Final Research Report

Principal applicant: Thomas Barker, Professor, University of Alberta
Co-investigators: Morag Mackenzie, Executive Director, Child and Youth Care Association
Lavonne Roloff, Director, Alberta Home Visitation Network Association
Cathy Mitchell, Consultant, ALIGN Association of Community Services

April 17, 2018

Acknowledgements

Our partner organizations in this project include: Alberta Council of Disability Services, Alberta Council of Women's Shelters, Alberta Home Visitation Network Association, ALIGN Associations of Community Services, Association of Alberta Sexual Assault Services, and Child and Youth Care Association of Alberta.

This project is supported by the Research Team: Catherine Hedlin, Cathy Mitchell, Clova Lehr, Deb Tomlinson, Jan Reimer, Karie Burchill, Lavonne Roloff, Morag Mackenzie, and Sandra Maygard. It is also supported by our Project Team: Hoa Tran (Research Coordinator), Nathan Foerger (Communications Consultant), the Academic Partners: Jonathan Lai, Lynsey Race, and Stephanie Kowan, and the staff of Research Services, Faculty of Extension, University of Alberta: Sandra Olarte Mendoza and Stanley Varnhagen (survey design) and Vivian Hu (budget).

This project is funded by the Government of Alberta OHS Futures – Research Funding Program (www.work.alberta.ca/ohsfutures).

Summary for general public audience

The following report contains the results, conclusions, and recommendations from a three-year funded study of psychosocial health outcomes and factors in the non-profit, human-service industry in Alberta, Canada. The report describes two surveys (2015 and 2017) of three health outcomes (job satisfaction, overall health, and levels of stress). The second survey measured the effect of a year of intervention activities--workshops and developmental projects—by the project in the sector. *The main finding of this report is that an information-based, systematic approach to wellness (psychological health) holds promise for increasing the capacity for wellness in the entire industry.* The key findings and outcomes of the project are as follows.

1. The five main factors that drive psychosocial health in non-profit agencies are: understanding of stress as relating to job description, self-care, work-team relationships, agency wellness resources, and work engagement.
2. Successful non-profit agencies may well benefit from a systematic, information-based framework of human-service practices based on a) clearly defined wellness leadership (often in the form of a wellness committee), b) clearly defined criteria for successful health and wellness initiatives (based on the above five factors driving wellness in nonprofits), and c) a clearly defined process for implementing and evaluating wellness initiatives.
3. Successful non-profit agencies become increasingly safe by measuring wellness capacity based on five levels:
    a. Level 1: Defined
    b. Level 2: Written
    c. Level 3: Reviewed
    d. Level 4: Trained
    e. Level 5: Evolving

Table of Contents

List of figures

List of tables

List of acronyms, abbreviations

AASAS	Association of Alberta Sexual Assault Services
ACDS	Alberta Council of Disability Services
ACWS	Alberta Council of Women's Shelters
AHVNA	Alberta Home Visitation Network Association
ALIGN	ALIGN Association of Community Services
BWL	Be a Wellness Leader
CAWES	Central Alberta Women's Emergency Shelters
COR	Certificate of Recognition
CYCAA	Child and Youth Care Association of Alberta
EAP	Employee Assistance Program
HSC	Health and Safety Committee
HWHP	Healthy Workplaces for Helping Professions
OH&S	Occupational Health and Safety
PAR	Participatory Action Research
PCAP	Parent – Child Assistance Program
RMH	Ronald McDonald House
RPP	Research Partnership Program
WC	Wellness Committee
WCB	Workers' Compensation Board
WPP	Wellness Pathway Program

Introduction

Employees in the human-services sector often suffer from distress working with troubled clients and offering services related to social stressors as they do their helping work with children, youth, families, the disabled, and the abused. While committed to providing excellent services, they sometimes experience emotional strain. Although there have been many studies on stress and stressors in other sectors, for example, nursing or social work (Barling, 2001; Johnson, 2005), psychological hazards in the human-services sector in the province of Alberta are not well understood. Many healthy workplace programs have been initiated in the sector but little is known about their effectiveness.

Human services can be called "direct person-related jobs" (Mills, 1986), with the primary task is to modify the clients physically or psychologically, e.g. Sometimes, people working in the human-services sector are called "counsellors, social workers, and, more colloquially, "helping professionals." In the scope of this project, "helping professionals" specifically refers to persons working in non-profit agencies who provide child and family care, child and youth counseling, home visitation, disability services, and sexual assault services.

Helping professionals in the human-services sector often face two main types of stressors: service-related stressors and client-related stressors (Dollard et al., 2003). The nature of this "emotional work" also places particular behavioral work demands on employees which may cause strain for them. Heavy workloads and inadequate amounts of time to complete the work are predictors of emotional exhaustion and can lead to burnout in shelter workers (Baker, 2007). As helping professionals do their work with troubled or vulnerable clients, especially those in crisis, they sometimes experience emotional strain. Many suffer from vicarious trauma and compassion fatigue (Baird and Jenkins, 2003). These negative outcomes are often referred to as "work stress."

Theories of work stress (Cooper and Marshall, 1976; Karasek, 1998; Gratwitch, 2005; Bakker and Demerouti, 2007) often state that job resources can be helpful in reducing the negative impact of stressors. With various resources (agencies, benefit providers, Employee Assistant Program-EAP, and professional resources)currently available to Alberta's helping professionals, the question is whether these resources are accessible and used effectively. Often they are not. Evidence from this study indicates room for growth in the sector. In fact, evidence in a synthesis report of Canada's non-profit sector, suggests that while helping professionals have better access to wellness benefits and have opportunities for wellness training, they also have fewer opportunities for rewards and advancement and higher pay for supervisors than the other sectors (CPRN, 2004). It may be that non-profit agencies' dependence on government, sponsorships, and donations for financing their activities makes it difficult for them to sustain effective wellness initiatives. The result is sometimes that wellness initiatives stagnate or wither in the face of economic pressures and human-resources deficiencies.

Another cause of stagnation or low capacity in wellness may have to do with lack of information systems associated with wellness operations. Although the non-profit, human services sector in Alberta represents approximately 400 agencies with over 13,000 persons serving over 250,000 clients per year, there has been a lack of information about stress and wellness among its employees, as well as about the effectiveness of workplace wellness initiatives in the sector. As a result, there have been concerns among provincial associations (ALIGN, ACDS, AHVNA, ACWS, and CYCAA) and agencies over these issues. While most agencies have policies and practices in place to address physical, chemical, and biological hazards, many of these agencies lack effective policies and practices to address psychological hazards

and to grow their capacity to mitigate them. This gap has been identified as an issue by the Workers' Compensation Board (WCB), the AASCF (now known as ALIGN) Board of Directors, Government of Alberta Human Services, and others. As a result, these agency representatives resolved to investigate psychological hazards in the sector, and the working group of agency representatives and the University of Alberta, Faculty of Extension, was formed to implement the Healthy Workplaces for Helping Professions (HWHP) Project in order to fill the gap.

The HWHP Project was mandated to increase the health and wellness capacity of the non-profit agency human-services sector in Alberta over a three-year span through research interventions at both staff and leadership level. The structure of the targeted population is presented in Figure 1. An estimation of 13,000 helping professionals was our targeted population. In this project, non-profit agency workers were surveyed in 2015, results were used to shape tools and resources (interventions). These interventions were implemented in 2016, and a follow-up survey was conducted to measure the effectiveness of the interventions.

Figure 1. **Structure of the target population**

Interventions were implemented throughout the year 2016 at two levels: front-line staff and leadership. At the staff level, the Be a Wellness Leader (BWL) Program aimed to build wellness capacity for staff and supervisors by providing a workshop series to front-line staff in Edmonton, Calgary, and Red Deer, as well as presenting at conferences (eg. ALIGN and ACDS conferences, AHVNA meeting, PACP Mentor Days). At the leadership level, the Wellness Pathway Program (WPP – formerly called the Research Partnership Program (RPP)) was designed to develop executive leadership in wellness programming through working with three agencies: The Ronald McDonald House (RMH), Heritage Family Services (Heritage), and the Central Alberta Women's and Emergency Shelter (CAWES).

The Healthy Workplaces Survey was designed to measure the “health” (psychologically) of the industry through three main outcomes: overall workplace health, job satisfaction, and levels of stress among helping professionals across the province. It also aims to explore the factors that contribute to or hinder workplace wellness. Comparisons between the outcomes before and after the interventions allowed us to evaluate our interventions as well as validate our healthy workplace framework.

This report focuses on providing an overall picture of stress and wellness among human-service employees in Alberta, identifying the factors that may affect the levels of their wellness, then examining the effectiveness of the interventions implemented within the HWHP project.

The purpose of this report is threefold. One objective is to summarize the key results of the surveys conducted in the years 2015 and 2017. In addition, we aim to identify wellness issues facing the non-profit human-services sector in Alberta. Finally, we develop policy recommendations for WCB and for GOA/OHS on workplace wellness programs which target leadership and front-line workers.

Methodology

The following section describes the research design for the wellness study, including the population, data collection methods, study methodology, and information analysis techniques. A key feature of the methodology is the use of single item outcome measures (direct questions) and a combination of quantitative (survey) and qualitative methods (participatory action research).

Design

The survey questions were designed based on valid questionnaires measuring stress and psychological hazards in the human-services sector. Such instruments include: Generic Job Stress Questionnaires (NIOSH, 1997), Job Content Questionnaire (Karasek, 1998), Stress In General Scale (Stanton et al., 2001), and ASSET Stress Questionnaire (Faragher et al., 2004). The questionnaire was then developed through consultation with stakeholders from provincial agencies and associations (members of our research team), as well as through discussions facilitated by the research team. Feedback was based on insights into the problems and strengths of the sector, with an emphasis on the strengths. This interactive, two-way communication process established the research team members as trustworthy and contributed to the face validity of the research.

The surveys were conducted at two levels: 1) the agency-focused survey to directly measure effectiveness of our program at three partner agencies, and 2) the province-wide survey to provide a large picture of staff wellness in the human services sector in the years 2015 and 2017. These data would help us to determine if there are any changes in the health outcomes, and if any of those changes can be attributed to wellness programs in the workplace, including our program.

Both the surveys used the same well-being measures. We used a simple pre- and post-intervention design. In the post-intervention survey, participants were asked to report on their awareness of or their involvement in the specific HWHP interventions. This information helped measure actual exposure to the interventions and allowed a valid evaluation of intervention effectiveness. This study design allowed for correlations and other comparisons to measure actual effectiveness, providing opportunities for statistical analysis and adding to the construct validity of the research.

Participants and interventions

Study 1: Provincial level

The year 1 survey was conducted online between October 13, 2015 and January 25, 2016 (Pre-survey). The questionnaire was created with Fluid software and the survey link was sent out by the professional associations to leaders (CEOs and Executive Directors) in their membership agencies. Those leaders sent the survey link to employees via their electronic networks. This multi-layered process allowed us to reach respondents efficiently, given the large number of agencies (300 to 400) and their scattered locations in the province. In total, there were 593 completed survey responses.

After the year 1 survey, the Research Team analyzed the data and proposed five principal components of workplace wellness, which would be addressed by our interventions. Then, from March 2016 to November 2016, a series of Be a Wellness Leader (BWL) workshop were delivered to more than 125 front-line workers and supervisors of 35 non-profit human-resource agencies all over the province. In addition, we were invited to conduct the workshop at the ACDS Conference 2016, the ALIGN AGM

Meeting 2016, the AHVAN Meeting 2016, and the Alberta Parent – Child Assistance Program (PCAP) Mentor Days 2017, which reached more than a hundred of employees in the sector. The BWL workshop was conducted in various formats to accommodate participants' different preferred time, location, and their working hours: from five 2-hours workshops to full-day workshop.

The year 3 survey was implemented online from April 10, 2017 to June 27, 2017 (Post-survey), in order to measure changes in workplace stress and wellness of the sector, as well as the intervention effects. There were a total of 253 respondents at Time 2, of whom 58 respondents identified themselves as being aware or involved in wellness workplace program(s) and 70 respondents reported that they had participated in the year 1 survey. In both pre and post surveys, respondents worked in a wide range of professional, administrative, and leadership roles, and represented all six categories of the helping profession: Child and Family Workers, Child and Youth Counselors, Disability Workers, Home Visitation Workers, Sexual Assault Workers, and Women Shelter Workers.

The demographic characteristics of respondents are presented in Table 1 below. There is no significant difference between the pre-survey and the post-survey in terms of gender, age range, marital status, education, geographical region, and job role.

Table 1

Demographic characteristics of the population samples in the year 1 and year 3 surveys

Characteristics	Data	
	Pre-survey (Year 1)	**Post-survey (Year 3)**
Sample size	593	253
Gender		
Male	12.35%	5.22%
Female	87.65%	94.78%
Age		
18-24	5.29%	2.40%
25-34	24.01%	21.20%
35-44	20.98%	22.40%
45-54	23.06%	26.80%
55-64	21.36%	24.40%
65+	5.29%	2.80%
Marital status		
Single	16.58%	16.33%
Married/living commonlaw/partnered	71.08%	71.43%
Divorced/separated	9.35%	8.16%
Widowed	3.00%	4.08%
Education		
High school diploma/GED or less	7.90%	2.83%
Certificate or diploma	39.86%	39.68%
Bachelor's degree	38.42%	43.32%
Graduate degree	13.82%	14.17%
Work full-time or part-time		
Full-time (30 hours or more per week at the main job) *	88.12%	91.53%
Part-time (less than 30 hours per week at the main job) *	11.88%	8.47%

Characteristics	Data	
	Pre-survey (Year 1)	Post-survey (Year 3)
Job duration in the human-services sector		
Less than 1 year	2.23%	9.09%
1 year to less than 3 years	8.08%	21.34%
3 years to less than 5 years	11.86%	19.37%
5 years to less than 10 years	17.53%	17.79%
10 years+	60.31%	32.11%
Region		
Southern Alberta	20.21%	14.46%
Calgary and Area	22.26%	18.47%
Central Alberta	16.44%	17.27%
Edmonton and Area	27.74%	32.53%
Northeast Alberta	6.34%	8.03%
Northwest Alberta	6.85%	9.24%
Métis Settlements	0.17%	0.00%
Job role		
Leadership	18.55%	13.44%
Supervisor or program manager	25.13%	32.02%
Front-line staff working directly with clients	42.83%	44.66%
Mix of supervisor and front-line staff	13.49%	9.88%

*According to Statistics Canada and the Alberta Government

Study 2: Agency level

Three agencies, including CAWES, Heritage, and RMH, participated in our Research Partnership Program. At the beginning of the program, the pre-surveys were conducted from March 15, 2016 to March 31, 2016 with front-line staff, managers, and leadership from each agency. Results from the pre-surveys were used by agencies' Wellness Committees to develop their own wellness strategy and plan their wellness initiatives, using a Participatory Action Research (PAR) approach. The following initiatives were chosen by the agencies:

- CAWES and RMH: Five BWL training workshops and bi-weekly staff meetings with integrated wellness topics.
- Heritage: A program called "SMART Mentorship" that functioned as a pilot program to address wellness (and other) issues for managers and supervisor trainees.

The Wellness Committees were also responsible for implementing, monitoring and evaluating their initiatives. Post-surveys were carried out from December 2, 2016 to January 16, 2017 to measure program effectiveness.

Details of responses for each agency are listed in the Table 2.

Table 2
Number of responses to the pre and post surveys at three agencies

Number of responses	Participating agencies		
	CAWES	Heritage	RMH

Pre-survey responses	35	25	22
Post-survey responses	12	36	21

Measures

A number of single-item, multi-item, and multiple choice questions were used to measure employees' well-being and impacts of organizational and individual factors to their well-being, before and after the interventions.

Health outcomes

In both studies, data were gathered by self-report. Perception of workplace health was measured using three outcomes: overall workplace health, job satisfaction and unhealthy stress on the job. The question concerning the perception of workplace health was phrased as follows: "*In general, how healthy do you feel in your workplace?*" The second health outcome concerning job satisfaction was explored asking: "*How do you feel about your job as a whole?*" The third outcome asked participants to rate their "*average daily level of unhealthy stress at work.*" Participants reported their experience of these outcomes using a 5-point frequency scale of 1 (extremely healthy/ extremely satisfied/No unhealthy stress) to 5 (extremely unhealthy/ extremely dissatisfied/ a great deal of unhealthy stress). The higher the respondent's score, the "poorer" their well-being. The single-item measures of subjective well-being, job satisfaction, and psychological stress have been found to be as reliable and valid as longer questionnaires (DeSalvo et al, 2006; Dolbier et al, 2005, and Littman et al, 2006). We chose the single-item measures as they offer a practical and effective instrument for assessing the outcomes in our surveys, and the constructs explored were unambiguous to respondents.

Contributing factors

The surveys asked participants to identify contributing factors to the measured health outcomes. Contributing factors included organizational and personal characteristics. The survey framed questions about contributing factors as follows: "*Which factors that are available in your current workplace and that you think contribute to your health and wellness?*" and "*As an individual, what do you do to maintain your health in your current workplace?*" Based on our literature review of stress among human-services employees and our discussions with stakeholders of provincial associations and agencies and feedback from the pre-test of the questionnaire, we developed two lists of common contributing factors. We asked participants to pick multiple items that suited their situations. They also had the "*Other*" option to identify factors not included in the questions.

Hazards/Threats

Hazards and threats for positive wellness outcomes were explored by asking respondents to record their experience of common stressors at work using a 5-point frequency scale of 1 (Always) to (4) Never, where Never indicated zero likelihood of a stressor. This list was used as a 9-item measure of common workplace wellness factors. The likely impact of these 9 items was then measured using a 5-point scale from increases stress to decreases stress. In this manner, these representations calculate risk of low wellness outcomes in terms of how severe the hazard is ("severity") and the likelihood ("frequency") that an individual would encounter that hazard.

Demographics

The surveys gathered data on demographic variables, including age, gender, education, length of service, work location, job role, and other details. We measured demographics based on the advice of our research team. Doing

so allowed us to identify categories of employees that were potentially meaningful for the sector. The research team also suggested significant job titles and locations (in the province) that corresponded with those of our governmental and other stakeholders.

Participation in interventions

In designing the post-survey we faced the challenge of identifying whether or not respondents had participated in our many interventions during the second year. To address this challenge, we added a question to determine whether each participant should be placed in the *intervened* group. This approach has been proven to strengthen outcome evaluation of stress-management interventions, where separating controlled and non-controlled groups is not possible (Randall, Griffiths, and Cox, 2005; Nielsen, Randall, and Albertsen, 2007). Specifically, in the post-survey of the Study 1 (provincial level), participants were asked to indicate their awareness or their involvement in any workplace wellness programs through a single dichotomous item Yes or No: "*During the past year, have you been aware of, or participated in, any workplace wellness programs that were implemented at your agency?*". We hypothesized that being aware of or involved in workplace wellness programs would make employees feel healthier, more satisfied with the job, and less stressed. Respondents in the Study 1 were also asked if they had specifically participated in our BWL workshops or the RPP, but since there was a very small number of respondents who reported their involvement (12 out of 253), we did not perform analysis for this group.

In the post-survey of the Study 2 (agency level), we asked participants to indicate their involvement in our interventions through a single dichotomous item: "*Indicate whether or not you have been involved in any bi-weekly meetings or a Be a Wellness Leader workshops that were implemented at Ronald McDonald House during March-October 2016?*"and "*Indicate whether or not you have been involved in any bi-weekly meetings or a Be a Wellness Leader workshops that implemented at CAWES during March-October 2016?*" and "*Indicate whether or not you have been involved in the mentorship program that implemented at Heritage during March-October 2016?*"

Respondents with "Yes" answer were categorized as the "intervened group" and respondents with "No" answer belongs to the "non-intervened" group. The following table presents a summary of survey composition.

Table 3
Survey composition

Survey section	Survey element	Questions	Question structure
Part 1: Health outcomes	Questions about subjective health outcomes	Q1. How healthy do you feel in your workplace? Q2. How do you feel about your job as a whole? Q3. What is your average daily level of unhealthy stress at work?	Self-reported well-being and job satisfaction on five-point scales
Part 2: Contributing factors	Questions about organizational and individual factors that contribute to workplace health	Q4. Which factors that are available in your current workplace and that you think contribute to your health and wellness? Q5. As an individual, what do you do to maintain your health in your	Checklist, option to identify non-listed "other"

		current workplace?	
Part 3: Hindering factors/ Threats	Questions about frequency and severity of encounters with hazards and threats	Q6. Which factors threaten your workplace health? Q7. How much do the listed factors affect your stress level at work?	Ratings of frequency and impact on stress levels on five-point scales
Part 4: Demographics	Questions about respondents' personal and professional background	Q8-24. Various (age, gender, marital status, education, work history, job duties, client demographics, agency demographics)	Various
Part 5: Participation in interventions (post-survey only)	Questions about respondents' awareness or involvement in workplace wellness programs	Q25. During the past year, have you been aware of, or participated in, any workplace wellness programs that were implemented at your agency	Single dichotomous item

Analysis

A two-stage analytical procedure was used. First, data at each stage were analyzed to provide a full picture of the wellness situation of the sector as well as of each of three agencies. Descriptive analysis and a chi-square test were then used to examine changes in well-being of human-service workers over time between pre-intervention and post-intervention.

In the second stage, data from the "intervened groups" were separated. Descriptive data and sample a chi-square test were used to compare between the intervened and non-intervened groups, and identify changes between pre-intervention and post-intervention, in order to assess the impact of exposure and/or participation to wellness interventions.

Results

The key findings are presented below in the form of wellness outcomes, the factors that contribute to them, and factors that hinder them.

Study 1: Provincial level

The pre-survey and post-survey at the provincial level aimed to provide a picture of staff wellness in the human services sector in the years 2015 and 2017, to determine if there were any changes in the health outcomes over time, and if any of those changes can be attributed to workplace wellness programs, including our program. Improvements in employees' well-being may suggest the necessity of workplace wellness programs at a larger scale.

Overall wellness of human-service workers

Results from both the pre-survey and post-survey reveal a picture of the Alberta human service sector with employees feeling healthy in the workplace, and satisfied with their jobs, even though they experienced high levels of unhealthy stress. In the pre-survey (2015), almost two-third (64.6 percent) of surveyed employees reported that they feel healthy in their workplace, and an even a higher percentage (73.5 percent) reported they are satisfied with their job. However, only 58.7 percent of respondents perceived their workplace to be both healthy and satisfying. Meanwhile, 61.4 percent of human-services workers said that they typically feel unhealthy stress during their workday (see Figure 2).

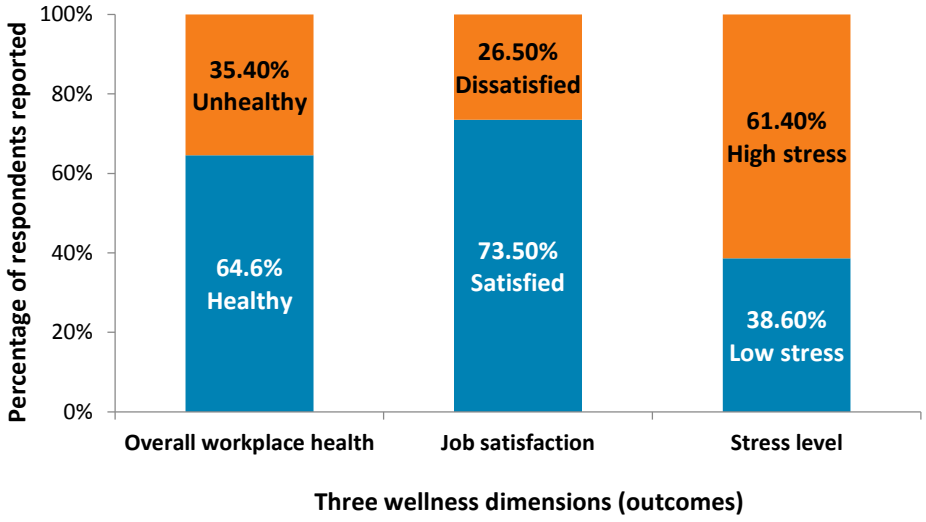


Figure 2. **Wellness dimensions (outcomes) of the human-services sector, Year 1 survey.**

Levels of stress and wellness were differently experienced by different staff groups. Figure 3 shows the wellness dimensions in six different sub-sectors and Table 3 displays these sub-sectors in rank order with the rank of one indicating the highest percentage for each outcome. Sectors appearing in *italics* indicate those that reported a higher than average percentages of "all respondents" (healthier). In general, child and family workers are the least stressed, most satisfied and most healthy group, while shelter workers were the least healthy group.

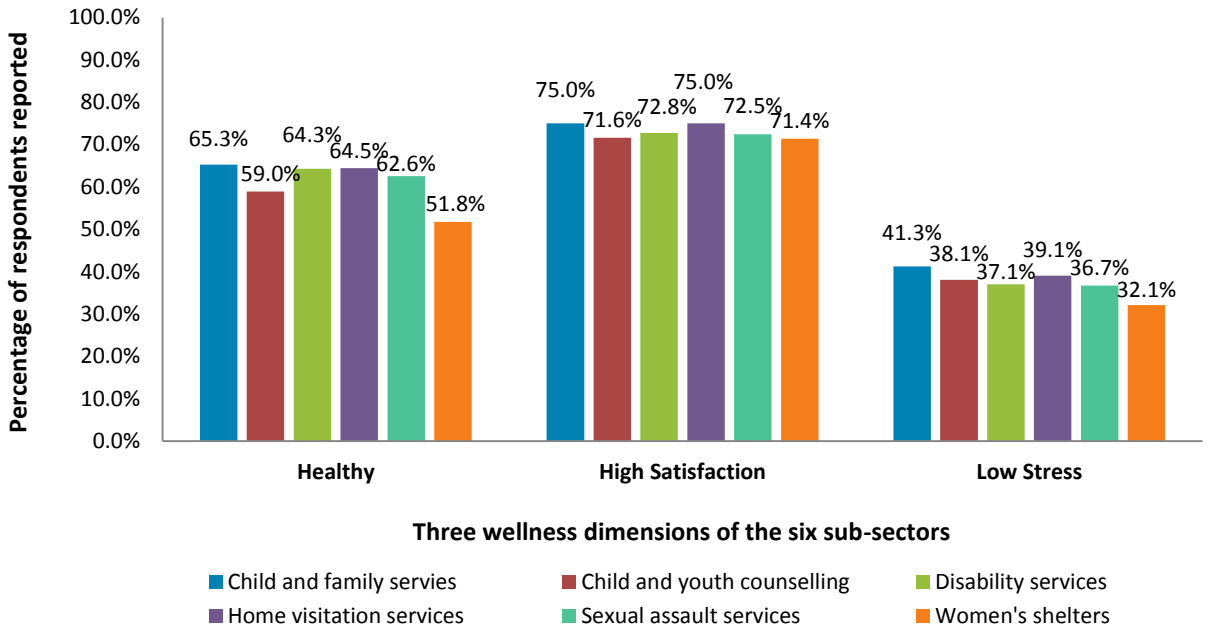


Figure 3. **Wellness dimensions (outcomes) in different staff groups, Year 1 survey.**

Table 4

Sub-sectors ranked on overall health, job satisfaction, and stress level, Year 1 and Year 3 surveys

Sub-sector	Rank in overall health		Rank in job satisfaction		Rank in stress-free level	
	Year 1	Year 3	Year 1	Year 3	Year 1	Year 3
Child and family services	***1***	***1***	***1***	***1***	***1***	***1***
Home visitation services	2	2	***2***	2	***2***	***2***
Disability services	3	3	3	3	4	3
Sexual assault services	4	4	4	4	5	5
Child and youth counselling services	5	5	5	5	3	4
Women shelters	6	6	6	6	6	6

A Pearson's correlation was run to assess the relationship between these three outcomes (Table 5). Data from both Year 1 and Year 3 surveys showed a strong positive correlation between "Overall health" and "Job satisfaction" [Year 1: $r(593)= .613$, $p< .01$; Year 3: $r(253)= .537$, $p< .001$] and a moderate negative correlation between "Overall health" and "Daily level of unhealthy stress" [Year 1: $r(593)= -.481$, $p< .01$; Year 3: $r(253)= -.346$, $p< .001$] and between "Job satisfaction" and "Daily level of unhealthy stress" [year 1: $r(593)= -.426$, $p< .01$; Year 3: $r(253)= -.296$, $p< .001$].

Table 5

Pearson correlations of the Overall health, Job satisfaction, and Daily level of unhealthy stress at work

	Year 1 survey (*N*=593)		**Year 3 survey** (*N*=253)	
	Overall health	Job satisfaction	Overall health	Job satisfaction

Job satisfaction	.613*		.537**	
Daily level of unhealthy stress at work	-.481*	-.426*	-.346**	-.296**

Note. * p<.01 **p<0.001

These relationships confirm that high job satisfaction and low levels of unhealthy stress are associated with better perceived health in the workplace. Likewise, as health and well-being deteriorates, satisfaction with the job goes down. It is therefore not surprising that employees working in shelters that were reporting the highest level of unhealthy stress were also reporting the lowest levels of job satisfaction and overall health. On the contrary, child and family workers and home visitation workers had better experiences in all three outcomes.

Results from the Year 3 survey showed a worsening of well-being of human service workers. Table 4 indicates that significantly fewer employees at the Time 2 than employees at the Time 1 reported feeling healthy in the workplace, with 52.2% and 64.6% respectively [χ^2 (1, N=846)= 11.4725, p =.001]. Respondents of the Year 3 survey also scored lower on job satisfaction and experienced more unhealthy stress, but the differences only approached significance.

Table 6

Changes in health outcomes of human services employees in Alberta between 2015 and 2017

Health outcomes	Year 1 survey *N=593*	Year 3 survey *N=253*
% Healthy (reported extremely or highly healthy)*	64.6%	52.5%
% High satisfaction (reported extremely or highly satisfied)	73.5%	67.6%
% Low stress (reported little or no unhealthy stress)	38.6%	33.6%

* The differences are statistically significant at the 0.001 level

Given the fact that there have always been many factors affecting the health and wellness of human service workers, we compared data of the intervened group with data of the non-intervened group. The survey allowed for respondents to indicate any wellness program implemented in their workplaces and not necessarily our interventions. *Results (Figure 4) indicated that the group involved in wellness programs in their workplace experienced better workplace health, higher job satisfaction, and lower level of unhealthy stress than the non-intervened group.* While the overall status of workplace health of human service workers seemed to go down over period 2015-2017, employees who participated in wellness programs in their workplace were more likely to achieve positive health outcomes than the ones who did not. Their health outcomes remained relatively stable over the course of two years.

Positive Health Outcomes

The group involved in wellness programs in their workplace experienced better workplace health, higher job satisfaction, and lower level of unhealthy stress than the non-intervened group

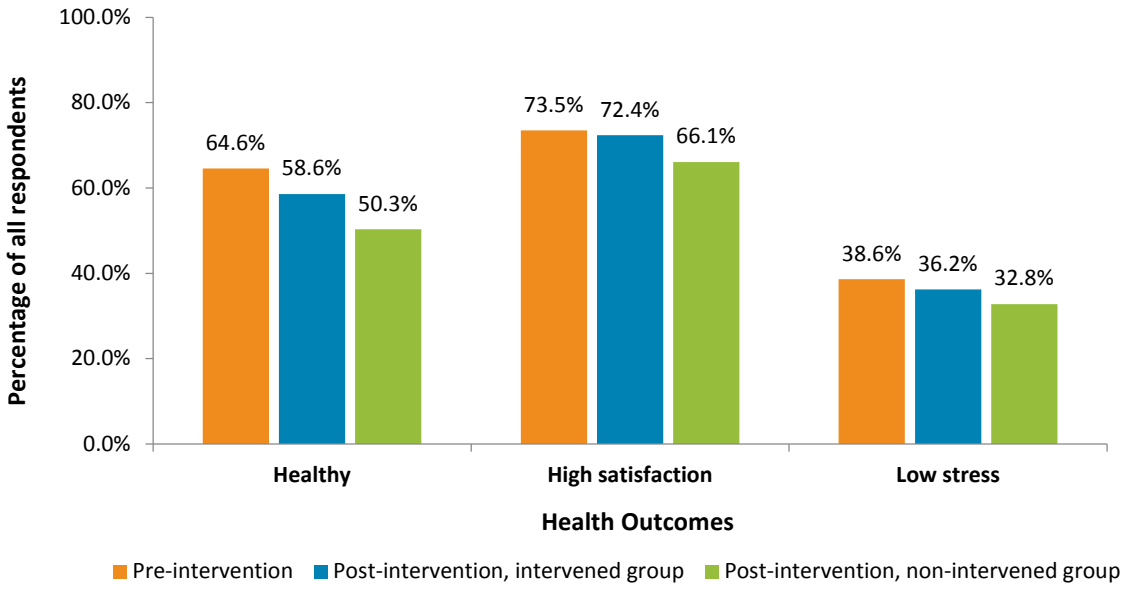


Figure 4. **Health outcomes of human services employees in Alberta, 2015 and 2017, all respondents, intervened group, and non-intervened group.**

Organizational factors contributing to workplace health

Although there were changes in the percentages and rank order of organizational factors that contribute to employees' health in the workplace between Year 1 and Year 3, the top 7 factors remained the same. Table 7 below shows these top common and effective factors as perceived by respondents. Respondents highly valued their control over the job, flexible work arrangements, agency's support for their self-care, and the effectiveness of the Employees Assistance Program (EAP). Health and Safety Committees (HSC) either were not present or did not address employees' health issues adequately. There was also a lack of a culture of health support and wellness initiatives in their workplace.

Table 7

Top organizational factors as sources of employees' health and wellness

Organizational factor	Year 1 survey *N=593*		Year 3 survey *N=253*	
	Percent	Rank	Percent	Rank
Job control	71.4	1	73.0	1
Flexible work arrangements	70.3	2	71.4	2
Opportunities and support for self-care	59.3	3	59.3	4
Access to Employees Assistance Program	53.7	4	68.1	3
Reflective and relevant supervision	52.9	5	57.3	5
Open communication about workplace health issues	50.1	6	42.7	7
Employee recognition and rewards	48.0	7	47.2	6

We performed logistic regression to examine the relative importance of different factors in making respondents feel healthier, more satisfied, and less stressed. Table 8 and Table 9 show the organizational factors that were significantly associated with three health outcomes and the extent to which an agency providing measures to address these factors will be likely to influence employees' health outcomes.

Table 8

Organizational Factors Having Significant Impacts on Health Outcomes, Year 1 Survey

Factor	Overall health		Job satisfaction		Stress-free level	
	OR	95% CI	OR	95% CI	OR	95% CI
Opportunities and support for self-care	1.98**	1.28 – 3.06				
Open communication about workplace health issues	1.92**	1.22 – 3.03	1.75*	1.05 – 2.93		
Reflective and relevant supervision	2.07**	1.35 – 3.17	1.85*	1.15 – 2.97	1.91**	1.27 – 2.88
Job control	1.58*	1.04 – 2.39	2.35***	1.52 – 3.65		
Culture of formal and informal health supports					1.72*	1.06 – 2.78

Note. OR = Odd ratios; CI = Confidence Interval.

* $p < .05$; ** $p < .01$; *** $p < .001$

Table 9

Organizational Factors Having Significant Impacts on Health Outcomes, Year 3 Survey

Factor	Overall health		Job satisfaction		Stress-free level	
	OR	95% CI	OR	95% CI	OR	95% CI
Opportunities and support for self-care	3.02**	1.46 – 6.29	2.94**	1.36 – 6.33		
Routine assessment of workplace health					0.28*	0.10 – 0.80
Flexible work arrangements					2.33*	1.07 – 5.11
Open communication about workplace health issues	2.26*	1.14 – 4.49			2.91**	1.49 – 5.70
Job control			2.57*	1.25 – 5.27		
Culture of formal and informal health supports	3.26*	1.22 – 8.72				

Note. OR = Odd ratios; CI = Confidence Interval.

* $p < .05$; ** $p < .01$; *** $p < .001$

In general, there were significant associations among the following factors with the health outcomes:

- Opportunities and support for self-care
- Open communication about workplace health issues
- Reflective and relevant supervision

- Job control
- Flexible work arrangements
- Routine assessment of workplace health
- Culture of health supports at workplace

Especially, organizational support for self-care, communication about workplace health issues, and job control showed consistent impacts on health outcomes of respondents. For instance, in the Year 1 survey, respondents provided with "opportunities and support for self-care" were 1.98 times as likely to feel healthy as those who did not have support for self-care. This ratio was even higher (3.02) in the Year 2 survey. Respondents having control over the job were more than two times as likely to be satisfied with their jobs as those who lacked control. Similarly, employees who experienced an open environment for communicating about health and wellness were approximately twice as healthy as those who did not have organizational support for workplace health communication. However, Employee Assistance Programs, though were available and accessible, did not significantly affect a person's level of well-being, job satisfaction, or stress.

Individual mitigating factors contributing to workplace health

Respondents were asked about personal strategies which they have used to maintain their health in the workplace. In general, there was almost no change (from Year 1 to Year 3) in the rank order of individual mitigating factors. However, the percentage of respondents who had adopted those strategies at Year 2 was greater than that at Year 1, reflecting that over the time period human services staff became more active in seeking ways to maintain their health (see Table 10).

Table 10

Individual factors as sources of employees' health and wellness

Individual factor	Year 1 survey *N=593*		Year 3 survey *N=253*	
	Percent	Rank	Percent	Rank
Being professionally capable and qualified to do the work	83.7	1	89.3	1
Balancing work and family	81.9	2	81.0	2
Taking care of own physical and mental health	75.9	3	76.3	4
Seeking support from friends and/or community	72.4	4	78.3	3
Seeking support from co-workers and supervisors	63.0	5	66.0	5
Sharing ideas with supervisors and colleagues	57.8	6	53.8	6
Keeping knowledge up-to-date with industry trends and practice models	46.1	7	51.8	7
Using a reflective practice to identify personal goals	39.3	8	5.8	8

We ran a logistic regression to examine which individual factors had significantly impact the health outcomes in human service workers. Results from Year 1 and Year 3 surveys are shown in Table 11 and Table 12, respectively.

Table 11

Individual Factors Having Significant Impacts on Health Outcomes, Year 1 Survey

Factor	Overall health		Job satisfaction		Stress-free level	
	OR	95% CI	OR	95% CI	OR	95% CI
Sharing ideas with supervisors and colleagues	2.23***	1.53 – 3.26	1.89**	1.26 – 2.85		
Taking care of own physical and mental health	1.97***	1.30 – 2.99	1.56*	1.00 – 2.42	2.14***	1.36 – 3.39
Seeking support from friends and/or community					0.64*	0.42 – 0.97
Seeking support from co-workers and supervisors					1.76**	1.19 – 2.60
Keeping knowledge up-to-date			2.57*	1.25 – 5.27		
Being professionally capable and qualified to do the work	1.75*	1.07 – 2.85	2.02**	1.22 – 3.33		

Note. OR = Odd ratios; CI = Confidence Interval.
* $p < .05$; ** $p < .01$; *** $p < .001$

Table 12

Individual Factors Having Significant Impacts on Health Outcomes, Year 3 Survey

Factor	Overall health		Job satisfaction		Stress-free level	
	OR	95% CI	OR	95% CI	OR	95% CI
Sharing ideas with supervisors and colleagues	1.82*	1.02 – 3.28	1.96*	1.07 – 3.60		
Taking care of own physical and mental health	2.38*	1.17 – 4.83			3.61**	1.56 – 8.34
Balancing work and family	2.53*	1.12 – 5.68				
Seeking support from co-workers and supervisors	3.61***	1.89 – 6.90			2.17*	1.10 – 4.31
Keeping knowledge up-to-date			2.33**	1.26 – 4.29		

Note. OR = Odd ratios; CI = Confidence Interval.
* $p < .05$; ** $p < .01$; *** $p < .001$

In general, the main sources of health and well-being at the individual level were:

- Sharing ideas with supervisors and colleagues

- Self-care
- Seeking support from co-workers and supervisors
- Seeking support friends and/or community
- Keeping knowledge up-to-date with industry trends and practice models
- Balancing work life and personal life

It should be noted that sharing/communicating ideas, including wellness ideas, and regularly updating knowledge, including knowledge on stress and hazards, can significantly increase employee's health and satisfaction with the job, as well as reduce the level of unhealthy stress, but only about a half of respondents applied these strategies. This implementation gap has been addressed in our project with the HWHP framework highlighting these as two of the five main factors: "Know your challenges" and "Communicating wellness ideas".

Factors that might threaten workplace health (workplace stressors)

There was almost no difference in the most frequently experienced (top 6) stressors, as reported by respondents (Table 13). Common stressors include:

- Unrewarded contributions
- Lack of discussion of workplace wellness issues and personal wellness issues
- Insufficient staff to handle client needs
- Left out decisions affecting the job
- Imbalanced work-life
- Unreliable supervisors

In fact, respondents of the Year 3 survey reported higher frequencies of the top 7 stressors than two years before. There was also a relatively large increase in the percentage of respondents reported not feeling valued by their agency (from 10.5% to 14.4%).

Table 13

Experience of Most Common Work-Related Stressors: All, Most, or Some of the Time, Year 1 and Year 3 Survey

Stressor	Year 1 survey *N=593*		Year 3 survey *N=253*	
	Percent	Rank	Percent	Rank
Unrewarded contribution	83.7	1	89.3	1
Lack of discussion of tough wellness issues	81.9	2	81.0	2
Lack of support for discussion of personal wellness issues (depression, anorexia, mental health, domestic violence, etc.)	75.9	3	76.3	4
Insufficient staff to handle client needs	72.4	4	78.3	3
Left out decisions affecting the job	63.0	5	66.0	5
Imbalanced work-life	57.8	6	53.8	6
Unreliable supervisors	46.1	7	51.8	7

In respect of impact on stress level, the survey asked individuals to rank different aspects of work according to the extent to which they caused stress, using a 5-point scale from "Increases stress" to

"Decreases stress." Results (Table 14) suggested that the most stressful aspects of the human- services job were:

- Heavy workload
- Unclear/unrealistic job expectations
- Workplace violence
- Imbalance of work life and personal life
- Difficult relationships with supervisor

Table 14

Impacts of Stressors on Employees' Stress Levels: Increases or Slightly Increases Stress, Year 1 and Year 3 Survey

Stressor	**Percent**	
	Year 1 survey *N=593*	**Year 3 survey** *N=253*
Heavy workload	84.9	86.9
Unclear/unrealistic job expectations	67.0	73.6
Workplace violence	51.7	51.9
Imbalance of work life and personal life	48.4	44.9
Difficult relationships with supervisor	37.4	43.9
Hostile relationships with co-workers	37.0	39.6
Lack of resources and equipment	36.1	35.1
Little participation in decision making	34.2	33.3
Inadequate training	21.7	22.8

The percentages of people who reported that they experienced increased stress because of heavy workload, unclear job expectations, and difficult relationships with supervisor and co-workers had grown over the past two years. The impact of other stressors remained relatively unchanged. This can explain why there was a worsening of health outcomes of human-services workers over the period 2015 – 2017.

Study 2: Agency level

Table 15, 16 and 17 below present the levels of wellness and stress perceived by employees in CAWES, Heritage and RMH, respectively, before and after our interventions, experienced by all respondents, the intervened groups and non-intervened groups. There were inconsistencies in the changes of well-being over the intervention period. However, while descriptive results show great improvements in the well-being of employees in the intervened groups in all three agencies (increased levels of overall health and job satisfaction, and decreased levels of unhealthy stress at work), the chi-square test showed none of the differences in each agency significant.

Table 15

CAWES Employees' Perception of Health, Job Satisfaction, and Stress at Work: Percentage by Groups and Time

Health outcomes	**Pre and Post intervention comparison (all respondents)**		**Between groups comparison, post-intervention**	
	Pre-	Post-	Intervened	Non-intervened

	intervention (*N*=35)	intervention (*N*=17)	group (*n*=8)	group (*n*=9)
% Healthy (reported extremely or highly healthy)	37.1	58.8	75.0	44.4
% High satisfaction (reported extremely or highly satisfied)	45.7	82.3	75.0	88.9
% Low stress (reported little or no unhealthy stress)	34.3	41.2	25.0	55.6

Table 16

Heritage Employees' Perception of Health, Job Satisfaction, and Stress at Work: Percentage by Groups and Time

Health outcomes	**Pre and Post intervention comparison (all respondents)**		**Between groups comparison, post-intervention**	
	Pre-intervention (*N*=25)	Post-intervention (*N*=36)	Intervened group (*n*=14)	Non-intervened group (*n*=22)
% Healthy (reported extremely or highly healthy)	60.0	66.7	71.4	63.6
% High satisfaction (reported extremely or highly satisfied)	64.0	61.1	71.4	54.5
% Low stress (reported little or no unhealthy stress)	44.0	44.4	50.0	40.9

Table 17

RMH Employees' Perception of Health, Job Satisfaction, and Stress at Work: Percentage by Groups and Time

Health outcomes	**Pre and Post intervention comparison (all respondents)**		**Between groups comparison, post-intervention**	
	Pre-intervention (*N*=22)	Post-intervention (*N*=21)	Intervened group (*n*=17)	Non-intervened group (*n*=4)
% Healthy (reported extremely or highly healthy)	59.1	66.7	76.5	25.0
% High satisfaction (reported extremely or highly satisfied)	68.2	61.9	64.7	50.0
% Low stress (reported little or no unhealthy stress)	40.9	38.1	41.2	25.0

We combined data from 3 agencies in order to examine the overall impact of our interventions and overcome the undermining effects of small sample sizes to survey results. Figure 5 shows the changes in health outcomes for the intervened group and non-intervened group, before and after the interventions.

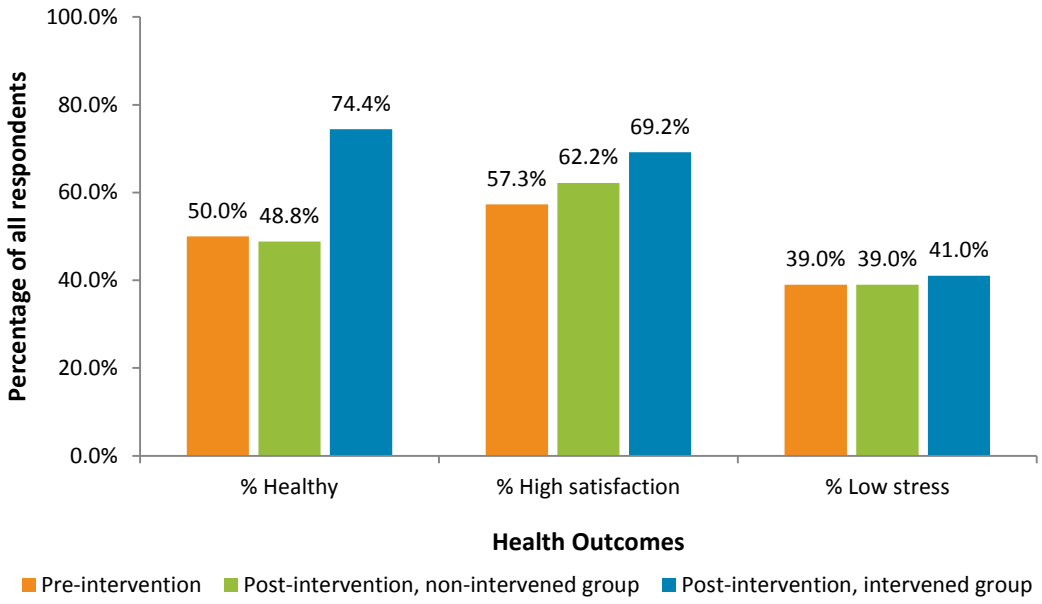


***Figure 5*. Changes in health outcomes at three partner agencies before and after the interventions**

Moving the needle

Employees who participated in the Wellness Pathway Program experienced a ***significant improvement*** *in workplace health, while this outcome remained stable in the non-intervened group.*

The chi-square test revealed a significant difference in the overall health (outcome 1) between two groups at Time 2: 74.4 percent of respondents in the intervened group reported that they feel healthy, compared to 48.8 percent in the non-intervened group [2 (1, *N*=80)= 5.5097, *p* =.019]. This divergence was attributed to a significant increase in this outcome in the intervened group, from 50.0% before the interventions to 74.4% after the intervention [2 (1, *N*=121)= 6.4315, *p* =.011], alongside a relative stability in the group not exposed to the interventions. The other two health outcomes (job satisfaction and stress level) had also improved in the group involved in our interventions, compared to the group not involved in our interventions, though not significantly.

The divergence between the group involved in our program and the group not involved in our program in terms of perceived health in the workplace can be illustrated as in the Figure 6.

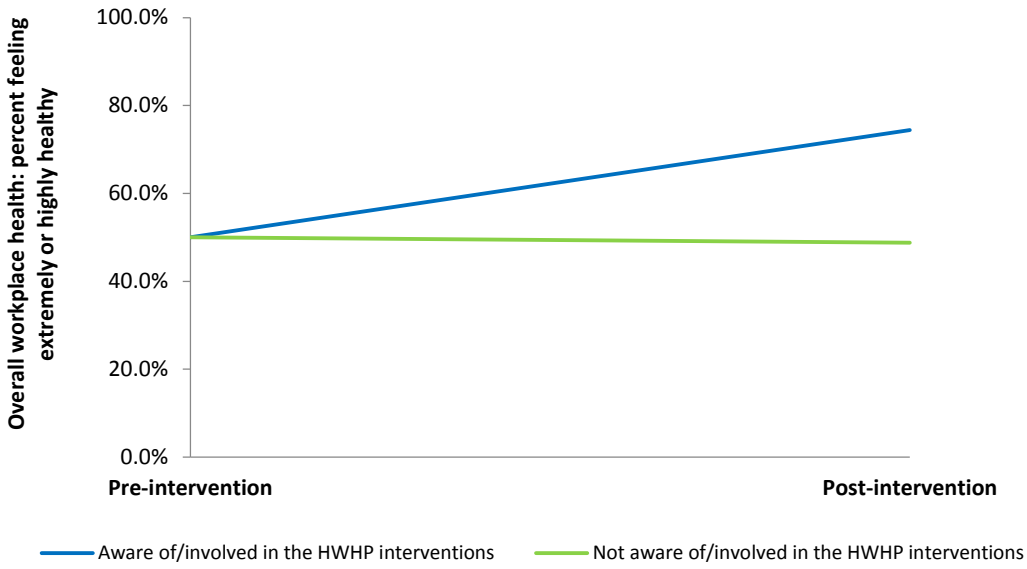


***Figure 6*. Changes in employees' overall workplace health at three partner agencies over time**

In summary, the results indicated that employees involved in our wellness program (BWL workshops and/or WPP) experienced a significant improvement in workplace health, while this outcome in the group not involved in the program remained relatively stable. Employees who were aware of or participated in program activities were also more satisfied with their jobs and less stressed, compared to the ones who were not involved in the program.

Discussion

This section describes the study's limitations, the potential for knowledge translation as a result of the study, and types of products that we have developed to encourage this knowledge transfer.

Reaching Project Goals

The project had two basic goals: to measure overall industry health and to identify hazards and mitigators involved. The following section discusses the knowledge mobilization products that show promise of effective support for agencies in achieving these goals.

Goal One: Measuring Overall Industry Health

Our first goal in this survey, and the entire project, is to understand of the psychological health of employees in the non-profit, human-services sector in Alberta. What we have found is that the pressure levels within the human-services industry are indeed high. This is consistent with what has been described as "emotion work" in the scholarly literature and with what we presumed, based on the observation of our research team members. On the other hand, the wellness capacity of the sector is also high. The outcomes measured in our survey indicate that agencies and employees are indeed successfully facing current challenges and maintaining their health. As a result, they are delivering the kinds of support that clients across the province need. More than half of the respondents reported that they had received organizational support in various forms, ranging from work flexibility and autonomy to employee assistance programs. Not only have they received the support, human-services employees also actively participated in wellness initiatives in their workplace. However, while results indicate

capacity, in the long term this capacity may be fragile and influenced by external factors. We have reason to believe that our research indicates this fragility.

Non-profit human-services in Alberta is a broadly ranged sector. Of the six sub-sectors child and family workers and home visitation workers are scoring better than the averages on all three health outcomes: overall workplace health, job satisfaction, and daily level of work stress. Shelter workers, child and youth counsellors, and sexual assault workers are reporting lowest scores in all three outcomes. This result confirms the previous theories of the association between high emotional labour and high stress jobs. Shelter workers and sexual assault workers are those working closely with women and children in crisis, hearing their stories of trauma on a daily basis; and this "trauma work" can have negative impacts on those helping professionals, causing emotional distress and vicarious trauma. Therefore, they require more social support in the workplace as well as coping skills to deal with stressors at work. Having a conversation about psychological health and stress at work with supervisors and co-workers can be a good start. Agencies should provide an open and supportive environment for employees to talk about their health issues in the workplace without fear of being judged.

Goal two: Measuring Hazards and Mitigators of Health Outcomes

The level of workplace health and wellness and job satisfaction, as well as the amount of stress, that an employee feels and experiences in the workplace is a result of the interaction of factors including work hazards/stressors they encounter, the support they receive at work through positive organizational workplace policies, working environment, and culture, and their personal coping skills and strategies. While some work stressors are inevitable in the human-services job, providing appropriate measures will likely mitigate the negative effects of those stressors.

The second goal of the survey, therefore, is to identify and, if possible, increase the capacity of the non-profit agency human services sector to resist inherent job pressures. These pressures consist of client health and family issues, but also arise from external sources, or, as one scholar has identified them, "unparalleled change and environmental turbulence," resulting from "government reinvention and changing consumer expectations" (Kelly, 1999). We express our goal as "moving the needle" towards the wellness. Our first survey was intended to find out where that needle actually was at the present, and to identify some of the factors that might move it one way or the other. These factors were validated in the second (year 3) survey.

Among those factors that might affect wellness capacity are those that affect the ability of the organization to support employees' well-being. Our results show that, in this regard, organizational factors are important but also complex, and not as we thought. For example, HSCs or EAPs showed less of an effect on overall health. We found that providing encouraging environment for staff to take care of themselves, job control, reflective supervision, and open communication about health and wellness had a greater effect on outcomes than more traditional approaches. And yet, HSCs and EAPs are the wellness strategies used by most of the agencies surveyed.

We also learned that organizational factors contribute more strongly to workplace health than do individual factors. Shelter workers, for example, showed no difference in applying personal de-stressing strategies compared to other staff groups, but reported lower satisfaction in almost all organizational factors than other groups did. As we have mentioned, they also scored lower than other groups in all health outcomes. This suggests that individual wellness efforts need organizational support in order for

the personal wellness strategies of employees to make a difference. Heroic individuals may be committed to maintaining their health, but pressures on the capacity of the agency, could easily overwhelm these commitments, causing its employees to burn out.

Knowledge Mobilization to Address Industry Gaps

What are some of the ways agencies can engage employees in wellness efforts? Our results show four important areas: job control, healthy, and reflective supervision, support for self-care, and increased communication about health issues. These organizational solutions, suggest that a more sustainable model of employee well-being should be based on supporting the employees themselves, rather than on workplace health promotion in isolation. If we assume that the fundamental wellness capacity in any agency is its ability to capitalize on the wellness efforts of its employees, then the prevalence of health and safety committees as the preferred strategy of workplace health promotion may be misguided. They may not engage employees as well as more integrated strategies. Better and more productive approaches might lie in agencies turning toward integrating employees' efforts into their overall value proposition.

As we have seen, the study identified a gap between individual mitigates and agency policies. Individuals needed support for self-care but existing agency systems (health and safety committees and employee assistance programs) were not seen as effective. A number of knowledge interventions might help in this situation: for example: improving employee use of agency systems, and adjustment of systems to better meet employee-motivated interventions. Such an intervention addresses the broader issue of connection (between employee contributions and agency response). That broader issue of connection between employees and agencies suggests that a systematic attempt by agencies to encourage greater employee control over agency policies might bridge the gap.

In this regard, we feel that promoting the Healthy Workplaces Framework could have potential to solve the problem. One reason for this potential is because the Framework is essentially a systems capacity model based on employee input. The Framework uses employee input (in the form of evaluations and employee-sourced assessments) to determine the effectiveness of agency policies. Second = process based: describes requirements for cyclic information sharing. Third = shared leadership: leadership by individuals addresses the previously asymmetrical relationship between initiative and management. Fourth = focus on HR capability: properly implemented the model allows for measurement and data accumulation and implementation in the form of policy, job descriptions, policy review, training, and industry social capital. Fifth = high-performance work system: by assuming that the agency's competitive advantage rests with the employees, the Framework encourages employees to continuously improve and perform at higher levels.

The *Be a Wellness Leader* program and the *Wellness Pathway* program are the two major interventions of the HWHP project, targeting front-line staff and leadership, respectively. These programs together provide both *wellness pillars* and *wellness process* for the development of our Wellness Framework. At the heart of the Framework is the Wellness Capacity Maturity Model which is based on the *wellness process* and creates benchmarks called *levels* that can help agencies and regulatory bodies identify stages of development. It also helps by providing best practices which can help an agency move from one level to the next. Five levels of wellness process maturity include:

- Level 1: Defined

- Level 2: Written
- Level 3: Reviewed
- Level 4: Trained
- Level 5: Evolving

Findings from the surveys supported our hypothesis that those two programs are effective in building wellness leadership capacity for non-profit agency, and that successful non-profit agencies become increasingly psychologically safe by measuring wellness capacity based on five levels. Employees who participated in our interventions experienced better workplace health, considerably higher job satisfaction, and lower levels of daily work stress, suggesting that our approach provides necessary ingredients for success. An agency may not able to move easily from the level that hinders employees' efforts to the one that enhances them. However, developing a more systematic approach to workplace wellness rather than the individual approach to job stress, building agency wellness capacity rather than addressing sources of stress through health promotion, and meaningful participation of employees, will hold the promises of a more lasting effect.

Effective Programs

Findings from the surveys supported our hypothesis that those two programs are effective in building wellness leadership capacity for non-profit agency, and that successful non-profit agencies become increasingly psychologically safe by measuring wellness capacity based on five levels.

General Recommendations

The general recommendations below are intended for policy making bodies such as the Government of Alberta, the Workers Compensation Board (see below on page 33 for specific recommendations), and also for any other stakeholders in the province.

- **Approach wellness as a systems issue in the sector.** Seeing wellness as a systems issue instead of trying to find the ideal intervention would go a long way toward building wellness capacity among Alberta's non-profits.
- **Strengthen the Certificate of Recognition program.** This program is significant in other industries, but is underutilized in non-profit human services. Agencies tend to see the COR program as an agency responsibility, but, in fact, it is a reward system that is very compatible with the growth of individual employee potential.
- **Reward agencies that show an employee-value focus.** Aspects of the human-service industry in Alberta (such as the contract system, restrictions on data and information sharing, an emphasis on service improvement, vulnerability to economic shifts) may work against the employee-value model. However we uncovered, among employees, a significant knowledge base of wellness ideas. Encouraging a systematic flow of these ideas into policy could strengthen the industry where additional funding might not.

Limitations

Due to the nature of the sector (non-profit, scattered employees), the research is not without its limitations. On a provincial scale, we faced difficulties in reaching out to front-line workers and had to rely on the agency-membership associations for sending the survey link to employees. Although this

allowed us to reach front-line staff effectively, it resulted in a relatively low number of respondents who may also not necessarily represent the population structure of the sector.

Small sample sizes in three agencies participating in the RPP made it difficult to determine the significance of the effects in each agency. Instead, descriptive data such as percentages and mean score were used to compare the pre- and post-results. Although the interventions had positive impacts on improving and/or sustaining the health and wellness of human-services workers over the project life, we were unable to measure project long-term success and sustainability because the interventions were not carried out long enough and with a large population in order to have significant effects.

Conclusion

The main findings from our studies at both macro and micro levels reveal that:

At the macro level, overall well-being of employees in the human services sector is poorer than the first year survey has indicated: job satisfaction is considerably lower, workplace constraints are higher, and perceived health is significantly lower than reported in the first year survey. The least healthy sub-sector appears to be Women's Shelters and the healthiest staff are those working in Child and Family Services.

The increases in frequency and severity of the top stressors between the year 2015 and 2017 indicate a higher level of job stress among human service employees in Alberta, which in turn, is likely worsen their health and well-being. This is consistent with the results on health outcomes.

The most difficult aspects of the job are: heavy/unreasonable workload, unclear job expectations, lack of open communication at workplace, including communication about wellness issues, unreliable supervision, and difficulties balancing work life and personal life. However, there were other aspects of the job that have positive effects, ranging from reducing workplace stress to making employees feel more satisfied and healthier. In general, human-services workers have good relationships with their co-workers and they receive adequate training for their jobs.

Several strategies can be followed to make the situation less burdensome. Workplace wellness solutions should focus on providing more support for self-care, increased communication about health issues, more reflective supervision, a workplace culture that recognizes and supports employees' wellness efforts, better communication about the job and job expectations, and more recognition and appreciation of hard work. Health and Safety Committees and Employee Assistance Programs are available in most of the agencies we surveyed, and yet, they have not shown significant effectiveness. Agencies may have to consider taking better and more productive approaches which move towards establishing a culture of health that supports individuals' efforts by putting in place policies, training, resources, management and practices that motivate and sustain wellness improvements.

Alberta's human-service agencies and employees have been involved in various workplace health and wellness programs. Results show that these programs are indeed successfully overcoming challenges and maintaining employee health. People who are involved in wellness programs feel healthier, more satisfied with the job, and less stressed at work than those who do not. Survey results also suggest that these programs can significantly work if they contain the necessary elements for success.

Our *Wellness Pathway Program* and *Be a Wellness Leader Program* are built on five key evidence-based ingredients: Know the Challenges, Support for Self-care, Build Good Relationships, Improve Resource Efficiency, and Communicate Wellness Ideas. Three participating agencies show improvements in health outcomes using our framework: involved staff reported higher satisfaction with the job, lower stress

level, and significantly higher level of overall health than not-involved staff before the interventions. It suggests that these programs contain necessary ingredients for success.

Recommendations

As indicated in the original proposal for the Healthy Workplaces Project, the following section contains recommendations for Alberta Government policy directions and the Alberta Workers Compensation Board (WCB).

Recommendations for the Government of Alberta

- Support an information-based, process capacity model of wellness for human-service agencies in Alberta.
- Use a process capacity model of wellness as a system of recognition for agencies that demonstrate integrated and effective wellness programs
- Use a process capacity model of wellness as a system of regulation of practices that demonstrate less than optimum wellness programs or outcomes
- Support the development of wellness programs that emphasize: hazard awareness, self-care, team building, agency resource use, and employee wellness leadership.

Recommendations for the Workers Compensation Board

- Support industry partnerships with human-service agencies that can demonstrate integrated, information-based wellness systems
- Bring information-system solutions to wellness and engagement issues into the Certificate of Recognition program for recognizing and rewarding excellence in wellness policy.

References

Baird, S. and Jenkins, S.R. (2003). Vicarious traumatization, secondary traumatic stress, and burnout in sexual assault and domestic violence agency staff. *Violence and Victims*, 18(1), 71-86.

Baker, L.M. et al. (2007). Are shelter workers burned out? : An examination of stress, social support and coping. *Journal of Family Violence*, 22, 465-474.

Bakker, A.B. and Demerouti, E. (2007). Job Demands-Resources Model: State of the art. *Journal of Managerial Psychology*, 22(3), 309-328.

Barling, J., Rogers, A.G. and Kelloway, E.K., 2001. Behind Closed Doors: In-Home Workers' Experience of Sexual Harassment and Workplace Violence. *Journal of Occupational Health Psychology*, 6(3), 255-269.

Cooper, C.L. and Marshall, J. (1976). Occupational sources of stress: A review of the literature relating to coronary heart disease and mental ill health. *Journal of Occupational Psychology,* 49, 11-28.

DeSalvo, K.B. et al. (2006). Assessing measurement properties of two single-item general health measures. *Quality of Life Research,* 15, 191-201.

Dolbier, C.L. et al. (2005). Reliability and validity of a single-item measure of job satisfaction. *American Journal of Health Promotion*, 19(3), 194-198.

Dollard, M.F. et al (2003). Unique Aspects of Stress in Human Service Work. *Australian Psychologist,* 38(2), 84-91.

Faragher, E. B., Cooper, C. L., & Cartwright, S. (2004). A shortened stress evaluation tool (ASSET). *Stress and Health*, 20(4), 189-201.

Grawitch, M.J., Gottschalk, M. and Munz, D.C. (2005). The path to a healthy workplace: A critical review linking healthy workplace practices, employee well-being, and organizational improvements. *Consulting Psychology Journal: Practice and Research*, 58(3), 129-147.

Johnson, S., Cooper, C., Cartwright, S., Donald, I., Taylor, P., & Millet, C. (2005). The experience of work-related stress across occupations. *Journal of Managerial Psychology*, 20(2), 178-187.

Karasek, R. et al (1998). The Job Content Questionnaire (JCQ): An instrument for internationally comparative assessment of psychological job characteristics. *Journal of Occupational Health Therapy*, 3(4), 322-355.

Kelly, M., & Lauderdale, M. (1999). Mentoring and organizational learning. *Professional Development: The International Journal of Continuing Social Work Education*, 2(3), 19-28.

Littman, A. J., White, E., Satia, J. A., Bowen, D. J., & Kristal, A. R. (2006). Reliability and validity of 2 single-item measures of psychosocial stress. *Epidemiology*, *17*(4), 398–403.

Lowe, G.S. (2010). *Creating healthy organizations: How vibrant workplaces inspire employees to achieve sustainable success*. Toronto: University of Toronto Press.

Mills, P.K. (1986). *Managing Service Industry: Organizational Practices in Postindustry Economy*. Cambridge, Mass: Ballinger.

Nielsen, K., Randall, R., & Albertsen, K. (2007). Participants' appraisals of process issues and the effects of stress management interventions. *Journal of Organizational Behavior*, 28(6), 793-810.

National Institute for Occupational Safety and Health (1997), *NIOSH Generic Job Stress Questionnaire*, Cincinnati, NIOSH.

Randall, R., Griffiths, A., and Cox, T. (2005). Evaluating organizational stress-management interventions using adapted study designs. *European Journal of Work and Organizational Psychology,* 14(1), 23-41.

Saunder, R.P. and Brisbois, R. (2004). *Passion and Commitment Under Stress: Human Resources Issues in Canada's Non-profit Sector – A Synthesis Report*. Canadian Policy Research Networks Incorporated.

Stanton, J.M. et al. (2001). A general measure of work stress: The stress in general scale. *Educational and Psychological Measurement*, 61(5), 866-888.

Statistics Canada (2008). http://www.statcan.gc.ca/pub/71-222-x/2008001/glossary-glossaire-eng.htm#a6

Appendices

Appendix 1: Wellness Capacity Maturity Model

Appendix 2: Project Infographics

Appendix 3: Project Posters

Appendix 4: Be a Wellness Leader Workshop

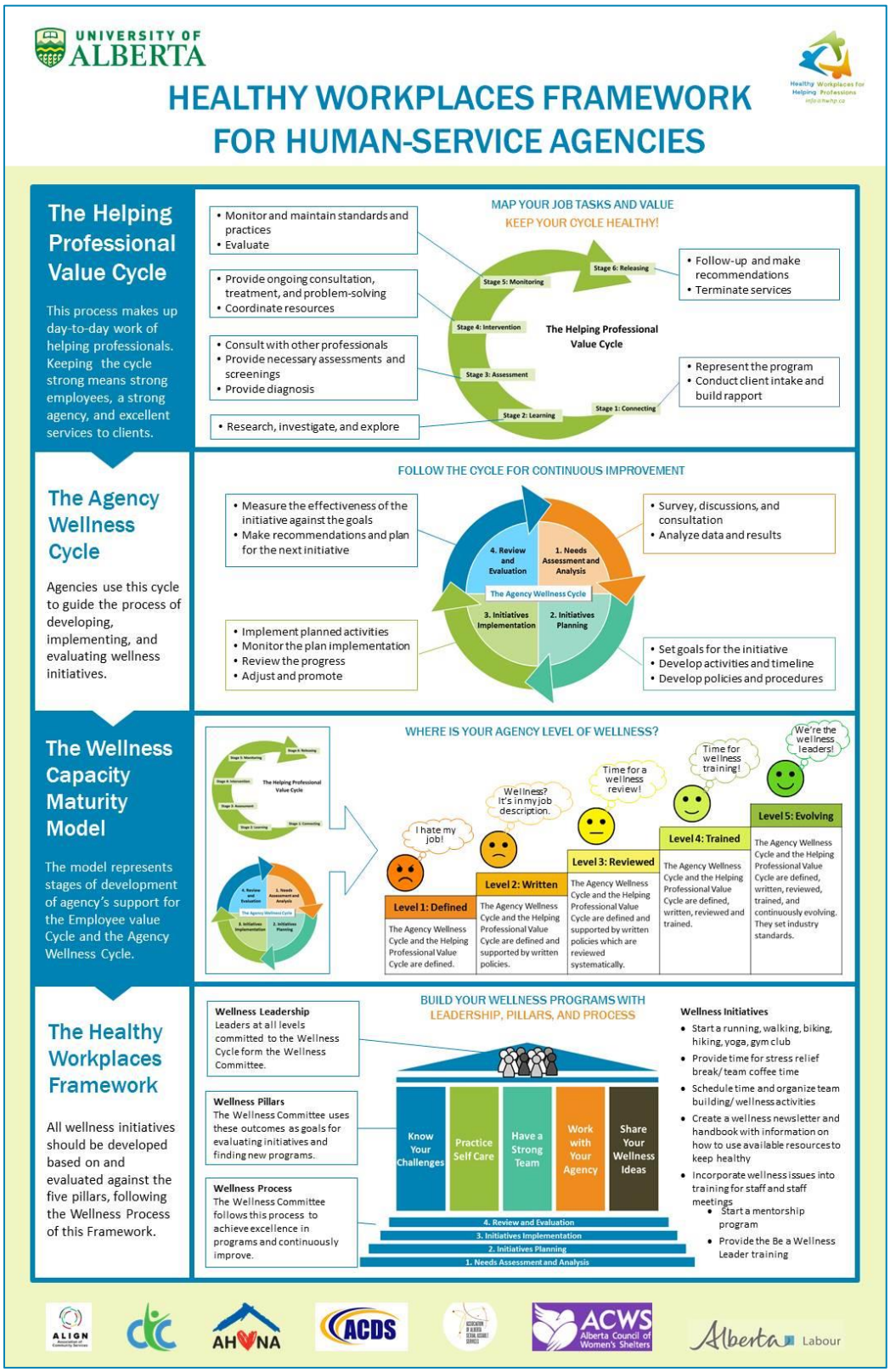
Appendix 5: The Wellness Pathways Handbook

Appendix 6: Healthy Workplaces Survey

Appendix 1: Wellness Capacity Maturity Model

Level	Outcome	Characteristics	Transition to next level
Level 1: Defined	Wellness depends of the heroic efforts of individuals, which could result in burnout.	• Jobs are clearly defined • Employees are aware of stress hazards • Wellness goals and standards are defined for individuals • The Helping Professional Value Cycle is defined • The primary emphasis in the agency is on client services • No formal structure to address wellness The agency is characterized by a random, individualized approach to wellness. It may be dependent on heroic individuals but is not strategic or systematic. Momentum is erratic and vulnerable to turnover.	Identify common/shared stressors. Engage employees in agency goal setting. The agency is committed at the managerial level to wellness.
Level 2: Written	The agency and employees rely on mutual definitions of wellness with little effort to grow.	Level 1 plus: • Commitment in wellness in writing • Wellness goals and standards are defined for agency • Agency is committed to a consistent wellness process • Wellness becomes a part of the mission of the H&S Committee The agency is characterized by a growing awareness of the value of employees as a balance to the value of clients.	Agency needs to define evaluation criteria for wellness initiatives.
Level 3: Reviewed	Capacity is increased because the agency adapts to changes in employee wellness needs.	Level 2 plus: • Wellness policy is reviewed regularly • Wellness goals are reviewed regularly • Wellness policy review is conducted by the H&S/Wellness Committee The agency is characterized by a culture of “plan, do, review” driven by wellness goals. Wellness initiatives are based on experience and agency strategic goals.	Wellness policy is endorsed by all agency units. Records of success are kept and used to inform future initiatives.
Level 4: Trained	Capacity is ongoing in an agency at training and human resources levels.	Level 3 plus: • Employees and managers are trained in the agency wellness process • Employees are hired and evaluated based on their ability to contribute to the overall wellness of the organization. • Employees are trained in wellness policy administration The agency is characterized as a systematic wellness learning environment.	The agency formalizes wellness evaluation process. The agency publicise and promote wellness in the industry
Level 5: Evolving	The agency gains a reputation as a healthy place to work. Wellness becomes a primary component of agency culture.	Level 4 plus: • Wellness becomes a strategic goal for the agency • Wellness outcomes are continuously evaluated and improved • The agency is known for its employee-centered wellness programs and policies and assumes the role of industry leadership. • The primary emphasis in the agency is on employee value • Wellness policy outcomes contribute to the knowledge capital of the agency.	Continuing efforts to improve all practices throughout the organization. Special focus on employee value. Strong and sustainable commitment to continuous wellness process improvement.

Appendix 2: Project Infographics

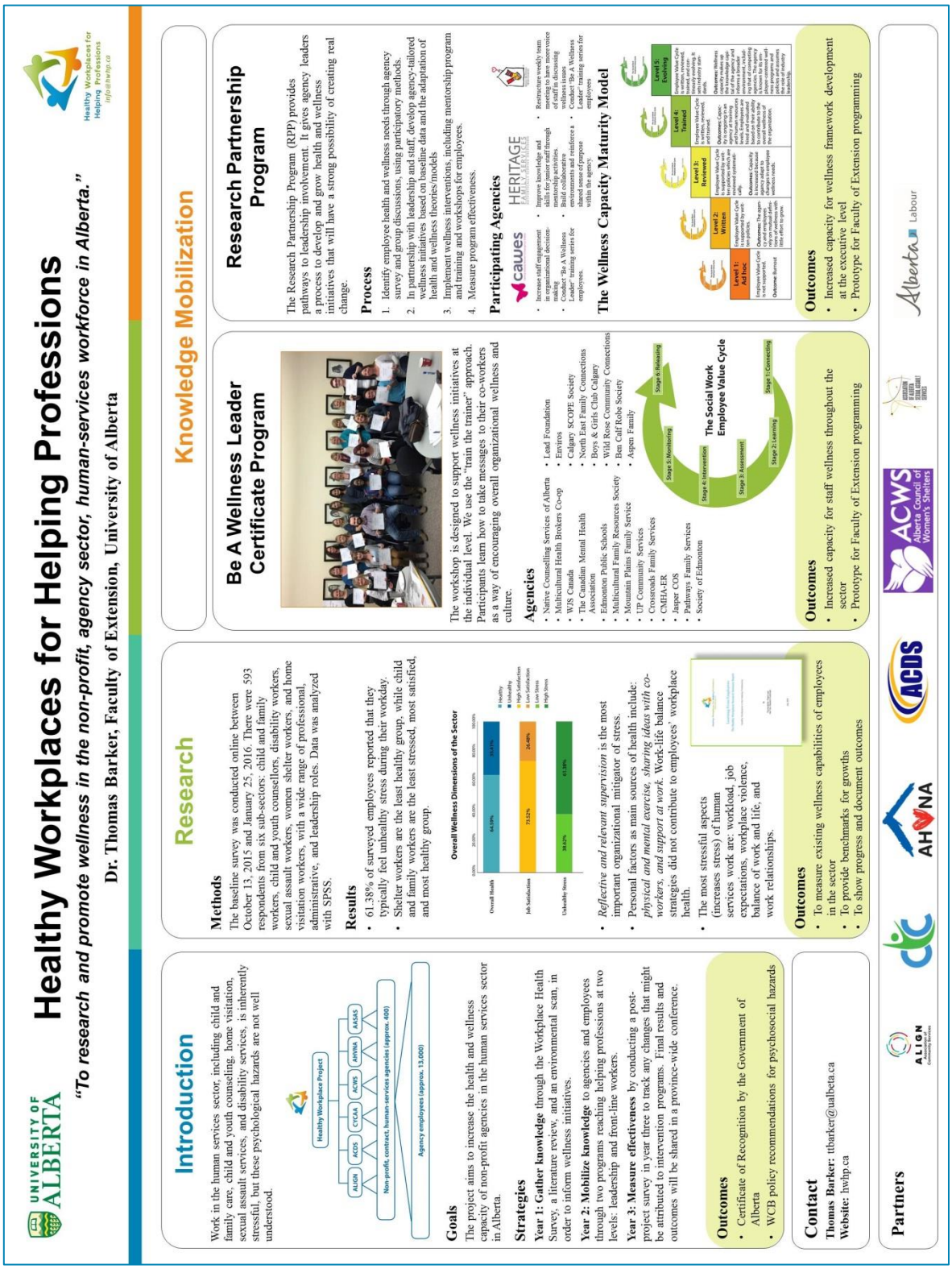


Link to download: http://hwhp.ca/uploads/3/4/9/1/34914254/infographic_1_final_11x17.pdf

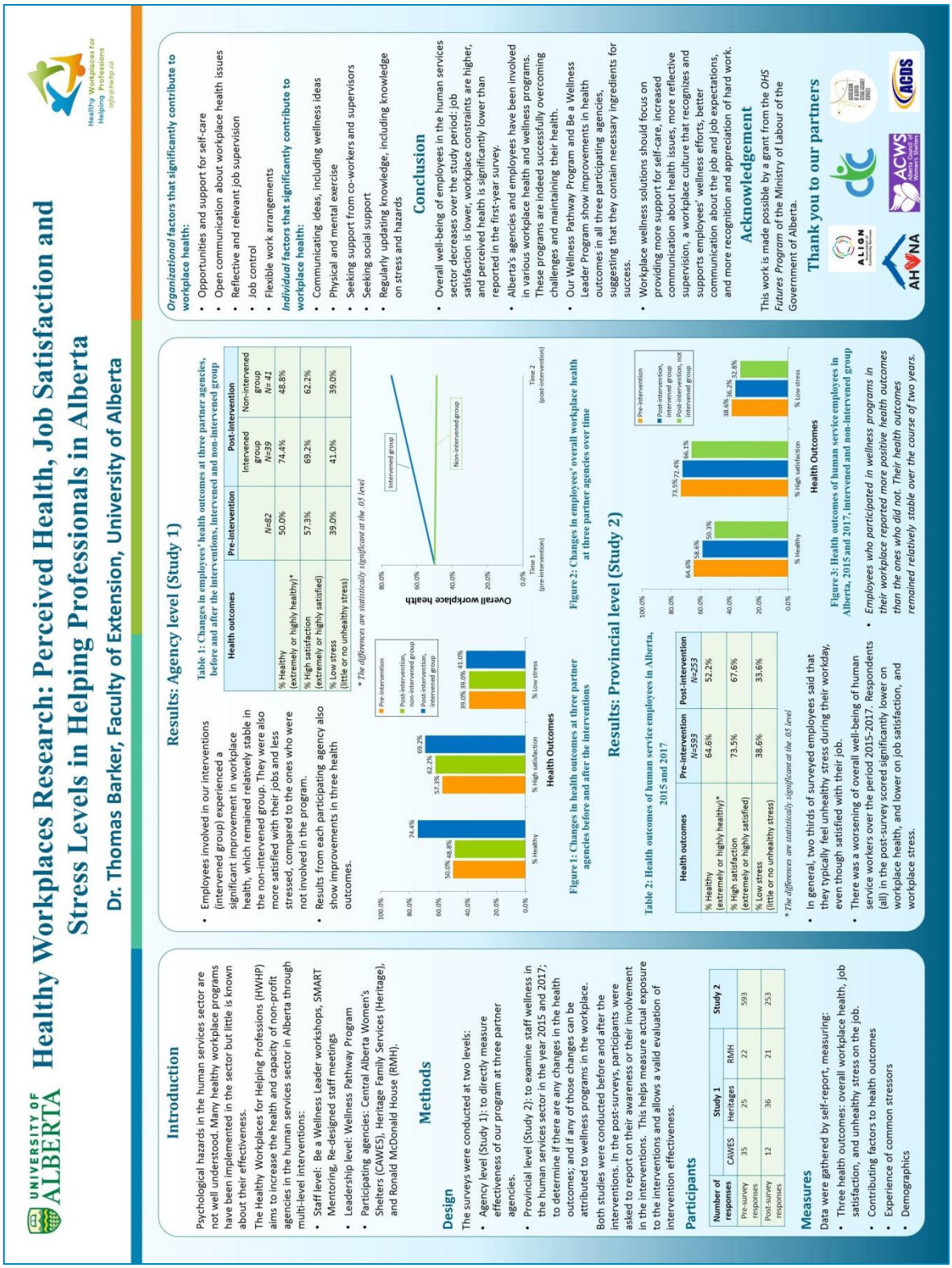
Link to download: http://hwhp.ca/uploads/3/4/9/1/34914254/infographic_2_final_11x17.pdf

Link to download: http://hwhp.ca/uploads/3/4/9/1/34914254/infographic_3_final-11x17.pdf

Appendix 3: Project Posters



Link to download: http://hwhp.ca/uploads/3/4/9/1/34914254/hwhp_project_poster_36x48_final.pdf



Link to download: http://hwhp.ca/uploads/3/4/9/1/34914254/hwhp_research_poster_36x56_final.pdf

Appendix 4: Be a Wellness Leader Workshop

The Workshop Program covers five modules:

Module 1: Basics of health, wellness, and stress
- Hazards and risks in the human-services sector
- Strengths of the sector
- The Helping Profession Value Cycle
- Your wellness and your performance
- Basics of leadership
- Planning for leadership actions

Module 2: Self-care for helping professionals
- Self-care in helping professionals in Alberta
- Defining self-care
- Components of self-care: self-care wheel
- Planning for self-care
- Work-life balance vs. work-life blending
- Planning for leadership actions

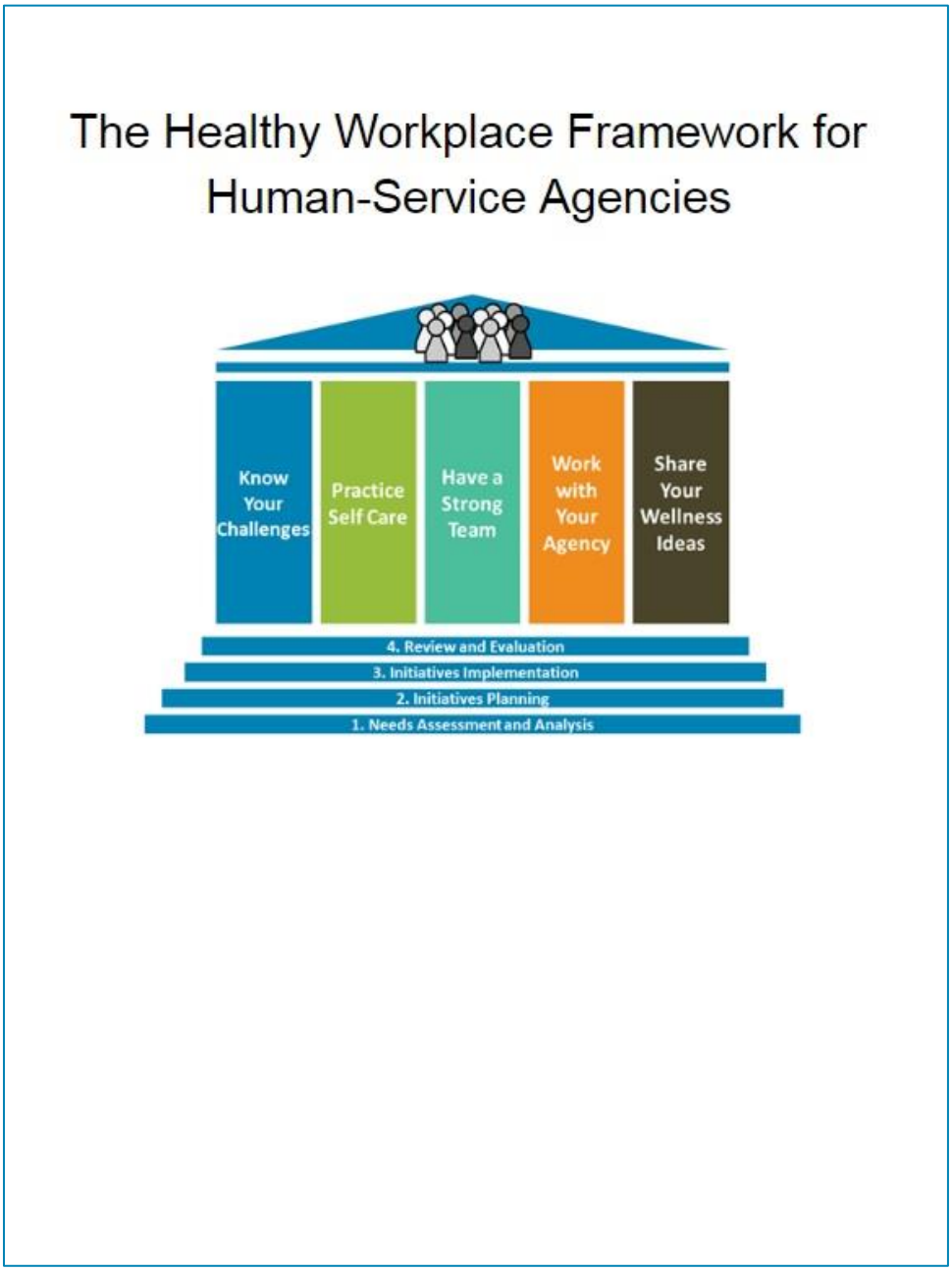
Module 3: Building healthy work relationships
- Identifying your work relationships
- 'Elements of a healthy work relationship
- Assessing your work relationships
- Improving your work relationships
- Resolving conflicts at work
- Planning for leadership actions

Module 4: Making the most of wellness resources
- Agency resources
- Benefit provider resources
- Educational resources
- Professional resources
- Planning for leadership actions

Module 5: Communication for health and wellness
- Communication, wellness and leadership
- Storytelling and story writing: shaping wellness messages
- Planning for leadership actions

The workshop materials (Powerpoint presentations and the workbook) are available to download from our website and can be used in various ways:
- Formal training: one full-day workshop or five 2-hour workshop series
- Incorporate into staff meetings
- Topic talks

Appendix 5: The Wellness Pathways Handbook



Download at: http://hwhp.ca/uploads/3/4/9/1/34914254/wellness_pathways_framework_for_human-service_agencies.pdf

Appendix 6: Healthy Workplaces Survey

Part 1: Your General Sense of Health in Your Workplace

The terms "*health in your workplace*" refer to a range of conditions that indicate that people who work for your organization are physically, mentally, and socially healthy. Good health and wellness means that employees are competent, engaged, and satisfied with their job. We would like you to reflect on your overall workplace health.

1. How healthy do you feel in your workplace?
Please answer in terms of your sense of your health in your current workplace.

Extremely healthy (1)	(2)	(3)	(4)	Extremely unhealthy (5)
○	○	○	○	○

2. How do you feel about your job as a whole?
Please answer this question in terms of your current workplace (rather than to your profession as a whole).

Extremely satisfied (1)	(2)	(3)	(4)	Extremely dissatisfied (5)
○	○	○	○	○

3. What is your average daily level of unhealthy stress at work?
Some stress is acceptable and normal in human services work. Please comment on stress that you think is unacceptable or unhealthy.

Very little or no unhealthy stress (1)	(2)	(3)	(4)	A great deal of unhealthy stress (5)
○	○	○	○	○

Part 2: Factors That Can Contribute to My Workplace Health

4. Indicate which of the following factors are available in your current workplace and that you think contribute to your health and wellness. Do not choose factors that may be in place but which you do not find effective.

- ☐ Opportunities and support for self-care
- ☐ A Health and Safety Committee that addresses workplace health
- ☐ Routine assessment of workplace health
- ☐ Reporting processes for health threats
- ☐ Work-life balance initiatives
- ☐ Access to employee assistance programs
- ☐ Organizational support, recognition, and rewards
- ☐ Flexible work arrangements
- ☐ Open communication about workplace health issues
- ☐ Job supervision that is reflective and relevant
- ☐ Control is given to me to do my job
- ☐ Financial incentives for fitness programs
- ☐ Culture of formal and informal health supports
- ☐ Time is given at work for reading and staying informed about best practices
- ☐ Other: _____

5. As an individual, what do you do to maintain your health in your current workplace?

Please check all that apply.

- ☐ I share creative ideas for carrying out tasks with supervisors and colleagues
- ☐ I take care of my own physical and mental health to maintain resiliency
- ☐ I use a reflective practice to identify personal service goals
- ☐ I adopt my own strategies to balance work and family
- ☐ I seek social support (from friends and/or community) to stay emotionally healthy
- ☐ I seek formal and informal support from co-workers and supervisors
- ☐ I keep my knowledge up-to-date with industry trends and practice models
- ☐ I am professionally capable and qualified to do my work
- ☐ Other: _____

Part 3: Factors That Might Threaten My Workplace Health

6. Indicate the factors that threaten your workplace health.

Please select one answer choice for each factor.

	Always or Almost Always	Some of the time	Rarely	Never	Not Applicable
I have a partner or team to work with me when the job demands it	○	○	○	○	○

There are sufficient staff to handle the needs of clients	○	○	○	○	○
I have adequate protection from physical threats or attacks at work	○	○	○	○	○
I have access to necessary equipment and resources to do my job	○	○	○	○	○
I get along well with the people I work with	○	○	○	○	○
I am clear about what is expected of me in my work	○	○	○	○	○
I have a sense that my agency cares about the work I do	○	○	○	○	○
I feel that my life demands are balanced with my work demands	○	○	○	○	○
I am free from put-downs, backstabbing, racism, and gossip in my workplace	○	○	○	○	○
I am rewarded or recognized for my contributions	○	○	○	○	○
I feel that my role in the agency is aligned and in sync with that of others	○	○	○	○	○
I feel that my values are in line with the values of the agency	○	○	○	○	○
I am free from bullying at work	○	○	○	○	○
I am free from sexual harassment at work	○	○	○	○	○
I can handle vicarious trauma when dealing with traumatized clients	○	○	○	○	○
I feel that I have the emotional intelligence to meet the demands of my job	○	○	○	○	○
I get help and support I need from my colleagues	○	○	○	○	○
I have a choice in deciding how I work	○	○	○	○	○
My workload matches my abilities	○	○	○	○	○
I have time to complete my tasks	○	○	○	○	○
I am involved in decisions affecting my job	○	○	○	○	○
I feel that it is worthwhile to work hard for my agency	○	○	○	○	○
I can rely on my supervisor to help me out with work problem	○	○	○	○	○
I have the training I need to do the work	○	○	○	○	○
I believe that my colleagues have the training they need to do their jobs	○	○	○	○	○
I experience openness/support for discussions of	○	○	○	○	○

personal wellness issues (depression, anorexia, mental health, domestic violence, etc.)					
I believe that my workplace encourages discussion of tough wellness issues	○	○	○	○	○

7. Below is a list of factors people say impact stress levels in their work. For each one, please indicate how much do the following affect your stress level at your current workplace.

Please select one answer choice for each factor.

	Increases stress	Slightly increases stress	No effect on stress	Slightly decreases stress	Decreases stress	Not applicable
Workload	○	○	○	○	○	○
Job expectations	○	○	○	○	○	○
Relationship with supervisor	○	○	○	○	○	○
Relationship with co-workers	○	○	○	○	○	○
Participation in decision making	○	○	○	○	○	○
Hours and scheduling	○	○	○	○	○	○
Balance of work life with personal life	○	○	○	○	○	○
Workplace violence	○	○	○	○	○	○
Resources and equipment	○	○	○	○	○	○
Training	○	○	○	○	○	○

8. Were there any other health and wellness issues in your workplace that you feel were not addressed in this survey?
[comment box]

Part 4: Information About You and Your Employment

The degree of health and wellness can vary from person to person and from workplace to workplace. In order to build a clear picture of wellness information about human service workers in Alberta, we need to gather some confidential information about you and your workplace. Please take a minute to answer 17 questions below.

9. In what year were you born (YYYY)?

10. Please indicate how you identify yourself.

☐ Male
☐ Female
☐ Prefer not to answer

11. What is your marital status?

☐ Single

- ☐ Married/Living common law/Partnered
- ☐ Divorced/Separated
- ☐ Widowed
- ☐ Prefer not to answer

12. What is the highest degree or level of education you have completed?

- ☐ High school diploma/GED or less
- ☐ Certificate or diploma. Major subject(s): _____
- ☐ Bachelor's degree. Major subject(s): _____
- ☐ Graduate degree. Major subject(s): _____
- ☐ Prefer not to answer

13. How long have you worked in the human services sector?

- ☐ Less than 1 year
- ☐ 1 year to less than 3 years
- ☐ 3 years to less than 5 years
- ☐ 5 years to less than 10 years
- ☐ 10 years or more
- ☐ Don't know/Not sure

14. How long have you worked for your current agency?

- ☐ Less than one year
- ☐ 1 year to less than 3 years
- ☐ 3 years to less than 5 years
- ☐ 5 years to less than 10 years
- ☐ 10 years or more
- ☐ Don't know/Not sure

15. Do you work full-time or part-time?

- ☐ Full-time (30 hours or more per week)
- ☐ Part-time (less than 30 hours per week)

16. Please identify the region in which you work.

Select one of the following regions.

- ☐ Southern Alberta
- ☐ Calgary and Area
- ☐ Central Alberta
- ☐ Edmonton and Area
- ☐ Northeast Alberta
- ☐ Northwest Alberta
- ☐ Metis Settlements
- ☐ Don't know/Not sure

17. In your current position, what is your primary job title?

Select one of the following which most closely matches your job title.

- ☐ Child and Youth Care Counsellor
- ☐ Family Support Worker
- ☐ Outreach Worker
- ☐ Long-term Care Worker

- ☐ Disability Worker
- ☐ Home Care Worker/ Home Care Aide
- ☐ Counsellor
- ☐ Crisis Worker
- ☐ Transition Worker
- ☐ Mental Health Worker
- ☐ Addictions Worker
- ☐ Sexual Assault Worker
- ☐ Youth Support Worker
- ☐ Liaison Worker
- ☐ Other: _____

18. What is your job role?

Select one of the following which best describes your primary job role.

- ☐ Executive Director/Senior Manager (Leadership)
- ☐ Supervisor or Program Manager
- ☐ Front-line staff working directly with clients
- ☐ Mix of supervisor and front-line staff

19. Please indicate the clients you work with.
Check all that apply.

- ☐ Children
- ☐ Youth
- ☐ Adult
- ☐ Individuals
- ☐ Families
- ☐ Groups

20. Please indicate the client populations you work with.
Check all that apply.

- ☐ Developmentally delayed clients
- ☐ Physically disabled clients
- ☐ Homeless people
- ☐ Refugees and/or immigrants
- ☐ Aboriginal people
- ☐ Clients immediately following a trauma event
- ☐ Victims of family violence
- ☐ Perpetrators of family violence
- ☐ Victims of sexual abuse
- ☐ People with addiction
- ☐ LGBTQ
- ☐ Other: _____

21. Where do you usually spend most of your working day?
Select one of the following venues.

- ☐ Client's home
- ☐ Community/Outreach
- ☐ Group home

- ☐ Foster care
- ☐ Treatment facility
- ☐ Office
- ☐ School
- ☐ Day program/Day camp
- ☐ Drop-in centre
- ☐ Shelter
- ☐ Client's place of employment
- ☐ Other: _____

22. Please indicate the primary services that the agency you work for provides
Check all that apply.

- ☐ Home-visitation services
- ☐ Foster homes
- ☐ Psychological/Counselling services
- ☐ Assessment services
- ☐ Supported independent living
- ☐ Residential treatment services
- ☐ Group home services
- ☐ Secure treatment facility
- ☐ Refugee resettlement services
- ☐ Respite services
- ☐ Supervised visitation services
- ☐ Educational services
- ☐ Job training/Employment placement services
- ☐ Emergency-shelter services
- ☐ Second-stage shelter services
- ☐ Homelessness/Housing services
- ☐ Food/Clothing pantry
- ☐ Childcare services
- ☐ Community outreach services
- ☐ Emergency intervention services
- ☐ Addiction services
- ☐ Court and legal support services
- ☐ Other: _____

23. Roughly, how many people are employed in your agency?

- ☐ Less than 5
- ☐ 5–19
- ☐ 20–49
- ☐ 50–99
- ☐ 100–299
- ☐ 300 or more
- ☐ Don't know/Not sure

24. Is your agency accredited by CAC, CARF, COA, Accreditation Canada or some other agency?

- ☐ Yes
- ☐ No
- ☐ Don't know

25. Is your agency covered by the Worker's Compensation Board?

- ☐ Yes
- ☐ No
- ☐ Don't know

(The following questions were asked in the post-survey only)

26. Please indicate whether or not you participated in the first Healthy Workplaces survey that was conducted during October 2015-Januray 2016? (required)

- ☐ Yes
- ☐ No
- ☐ Don't know/Not sure

27. During the past year, have you been aware of, or participated in, any workplace wellness programs that were implemented at your agency? (required)

- ☐ Yes
- ☐ No

If Yes, what were these wellness programs? (required)

- ☐ The HWHP Be a Wellness Leader Workshops
- ☐ The HWHP Research Partnership Program
- ☐ Other

Thank you!