainable wellness program, receive reports from senior staff about the state of VIMHS’s organizational health, and they can establish strategies and goals for continuous development. One Board member commented that they believe “we have been making inroads [on improving the health of the organization], but we need to sustain momentum”. As noted earlier, staff report they have very little knowledge of the Board, with one staff member stating, “I don’t even know what they do half the time, which is not saying they don’t do anything, but I guess maybe I don’t even know what they do”, indicating a significant gap in the understanding of VIMHS’s organizational structure.

**TABLE 6: BOARD SURVEY RESPONSE**

<table>
<thead>
<tr>
<th>Board Survey Response</th>
<th>(N=4; 44% response)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Defining Employer of Choice</td>
<td>Honest, caring, workplace; Strong reputation; A place where people want to work; take pride in their work; receive competitive wages and benefits; a place where staff have fun.</td>
</tr>
<tr>
<td>How can VIMHS become an employer of choice?</td>
<td>Establish a wellness program; conduct employee surveys and check in with progress; Maintain transparency and an open-door policy; Recognition and reward; Training and development opportunities; Good organizational structure; clear roles and expectations;</td>
</tr>
</tbody>
</table>
Board vision of a psychologically healthy workplace?
- employees take holidays, and regular breaks, VIMHS offers counselling when a critical incident occurs;
- one that is open, honest; with a clear process for dealing with conflict;
- Support and education is anonymous and readily available; focus on awareness and recognition of impact of stress on health;
- A workplace where there is no bullying; no cliques; where staff feel safe to express opinions in respectful manner;
- A workplace where there is good staff morale and staff feel valued.

What can the Board do?
- Role modelling and support the Executive Director;
- Report from senior staff on well-being at work sites
- The board can provide resources – people and funding to develop a sustainable wellness program;
- Establish strategy and goals; be an advocate in the professional community; allocate funding.

Human Resources

TABLE 7: HUMAN RESOURCES

<table>
<thead>
<tr>
<th>Theme and Frequency</th>
<th>Human Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training and Development (11)</td>
<td>- I have noticed that compared to when I first starting working at VIMHS, there seems to be fewer professional development opportunities (survey).</td>
</tr>
<tr>
<td></td>
<td>- I think we need more in-services. So, whether that’s by training one person and then bringing it back to the group. But how you’ll have to get the staff engaged in coming to take those courses is another question...</td>
</tr>
<tr>
<td>Policies and Procedures (5)</td>
<td>- I think policies are there, but people don’t follow them. I think people should have a copy and sign it and put it in their file. You signed this, you agreed to do this, and if you don’t then there’s repercussions of some sort</td>
</tr>
<tr>
<td></td>
<td>- Do people read the Respectful Workplace Policy? I don’t think so.</td>
</tr>
<tr>
<td>Wellness programs (7)</td>
<td>- We had that sort of thing at one of my jobs, but it was driven by the employees. The employer had nothing to do with it. So, if the employees wanted to have a social fund, they had it.</td>
</tr>
<tr>
<td></td>
<td>- I think it’s tricky because I think everyone needs something a little bit different. I would maybe have something where if it was physical, maybe your staff would get a discount at a gym membership here if that’s what they’re into.</td>
</tr>
</tbody>
</table>

Training and Development

When asked about the steps they felt VIMHS could take to develop a healthy, safe, and satisfying workplace, respondents overwhelmingly requested more professional development opportunities and in-
services. As mentioned earlier, staff requested more opportunities to come together, citing staff meetings were important for all staff because “it’s more than just focusing on the clients, we have to actively support one another – we work in a difficult field.” Staff suggested VIMHS provide workshops geared toward self-care and mental health support for staff. They also suggested making ‘updated courses’ available that reflect the changing client population, including naloxone training, crisis intervention, universal precautions and safety protocols.

_Policies and Procedures_

Respondents commented they would like to see different recruitment strategies and hiring practices. Several staff members described employee absenteeism as an ongoing issue resulting in “unacceptable amounts of overtime costs.” One respondent stated, “We need to hire reliable people and make sure they are accountable for themselves. We are here to help others and when people are not held accountable for their work ethic or absences, [when they] submit grievances at the drop of a hat… I don’t understand their thinking and it costs the organization and the clients.” Along the same lines, several respondents indicated they would like to see better processes in place for holding staff accountable for their behaviour in the workplace, with one respondent stating, “interpersonal conflicts take away from the focus of our work… employees need to have expectations stated clearly and when an undesirable behaviour continues, it need to be addressed quickly.” On the other side of this sentiment, the majority of respondents wanted a process for recognizing good work, with one staff member saying, “We need to be appreciated for what we do. We need the employees that go above and beyond to be recognized and seen for the asset they are [to the workplace].”

_Wellness Programs_

When asked to offer input into what kinds of wellness initiatives they would like to see VIMHS adopt 54% of respondents said they wanted the organization to offer professional development days. 50%
indicated they wanted to see reduced corporate rates for fitness memberships, cell phones, and transportation and travel, including cheaper airfare and hotel stays. Several staff stated they would like to see an Employee Assistance Program (EAP) over and above the currently available Enhanced Disability Management Program (EDMP) which does not offer a counseling component. Programs for smoking cessation, weight loss and nutrition, and healthy lifestyles were also highly preferred by 41% of respondents. The figure below illustrates the staff response to the survey questions asking what wellness initiatives they would like to see implemented at VIMHS.

**FIGURE 4: WELLNESS INITIATIVES STAFF WOULD LIKE TO SEE IMPLEMENTED**

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional Development Days</td>
<td>12%</td>
</tr>
<tr>
<td>Reduced Rates for gym memberships, cell phones, etc.</td>
<td>12%</td>
</tr>
<tr>
<td>Employee Assistance Program</td>
<td>10%</td>
</tr>
<tr>
<td>Support for quitting smoking, healthy lifestyle, etc.</td>
<td>10%</td>
</tr>
<tr>
<td>Outside Activities/ club</td>
<td>8%</td>
</tr>
<tr>
<td>Staff Break Room</td>
<td>6%</td>
</tr>
<tr>
<td>Team Building Exercises</td>
<td>4%</td>
</tr>
<tr>
<td>Mental Health Support</td>
<td>2%</td>
</tr>
</tbody>
</table>

**Discussion**

The literature review and the data findings revealed many similarities. The literature review explored the factors that create a healthy workplace culture, including effective leadership, healthy workplace relationships, the current trend toward addressing mental health and psychological safety in the workplace, and the human resources strategies typically used to improve the health of an organization. The findings revealed an unequivocal link to the literature and the causes of the workplace challenges experienced by VIMHS. Based on the findings, this section will generally discuss the linkages between the factors relating to a healthy organizational workplace culture and their complex interrelationship in the context of the VIMHS workplace. I will also be speaking from my own experience of VIMHS, as an
individual with first-hand knowledge of the organization from multiple perspectives: as an employee, as a manager, and as a student.

Culture

Both the findings and the literature suggest organizational culture negatively influences morale, trust, and employee commitment in the workplace. These dynamics are then manifested through interpersonal conflict, including bullying and harassment, burnout, emotional fatigue, presenteeism and ultimately absenteeism, including medical leaves, work safe claims, and long-term disability claims. The unfocused and unhappy workplace staff and managers have reported can be attributed in large part to major organizational change VIMHS has undergone in the previous years. As a result of this, VIMHS has, in a sense, lost its identity. VIMHS was once a single program, with long-term staff and a clear mandate; it is now five programs with new employees, new leaders, changing clientele, and changing values. VIMHS needs to reassess its purpose and reflect on its mission and values moving forward.

Organizational values impart meaning and purpose. A primary positive force providing an impetus for change is the resounding confirmation that VIMHS staff find the work they do meaningful and valuable to their clients and community. This shared understanding of their work shows staff are willing and able to put their differences aside for the good of the VIMHS client and that they share an important belief. In their book on culture, Grieser, et al. recommend taking time to restate the purpose of an organization and checking in to review organizational values (2019). Bringing the team together to revisit the reason why VIMHS exists can be an inspiring and motivating exercise. The interviews revealed multiple examples where staff expressed dismay over an issue that happened years ago, anger about a perceived slight that they themselves recognized may or may not have occurred. These findings showed that staff were
unsettled and unhappy, and unable to move forward without a clear path. According to the literature, the next step is to bring staff and managers together to begin a purposeful exploration to redefine organizational values. Grieser et al. (2019) suggest bringing the team together and then establishing a working group to move the conversation forward, consult with all stakeholders, organize the findings, and then communicate and apply those findings in the workplace.

*Leadership and Team Relations*

While the leadership at VIMHS is committed to improving the workplace culture, they are struggling with limited resources, including time. One of the key data findings was the lack of follow through from the current management team as well as an acknowledgement that managers are “spread too thin”. The literature emphasizes the need for establishing and communicating clear roles and responsibilities (MHCC, 2013). As indicated in the literature, leaders set the tone of the organization. My co-managers and I value empowering leadership and are committed to building up this team of incredible people to encourage and inspire them to do their best at work and provide compassionate and caring support to some of our most vulnerable community members. This has proven challenging as we are directly affected by the challenges in the workplace. There have been many days where I have felt unable to continue and powerless to break through the overwhelming resistance, anger, and despair shrouding the organization. McArthur-Blair and Cockell’s book on building resilience through appreciative inquiry, suggests that not only is essential to build personal resilience to lead; leaders must then create resilience in their teams and organizations (2018). “To be resilient is to have the ability to adapt, grow, and change in the face of adversity” (McArthur-Blair & Cockell, 2018, p. 6). The authors describe hope as one of the requirements for building resilience; in my time at VIMHS there have been many hopeful moments
that encourage me to keep moving forward. Most of those moments are directly related to my relationships with my colleagues and the staff at VIMHS.

The literature illustrated the importance of the high-quality workplace relationship as a catalyst for team learning and growth as well as condition of job satisfaction and belonging. An interviewee shared a story about how, at one time, VIMHS staff had weekly potlach dinners at each other’s homes and referred to themselves as family because they felt like family. VIMHS staff also expressed their reliance on their team for safety, learning, and fun. As described by Edmondson and Lei (2014), the high-quality relationship is a key component of the psychological healthy and safe workplace. Encouraging health relationships in the workplace, complete with healthy boundaries, starts with leadership and modeling behaviour. Respectful engagement and interactions build resilience, encourage creativity, foster quality relationships (Carmeli et al., 2015), and support a healthy workplace culture.

**Psychological Safety and Mental Health at Work**

Both the literature and the findings emphasize the importance of creating and maintaining a psychologically safe workplace. When asked directly, staff suggested they felt their workplace was psychologically healthy “for the most part” based on their understanding of the factors that constitute a psychologically safe organization, but reported instances of interpersonal conflict, bullying and harassment, workplace violence, and fear of speaking up. The literature on psychological health and safety suggests incidences of bullying and harassment, interpersonal conflict, and the ability to raise or report concerns decrease when the workplace takes steps to mitigate the risk of psychological harm to employees.
Respondents reported feeling unsafe or psychologically unsafe in the workplace and shared stories of their experiences during face-to-face interviews. Their stories focused on instances of Managers have been dealing with reports of bullying, harassment and inappropriate workplace behavior. A recent review of VIMHS’s policies and procedures resulted in a revision of the organization’s Respectful Workplace Policy. Changes to the policy included clear procedures for reporting and a thorough process for conducting investigations. These revisions have encouraged more staff to come forward with concerns and led to timely investigations and behavioral interventions, including coaching, restating expectations, and in some cases, progressive discipline. Staff are observing swift interventions and have expressed relief that issues are being handled and that management is more responsive.

Additionally, both the findings and the literature review indicate healthcare workers are at a higher risk of mental health problems than other sectors (MHCC, 2013; Statistics Canada, 2019). The very nature of their work puts them at risk of experiencing vicarious trauma and violence in the workplace. Mental health in the VIMHS workplace is an ongoing issue. Staff in our workplace have struggled with complex mental health conditions requiring additional accommodations much like accommodations that would be implemented for physical limitations in the workplace. The literature suggests employees often have difficulty disclosing a mental health issues to their managers and in some cases, staff are unaware they are actually suffering from a mental illness. As a provider of psychiatric rehabilitation services, VIMHS should have an advantage when it comes to supporting employees with mental health needs and yet VIMHS experiences the same confounding issues faced by many organizations: a lack of insight from the individual experiencing symptoms; failure to address previous relapses in an effective way by creating an individualized safety plan; no specific policy in place to deal with mental health; and an
inability to work effectively with the union, the enhanced disability management program, and even, in some cases, the RCMP.

Implementing a mental health program reduces the stigma surrounding mental illness, sets a clear process for reporting concerns and disclosing problems with mental health to the appropriate people, allows for faster access to supports, and provides knowledge and education about workplace mental health to employees. A recent conversation I had with a former employee of VIMHS highlighted the need for mental health education and support in the workplace - even though this individual worked in mental healthcare, they had difficulty recognizing and addressing their own recent experience with depression. A mental health program would bring issues of mental illness into the organizational consciousness, allowing for earlier detection and treatment.

**Human Resources**

The need for clarity around purpose, role responsibilities, policies and procedures, feedback and recognition, and training and development opportunities was reflected in the findings and supported by the literature. As the finding show, recruitment and retention issues have profoundly affected VIMHS worksites. The findings and the literature indicate that a recruitment and retention program can motivate and engage employees to stay with the organization (MHCC, 2013). A recruitment and retention program has the benefit of addressing the issues raised by the respondents above: *why are we here; what should we do; how should we do it; are we doing it right; and; can we learn to do it better?* Beginning with hiring, an effective recruitment and retention program can provide key organization information to applicants, determine fit and effectively screen potential recruits. An onboarding or orientation program can instill organizational values and inform new hires about expectations of employment, including key
policies and procedures. During the probationary period, managers will have the opportunity to review quality of work and suitability and if needed, act. Respondents were very clear about their desire for recognition and feedback. They also strongly voiced their concerns over a lack of training and development opportunities, citing a slow decline in opportunities for training over the years.

As a component of a strategy for retention, a recognition and reward program would positively reinforce expected and exceptional workplace conduct and provide some much-needed feedback to staff members. Training and development would continue throughout an employee’s time with the organization. Core foundational training could include site specific requisites for all worksites: which include First Aid with CPR-C, Food Safe, and WHMIS; and then provide additional training opportunities that are site specific and reflect the needs of the worksite. These training opportunities could include: Managing Hostile Interactions, Non-Violent Crisis Intervention, Naloxone Training, Setting Professional Boundaries, Managing Vicarious Trauma, Supporting Tenants with Complex Needs, Mental Health First Aid, and Understanding Mental Health and Addictions. Training opportunities for staff can also include personal and professional development sessions on leadership, mentorship,

**Conclusion**

The conceptual framework used for this project links leadership, high-quality relationships, psychological health and safety, and human resources to a healthy workplace culture. Each of these factors influence each other and work together to sustain a “well” workplace. The literature further confirms the relationship between each factor, especially recent work into psychological health and safety in the workplace. Unsurprisingly, the findings suggest VIMHS is doing well in some areas and needs work in others, and VIMHS as an organization is better positioned to begin tackling these areas of concern in part because of the undertaking of this project. Prioritizing the health and wellness of
employees working in a psychiatric rehabilitation program, and those working with people experiencing complex mental and physical health problems and substance use disorders shows we value them as human beings doing meaningful but difficult work. Reflecting on VIMHS’s purpose as a small not-for-profit organization providing housing, mental health, and addictions services to vulnerable persons is needed to inspire leadership and staff and help them remember why their work matters. Human resources approaches can instill an organization like VIMHS’s values in new recruits and reinforce healthy and respectful attitudes and relationships.

**Recommendations**

This section provides recommendations for VIMHS which include rebuilding workplace trust and improving the culture of the workplace through effective leadership and high-quality relationships and developing human resources strategies to improve recruitment and retention, increase training and development opportunities for staff, and promote workplace mental health.

1. **Improving the Culture at VIMHS – Rebuilding Trust and Improving Relationships**

A staged approach is recommended for rebuilding trust, improving relationships, and creating a healthy culture at VIMHS. The initial step is to bring each worksite team, including supervisors and management, together in a full-day facilitated workshop to assess their current workplace climate and identify their ideal working environment. The group develops a set of healthy workplace goals assessed using a force field analysis – considering both the enhancing and the inhibiting factors they are both experiencing and projecting. All participants regularly assess their identified goals with a survey tool. This step has been competed by one of the worksites and is expected to be completed by the two other workplaces in the spring of 2020.
The second stage of this recommendation is to bring staff from each site together with the Board and Management for a two-day retreat to review and reflect on the current mission, vision, and values of VIMHS.

I. Addressing the Culture: In early 2019, VIMHS staff and managers from the site describing itself as “toxic” participated in a two-day facilitated workshop to assess the culture of their worksite. Participants described their current culture as: chaotic, dishonest, inconsistent, psychologically unwell, hurtful, disrespectful, along with many more adjectives. Participants described their ideal workplace culture as one that was safe, respectful, trusting, inspired, fun, appreciative, and collaborative, and included several other positive descriptors.

Participants were then asked to identify behaviours they would like to see less of; some of these behaviours were: defensiveness, closed mindedness, assuming ill intent, impulsive reactions, accusations, angry outbursts, micromanaging, and incivility. Behaviours everyone wanted to see more of included: humour and fun, smiling, acknowledgement, kindness, modelling support, honesty, agreeing to disagree, and personal accountability. The group was then asked to identify core values that supported their understanding of their working relationships. The following values and goals were identified:

<table>
<thead>
<tr>
<th>VALUE</th>
<th>GOAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust</td>
<td>We are open and honest in our interactions and maintain safe and respectful relationships.</td>
</tr>
<tr>
<td>Integrity</td>
<td>Our words and actions are authentic and congruent with our values at all times.</td>
</tr>
<tr>
<td>Accountability</td>
<td>We take responsibility for our decisions and actions.</td>
</tr>
<tr>
<td>Teamwork</td>
<td>Members of our team are equal contributors; we listen and support each other to promote unity and achieve our goals.</td>
</tr>
<tr>
<td>Appreciation</td>
<td>We recognize and celebrate each person’s strengths and contributions.</td>
</tr>
</tbody>
</table>
Utilizing our Strengths

<table>
<thead>
<tr>
<th>Utilizing our Strengths</th>
<th>We recognize, encourage, and support each other’s skills and abilities for the betterment of VIMHS.</th>
</tr>
</thead>
</table>

Tolerance

<table>
<thead>
<tr>
<th>Tolerance</th>
<th>We actively accept and value a diverse range of perspectives, life experiences, and ways of being as we work through our challenges.</th>
</tr>
</thead>
</table>

These goals are regularly reviewed using a force-field analysis. For example, when considering trust, on a scale of 1 – 5, participants averaged a score of 3. Enhancing forces were identified as: vulnerability, willingness, and commitment. Inhibiting forces included: assumptions, believing second-hand information, and holding grudges. A trust action plan was created for regular review:

**TABLE 9: TRUST ACTION PLAN**

<table>
<thead>
<tr>
<th>TRUST ACTION PLAN:</th>
<th>WHO</th>
<th>BY WHEN?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check our assumptions</td>
<td>ALL</td>
<td>Now and forward</td>
</tr>
<tr>
<td>Choose to assume the best until clarified</td>
<td>ALL</td>
<td>Now and forward</td>
</tr>
<tr>
<td>We support and protect each other’s well-being.</td>
<td>ALL</td>
<td>Now and forward</td>
</tr>
<tr>
<td>Be direct, honest, and respectful.</td>
<td>ALL</td>
<td>Now and forward</td>
</tr>
<tr>
<td>Redirect persistent venting – encourage direct dialogue.</td>
<td>ALL</td>
<td>Now and forward</td>
</tr>
</tbody>
</table>

II. Becoming VIMHS: acknowledging the past. The organization now known as Vancouver Island Mental Health Society was, up until 2014, called the Columbian Centre Society and for nearly forty years the Society consisted solely of two programs and a dedicated crew of longtime employees. It is important to acknowledge the ‘death’ of the Columbian Centre Society and the experiences of staff struggling with the loss of the organization they knew and loved. A healing circle and cedar brushing ceremony is recommended for the original site and should be open to all VIMHS employees, managers, board members and include former employees wherever possible.

1. Developing and Implementing a Workplace Mental Health Program
The experiences illustrated in both case studies and the increase of non-physical injuries in the workplace have highlighted the need for an organization wide mental health program. The goal of the mental health program is to eliminate the stigma associated with reporting and disclosing mental health challenges, obtain early support and treatment, provide training and education about mental health and mental illness and develop a clear process for supporting persons experiencing mental health challenges in the workplace. The objective is to see fewer instances of poor mental health and/or psychological harm at any of the VIMHS worksites.

The program requires a multi-stage implementation strategy for success, including: leadership involvement and support; the establishment of a workplace mental health committee with representatives from each site including support and/or representation from the Board; creative but realistic use of resources; ensuring a well-balanced approach to health using the social determinants of health model; organization wide but site specific; effective evaluation tools; and long-term commitment from all stakeholders. This program will feature policies and procedures that promote mental health, including an organizational policy on workplace mental health.

**TABLE 10: MENTAL HEALTH PROGRAM ACTION PLAN**

<table>
<thead>
<tr>
<th>ACTION</th>
<th>RESPONSIBLE</th>
<th>TIMEFRAME</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obtain Management Support: demonstrate the need</td>
<td>Leadership Team; Board of Directors</td>
<td>Completed</td>
<td></td>
</tr>
<tr>
<td>Establish Healthy Workplace Committee</td>
<td>HR/ Site Supervisors to promote and communicate.</td>
<td>January 2020 – February 2020</td>
<td>- Scheduled</td>
</tr>
</tbody>
</table>
**Conduct Situational Assessment:**
- Environmental Scan
- Needs and risk assessment
- Organizational change survey

| Committee | March 2020 – April, 2020 | Need scheduled time |

**Develop a Healthy Workplace Plan:**
- Vision
- Mission
- Values
- Goals
- Strategies
- Sustainability

| Committee | May 2020 | Full day workshop
| Healthy workplace initiative (draft) |

**Develop Program and Evaluation Plan:**
- Objectives
- Programs/Activities
  - Awareness
  - Education and skill building
  - Supportive environments
  - Policies
- Indicators
- Evaluation
- Methodology
- Resources
- Timeline
- Responsibilities

| Committee, HR, Board of Directors | May 2020 – July 2020 | Engage Board
Present to Board at AGM
Policy development:
- Review:
  - Respectful Workplace
  - Fatigue
  - Bullying and Harassment
  - Violence
  - Develop:
    - Mental Health Policy |

**Obtain Management Support:**
- Program review and presentation.
- Plan
- Presentation
- Evidence

| Committee, Management Team, Board of Directors | August 2020 | Present to board during monthly board meeting |

**Implement Plan:**
- Communicate and promote program to all stakeholders
- Build Capacity
- Events
- Interpersonal Activities
- Monitoring
- Evaluate
  - Process
  - Outcome
  - Impact

| Committee, Management Team, HR, Board of Directors | August 2020 – December 2020 | |


2. **Instituting a recruitment and retention program**

A strategy for recruitment and retention is beneficial to any organization. Recruitment is the process of attracting, screening, and selecting qualified people to work for an organization. Retention, as noted earlier, can build morale and boost engagement. A report on recruitment and employee retention strategies from the Yukon government emphasizes the challenges faced by today’s employer of attracting the right staff for the job “while creating a positive work environment to keep them” (Government of Yukon, 2010, p. 10). A plan for recruiting and retaining new employees that aligns with VIMHS’s goal of becoming a healthy and safe workplace is another critical component in shifting the organizational culture. The plan for achieving this program is outlined in the table below:

<table>
<thead>
<tr>
<th>ACTION</th>
<th>RESPONSIBLE</th>
<th>TIMEFRAME</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Obtain Management Support:</strong> demonstrate the need</td>
<td>Leadership Team;</td>
<td>Completed</td>
<td></td>
</tr>
<tr>
<td><strong>Establish ReR Committee</strong></td>
<td>Leadership Team; Site Supervisors</td>
<td>Completed</td>
<td></td>
</tr>
<tr>
<td><strong>Review existing hiring processes:</strong></td>
<td>Committee</td>
<td>In progress</td>
<td>- Revised Site orientation schedules and</td>
</tr>
<tr>
<td>- Advertising locations</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**Generate Evaluation Report:**
- Key result areas
- Indicators
- Results
- Implications
- Recommendations

Source: Adapted from the CMHA (2012), “Workplace mental health promotion: A how-to guide”.

Committee HR Support January 2021
- Job descriptions/qualifications
- Interview practices/questions
- Applicant screening
- Hiring letters/letters of offer
- Orientation/Onboarding

- Review Retention Practices
  - Environmental scan: what are local organizations doing to keep their staff?
  - Review existing benefits
  - Review training and development needs (organization wide, site specific).
  - Review available resources/budgets
  - Recognition and Reward Program

  Committee

  September 2019 – January 2020

  - Working with other local not-for-profits to share resources to improve training opportunities for staff

- Develop Program and Evaluation Plan:
  - Objectives
  - Indicators
  - Evaluation
  - Methodology
  - Resources
  - Timeline
  - Responsibilities
  - Capacity Building and Training

  Committee

  January 2020

  - Present to Board during Board Meeting.

- Implement Plan:
  - Monitor
  - Evaluate
    - Process
    - Outcome
    - Impact
    - Economics

  Committee

  Management Team
  HR

  March 2020
<table>
<thead>
<tr>
<th>Review Program:</th>
<th>Committee</th>
<th>September 2020 - TBD</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Key result areas</td>
<td>Committee</td>
<td></td>
</tr>
<tr>
<td>- Indicators</td>
<td>HR Support Board of Directors.</td>
<td></td>
</tr>
<tr>
<td>- Results</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Implications</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Recommendations</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
References


Canadian Mental Health Association. (2019). Website: Mental health in the workplace. 
https://cmha.ca/documents/mental-illnesses-in-the-workplace


[https://www.mentalhealthcommission.ca/sites/default/files/2017-01/A_Cross_Case_Analysis_eng.pdf](https://www.mentalhealthcommission.ca/sites/default/files/2017-01/A_Cross_Case_Analysis_eng.pdf)


McFarlane, M., & Karabitsios, J. (2012). The missing link in occupational health and safety: Managing psychological injury risks and developing organisational health in Australian workplaces. *Injury Prevention, 18*(1), 160-161. doi:10.1136/injuryprev-2012-040590m.22


Appendices

Appendix 1: *Psychological Health and Safety in the Workplace*, (MHCC)

<table>
<thead>
<tr>
<th>Thirteen Factors of Psychological Health and Safety in the Workplace (2013)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Organizational culture; the norms, values and beliefs unique to the organization;</td>
</tr>
<tr>
<td>2. Psychological and social support: refers to interactions between coworkers and supervisors and the social and emotional integration and trust within those relationships;</td>
</tr>
<tr>
<td>3. Clear leadership and expectations: effective and supportive leadership with clearly defined work expectations;</td>
</tr>
<tr>
<td>4. Civility and respect: workers are respectful of each other and show care and consideration for their coworkers, supervisors, and clients;</td>
</tr>
<tr>
<td>5. Psychological demands: considers and mitigates the psychological risks associated with the work;</td>
</tr>
<tr>
<td>6. Growth and development: providing a range of opportunities for personal and professional development;</td>
</tr>
<tr>
<td>7. Recognition and reward: appropriate and timely acknowledgement of good work performance, team and department celebrations;</td>
</tr>
<tr>
<td>8. Involvement and influence: employees are included in decision making and can participate in organizational improvements and change;</td>
</tr>
<tr>
<td>9. Workload management: considers the time it takes to successfully complete work responsibilities and tasks;</td>
</tr>
<tr>
<td>10. Engagement: employees enjoy and are meaningfully connected to their work;</td>
</tr>
<tr>
<td>11. Balance: acknowledgement of the demands of work, family, and life;</td>
</tr>
<tr>
<td>12. Psychological protection: employees are able to be themselves, ask difficult questions, and make mistakes without consequences;</td>
</tr>
<tr>
<td>13. Protection and physical safety: employees are protected from risks and hazards that may result in physical injury.</td>
</tr>
</tbody>
</table>
Appendix 2: Survey Consent Form

VIMHS WORKPLACE WELLNESS PROJECT: ONLINE SURVEY
Dear [Name],
You are invited to participate in an Online Survey about Workplace Wellness for VIMHS. Gillian is investigating workplace wellness as part of her research for completing of her Master’s Degree. Gillian Baker is a Graduate Student in the Dispute Resolution Master of Arts Program in the School of Public Administration at the University of Victoria and you may contact her if you have further questions by email at bakerg@uvic.ca or gbaker@vimhs.org. Dr. Barton Cunningham is the Supervisor for this project and he may be reached at bcunning@uvic.ca.

Purpose and Objectives
The purpose of this survey is to identify the challenges and successes at VIMHS from your perspective in order to recommend strategies for long-term workplace wellness.

Importance of this Research
This project is important because identifying the challenges facing VIMHS and developing strategies to improve the workplace will lead to healthier, happier, and more engaging work.

Participants Selection
You are being asked to participate in this survey because you have been identified as an integral part of the VIMHS team.

What is involved
If you consent to participating in this survey, your participation will include a time commitment of approximately 30 minutes.

Inconvenience
Participation in this study may cause some inconvenience to you, including taking time away from your work. Every effort will be made to ensure work coverage, including extra staffing.

Risks
There are no known or anticipated risks to you by participating in this survey.

CONFIDENTIALITY
Your survey answers will be sent to a link at Hosted in Canada Surveys where your data will be stored
in a password protected electronic format. The survey will not collect identifying information such as your name, email address, or IP address. Therefore, your responses will remain anonymous. Further, my supervisor will be collecting your survey answers and providing me with a summary of the results.

At the end of the survey, you will be asked if you are interested in participating in an additional interview in person. If you choose to provide contact information such as your phone number or email address, your survey responses may no longer be anonymous to the data collector. However, no names or identifying information will be included in any publications or presentations based on these data, and your responses to this survey will remain confidential.

CONTACT
Individuals that may be contacted regarding this study include: Gillian Baker and Dr. Barton Cunningham. Please refer to the contact information at the beginning of the consent form.

In addition, you may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Human Research Ethics Office at the University of Victoria (250-472-4545 or ethics@uvic.ca).

ELECTRONIC CONSENT: Please select your choice below. You may print a copy of this consent form for your records. Clicking on the “Agree” button indicates that

- You have read the above information
- You voluntarily agree to participate
- You are 18 years of age or older

☐ Agree

☐ Disagree
Appendix 3: Interview Guide

Interview Guide
A common definition of a psychologically healthy workplace is one that is committed to preventing harm to workers’ psychological health, through negligence, recklessness, or intentional ways, and actively promotes a culture of psychological well-being. A psychological healthy and safe workplace is the outcome of various concepts at work. In my preliminary research, I have identified the following areas as critical to creating and maintaining a psychologically healthy and safe workplace: leadership, staff engagement, organizational supports, and wellness policies and programs.

The following questions are geared toward understanding the current psychological health of VIMHS worksites.

Introductory Questions
1. What does the term “psychologically healthy workplace” mean to you?
2. Please give me an example or examples of a time or times where you felt the workplace was psychologically unsafe.
3. What happened as a result?
1. Please give me as many examples as you like of a time or times where you felt the workplace was psychologically healthy.
2. Please give me an example of a time or times where you experienced or observed someone or something positively affecting the workplace.
   a. What did they do?
   b. What was the result/outcome?
3. Please give me an example of a time or times where you experienced or observed someone or something negatively affecting the workplace.
   a. What did they do?
   b. What was the result/outcome?

A. Leadership
Inspired Leadership is about motivating and energizing people to do and be their best, about sharing and promoting a clear vision and direction, and transmitting authentic passion for their work.
1. Please give me an example of a time or situation where you experienced or observed effective managing of staff, an issue or event, and/or a complaint or concern.
   a. What stood out to you about what went well?
   b. What was the outcome?
2. Please describe a time where you experienced or observed ineffective managing of staff, a workplace issue, or a complaint or concern?
a. What happened?
b. What was the outcome?
c. Can you think of way it could have been done differently?

3. In your own words, can you tell me what characteristics contribute to effective leadership?
   a. What makes a good leader?

4. Please describe the leadership at VIMHS – in your own words.
   a. Is it effective? Yes/ no please explain.
   b. What would you do differently?
   c. What is working?

Change Management includes identifying, communicating and preventing risks associated with changes in the workplace. These changes can be anything from changing duties, job expectations, scheduling, disciplinary, evaluations.

1. Please describe a workplace situation you experienced or observed where a change in the workplace was successfully implemented.
   a. What do you think made the change successful?
   b. What was the impact on you/ the team, the worksite, as a result of this change?
2. Please describe a situation you experienced or observed where a change in the workplace was implemented unsuccessfully.
   a. Please describe how you felt the change was handled inappropriately.
   b. What could have been done differently?

B. Engaged Employees

Engaged employees enjoy their work, take initiative, are committed to the success of the organization. Engaged employees feel they are part of a team, and that they are valued members of that team.

Initiative:

1. Can you tell me about a time you took initiative at work?
   a. What was the outcome of your actions?
   b.
2. In your own words, can you describe the way(s) VIMHS does or does not empower to you take initiative at work?
   a. Can you describe some ways to encourage staff to take initiative?

Teamwork: good relationships with staff and co-workers is important to a healthy and safe workplace.

1. In your own words, please describe what “being part of the team” means to you.
   a. What is important to you about teamwork?

2. Can you describe a time where you felt part of the team at VIMHS?
   a. What happened?
   b. What changed?
3. Please describe a time where you felt excluded or let down by your team?
   a. What happened?
   b. What changed?

Communication: communication is an essential component to any healthy workplace.

1. Can you describe an example of a time or situation you experienced or observed where an issue, request or change was clearly communicated to everyone affected by the information?
   a. How was the information communicated to you/staff?
   b. What was the outcome – how did it affect the workplace?
2. Please give me an example of a time or a situation you experienced or observed where important information was not properly communicated to you/staff?
   a. What happened?
3. Please tell me how you would improve or change the way communication occurs at VIMHS?

C: Organizational Support

Organizational Supports are the resources and training needed for professional development and improvement - the tools to do your best work.

Please describe a time where you participated in an onsite skills training workshop.

a. Describe how the training affected your professional development?
   i. Was it useful? If so, why?
   ii. A waste of time? If so, why?
   b. In your opinion is there enough or not enough training available to employees at VIMHS?
      i. If no: What kind of training would you like to see offered by VIMHS and why?
2. Can you describe the way(s) VIMHS makes you aware of upcoming opportunities for professional development?
3. Do you feel you have the tools you need to do your job?
   a. What would you change?
   b. What additional tools would you like to see at VIMHS?
      i. If VIMHS were to get x, what would you do with x?

D: Wellness Policies and Programs

Wellness Programs and Policies show a commitment from management to the overall health of their employees – including mental health. For wellness programs to be successful, they must be unique to the organization’s actual needs, have buy-in from all stakeholders, and have measurable outcomes.

1. If you were to develop a wellness program at work, what would it include?
2. What kind of policies do you think VIMHS should have to address workplace psychological health and wellness?
a. VIMHS currently has a Respectful workplace Policy and a Personal Harassment Policy – are there others you would like to see included?

3. Are there existing policies that should be updated and if so, what would you like to see?

4. Have you ever worked somewhere with a dedicated wellness program and if so what was it like?

5. Please describe a situation or experience that you observed that highlighted the advantages or disadvantages of having a dedicated wellness program in your workplace.
   a. In your own words, please describe why the program worked or didn’t work for you.
   b. What would you do differently?
   c. What would you keep?

6. What kind of wellness program would you like to see implemented at VIMHS?

7. If you could do anything to improve the morale/workplace at VIMHS what would it be?

Is there anything you would like to add that we have not discussed that related to the mental health of VIMHS?

Thank you for taking the time to participate in this interview.
Appendix 4: Participant Consent Form

VIMHS Workplace Wellness Project
You are invited to participate in a project about Workplace Wellness that is being conducted by Gillian Baker. Gillian is a Graduate Student in the Dispute Resolution Master of Arts Program in the School of Public Administration at the University of Victoria and you may contact her if you have further questions by email at bakerg@uvic.ca or gbaker@vimhs.org. As a graduate student, I am required to conduct research as part of the requirements for a degree in Dispute Resolution. The research is being conducted under the supervision of Dr. Barton Cunningham. You may contact my supervisor at bcunning@uvic.ca. This study is also being conducted for Vancouver Island Mental Health Society (VIMHS) at 2356 Rosstown Road, Nanaimo, BC V9T 3R7.

Purpose and Objectives
The purpose of this research project is to investigate and analyze the current psychological health of the VIMHS worksite(s) and recommend strategies for long-term workplace wellness.

Importance of this Research
This project is important because identifying the challenges facing VIMHS and developing strategies to improve the workplace will lead to healthier, happier, and more engaging work.

Participants Selection
You are being asked to participate in this study because you have been identified as an integral part of the VIMHS team.

What is involved
If you consent to participate in this research, your participation will include a time commitment of approximately one to one and a half hours and include a face-to-face interview. Whenever possible, interviews will be scheduled during regular work time or at a location convenient to you. Interviews will be digitally recorded and the researcher will take hand written notes. All interviews will be transcribed.

Inconvenience
Participation in this study may cause some inconvenience to you, including taking time away from your work. Every effort will be made to ensure work coverage, including extra staffing.

Risks
There are no known or anticipated risks to you by participating in this research. However, you are being asked to describe situations and examples of workplace issues, which may involve coworkers or management. You may be concerned about speaking negatively about a coworker or manager and it is possible you may become emotional as a result.

The goal of this project is to improve the workplace by addressing issues that are concerning. Remember you do not have to use names and can simply say “my coworker” or “a manager” when describing a situation or scenario. Further, you do not need to answer all of the questions and we can stop the interview at any time.

In my final report, I will discuss all findings in a general way and I will not include specific statements of staff describing specific behaviours or incidents.

**Benefits**

The potential benefits of your participation in this research project include being part of an opportunity to improve your worksite at the earliest stages and guide the direction of a long-term wellness strategy specific to VIMHS.

**Voluntary Participation**

Your participation in this research must be completely voluntary. If you do decide to participate, you may withdraw at any time without any consequences or any explanation. If you do withdraw from the study, your data will be used only if you give permission.

**Researcher’s Relationship with Participants**

The researcher may have a relationship to potential participants as a manager/employee. To help prevent this relationship from influencing your decision to participate, the following steps to prevent coercion have been taken: participation is voluntary; data collected during the interview will be coded for anonymity and kept confidential. Interview questions will be limited to work specific examples and observables –there is no obligation to disclose information if you choose not to.

**Anonymity**

In terms of protecting your anonymity, all survey and interview data will be coded and anonymized.

**Confidentiality**
Your confidentiality and the confidentiality of the data will be protected by storing the data on a password-protected computer in a locked office.

**Dissemination of Results**

It is anticipated that the results of this study will be shared with others in the following ways: a copy of the final report will be available to all participants via the VIMHS website. The results will also be presented during the final project defense. It is possible data results may be used for publication purposes for research into workplace wellness. Data, including the location of data collection will remain anonymous.

**Disposal of Data**

Data from this study will be disposed of by January 2020. Digital files will be erased and paper copies will be shredded and securely destroyed. Until 01/20, data will be stored in a locked cabinet in a locked office at Vancouver Island Mental Health Society.

**Contacts**

Individuals that may be contacted regarding this study include: Gillian Baker and Dr. Barton Cunningham. Please refer to the contact information at the beginning of the consent form.

In addition, you may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Human Research Ethics Office at the University of Victoria (250-472-4545 or ethics@uvic.ca).

Your signature below indicates that you understand the above conditions of participation in this study, that you have had the opportunity to have your questions answered by the researchers, and that you consent to participate in this research project.

Name of Participant ___________________________ Signature ___________________________ Date _____________

_A copy of this consent will be left with you, and a copy will be taken by the researcher._
Appendix 5: Board Survey

1) (a) What does “employer of choice” mean to you?
   (b) In your opinion, what steps can VIMHS take to achieve its goal of becoming an employer of choice?

2) What does the expression mentally healthy workplace mean to you?

3) In your opinion, what role(s) can the board take to create and sustain a health and wellness initiative for VIMHS?

4) Is there anything else you would like to add in regards to psychological health and safety in the workplace?
Appendix 6: Online Survey

Preamble:
The following survey questions are intended to discover your take on VIMHS’s current values, beliefs, attitudes and behaviours that staff share and use daily (workplace culture), and VIMHS’s overall wellness. There are a few key open-ended questions asking you to identify way VIMHS can improve. We hope you take the time to answer these questions because they will inform the vision and strategies needed to create a psychologically health, safe, and enjoyable place to work.

1) I have a good working relationship with my supervisors and managers. (Likert Scale)
2) Describe a positive or not so positive example of your working relationship with your supervisor(s) and/or manager(s). (Open-ended)
3) Can you suggest some ways to improve the leadership at VIMHS? (Open-ended)
4) Describe an example of what motivates you most and/or least and your work and opportunities for personal growth. (Open-ended)
5) In your own words, describe the current workplace culture (common values, beliefs, attitudes, and behaviours) and suggest ways that VIMHS can improve the workplace culture at your site. (open-ended)
6) As an organization, VIMHS is fiscally responsible and stable and I know my job is secure. (Likert scale).
7) Can you identify ways VIMHS could be more fiscally responsible? (for example, apply for more grants, hire a fundraiser). (Open-ended)
8) How easy is it to get the resources you need to do your job well at VIMHS? (Likert scale)
9) My work and the work done my VIMHS positively impacts people’s lives. (Likert Scale)
10) VIMHS takes my safety and safety concerns seriously. (Likert Scale)
11) Please identify some ways that VIMHS might improve the safety of your worksite and the overall health and wellness of the organization. (open-ended).
12) I am aware of, and confident in, the direction VIMHS is taking as an organization. (Likert scale)
13) When you make a mistake, how often do you receive constructive feedback? (Likert scale)
14) What are some examples of ways that your managers can facilitate communication with staff? (open-ended)

15) Does your worksite maintain a high level of professionalism and professional boundaries? (Likert Scale)

16) How difficult is it for you to balance your work life and personal life while working at VIMHS? (Likert Scale)

17) Some employee wellness programs include the following elements:
   a) Staff breakroom with fitness equipment
   b) Employee assistance program
   c) Support for quitting smoking, weight loss, adopting and healthier lifestyle, work/life balance
   d) Reduced rates for gym memberships, cell phones, etc.
   e) Professional development day
   f) Outside activities club for physical activities (i.e., hiking, biking, team sports)
   g) Other
   h) Which, if any, would you like to see VIMHS adopt?

18) Thinking about the answers you have given so far, please describe what actions you think VIMHS can take to build a psychologically healthy, safe, and satisfying workplace. (open-ended)

19) Would you like to participate in an in-depth interview about workplace wellness? (yes or no)

20) If yes, please provide contact information.

Thank you for taking the time to complete this survey.
APPENDIX 7: RESPECTFUL WORKPLACE POLICY

POLICY
Vancouver Island Mental Health Society is committed to providing a workplace in which all individuals are treated with respect and dignity. All employees have the right to work in a professional atmosphere that promotes respectful conduct and prohibits bullying, harassment or discriminatory practices. All employees are responsible for conducting themselves in a respectful manner in the workplace.

The Society will take reasonable care to ensure compliance with the BC Human Rights Code, Work Safe BC’s policies and guidelines, and the Canadian Human Rights Commission.

GUIDELINES

Respectful workplace conduct is conduct characterized by:
- courteous and considerate behavior toward others;
- Inclusion of people with different backgrounds, cultures, strengths and opinions;
- Constructive resolution of difference.

Bullying, Harassment, discrimination, or disrespectful conduct will not be tolerated.

Individuals found to have;
- Engaged in bullying, harassment, discrimination or disrespectful conduct;
- Engaged in retaliation; or
- Made a complaint in bad faith; may be subject to remedial and/or disciplinary action up to and including termination of employment.

This policy is in addition to and not in substitution for such rights as an individual may have under the BC Human Rights Code and/or Work Safe BC.

All employees are to take care to protect themselves and others from bullying and harassment and to not engage in bullying and harassing conduct.

VIMHS recognizes the difficulty in coming forward with a complaint of bullying, harassment, discrimination, or disrespectful conduct. To protect the interests of the individuals involved and to protect the integrity of the process, confidentiality will be maintained throughout the process and information related to the complaint will be disclosed only to the extent necessary to carry out the process and where disclosure is required by law.

The procedure applies to ALL employees of VIMHS.

DEFINITIONS:
**Bullying** includes any inappropriate conduct or comment by a person toward a worker that the person knew or reasonably ought to have known would cause that person to be humiliated or intimidated. Bullying excludes any reasonable action taken by an employer or supervisor relating to the management and direction of workers or to the place of employment.

**Discrimination** is defined as conduct that would constitute a breach of the Human Rights Code. Discrimination under the *Human Rights Code* has been found to include adverse or differential treatment of an individual in his or her employment whether intentional or not, based on one of the prohibited grounds. Discrimination includes harassment based on a prohibited ground.

The prohibited grounds of discrimination under the *Human Rights Code* are: race, colour, ancestry, place of origin, political belief, religion, marital status, family status, physical or mental disability, sex (including gender and pregnancy), sexual orientation, age, and conviction of a criminal or summary conviction offence that is unrelated to the employment of intended employment of that person.

**Disrespectful Conduct** is defined as including harassing or bullying behavior directed against another person that a reasonable person knows, or ought to know, would cause offence, humiliation, or intimidation. Disrespectful conduct does not have to be based on a prohibited ground under the *Human Rights Code*.

**Harassment** is any behavior by an employee directed against another employee that a reasonable person knows, or ought to know, would have the effect of adversely interfering with that person’s work or participation in work-related activities, or that creates a hostile, intimidating, or offensive environment for work or participation in work-related activities. Harassment which is based on a prohibited ground may be discrimination. Harassment which is not based on a prohibited ground may be disrespectful conduct. Examples of harassment include:

- Remarks, jokes or innuendos related to an individual’s race, sex, disability, sexual orientation, creed, age or any other ground.
- Display or circulation of offensive pictures, graffiti, or materials, whether in print form or via email or other electronic means;
- Comments ridiculing an individual because of characteristics, dress, etc. that are related to a ground of discrimination.

**Retaliation** is any adverse action (i.e., false accusations) taken against an individual for:

- Having invoked this policy in good faith whether on behalf of oneself or another individual;
- Having participated or cooperated in any investigation under this policy; or
- Having been associated with a person who has involved this policy or participated in the procedures.

**PROCEDURES**
In all circumstance, an individual who is accused of harassment is to be given the opportunity to explain themselves and to have those explanations properly considered. The rights of both the person accused of harassment and the complainant are to be protected.

1. **Preferred first step:** Make the disapproval known to the harasser immediately and request the offensive behavior cease.

2. **Alternate first step:** If the individual does not feel comfortable with approaching the harasser they should contact a Manager or another Supervisor for assistance. The Manager must keep a written record of the date(s) the issue(s) occurred, relevant details, and any steps taken to initially investigate and/or alleviate the problem.

3. **How to report:** If the behavior does not cease upon request, or if the incident is of a severe nature, staff of VIMHS can report incidents or complaints of workplace bullying and harassment verbally or in writing, as soon as possible after the incident(s). When reporting verbally, the reporting contact, along with the complainant, will complete a written report.

4. **Who to Contact:** Report any incidents or complaints to a Manager. In the case of a complaint against the Manager, report to the Executive Director, or, in the case of a complaint against the Executive Director, report to the Board President.

5. **What to include in the initial report:** Provide as much information as possible in the report, such as the names of people involved, witnesses, where the event(s) occurred, when they occurred, and what behaviours, actions, and/or words that led to the complaint. Attach any supporting documents, such as emails, handwritten notes or photographs. Physical evidence, such as vandalized belongings can also be submitted.

6. **Who conducts investigations:** Most investigations will be conducted internally. In complex, severe, or sensitive situations, an external investigator may be hired. The Manager, Executive Director, Board President or an appropriate designate will conduct a no fault, no blame Health and Safety focused investigation. If the potential for disciplinary action is identified, an HR based investigation will also be conducted.

7. **How investigations will be conducted:** Investigation will incorporate, where appropriate, any need or request from the complainant or respondent, for assistance during the investigation process. Investigations will be:
   - Undertaken promptly and diligently, and be as thorough as necessary, given the circumstances.
   - Fair and impartial, providing both the complainant and respondent equal treatment in evaluating the allegations.
   - Sensitive to the interests of all parties involved, maintaining confidentiality.
   - Focused on finding facts and evidence, including interviews of the complainant, respondent, and witnesses.
If the complainant and respondent agree on what happened, the matter will not be investigated further and appropriate corrective action will be taken as necessary.

8. **What will be included in the investigation:** Investigations will include interviews with the complainant, the respondent, and any witnesses. The investigator will also review any evidence, such as emails, handwritten notes, photographs, or physical objects.

9. **VIMHS and Staff Responsibilities:** all staff are expected to cooperate with investigations and provide any details of incidents they have experienced or witnessed.

10. **Follow-up:** The complainant and respondent shall be advised of the investigation findings and resulting actions, in general terms, by the Executive Director or designate. Following an investigation, the Executive Director will review workplace procedures, if necessary, and bring any recommendations to the Board.

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Policy: Respectful Workplace, Policy # 2-11

Board Approval Date: July 1, 2017

Date Review Required: July 1, 2020
Appendix 8: WORKPLACE BULLYING AND HARASSMENT POLICY

POLICY

Bullying and harassment is not acceptable or tolerated in this workplace. All workers will be treated in a fair and respectful manner.

SCOPE

This policy statement applies to all workers, including permanent, temporary, casual, contract, and student workers. It applies to interpersonal and electronic communications, such as email.

Bullying and harassment

(a) includes any inappropriate conduct or comment by a person towards a worker that the person knew or reasonably ought to have known would cause that worker to be humiliated or intimidated, but

(b) excludes any reasonable action taken by an employer or supervisor relating to the management and direction of workers or the place of employment.

Examples of conduct or comments that might constitute bullying and harassment include verbal aggression or insults, calling someone derogatory names, harmful hazing or initiation practices, vandalizing personal belongings, and spreading malicious rumors.

Workers must:

• not engage in the bullying and harassment of other workers
• report if bullying and harassment is observed or experienced
• apply and comply with the employer’s policies and procedures on bullying and harassment

PROCEDURES

Most investigations at VIMHS will be conducted internally. In complex or sensitive situations, an external investigator might be hired.

Investigations will:

• be undertaken promptly and diligently, and be as thorough as necessary, given the circumstances
• be fair and impartial, providing both the complainant and respondent equal treatment in evaluating the allegations
• be sensitive to the interests of all parties involved, and maintain confidentiality
• be focused on finding facts and evidence, including interviews of the complainant, respondent, and any witnesses
• incorporate, where appropriate, any need or request from the complainant or respondent for assistance during the investigation process

**What will be included**

Investigations will include interviews with the alleged target, the alleged bully, and any witnesses. If the alleged target and the alleged bully agree on what happened, then VIMHS will not investigate any further, and will determine what corrective action to take, if necessary.

The investigator will also review any evidence, such as emails, handwritten notes, photographs, or physical evidence like vandalized objects.

**Roles and responsibilities**

Human Resources (HR) is responsible for ensuring workplace investigation procedures are followed.

Workers are expected to cooperate with investigators and provide any details of incidents they have experienced or witnessed. HR will conduct investigations and provide a written report with conclusions to the employee’s direct supervisor or the employee themselves.

If external investigators are hired, they will conduct investigations and provide a written report with conclusions to HR and the Executive Director. If the complaint is about HR personnel, the investigation will be conducted by the executive director, the Board, or an external investigator. If the complaint is about the Executive Director, the investigation will be conducted by the Board or an external investigator.

**Follow-up**

The alleged bully and alleged target will be advised of the investigation findings by their direct supervisor or HR.

Following an investigation, the joint health and safety committee will review and revise workplace procedures to prevent any future bullying and harassment incidents in the workplace. Appropriate corrective actions will be taken within a reasonable time frame.
In appropriate circumstances, workers may be referred to the employee assistance program or be encouraged to seek medical advice.

**Record-keeping requirements**

VIMHS expects that workers will keep written accounts of incidents to submit with any complaints. VIMHS will keep a written record of investigations, including the findings.

**Annual review**

This policy and its procedures will be reviewed annually. All workers will be provided with a copy as soon as they are hired, and copies will be available on the shared “Z” Drive and in your site’s Policies and Procedures Manual.

<table>
<thead>
<tr>
<th>Date created: Draft</th>
<th>Annual review date: TBD</th>
</tr>
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<tbody>
<tr>
<td>Date Approved: TBD</td>
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</tbody>
</table>

See also: *Respectful Workplace Policy*

: *VIMHS Code of Conduct*
# APPENDIX 9: FATIGUE POLICY

**POLICY**

This policy enforces policies and practices to limit the impact of staff fatigue on both staff and client safety. These include:

- Staff shall not work more than 7 days without a day of rest
- Staff shall not work more than 70 hours in consecutive days without a day of rest
- Staff shall not work more than 16 hours in a 24-hour period.
- Shift swaps and exchanges are all covered under this policy and shall not be approved if they exceed the limits listed above.

## Purpose and scope

This policy addresses organization and individual responsibilities for reducing staff fatigue. It is intended to improve resident, tenant, and guest care and staff safety by reducing levels of staff fatigue associated with working too many consecutive shifts/hours, including overtime. This policy covers all staff at all sites.

## Definition(s)

Fatigue: an overwhelming, debilitating and sustained sense of exhaustion that decreases one’s ability to carry out daily activities including the ability to work effectively and function at one’s usual level in family or social roles.

## I. Manager responsibilities:

a. Facilitating work schedules and processes that maintain safe staffing levels for quality care.
b. Recognize the rights and obligations of staff to decline an assignment if impaired by fatigue
c. Promote work schedule schedules that provide adequate rest and recuperation between shifts
d. Collaborating with staff to establish shift durations that meet the Collective agreement provisions.
e. Denying requests for shift exchanges that would exceed the minimum shift/ hours described in the policy.

## II. Staff responsibilities:

a. Arriving at work adequately rested and prepared for work
b. Recognizing personal limits and declining requests to do overtime if fatigued
c. Planning mitigation strategies to prevent fatigue including a personal commitment to work-life balance and regular exercise.
d. Reviewing their work schedule and not submitted or accepting requests that would result in their schedule exceeding the maximums shifts/ hours allowed as outlined in this policy.
III. Exceptions:
   a. During disasters, emergencies, or other exceptional circumstances, this Policy may be waived.

References
Berger, A.M., Hobbs, B.B. (2006)-Impact of shift work on the health and safety of nurses and patients
Clinical Journal of Oncology Nursing 10 (4), 465-471
Excerpted and Adapted from:
https://www.interiorhealth.ca/AboutUs/Policies/Documents/Fatigue%20Policy.pdf
APPENDIX 10: VIMHS HEALTHY WORKPLACE INITIATIVE (IN DEVELOPMENT)

<table>
<thead>
<tr>
<th><strong>The Vision:</strong></th>
<th>“a healthy, satisfied, and productive team”</th>
</tr>
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<tbody>
<tr>
<td><strong>The Goal:</strong></td>
<td>To improve the culture of VIMHS and enhance the health and well-being of its employees by providing resources that enable staff to take charge of their own health and a work environment that makes healthy choices easy.</td>
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<tr>
<td><strong>Principles:</strong></td>
<td></td>
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<tr>
<td><strong>Evidence based:</strong></td>
<td>The components of this strategy are based upon evidence of what has worked in other organizations and include an evaluation component to allow VIMHS to review the initiative regularly.</td>
</tr>
<tr>
<td><strong>Sustainable:</strong></td>
<td>Components of this initiative are selected on the evidence of effectiveness and the potential for sustained impact over the long term.</td>
</tr>
<tr>
<td><strong>Participatory:</strong></td>
<td>This strategy involves all staff in development, implementation and evaluation to enhance the likelihood of adoption and implementation effectiveness.</td>
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</tbody>
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