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**Wellness at Work: A Choice
for a Better Future**

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Wellness at Work: A Matter of Choice for a Better Future

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Executive Summary

An emerging challenge for the federal government is responding to the growing number of public servants who suffer from some form of psychological injury or disability. May (2010) reported that depression, stress and other forms of mental illness accounted for nearly 45% of all disability claims in the federal public service. Given these statistics, it is becoming increasingly important for organizations to develop strategies that promote workplace wellness to counter these trends. This issue is even more important for the Correctional Service of Canada (CSC or Service) due to the stressful conditions in which a large proportion of our employees work.

The workplace plays an important role in the physical and mental health of its employees, and confronting issues of job-related stressors can impact the entire organization. As such, the Research Branch examined the issue of CSC staff wellness, and identified innovative or emerging workplace wellness strategies delivered by other federal government organizations, as well as provincial and territorial departments of correction.

In order to determine what workplace wellness strategies were being developed and delivered by other federal agencies, a survey was sent to 63 government departments and all 13 provincial and territorial departments of corrections in January, 2010. While the federal response rate was disappointing (30.1%), the respondents provided examples of wellness programs. Most of these interventions fell within four broad categories; (a) Learning and Development (e.g., educational strategies that promote employee wellness); (b) Supporting Fitness-oriented Activities; (c) Health Promotion/Health Screening activities (e.g., blood pressure and glucose screenings, body mass index, monitoring heart rates, and dental checks), and; (d) Employee Recognition Programs. Responses from eight provincial and territorial departments of correction (61.5% response rate) were generally similar to those presented by the federal agencies, although some innovative wellness programs had been introduced, such as self-directed spending accounts for wellness. Last, several strategies developed by the Royal Canadian Mounted Police and the Canadian Forces to increase wellness in their organizations are also reported.

Altogether, there seems to be growing interest in the development of employer-sponsored wellness interventions that enable employees to increase their psychological and physical health. This study provides a starting point from which more extensive examination of the issues can be conducted.

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Introduction

Confronting the consequences of employee exposure to workplace stress is becoming a growing priority for many organizations. In 2001, approximately one-third of North American workers were estimated to be affected by stress (Fisher, 2001). Six years later, Watson Wyatt Worldwide (2007) reported that mental health issues were the leading cause of both long- and short-term disability claims. Federal government employees in Canada are also impacted by psychological injuries, and May (2010) reported that nearly 45% of claims for disability in the public service were a result of depression, stress, and other mental illnesses (p.1). These issues are of particular importance to the Correctional Service of Canada (CSC or the Service) due to the stressful conditions associated with employees who have offender contact. Furthermore, non-correctional staff members working in facilities, parole offices, as well as regional or national headquarters are also affected by workplace stress, and while the source of the stressors may be different than for correctional or parole officers, the long-term results of this exposure can be just as debilitating.

In their Canadian study of stress at work and psychological injuries, Schain and Nassar (2009) argued that by making discretionary changes in the way that work is organized and managed it is possible to improve working conditions to reduce the negative consequences of exposure to stress for employees, their families, employers, and society. According to Day (2010), “approximately 50 percent of Nova Scotians reported some work-family conflict, and 25 percent of Canadians experienced high levels of work-family conflict” (p. 18). Anxiety and depression are two of the most debilitating effects of stress, and responding to these issues constitutes a growing challenge for employers. The *Global Business and Economic Roundtable on Addictions and Mental Health* observed, for example, that these mental health challenges cost Canadians more than \$51 billion each year (Picard, 2008).

In response to stress and its impact on employees, an increasing number of Canadian organizations, both private and public, are introducing workplace wellness programs. Workplace wellness programs are interventions, sponsored by an employer, that promote healthy lifestyles as well as organizational-specific issues, such as increasing communication, eliminating bureaucratic rules and procedures, addressing workload issues, or introducing flexible working

arrangements. Morrison and MacKinnon (2008) observed that healthy workplace programs were first introduced in Canada in the 1970s, but today's programs tend to be more comprehensive. Many wellness programs are based on health promotion and Carnethon and colleagues (2009) observed that the following are common elements of these programs: "tobacco cessation and prevention, regular physical activity, stress/management/reduction, early detection/screening, nutrition education and promotion, weight management, disease management, cardiovascular disease prevention...and changes in the work environment to encourage healthy behaviors and promote occupational safety and health" (p. 1725).

Studies of workplace wellness programs have generally reported a significant return on investment (ROI); every dollar invested in these programs pays significant dividends. Carruth and Carruth (2009) summarized the findings from several studies, and reported that every dollar invested in workplace wellness programs produced a ROI between \$3.50 and \$5.93. Morrison and MacKinnon (2008) also reported ROI in the range of \$2.79 to \$4.24 in their summary of wellness research. One of the challenges of calculating ROI, however, is that wellness programs typically have to be in place for several years before the financial returns can be properly calculated.

Moreover, it is difficult to attach a dollar value to some of the outcomes of wellness programs: Carnethon and colleagues (2009) reported that wellness programs result in "decreased direct healthcare costs, improved healthcare utilization, increased performance measures, lower rates of absenteeism, and a reduced prevalence of chronic disease" (p. 1727). It is possible that wellness programs also contribute to lower levels of employee turnover and overtime costs. These interventions can also increase employee satisfaction and quality of life (Morrison & MacKinnon, 2008). Employees who are physically and psychologically healthier are also able to enjoy a longer retirement, both in terms of quality of life and longevity.

In order to respond to employees who require support and assistance, the Federal Government has developed four types of programs that allow employees to work in a safe, fair and supportive environment and they include;

- 1) *Employee Assistance Program (EAP)*;
- 2) *Critical Incident Stress Management (CISM) Program*;
- 3) *Return to Work Program (RWP)*; and,

4) *Informal Conflict Management System (ICMS).*

All four of these programs are available to any federal employee. But the challenges of managing some 22,350 offenders are unique to the CSC (Corporate Reporting System, 2010), and the organization depends upon a supportive and healthy work environment to carry out the mission of “contributing to public safety by actively encouraging and assisting offenders to become law-abiding citizens, while exercising reasonable, safe, secure and humane control.”

Although each occupational classification within the CSC 16,500 member workforce (Public Safety, 2009), experiences different forms of stress, this study does not focus upon any one specific occupational classification, but rather addresses the needs of the entire workforce. The question that underscores this study is: How can the organizational environment be strengthened to better respond to the physical and psychological needs of the employees?

Some positive steps have already been taken to reduce the impact of stressful conditions that some CSC employees confront. In the *Correctional Training Program*, for instance, an entire lesson on coping with stressful work conditions is presented to new recruits who are becoming correctional officers. This lesson explores the occupation of correctional officer, and how officers are sometimes perceived by the public in a negative fashion. Furthermore, officers are prepared for the correctional environment with its confrontation and anticipation of violence. In order to increase the effectiveness of this learning, role plays of a number of possible incidents are conducted and the trainers focus on how to best manage these situations.

Yet, only a small proportion of new CSC staff members have received this type of training, and only those in correctional officer positions. As a result, there has been increasing attention paid to the issue of workplace stress and wellness, and how to support all CSC staff members in their efforts to develop strategies to increase their physical and psychological health. One of the key factors that underlie most work-related psychological injuries at work is stress. The following paragraphs describe job-related stress.

Stress

Everybody experiences some level of stress in their daily lives, and for those working in large organizations such as the CSC, stress is an ever-present feature: this increases for those

working with offender populations or in correctional environments. Writing about stress in correctional officers, Griffin, Hogan, Lambert, Tucker-Gail and Baker (2010) defined job stress “as a worker’s feelings of job-related tension, anxiety, frustration, worry, emotional exhaustion, and distress” (p. 242). Lambert and Paoline (2008) observed that stress in corrections leads to “hypertension, heart attacks, and other stress-related illnesses that can ultimately affect the life expectancy of the employee,” and has been “linked to divorce, substance abuse and suicide among correctional staff” (p. 543). Most staff members are able to adapt to short-term stress, but long-term exposure has been associated with burnout. In this stage, the individual’s methods of adaptation to stress are no longer effective: Lambert, Hogan, and Altheimer (2010) defined burnout as a “syndrome where the worker experiences emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment (p. 97).¹ In addition to psychological effects, at this point, the body’s immune system is more likely to be compromised and this might lead to physical consequences, such as asthma, hypertension, heart attack, and cancer (Dejours, 2000; Garner, Knight, & Simpson, 2007; Triplett & Mullings, 1996).

There are a number of sources of stress in organizations that manage offender populations, and only part of that stress is associated with working with offenders. According to Finn and Kuck (2005), most probation and parole officers attributed stress to organizational causes such as high caseloads, excessive paperwork and meeting deadlines rather than the job itself, or interacting with offenders. Other sources of organizational stress, as highlighted by (Bensimon, 2009; Finn and Kuck (2005), included; inadequate supervision, a lack of promotional opportunities, danger, changing or conflicting policies and procedures, being held accountable for offender’s behaviour, and a lack of community resources for helping offenders. Taxman and Gordon (2009) also reported that discontent with supervisors, a lack of participation in the decision-making process and job independence were also associated with stress (p. 698).

There is a growing body of research that has examined the sources of stress for correctional officers. (Bensimon, 2009; Brough and Williams (2007) attributed occupational stress for correctional officers as due to overcrowding and an increased number of violent as well

¹ According to Lambert, Hogan, and Altheimer (2010), “Emotional exhaustion is the feeling of being emotionally drained, fatigued, overextended, and used up from the job. Depersonalization refers to treating others impersonally, callously, and as objects. Ineffectiveness is a feeling of being ineffective in dealing with others at work, including a feeling of not making apposite impact on others and a feeling of not being competent and successful at work” (p. 97).

as mentally ill inmates. Moreover, they identified the following work characteristics; “the militaristic structure of correctional centres/services, the use of shift-based working hours, negative public perceptions of corrections, and the double bind caused by incompatible demands between administration and prisoners” (p. 555).

In addition, while technology has made our jobs easier, it has also increased demands on employees. Advances in computerized records and electronic communication allow us to work more efficiently and effectively. However, this gain has also led to higher expectations on employees, including the widespread use of personal digital assistants (PDA), such as a Blackberry, that now enable staff members to be available while they are at home, and long after the formal workday has ended. Thus, some individuals might feel as though they are “always at work.” This stress associated with workload and time pressures may have significant adverse effects on the individual (Brown, 1987; Finn & Kuck, 2003; Morran, 2008; Slate, Wells, & Johnson, 2003; Whitehead, 1987).²

Given the factors identified above, it is important to better understand the sources of stress in the CSC as this knowledge can be used by the organization to develop methods of reducing these stressors. One way that federal employees have been able to identify issues of workplace concern is through the Public Service Employees Survey, a survey in which all federal employees have an opportunity to participate. The last survey was conducted in November 2008, and CSC staff members were able to identify a number of issues of concern that related to workplace wellness.

Public Service Employees Survey (PSES): 2008 Results

The PSES is a voluntary survey of all federal employees that solicits responses on a number of workplace-related issues. According to the Treasury Board of Canada (2010), the key objectives of the survey are to:

- Give employees an opportunity to share their views about the state of their team, their organization, and the public service;

² Appendices I and II provide a guideline of how to recognize stress, as well as the major individual and organizational sources of stress.

- Gain insight on employees' perceptions of the state of people management in their team, their organization, and the public service at large and to establish a benchmark of this perspective;
- Identify strengths and opportunities to guide organizational planning and learning; and
- Identify key areas of action for organizational efforts in Public Service Renewal.

First distributed to employees in 1999, the survey has been re-administered every three years: in 2002, 2005, and 2008. The November 2008 PSES was distributed to over one-quarter million federal employees, and about 170,000 completed the instrument, a response rate of approximately two-thirds (Treasury Board of Canada, 2010). In terms of the CSC participation, 9,183 staff members participated, with a response rate of 56%, which was the highest response rate from the CSC in all four surveys.

The survey results enable organizational stakeholders to track changes in employee responses over time. Furthermore, individual departments, such as the CSC, can be compared with other agencies, as well as with national averages. Several items on the 106-item survey instrument specifically addressed issues of workplace stress.³ The Human Resource Management Sector (2009) analyzed the results, and found that the following issues were of concern;

- Harassment and discrimination.
- The informal conflict resolution process was an issue identified by many staff.
- The communications flow from senior management, stability in the department, too many approval stages and changing priorities were identified as concerns.
- Work life balance was an issue for the shift workers.
- Over one third of employees do not trust the staffing process and do not feel we hire the right people.
- The turnover in supervisors was identified as an issue with 52% of respondents saying they had had three or more supervisors in the last three years.

³ A comparison of the CSC and Public Service responses in the 2008 PSES is presented in Appendix III.

Many of these items are directly related to staff wellness, and in recognition of that fact, the Joint National Working Group, involving CSC management, employees, and union representatives was established in 2009 to examine issues of workplace wellness. On April 30, 2010 Commissioner Head distributed a personal communication to all employees that suggested that the following wellness-oriented issues be given more attention:

- Stress / Cumulative stress
- Mental / Physical health and fitness
- Positive communication
- Healthy lifestyle / Work-life balance
- Respectful workplaces
- Workload / Shift work
- Harassment

While identification of these issues is relatively straight-forward, resolving these challenges poses numerous challenges. As a result, the Research Branch sought to determine the types of wellness programs that currently exist in other Federal Government departments, as well as provincial and territorial correctional services. The following pages highlight the findings from a survey of these organizations conducted in January, 2010.

Wellness Activities in Federal Government Departments

One purpose of this study was to better understand the types of wellness programs that other federal departments had developed, programs that were well received by employees, and the strategies that these agencies used to increase staff participation. Employees in all federal government departments have access to the same benefits package and Employee Assistance or Critical Incident Stress programs. As a result, we were specifically trying to find initiatives that went beyond these services.

There are 63 different federal government departments, and of these, all were invited to participate in a survey in January and February, 2010 by phone and email.⁴ Despite the fact that each agency was contacted a minimum of three times, the response rate of 19 departments (30.1%) was disappointing, but the respondents did share examples of different programs. Some departments, including the Canadian Institute for Health Research and the Courts Administration Service, provided copies of their strategic plans for wellness programs.

A review of the surveys that were returned shows that wellness programs vary greatly. Transport Canada, for example, had relatively well-established wellness programs (in operation for six years in some locations) while many agencies reported being in the development of wellness programs, and were interested in the findings of this study to help guide their efforts.

The results revealed that wellness activities could be grouped into a number of categories;

- (a) Learning and Development. A number of agencies offered conferences, formal workshops as well as informal educational activities regarding wellness. Many of these programs related to managing stress or promoting healthy lifestyles. Of special interest to the CSC, the National Parole Board offered workshops on Compassion Fatigue, Laughing at Stress, and Vicarious Trauma. Other agencies offered “Lunch and Learn” programs where wellness issues, such as healthy living, the work-life

⁴ A list of all departments surveyed is presented in Appendix IV, as well as a copy of the survey instrument in Appendix V.

balance, and issues specifically related to mental or physical health were addressed.⁵ Other departments offered wellness fairs which are events that featured speakers, exhibits, and in some cases offering immunization, such as flu clinics.

In order to promote these programs, a number of departments reported having internal websites dedicated to wellness while others offered posters, newsletters, information on monitors located near staff entrances, posters, and handouts/brochures. Some respondents observed that classes tended to be more popular if the presenters were more credible (e.g., were well-known in the field, or were university-affiliated). Transport Canada has an “online wellness library” where resource materials can be ordered online and distributed through inter-office mail.

- (b) Fitness-Oriented Activities. Several agencies reported offering programs intended to boost the employees’ fitness. Examples included; “Learn to run clinics,” “Take a Hike Challenge,” “Walking groups,” “Annual walk,” and “Lunch yoga.” Some of these fitness activities added elements of competition (e.g., branches within the organization), competitions with other federal departments, while others were associated with specific events, such as United Way fundraising.

In order to decrease employee costs of participating in fitness-related activities, a number of departments negotiated corporate rates with fitness clubs for their employees. Statistics Canada reported having an in-house fitness centre. While not a fitness program *per se*, at least two of the respondents reported that their departments offered “quiet rooms” where employees could take a half-hour break.

- (c) Health Promotion/Screening Activities. A number of departments reported providing flu clinics (e.g., immunization). Others provided health screenings, (e.g., blood pressure and glucose screenings, body mass index, monitoring heart rates, and dental checks); often during specific times of the year, such as National Public Service

⁵ There is some debate about whether lunchtime learning programs should be offered: Morrison and Mackinnon (2008) argue that wellness activities be delivered during work hours, and not during an employee’s lunch break.

Week. The Victorian Order of Nurses, for example, has apparently been contracted to provide workplace health screenings for at least one federal department.

- (d) Employee Recognition Programs. A number of respondents wrote that employee recognition programs or events were important for workplace wellness.

Other initiatives did not fall directly in the four classifications reported above. The Canadian Human Rights Commission, for instance, reported that three priorities of their wellness committee were “manageable workload, up-to-date technology and tools, and creating a healthy physical environment.” The Public Service Commission reported that they used “An Employee Engagement Survey to address issues identified by employees,” and “An Exit Interview Program to understand why people leave and address the issues.” These comments suggest that wellness activities are often tailored to the needs and organizational characteristics of different agencies.

Encouraging Employee Participation

In speaking with officials who administer or coordinate occupational workplace programs, one of the common issues that emerges is that it is often easy to encourage employees who already have high levels of well-being to participate in various wellness programs, but it is more difficult to engage employees who are less physically or mentally healthy. In other words, the staff members who most need these programs may be the least likely to participate.

According to Person, Colby, Bulova, and Eubanks (2010):

The average participation rate among employees for worksite wellness programs is less than 50%. McLellan et al. (2009) had an overall participation rate of 23%, ranging widely (10-86%) among different workgroups. Robroek et al. (2009) experienced similar rates with an overall median participation rate of 33%, ranging from 10-64%. Research shows that women are generally more likely to participate in worksite wellness programs than men and, overall, married employees have much higher participation rates than their single co-workers. Other determinants of higher participation rates include: white-collar or secured contract employees, full-time employees, older age, and small company

employees; shift workers, lower income, and less education displayed much lower participation rates. (p. 150)

One of the items on the survey solicited responses about strategies that were thought to be effective at enhancing employee participation, and the following paragraphs highlight these strategies.

Approaches to engaging employees in wellness programs varied amongst the federal departments. Many of the respondents reported that activities that were fun (e.g., social events, contests, or employee recognition) or that offered food or prizes were the best received by employees. These were followed by programs that involved health screenings, flu clinics, and activities such as wellness fairs and flexible work arrangements. A number of respondents reported that various challenges (e.g., fitness-oriented programs such as walking competitions) were popular with staff members. The Canada Revenue Agency reported that, “The promotion of these activities is well done as the committees are given support, resources and tools by the EAP to ensure consistency in planning and promotion.” Other suggestions to increase employee participation were the involvement of senior agency leadership in activities (e.g., management handed out food at the annual picnic or handing out coffee and greeting employees as they arrive at work on “Employee Appreciation Day”).

In order to be successful, wellness activities must be interesting and relevant to employees. Transport Canada (Prairie and Northern Region) reported that anything to do with safety was popular, and specifically mentioned “Women and Self-Defence” classes. A respondent from Justice Canada reported that it was important to, “Continuously renew the product to incite participants to come back and create a wellness community.” These examples suggest the importance of soliciting employee feedback on their needs and interests.

A large number of departments had established wellness committees, which take a number of forms. The Canada Revenue Agency, for example, has over 50 local advisory committees that utilize employee volunteers to organize local wellness activities. One common theme was that many departments had a “Champion” for well-being. In some organizations, these champions were executives, such as the Vice President of Finance and Corporate Services in the Atlantic Canada Opportunities Agency. In other departments, wellness committees involved union-employer partnerships. While there is no formal evidence from the respondents

in this study, there is an intuitive conceptual appeal to the notion that initiatives such as workplace wellness programs will only be sustained if there is considerable long-term organizational support for them, thus requiring a “champion” who is committed to the program’s success.

Consistent with many of the observations reported above, Morrison and MacKinnon (20, p. 28) recently reported that the factors listed in Table 1 were associated with increased employee participation in workplace wellness programs.

Table 1. Tips For Employee Participation in Workplace Wellness Programs.

Tip	Rationale
Offer incentives	Incentives such as door prizes support employee involvement
Communicate plans and available programs	Employees cannot be expected to participate if they are unaware of the existence of wellness programs or their purpose.
Maintain confidentiality	Confidentiality is an important barrier to gaining employee involvement and participation in workplace wellness programs.
Follow through	Employees must be reassured that this is not another “flavour of the month” or “buzz word.” Management must assure program sustainability before they begin recruiting.
Do not discriminate according to health status	Communicate that workplace wellness is not an attempt to distinguish the weak from the healthy or the old from the young.
Reinforcement	Use of consistent reinforcement of health professionals in the workplace.
Host wellness programming on employer time	Participation rates improve when wellness programs are held during work hours, employees are given time during work to attend (not during the lunch hour), or they are paid for their attendance.

Corrections, Law Enforcement and the Canadian Forces

Wellness Activities in Provincial and Territorial Departments of Corrections

As providing community or institutional services for offenders represents the largest component of the staffing of the CSC, it was important to include other provincial and territorial departments of corrections in this study. It was thought that these agencies might be able to provide different ideas or strategies about wellness. Of the 13 provincial and territorial departments of corrections, eight (61.5%) responded. Descriptions of wellness programs provided by these agencies were generally consistent with the approaches taken by the responding federal departments. Of special note, however, was the Learning and Wellness account, offered by the Alberta Solicitor General and Public Security. This agency provides each employee with a \$500 fund for career development, but specifically encourages using these funds for personal health: the agency reports that participation in this program approaches 80 percent of employees, which is much higher than most wellness initiatives.

The provincial government in British Columbia, by contrast, offers an extensive array of health-related programs, and was the only respondent to report cost-benefit analyses of these interventions. A pilot program, called “My Health Matters” was introduced in 2007 for 2,000 public employees, and according to the respondent “surveys of participants showed that 35% reduced daily stress levels, 50% made an improvement in their work environment, 40% had a positive influence on their work team, 78% agreed the program demonstrated employer concern for employee health, 33% identified a previously not known health risk, and 56% reduced their overall lifestyle risk for future chronic diseases.” This pilot project was a collaboration between a number of pharmaceutical companies and Pacific Blue Cross (the health carrier for the provincial government): According to the respondent, an initial cost-benefit analysis showed that “there was a 15% reduction in Metabolic Syndrome risk factors in overall study participants. The province of British Columbia also reported cost savings from smoking cessation and workplace immunization clinics (e.g., flu shots).

Other provincial and territorial departments of corrections offered additional examples of wellness initiatives. The government of Nunavut, for example, introduced a respectful workplace program. The Nova Scotia Department of Justice, by contrast, reported that wellness

programs with the highest amount of participation were osteoporosis (bone density) testing, relaxation techniques, walking challenges and smoking cessation. The Department of Justice also reported that starting with a personal health screening campaign was a very successful approach in establishing their wellness program. Consistent with that approach, the Community and Correctional Services of Prince Edward Island offers fitness challenges, wellness checks (blood pressure, body mass index, and cholesterol) and some recreational activities (usually associated with fundraising for charities). The Saskatchewan Ministry of Corrections, Public Safety and Policing also offers wellness challenges associated with smoking cessation, healthier eating, an H1N1 immunization program, and encouraging staff to increase their physical fitness. They also reported that each work unit has a wellness committee that initiates different programs, including staff barbeques and fundraising activities. Again consistent with other federal and provincial departments, the Justice Department of Yukon offers “seminars, courses, and workshops on a variety of topics – personal wellness, professional care of self, family health, stress management, physical and emotional care, family support, communication, and conflict management.” Last, the Department of Justice from the Northwest Territories, in addition to delivering a number of wellness programs, offer a number of family-oriented courses, including “Creating a Great Family Life,” and “Enhancing Couple Relationships.”

RCMP Wellness Initiatives

The job related stress experienced by CSC staff members who work directly with offenders in community and institutional settings may be very similar to stressors experienced by members of the RCMP. Wilkerson (2010) writes about the stressors associated with police work;

The mental health risk factors for law enforcement personnel are increased due to the effects of hyper and continued vigilance also known as “compassion fatigue,” the impact resulting from the sudden death of a partner or peer; and repeated exposure to some of life’s worst moments.

Some studies profess that law enforcement personnel suffer from a corrosion of the human spirit by bureaucratic rules and hostile management practices, upper management

failing to support rank-and-file members and officers at times of personal or professional crisis. (p. 15)

Wilkerson (2010) notes that depression is very prevalent in the staff working within law enforcement agencies, and although it poses a different set of challenges than post traumatic stress disorder (PTSD), the two often co-occur. The Canadian Broadcasting Corporation (2009) reported that ten RCMP members had claimed partial or full disability for PTSD in 1999-2000, but this number peaked to 208 members in 2005-2006, although dropped to 162 individuals in 2007-2008.

Reluctance to admit to experiencing stress or acknowledging a psychological injury is widespread amongst criminal justice personnel. The organizational culture of para-military organizations, for instance, may reduce the likelihood that officers will seek help for depression, substance abuse, or other stress-related ailments (Woody, 2006). Writing about police officers, Miller (1999) noted that they “deal with both the routine and exceptional stresses by using a variety of situationally adaptive coping and defense mechanisms, such as repression, displacement, isolation of feelings, humor often seemingly callous or crass humor and generally toughing it out” (p. 2). These avoidance strategies, however, may take a toll on the individual over the long-term, and may be a significant factor in anxiety, depression, stress, and burnout.

A number of contacts were made with officials from the RCMP, but they did not directly provide any specific information about their wellness programs. Some information about healthy workplace programs offered by the RCMP was available online, including an issue of the RCMP *Gazette* released in January, 2010 that was dedicated to wellness, and a themed issue of *The Frontline Perspective* (the RCMP staff relations magazine) on Occupational Stress Injuries (OSI) published in 2009. In terms of OSI, the contributors to *Frontline* wrote about the need for educational initiatives (e.g., recognizing the signs and symptoms of OSI), the courage of officers to seek help, the role of the RCMP Members’ Employee Assistance Plan (MEAP), as well as effectiveness of chaplaincy and peer-to-peer support programs in addressing OSI.

In addition, the RCMP, as part of their Healthy Workplace Strategy, is currently piloting a number of short-term (two-to-three day) residential programs on Trauma Decompression for members in particularly stressful police roles (e.g., accident reconstruction and forensic identification investigators). According to Morely (2009), these voluntary programs “will

include components on self-assessment, psycho-education, resilience, and semi-structured group process” (p. 18).

For the 29,946 employees currently with the RCMP (Ross, 2010), there is increasing emphasis placed on the work environment and organizational culture, which is shaped primarily by managers. According to Rich Boughen, Director General of the Occupational Health and Safety Branch; “If you’ve got bosses that are seen as being fair, excellent communicators, good listeners, (able to) resolve issues quickly, engaging (and) compassionate then you’re going to have healthier work environments” (p.7). With respect to the RCMP, any member requiring physical or mental health care as a result of a traumatic incident is taken care of entirely by the organization rather than through workers’ compensation, which differentiates it from other federal or provincial government departments.

Wellness is becoming a priority in the RCMP, and in a 2010 report by the Reform Implementation Council, they recommended that, “The RCMP should ensure that member and employee health and wellness be an essential consideration in policy and operational decisions at all levels” (p. 29). In order to facilitate this recommendation, the following steps were identified as part of their Healthy Workplace Strategy;

- Increasing family involvement in education and information programs;
- Official recognition of contributions to workplace wellness;
- Improved psychological health programs and services, including prevention, detection, education and screening;
- Broadening health care coverage for members. (p. 29)

Of these steps, one that might be most relevant for the CSC is increasing family involvement in educational programs that help them understand the occupational roles of staff, and how these roles ultimately shape the individual’s professional and home life. Family members may be able to provide an important role in supporting staff members.

Woody (2006) highlights how law enforcement officers (LEO) experiencing high levels of stress or depression often isolate themselves from family members and friends who can emotionally support the officer. In terms of a clinical strategy Woody (2006) suggests that, “A healthy, rewarding primary relationship can help the LEO balance the demands of competing

cultural factors and cope with the daily stress of the job” (p. 101). Yet, family members often do not understand the challenges faced by their loved ones who are in law enforcement or correctional careers. Anecdotal information suggests that a growing number of police agencies are inviting family members to participate in educational sessions that inform participants how working with offender populations and the stress of the job will change the officer. A review of the scholarly literature, however, did not provide any formal descriptions of these programs nor evaluations. Future investigators might find it fruitful to survey law enforcement and correctional organizations to determine how many of these programs exist, their characteristics, and their success.

Wellness in Other Law Enforcement Agencies

As highlighted earlier, police officers have a number of stressors that are analogous to those experienced by CSC employees. According to Violanti (2010), these stressors include frustration with the justice system, the demands of shift work, a negative public image, family problems, exposure to human misery and working within a reprimand-based bureaucracy. In response to these challenges many police services are developing wellness initiatives. Day (2010), for example, reported that the American Psychological Association recognized the Toronto Police Service as a best practices honouree for their wellness initiatives for their 8,000 members, including:

- 1) Flu prevention clinics;
- 2) Cardiometabolic risk assessment;
- 3) Counselling on physical fitness;
- 4) Proper Nutrition;
- 5) Maternity and parental leave programs;
- 6) Paid and unpaid family leave;
- 7) Multi-site childcare services with no late pick-up fees;
- 8) Emergency childcare services;
- 9) A family support service, including critical incident debriefing;
- 10) Multi-faith chaplaincy services;
- 11) Ongoing stress management training;

- 12) Training for unit commanders to help them understand employee issues;
- 13) Financial advice.

This list of wellness activities reported above shows the importance of having comprehensive wellness programs that are able to respond to the unique needs of the organization, as well as its members.

Law enforcement wellness programs take a number of forms. The Los Angeles Police Department (LAPD), for example, recently hired a dietician to fight staff obesity. Police patrol officers often work under conditions conducive to eating fast food and making poor food choices. Parker (2009) points out the many problems linked to weight gain, including loss of physical ability and an increased risk of physical health problems. One initiative intended to increase levels of fitness in the LAPD is that any staff member who does not meet entry conditions for physical fitness can be required to complete four weeks of training involving sports and basic nutrition.

Since 2006, the Regional Police Service in Western Australia has offered a program called Fit For LIFE, which was established to improve the wellness of its 1,600 employees. This program was initiated after research was conducted on employee health needs. Neates (2010) writes that the survey revealed that the main obstacles to officer wellness were; (a) structural barriers (e.g., dilapidated office space, below-standard gymnasiums and poor quality exercise equipment), (b) managerial barriers, including shift work, a poor work-life balance, a high volume of work, irregular breaks, and staff shortages, and; (c) cultural barriers (e.g., officers mocking healthy behaviours and seeing employees who sought help as “weak”) (p. 22). In response to these challenges the Police Service developed a comprehensive wellness plan. Neates (2010) reports that the initiative is based on mutual obligation, and that the Police Service “will continue to implement organizational changes and health promotion programs that support employee health, fitness and well-being, while in return employees must be committed to improving their health, fitness and well-being” (p. 23).

Canadian Forces Wellness Initiatives

The involvement of the Canadian Forces (CF) in peacekeeping operations in the former Yugoslavia, as well as the conflict in Afghanistan since 2002 has created significant challenges

for the Department of National Defence. An increasing number of soldiers are returning to Canada with physical and psychological injuries. Richardson, Darte, Grenier, English, and Sharpe (2008), reported that “almost 25 percent of those suffering from an Operational Stress Injury (OSI) do not seek professional help, and those that eventually do seek help, due to the stigma associated with OSIs, can delay doing so for up to seven years” (p. 58). In response to the growing number of soldiers with psychological injuries, the CF developed the Operational Stress Injury Social Support (OSISS) program in 2001. The OSISS is based on peer and family support: Peer Support Counsellors (who have all suffered from OSI, and are now in recovery) are trained to provide support to military members and veterans, while Family Peer Support Coordinators provide support to the families of military members and veterans with an operational stress injury.

Although delivering some educational programs, the OSISS program is primarily a reactive program, providing services to individuals who are already suffering from a psychological injury. Duffy (2009), by contrast, reported about the growing interest in “stress inoculation” that is intended to prepare soldiers for the battlefield. The Canadian Forces are currently using this approach to increase the resiliency of soldiers destined for Afghanistan, and in turn, hope to reduce the likelihood of psychological injuries. As such, this approach focuses on prevention. Wiederhold and Wiederhold (2008) observed that;

Stress Inoculation Training (SIT) is a type of training used to prepare individuals for stressful situations (such as combat or medical emergencies), diminishing the potential for a negative psychological reaction like PTSD. In cognitive-behavioral therapy, SIT is accomplished through gradual, controlled, and repeated exposure to a stressor. The goal behind this exposure is to desensitize the person to the stressful situation, avoiding a panic or “fight or flight” response to the real thing. This not only allows the individual to accomplish the tasks at hand in a stressful environment, but also may act to prevent long-term psychological reactions to stress such as PTSD. (p. 23)

Garner (2008) found that providing a 16-hour training course on SIT to police officers, as well as several one-hour “boosters” was an effective method of reducing interpersonal stress. A recent study by Arnetz, Nevedal, Lumley, Blackman, and Lublin (2009) also found support for a similar

type of program called trauma resilience training, with law enforcement officers. While the results of these initial studies appear promising, a review of the literature did not find examples of these programs applied to correctional systems.

Another proactive approach to improving employee health is promoting fitness, which is of key importance to members of the Canadian Forces, but equally applicable to officers working in correctional settings. The Department of National Defence has a fitness strategy, and is summarized in a report entitled *Canadian Forces-Health and Physical Fitness Strategy*. Launched in 2008, this strategy strives to create a culture of health and physical fitness. Taking responsibility for health and physical fitness involves meeting seven needs, as follows:

1. All military officers, regardless of location or rank, have a responsibility to maintain a healthy lifestyle as a requirement of service. CF leadership will lead by example, promoting and facilitating achievement of optimum levels of health and physical fitness.
2. Lifelong lifestyle commitment. The high operational tempo requires physically fit and healthy men and women from recruitment to retirement. Individuals who commit to a lifelong healthy lifestyle have a lower incidence of chronic disease, improved self-confidence and morale, fewer injuries, and are better able to withstand stress; they are dependable, capable and effective comrades-in-arms.
3. Regular physical fitness. This means individual and/or group physical fitness activities at least one hour per day at an intensity appropriate to the person's level of fitness.
4. Healthy nutrition through the consumption of nutritional food and drink. This will enhance the person's health and immunity and provide the optimal energy to ensure excellence in physical and mental performance.
5. Healthy weight. Attaining the optimal weight at which the person feels fit, flexible and healthy.
6. Addiction-free lifestyle. No alcohol abuse, use of tobacco or illicit drugs, or gambling addiction. Adopt effective coping skills and an addiction-free lifestyle to manage daily stress and improve psychological and physical resiliency. (In 2004, one-quarter of the staff were smokers.)

7. Effective governance framework. Officials will ensure that the framework is in place at the strategic, operational and tactical levels, enabling implementation of the strategic guidelines and strengthening of the culture of health and physical fitness.

By way of comparison, CSC staff assigned to an institution or deployed in conflict zones (e.g., Afghanistan, or the former Yugoslavia), or following a natural disaster (e.g., Haiti) are subject to the same exposure as members of the army. However, there are currently no such provisions for levels of care of employees as is the case in the Canadian forces or RCMP.

Discussion

A review of the wellness literature suggests that there are a number of strategies that organizations can undertake to improve both the physical and psychological well-being of employees. Most of these strategies are inexpensive and a review of the literature shows that most workplace wellness programs produce a significant return on investment: for every dollar invested there is a sizable financial return, as well as indirect benefits, such as improved job satisfaction, lower absenteeism and turnover. But, individuals must often be encouraged to make an investment in their health and well-being, and this support requires a long-term commitment to these programs. The research on workplace wellness programs typically shows that less than one-half of employees will participate in these interventions (Person et al., 2010). Moreover, the staff members who may have the greatest need for wellness activities may be ones the most resistant to participate, thus requiring additional education, encouragement, and support. Last, employees working in law enforcement roles (such as the correctional and parole officers) are sometimes very resistant to admitting their need for help, and Canadian Forces research shows that some soldiers suffer from their injuries for years before seeking assistance (Richardson et al., 2008).

Model Wellness Programs

A review of the literature shows that there are a number of “model” wellness plans, and they can be tailored to the unique needs and mission of different organizations. Perhaps one of the most comprehensive workplace wellness plans was recently published by the American Heart Association (Carnethon et al., 2009, pp. 1725-1726), and the following recommendations for a comprehensive wellness program is adapted from their work;

1. Components of wellness programs.

A comprehensive program aimed at improving employee’s general health should include the following; tobacco cessation and prevention, regular physical activity, stress management/reduction, early detection/screening, nutrition education and promotion, weight management, disease management, and changes in the work environment to encourage

healthy behaviors and promote occupational safety and health.

Programming should be integrated into the organizational structure of the workplace by use of the following proven strategies: health education that relies on existing valid sources and is focused on skill development that is consistent with employees' readiness to make behaviour changes; initiatives that are incorporated into existing employee assistance programs; and voluntary worksite screening.

2. Environmental modifications.

The social and physical environment of the workplace should be designed to be conducive to recommended behaviours.

Optimal environmental modifications should promote healthy behaviours while simultaneously minimizing the physical, organizational, and occupational risk in the work environment.

Occupational safety and health are integral components of worksite wellness; workplaces should be free from hazards that jeopardize employee safety and well-being.

3. Regulations/Policy Approaches

The regulatory environment should allow for increased opportunity for employers to reach a greater majority of the employee population and produce health benefits.

Employers, who choose to offer healthy lifestyle behaviour incentives in the workplace, such as wellness credits and financial incentives, should provide these directly to the employee. Financial incentives should not be attached to healthcare premiums or health status.

4. Vulnerable/Special Populations

Wellness programs must address the needs of all employees in a given workplace, regardless of gender, age, ethnicity, socioeconomic status, culture, job type, or physical or intellectual capacity.

Worksite wellness programs should be designed to be culturally sensitive and all-inclusive, and employers should also consider targeted, complementary interventions for their more vulnerable employees that are specifically designed to engage those who are economically challenged, less educated, or underserved.

Workplace wellness programs should help working families balance work and family commitments and incorporate policies around child care, elder/dependent care, telecommuting, and flexible schedules.

Research should be conducted to determine how to improve participation among employees who have the highest risk behaviours.

The list presented above was not intended for correctional agencies, and there are additional challenges that large prison systems confront, especially as it relates to the stressful conditions associated with managing offender populations, the reluctance of many persons in law enforcement roles to seek help, and the role of family in supporting correctional staff members. Moreover, to reduce officer scepticism about these programs, any commitments to workplace wellness must be long-term and well-funded. Further research on workplace wellness programs in other correctional systems and law enforcement agencies may prove fruitful in identifying new or innovative wellness strategies.

Given its mission, the CSC is a unique organization in the federal government, and any wellness program that is considered will have to be consistent with the department's mission and culture. One of the biggest challenges in the establishment of a wellness program in a large federal department, such as the CSC, is the fact that services are provided in 59 facilities, numerous parole offices (including those that deploy a single officer), as well as the five regional and national headquarters. As a result, ensuring that all employees have similar access to wellness initiatives would be a considerable challenge and require a significant long-term commitment, both from headquarters as well as all institutions and offices, and the staff members who would serve on workplace wellness committees.

Stress, Job Satisfaction, and Organizational Commitment

To a large extent, stress, job satisfaction, and organizational commitment are all inter-related. This is important to acknowledge in any discussion of reducing stress or increasing wellness. Lambert, Hogan, and Tucker (2009) observed that:

Satisfied, committed, and unstressed staff members are necessary to create and maintain a professional, productive, safe and humane correctional facility. Dissatisfied, uncommitted, and stressed staff, on the other hand, can lead to a disorganized and poorly run correctional facility. (p. 461)

Reducing the negative impacts of stress through workplace wellness programs may increase both job satisfaction and organizational commitment. The following paragraphs define some of the key issues associated with job satisfaction and organizational commitment.

Job satisfaction is defined as an emotional state that allows a person to achieve objectives related to the nature of the job (Ball et al., 2009). Lambert and Paoline (2008) noted that higher levels of job satisfaction were “associated with greater support for rehabilitation and compliance with organizational rules (Fox, 1982). Conversely, low levels of job satisfaction have been found to be related to burnout, absenteeism, turnover intent, and turnover” (p. 543).

Job satisfaction is not always associated with extrinsic factors such as salary, work hours, benefits, and job stability. Extrinsic motivation is important, but alone cannot fully contribute to a person’s emotional and social development (Downie, Magneau, & Koestner, 2008). Most employees, by contrast, report that they are motivated by intrinsic factors, such as recognition, the nature of the job, the variety of work, a sense of accomplishment, and responsibilities related to the job. Only intrinsic motivation can lead a person to become fully engaged in their work (Bensimon, 2005). Altogether, both intrinsic and extrinsic motivation relates to overall job satisfaction, and it is important to recognize that employees are motivated by different factors, and this should be considered prior to the development of workplace wellness initiatives.

Employees who are experiencing less stress, and who are more satisfied with their work are likely to have higher levels of employee engagement or organizational commitment.

Organizational commitment has been defined as the bond that a person has with their workplace (Lambert & Paoline, 2008). A number of factors influence an employee's organizational commitment. Some of our attachment to a workplace is associated with benefits such as seniority or years of service toward a pension. The second dimension of commitment is attitudinal, and Lambert and Paoline (2008) defined this bond as "the strength of the person's feelings toward and views of the organization, belief in its goals, loyalty, identification to and cognitive desire to belong" (p. 543).

Lambert and Hogan (2010) noted that organizational commitment is generally associated with loyalty to the organization, identification with the organization (e.g., pride in the organization and internalization of the goals of the organization) and involvement in the organization (i.e., personal effort made for the sake of the organization) and that higher levels of organizational commitment are related to positive outcomes, including "prosocial organizational behaviors, improved job performance, receptivity to change, and organizational citizenship behaviors." (p. 162). In addition, staff members with a stronger bond with the organization are less likely to leave, thus organizations that have higher overall levels of organizational commitment benefit from lower levels of turnover and the costs associated with recruiting and training new staff members.

Thus, to summarize the research on stress, job satisfaction, and organizational commitment, high levels of job stress are typically associated with reduced job satisfaction in studies of correctional officers. Correctional staff members with high levels of job satisfaction, by contrast, tend to be more committed to the organization (Lambert & Paoline, 2008). While these are correctional examples, they can be applied to all members of the organization. Consequently, this suggests that the starting point to increasing employee satisfaction and engagement is to reduce levels of stress. Comprehensive employee wellness programs may be an important first step in this process.

Conclusions

Most of us spend the greater part of our waking hours at work, and the culture and characteristics of our workplaces strongly influence our health and overall wellness. It is not always easy to balance our daily working lives, conflict resolution, family life, fitness and nutrition as well as one's social and emotional life. Many staff members in the CSC are further

challenged by the need to ensure their physical safety in correctional environments that are often defined by high levels of interpersonal conflict and confrontation. Non-correctional staff, by contrast, also have their own challenges to confront, including managing workload, responding to deadlines, as well as coping with the same organizational challenges of their correctional officer counterparts. Given these facts, any workplace wellness program that is developed by the Service must be dynamic and policies developed that are based on the changing conditions of the work environment and the characteristics of the 16,500 CSC staff members.

The results of this study revealed that innovative wellness programs are being developed by different federal and provincial governments. The Service should endeavour to build on this knowledge by adapting well-managed workplace wellness programs to meet the unique characteristics and needs of the correctional setting. Future research should be used to assess outcomes associated with wellness initiatives to ensure they are having the desired impact. Building on a strong knowledge base of what is effective will ensure resources are used to their full potential and staffs receive the support and guidance they need to achieve a healthy workplace.

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Appendices

Appendix I: Recognizing Stress and its Effects

Throughout this study, the issue of job-related stress underlies many of the challenges that CSC employees must confront. The following paragraphs highlight the characteristics of stress, and its direct and indirect consequences for the organization.

- a) *Physical* symptoms (headache, heartburn, trouble sleeping, loss of appetite, gastritis, abnormal sweating, and so on);
- b) *Emotional* symptoms (increased sensitivity, nervousness, crying, agitation, anxiety, irrational fear, excitement, sadness);
- c) *Intellectual* symptoms (trouble concentrating, loss of attention, errors, complete loss of autonomy);
- d) *Behavioural* symptoms (change in eating habits, violent or aggressive behaviour, withdrawal, lack of cooperation, drinking, smoking, use of prescription or non-prescription medication)

Consequences

Stress at work leads to two types of costs:

- 1) *Direct costs*:
 - a) Costs related to short-, medium- or long-term disability
 - b) Medical appointments and medication;
- 2) *Indirect costs*:
 - a) Absenteeism (Jauvin et al., 2003; Lambert, 2002; Morgan, Van Haveren and Pearson, 2002; Malenfant et al., 2001; Swinnen, Moors and Govaert, 1994; Shamir and Drory, 1982; Smulders and Nijhuis, 1999; Iverson, Olekalns, Erwin, 1998; Venne, 1997; Greene and Nowack, 1995; Swinnen, Moors and Govaert, 1994; Blau and Boal, 1989),
 - b) Recruitment of temporary employees (for indeterminate periods),
 - c) Lowered quality and productivity,

- d) Delays extending to all operations often made up with overtime (increase in production costs for quantitative rather than qualitative results).

Appendix II: Major Sources of Employee Stress

1) Factors inherent in the job:

- a) *Environment*. Functionalist institutions (old age homes, monasteries, psychiatric hospitals, military barracks) are characterized by a way of life that is contained and regulated inside a closed perimeter. Identity markers are not the same as they were on the outside. Personal space is almost non-existent. Everything occurs in the same, single place under constant control according to an organized schedule based on very strict rules that do not allow for any personal initiative. The organization of any closed institution is functionalist because it is designed to avoid conflict. In doing so, they may create new ones (Bensimon, 2009; Fagan, 2003; Froment, 2003; Johnson, 2002; Abdennur, 2000; Demonchy, 2000; Terril, 1999; Wright, 1999; Latullipe, 1995; Tom Liou, 1995; Cohn, 1991; Walters, 1991; Breen (1986); Seymour (1980)). Those who are not in institutions must deal with excessive red tape and numerous issues of political correctness.
- b) *Position and the immediate environment*. For example, in higher-security institutions, coronary disease and ulcers appear to be more prevalent (Härenstam and Palm, 1988; Ostfeld *et al.*, 1987; Long *et al.*, 1986). Several studies point to a life expectancy of 59 years, which is 16 years below the Canadian national average (Cheek, 1984),⁶ higher rates of divorce, alcoholism and suicide, at least among safety and security staff (Finn, 2000; Cheek and Miller, 1983). Many other factors may influence behaviour: social and marital status, family responsibilities and so on.
- c) *Nature of the job*. In institutions, assessing criminal behaviour (Abadinsky, 2006; Farrow, 2004), for all administrations, the repetition of certain tasks that are often urgent and have no other explanation than the schedule in itself (Keinan and Malach-Pines, 2007).
- d) *Constant, unexpected requests*, especially in institutions (all types of requests, incidents, cases of detention) (Huckabee, 1992).
- e) *Constant exposure to the artificial nature of confinement*. A prison is not a transition area like community supervision, but rather a place where people are locked up. Nothing is produced there to be sold, seen or consumed. This inertia weighing on a few hundred

⁶ Although this study dates back some twenty years, the structures remain unchanged.

people within the same four walls has an impact on those who are imprisoned or work there (Lambert, Hogan and Altheimer, 2010).

- f) *Adapting* to new procedures and policy changes, both internally and externally.
- g) *Obsession with progress* pertaining to technological advances (continually updating technical as well as legal knowledge and procedures).

2) Work structure and climate:

- a) *Little flexibility* in terms of time and *little or no discretion to act* (Brun, Biron and St-Hilaire, 2009).
- b) *Lack of autonomy*. Unless employees have considerable field experience, few decisions are actually made autonomously.
- c) People are *rarely consulted*, and when they are, it is to implement what has already been decided.
- d) *Harassment* from inmates, including complaints to dispute a non-recommendation or the content of a report (Latulipe, 1995).

3) Organizational roles:

- a) Working under the *constant pressure of deadlines* (Gonzales, Schofield and Hart, 2005).
- b) Often having the *impression of being a paperwork machine*.
- c) Receiving seemingly contradictory orders when all information is not communicated or clearly explained.
- d) Lack of *visibility and recognition*. Little or no positive reinforcement (Gonzales, Schofield and Hart, 2005).

4) Interpersonal relations:

- a) *Lack of support* from immediate supervisors (Savoie et al., 2007).
- b) Conflicts with superiors or coworkers.
- c) *Compassion effect* among people dealing with dysfunctional situations in almost all areas of active, social life (Morissette, 2009).

5) Career development:

- b) *Limited opportunities for advancement*.

6) Work-life balance:

- a) *Suffering*. Gnawing conflict situations at work.
- b) *Working at home*. Bringing files home out of necessity to finish work.

Responses to stress will be experienced differently depending on an individual's temperament, character, skills, background, age, sex and the ability to cope.

Appendix III: Comparison of CSC and PS responses in 2008 PSES

Group	Q N°	QUESTION	% positive		% negative	
			PS	PS	CSC	CSC
My Workplace	Q 1	I have the materials and equipment I need to do my job.	82	13	72	22
	Q 5	I have support at work to balance my work, family and personal life.	74	14	63	24
	Q 6	I am satisfied with my current arrangement (e.g. regular hours, telework, compressed work week).	83	11	72	20
	Q 11	I have a say in decisions and actions that have an impact on my work.	44	22	34	31
	Q 12	I am encouraged to be innovative or to take initiative in my work.	56	18	45	27
	Q 20	My department or agency does a good job of supporting employee career development.	56	27	46	36
	Q 24a	To what extent, if at all, have any of the following adversely affected your career progress in the Public Service over the last three years? Conflict between work and family or personal obligations.	72	11	62	16
	Q 24c	To what extent, if at all, have any of the following adversely affected your career progress in the Public Service over the last three years? Lack of access to learning opportunities.	63	15	53	21
	Q 31	My work unit provides high quality service to its clients.	87	6	76	11
Staffing	Q 43	In my work unit, I believe that we hire people who can do the job	65	22	50	36
	Q 44	In my work unit, the process of selecting a person for a position is done fairly.	59	25	43	40
	Q 48	Supervisors and senior managers are committed to ensuring occupational health and safety in my workplace.	77	10	62	25
	Q 51	Senior managers respect the provisions of my collective agreement.	71	14	60	25
	Q 52	I have confidence in the senior management of my department or agency.	55	27	46	36

	Q 57	Essential information flows effectively from senior management to staff.	51	33	42	44
	Q 58	Overall, my department or agency treats me with respect.	74	13	64	21
Harassment and Discrimination	Q 71	After having read the definition of harassment, in the past two years, have you been the victim of harassment on the job?	71	29	56	44
	Q 76	My department or agency works hard to create a workplace that prevents harassment and discrimination.	75	10	64	19
	Q 77	I am satisfied with the way in which my work unit responds to matters related to harassment and discrimination.	67	14	57	24
	Q 78	I am satisfied with the way in which my department or agency responds to matters related to harassment and discrimination.	63	16	52	27
			One	Three or more	One	Three or more
	General Information	Q 84	In your current job, how many supervisors have you had in the last three years? (If you have been in your current job for less than three years, please report the number of supervisors you have had since you started your current job.)	36	35	24

Appendix IV: List of 63 Federal Departments Surveyed - January 2010

Canadian Space Agency	Natural Resources Canada
Canadian Transportation Agency	Office of the Privacy Commissioner of Canada
Indian and Northern Affairs Canada	Office of the Secretary to the Governor General
Correctional Service Canada	Indian and Northern Affairs Canada
Office of the Commissioner of Official Languages	Passport Canada
Public Prosecution Service of Canada	Office of the Privy Council
Agriculture and Agri-Food Canada	Public Health Agency of Canada
Atlantic Canada Opportunities Agency	Public Safety Canada
Canada Industrial Relations Board	Health Canada
Canada Revenue Agency	Royal Canadian Mounted Police
Canada School of Public Service	Statistics Canada
Canada Border Services Agency	Supreme Court of Canada
Canadian Environmental Assessment Agency	Transport Canada
Canadian Food Inspection Agency	Treasury Board of Canada Secretariat
Canadian Grain Commission	Western Economic Diversification Canada
Canadian Human Rights Commission	Veterans Affairs Canada
Canadian Institutes of Health Research	Elections Canada
Canadian International Development Agency	Fisheries and Oceans Canada
Citizenship and Immigration Canada	Public Service Commission of Canada
Office of the Superintendent of Financial Institutions	Department of Finance Canada
Courts Administration Service	Department of Canadian Heritage
Public Works and Government Services Canada	National Capital Commission
National Research Council of Canada	National Energy Board
Financial Transactions and Reports Analysis Centre	National Parole Board
Foreign Affairs and International Trade Canada	Department of Justice Canada
Canadian Radio-television and Telecommunications Commission	
Human Resources and Skills Development Canada	
Library and Archives Canada	
Infrastructure Canada	
Industry Canada Economic Development for Quebec Regions	

List of 13 Provincial and Territorial Departments of Corrections Surveyed: January 2010

Alberta Solicitor General and Public Security

British Columbia Public Service Agency

Manitoba Department of Justice – Corrections Division

New Brunswick – Public Safety – Community and Correctional Services

Newfoundland and Labrador – Department of Justice, Corrections and Community Services

Northwest Territories – Department of Justice, Correction Service

Nova Scotia Department of Justice

Nunavut - Human Resources Workplace Wellness Division

Ontario – Ministry of Community Safety and Correctional Services

Prince Edward Island – Community and Correctional Services

Quebec – Ministère de la Sécurité publique du Québec

Saskatchewan Ministry of Corrections, Public Safety and Policing

Yukon – Department of Justice

Appendix V:

Survey sent to 63 Federal Departments and 13 Departments of Correction

The Correctional Service of Canada is currently examining different options for wellness programs for our staff. We are asking other federal departments if they currently have any programs that have proven effective at promoting wellness (that are offered in addition to Employee Assistance or Critical Incident Stress Programs).

Department Name _____

Wellness Programs

1. Does your Department currently offer any employee wellness programs (in addition to EAP/Critical Incident Stress Programs) Yes No

a. If yes, please describe:

2. Which of these programs have been best received by employees? (e.g., are either popular or have a high participation rate)

3. Are there any strategies that have proven effective in enhancing employee participation?

4. Are there any approaches or programs that have not been effective? (e.g., have low participation or were discontinued).

5. Has your organization conducted any cost-benefit analyses of wellness programs? If so – can you share that information with us?

6. Has your Department partnered with any other organizations or corporations to provide wellness activities? Yes No

If yes, what was the success of these partnerships?

7. Does your Department have any brochures, posters or other materials that you are willing to share with the Correctional Service? Yes No

If yes, please fax any materials to Courtney Schlattman at (613) 941-8477

OR: If web-based, please provide us with a link.

Would you be interested in receiving a copy of our findings from this study?

Yes No

a. If yes, please provide your contact information.