



**Strategic Organizational Responses to  
Workplace Stress, Burnout & Trauma**

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# Executive Summary

## BACKGROUND

The issue of workplace stress is now beginning to receive serious widespread attention - recent studies estimate the direct costs to Canadian business and industry in excess of \$20 billion per year, with parallel estimates in excess of \$150 billion per year for American business and industry. It is also clear that the negative effects and costs continue to rise.

Given that recognition of this problem is relatively recent, we are still in the early stages of addressing it effectively. At this point few comprehensive strategies have been either designed or implemented, and the business case to support intervention continues to be debated.

For all occupational sectors, the workplace has changed radically over the past 20 years, and the rate of change has only escalated over the past decade. Not only have we had to adapt to new ways of working, but we have also undergone significant cultural shifts, as well as changes in the fundamental context of work. These changes involve a complex ballet between social, technological, demographic, political and economic factors.

We are particularly concerned with high-risk workplace stress environments. Our approach is grounded in the author's comprehensive research-based Complex Stress Model. This model addresses occupational groups subjected to both workplace systemic stress and workplace traumatic stress.

## WORKPLACE SYSTEMIC & TRAUMATIC STRESSES

### WORKPLACE SYSTEMIC STRESS

We know that workers in all professions and occupations are exposed to systemic workplace stresses. These include:

**JOB STRESS:** The impact of long-term exposure to systemic stressors such as scarce resources, pay

issues, conditions of work, role stress, interpersonal conflict, dysfunctional management styles, etc.

**BURNOUT:** Prolonged exposure to severe workplace stress can lead to burnout, which has severe impacts on the individual's physical, psychological, emotional and functional abilities.

**SOCIOCULTURAL STRESSES:** The workplace effects of negative and hostile cultural attitudes. In particular, the issues of discrimination, sexual harassment, and generalized harassment in the workplace are very costly, damaging and stressful to workers and their colleagues.

It is now well established that the consequences of these systemic stress elements are widespread, costly and of critical importance to individuals, institutions, and organizations.

### WORKPLACE TRAUMATIC STRESS

In addition to these systemic stresses, a number of higher-risk professions also expose workers to traumatic workplace stress (e.g., law enforcement, health care, emergency services, military services, etc.). Unfortunately, workplace violence, aggression and antisocial behaviours have become significant elements in many workplaces.

There are two important types of traumatic stress:

**PRIMARY TRAUMATIC STRESS:** This refers to the effects on the person of experiencing first-hand traumatic experiences (e.g., assault, robbery, threats of violence and intimidation). At the extreme end, the experience of primary traumatic stress can result in Posttraumatic Stress Disorder (PTSD).

**SECONDARY TRAUMATIC STRESS:** Also known as Vicarious Trauma, this refers to the impact of dealing with traumatic material at second-hand. It describes the effects of hearing about traumatic, violent and distressing events, or of witnessing others being subjected to traumatic experiences. The long-term effects of such second-hand exposure are

also now recognized as placing workers at risk for a range of serious traumatic stress effects.

## THE CONSEQUENCES OF WORKPLACE STRESS

Together, these systemic and traumatic workplace stresses increase the risk for negative effects on individuals and their families, and on their organizations. Effects include:

- Physical health problems: Cardiovascular disease, gastrointestinal problems, increased risk for cancer, increased rates of illness and immune system problems, arthritis and rheumatic disorders, etc.
- Mental health problems: Depression, anxiety, Posttraumatic Stress Disorder, substance abuse and addictions.
- Interpersonal problems: Poor communication, social withdrawal, increased aggression, cynical attitude, mistrust of others, defensiveness and family breakdown and violence.
- Decreased employee performance and morale: Decreased productivity, poor staff morale, increased staff conflict, absenteeism, increased overwork and overtime.
- Challenges to workplace safety: Stressed and demoralized staff are much more at risk to be inattentive, disregard safety regulations, or engage in more hazardous practices. Poor attitudes toward clients and co-workers can also escalate the risks for confrontation and violence.
- Increased sick leave due to illness and injury.
- Increased long term disability and early disability retirements.
- High staff turnover rates.
- Increased costs for recruitment, training and orientation.

## CHALLENGES TO MANAGEMENT

Managers in most sectors have also been confronted with many changes in their fields. The nature of work has changed over the past few years, as has the required repertoire of skill-sets. Managers now face a much more complex work environment, and are expected to hold a wider range of expertise. All these factors have contributed to the current situation: worker stress is an increasingly important factor at all administrative levels, and managers need the background and tools to begin addressing the issue in effective ways.

As this review demonstrates, the issue of workplace stress is highly complex, layered and specific to given individuals and work environments. Consequently, effective responses need to take a strategic and comprehensive approach. A response model incorporating a 3- phase approach is presented and discussed in terms of a case example.

Succession planning is also emerging as a major human resource management concern. This fundamental restructuring of the workplace will require particular attention to the development and maintenance of a new generation of managers and frontline staff. A vital factor in the recruitment and retention of capable personnel will be the quality of the work experience. Therefore, management's response to workplace stress and trauma, and their impact on the workers' experience, will become all the more salient.

# The Problem

## INTRODUCTION

The issue of stress has achieved prominence over the past few years, and it is now almost impossible to pass a magazine rack or newsstand without seeing the word “stress” somewhere in the display. As people in the industrialized world begin to recognize the pervasive effects of stress on their lives and institutions, employers are also examining the costs and consequences of worker stress<sup>1,2,3,4</sup>. As it turns out, those costs are massive, and continue to escalate<sup>5</sup>.

Given that recognition of this problem is relatively recent, we are still in the early stages of addressing it effectively. At this point few comprehensive strategies have been either designed or implemented<sup>6</sup>, and the business case to support intervention continues to be debated<sup>7</sup>.

## THE COSTS

The direct costs of workplace stress and health challenges translate into some 70 million workdays missed by Canadian employees for personal reasons (i.e., illness, disability, personal and family responsibilities) during 2000<sup>8</sup>. This represents an average of 8.0 days missed per employee (6.7 days for their own illness or disability) – up from the 1997 average of 7.4 days/year (6.2 days for their own illness or disability)<sup>9</sup>. A large-scale survey of Canadian organizations also found that direct disability costs (medical costs and income replacement) were 7.1 per cent of payroll on average during 2000<sup>10</sup> – an increase from the 5.6 percent found in 1997<sup>11</sup>.

Recent studies have estimated that the overall cost of stressed and demoralized employees to United States’ business and industry is over \$150 billion per year<sup>12</sup>. Similarly, a large American study found that one-third of workers considered job stress the single greatest stressor in their lives<sup>13</sup>, ranking ahead of divorce and death<sup>14</sup>. It is also clear that job stress is

strongly linked to increased use of the health care system and the resulting financial demands on that system<sup>15</sup>.

## THE WIDER SOCIAL CONTEXT

For all occupational sectors, the workplace has changed radically over the past 20 years, and the rate of change has only escalated over the past decade<sup>16</sup>. Not only have we had to adapt to new ways of working, but we have also undergone significant cultural shifts, as well as changes in the fundamental context of work. These changes involve a complex ballet between social, technological, demographic, political and economic factors. The following briefly reviews some of the contributing change elements at the level of the workplace and in society at large.

## RESTRUCTURING

It was during the mid- to late-1980’s that most people in the developed world became aware that a serious restructuring of the economy - and the workplace - was underway. The “new economy” featured concentrations of power, increasingly centralized decision-making, a focus on information, dependency on the emerging information technologies, and a predominant focus on single bottom-line productivity. As we now know, the fallout from this restructuring led to a common set of challenges to most workers:

- The “leaner-meaner workplace” has meant that most people are now working much harder, for longer hours and for less disposable income than they were a decade ago.
- There has been an overall loss of job security. Until quite recently, people could legitimately expect “the job” to last for their full working lives and to be followed by a secure retirement. This is no longer a reasonable expectation.
- People can now expect to have numbers of employers over their working lives. They will probably have to undergo major retraining and skills upgrading at intervals throughout their

working lives.

- Workers have been subjected to the pervasive impact of new technologies and the need to master novel skills. The pace of change continues to escalate, and is accompanied by increased information loading and high levels of novelty.

### **SOCIOECONOMIC CHANGES**

Economic restructuring and the pervasive impacts of globalization have been accompanied by significant realignments of social roles, gender expectations, demographic shifts, and changes in prevailing social norms and values. Were we to take a snapshot of most people's lives 20 years ago and compare it with one taken today, the differences would be striking. A number of relatively new background stresses are now commonplace, and include:

- Reductions in spending power per salary
- Rising consumer expectations
- The need for dual income earners in most families
- An increased need for quality child care for working parents - often in the face of scarce resources
- A scarcity of entry-level jobs and increased demands for post-secondary education. Thus, many people find that their young adult children are remaining in the home, and financially dependent, for longer.
- Increased overall life expectancy and shifting demographics have meant that many middle-

aged people are also involved in the care and financial support of aging parents. The relative lack of resources, particularly for those suffering from dementia and cognitive decline, can place additional burdens on families.

- Migration has become a fact of life for most working people. Many will relocate a number of times over their working lives. Each move typically involves loss of community and support structures for all members of the family, and requires the effort of rebuilding after each move. The general understanding is that it takes about 5 years for people to become fully rooted and established after moving to a new setting.
- Many working people also cope with lengthy commutes. This results in significantly longer work days, as well as the direct stress of driving, and the increased likelihood of being involved in motor vehicle accidents.

Thus, people are typically subjected to a whole host of generic background stresses, quite apart from the stresses peculiar to their specific occupations. It is easy to see how these background stresses promote such psychological and emotional states as:

- Instability
- Insecurity
- Isolation
- Alienation
- High levels of pressure

All this, before we consider the specific stresses present within a given workplace.

# A Comprehensive Model of Workplace Stress

## THE COMPLEX STRESS MODEL

The Complex Stress Model<sup>17,18</sup> was originally developed to address the circumstances of those working in particularly high risk environments featuring traumatic incidents and material (e.g., policing, corrections, emergency services, social services, etc.), in addition to the traditional systemic workplace stresses. As such, the model integrates research and theory from the separate fields of organizational and health psychology with clinical psychology and traumatology. It is also built upon the author's research and extensive clinical experience with high-risk service providers.

The Complex Stress Model, is unique in addressing the impact of these multiple sources of systemic and traumatic stress on workers. The model also recognizes the need to place the effects of workplace stress within the wider context of the individual's own history, current life circumstances, and personal strengths and vulnerabilities

Unfortunately, it is now clear that the Complex Stress Model applies to a much wider range of occupational groups - in that many work environments are now demonstrably subject to both systemic and traumatic stresses.

As described below, the Complex Stress Model differentiates between two primary sources of stress: workplace systemic stress, and workplace traumatic stress.

## FACTOR I: WORKPLACE SYSTEMIC STRESS

This is the set of stresses that arises from the workplace itself and are common concerns across most occupations and working environments. These represent the system-based stresses, and can be

separated into three primary factors:

### JOB STRESS

Job stress defines the pressures on workers due directly to the systemic elements of their jobs and workplaces. Although serious research investigating job stress reaches back over 40 years, recent changes in the workplace have led to an avalanche of new studies and theoretical developments. Current models of job stress are concerned with characteristics of the work environment, the individual, and the interaction between individuals and the environment<sup>19,20,21,22</sup>.

### BURNOUT

Burnout can be seen as the clinical result of prolonged exposure to job stress, leading to severe impacts on the individual's physical, psychological, emotional and functional abilities<sup>23,24</sup>. Models of burnout generally revolve about 3 primary dimensions: exhaustion, cynicism, and decreased professional efficacy<sup>25,26,27</sup>.

### SOCIOCULTURAL STRESSES

Discrimination, sexual harassment, and general harassment are prominent examples of costly and damaging sociocultural stresses affecting the workplace, targeted workers and their colleagues<sup>28,29,30</sup>. Discrimination is a serious chronic stressor in the lives of people of colour, women, and gay, and lesbian workers<sup>31,32,33,34</sup>, and is associated with a wide range of negative physical and psychosocial consequences<sup>35,36,37,38</sup>.

Workplace sexual harassment is now widely recognized as a serious and pervasive gender-based occupational stressor<sup>39,40</sup>, and it is estimated that half to three-quarters of all women in the workforce experience some form of sexual harassment over their working lives, and that one in ten will consequently leave their jobs<sup>41,42,43</sup>. Generalized

nonsexual workplace harassment refers to interpersonal hostility such as being yelled at, humiliated or demeaned<sup>44</sup>, and studies suggest prevalence rates of about 30% for men and 55% for women<sup>45</sup>. Discrimination and harassment provide more powerful predictors of diminished job quality than any of the traditional job stressors<sup>46,47,48</sup>.

## **FACTOR II: WORKPLACE TRAUMATIC STRESS**

This factor addresses the stresses that result from contact with traumatic experiences or material. Two types of traumatic experiences are considered:

### **PRIMARY TRAUMATIC STRESS**

This refers to the effects on the person of experiencing first-hand traumatic experiences (e.g., workplace violence, accidents and injury, robbery, intimidation, threats of violence, assault and homicide). Increasing attention is being directed toward the issue of workplace violence and antisocial aggression as a serious contributor to workplace stress<sup>49,50,51</sup>. Incidences of workplace violence and aggression continue to escalate and the American statistics are certainly illustrative (e.g., between 1992 and 1996, U.S. residents experienced more than 2 million violent incidents at work, including 1.5 million assaults, 396,000 aggravated

assaults, 84,000 robberies, and 51,000 rapes and sexual assaults<sup>52</sup>. Violence was also the second leading cause of death in the American workplace<sup>53</sup>. Canadian workplaces have also experienced increased rates of workplace homicides and assaults<sup>54,55</sup> and recent data suggests the rates are even higher in some Western European, Asian, African, Latin American, and transitional countries<sup>56</sup>. At the extreme end, the experience of primary traumatic stress can result in Posttraumatic Stress Disorder (PTSD)<sup>57</sup>.

### **SECONDARY TRAUMATIC STRESS**

Also known as “vicarious trauma” or “compassion fatigue”, this refers to the impact of dealing with traumatic material at second-hand<sup>58,59</sup>. Thus, it describes the effects of hearing about traumatic, violent and distressing events, or of witnessing others being subjected to traumatic experiences. Secondary trauma is a very human phenomenon – if a person holds the capacity for empathy, he or she will experience distress when hearing about or witnessing dreadful things which have happened to others. Thus, secondary trauma has also been defined as “the cost of caring”<sup>60</sup>. The long-term effects of such second-hand exposure are also now recognized as placing workers at risk for a wide range of serious traumatic stress effects<sup>61,62</sup>.

# Risk & Resilience Factors

A substantial and growing body of research now provides us with a much more complex understanding of the range of factors that act to either increase resilience in the face of stresses - or to increase the risk for negative outcomes. These can generally be separated into factors that are properties of the workplace, and factors that reside in the individual employee. Clearly both workplace and individual elements are important, as are their interactions.

The following briefly reviews the risk/resilience factors associated with systemic and traumatic workplace stress.

## SYSTEMIC WORKPLACE STRESS

For the purposes of this article, the following summarizes the risk/resilience factors variously associated with job stress, burnout and discrimination and harassment.

### WORKPLACE RISK/RESILIENCY FACTORS

A wide range of psychosocial, structural, and physical factors are predictive of employee risk and resiliency as noted below.

**Social support** A good deal of attention has been focused on the importance of social support as a predictor of health and well-being<sup>63</sup>, and as promoting resiliency in coping with high levels of stress<sup>64,65,66</sup>. Workplace support from supervisors,<sup>67,68</sup> co-workers and colleagues<sup>69,70</sup> is a powerful moderator of workplace stress, as is support from spouses, family and friends<sup>71</sup>.

**Work demands and employee control** Employees subjected to high demands, but with little control over their work are more likely to suffer from a wide range of negative psychosocial and physical health problems<sup>72,73,74</sup>.

**Role ambiguity** This occurs when individuals are

unsure of the expectations of their employers or supervisors. Role ambiguity also arises in circumstances where people do not feel adequately trained to perform their work tasks, or are uncertain about the consequences of their job performance. High levels of role ambiguity are significant stressors for employees<sup>75</sup>.

**Role conflict** This refers to the situation encountered by an employee who finds it difficult to perform effectively because of multiple conflicting expectations from different sources<sup>76,77</sup>. Conflicts between unclear work roles and perceived demands from clients are also significant predictors of burnout<sup>78</sup>.

### Tangible and intrinsic rewards of the work

People are very sensitive to the levels of rewards they experience from their work in relationship to the effort demanded of them<sup>79</sup>. The tangible rewards include such features as salary, benefit packages, recognition, and promotions – conditions of high demand and low reward. The intrinsic rewards refer to the potential for feeling that the job is valid and worthwhile<sup>80</sup>.

**Workload** Both work overload and underload are stressful for employees<sup>81,82</sup>.

### Recognition from others that the work is valuable

Also predictive was the sense of personal accomplishment, and the need to regard the work as worthwhile and important<sup>83</sup>.

**Respite time/time off** The positive effects of relief from stress are substantial in terms of modulating stress hormones, blood pressure and heart rate<sup>84,85</sup>, however these gains tend to fade out rapidly after returning to work<sup>86</sup>.

**Severity & frequency of job stressors** Both the severity and the frequency of stressors are important factors. Frequent experience of a lower-level stressor can sometimes result in more severe long-term consequences than infrequent experience of a high

level stressor<sup>87</sup>.

### **Differing perceptions of job demands & resources**

People are generally more sensitive to the demands being placed on them than they are to the resources they are given to meet those demands<sup>88</sup>. Thus, people will often experience distress when new work demands arise, even if additional supportive resources accompany them.

**Compensation & advancement** In a number of large scale studies, researchers found that the most severe job stressors noted by both men and women were “inadequate salary” and “lack of opportunity for advancement”<sup>89,90</sup>.

**Workplace interpersonal conflict** Levels of workplace interpersonal conflict and negative relationships are a common source of stress<sup>91,92</sup> and are associated with negative psychological and physical health outcomes<sup>93,94</sup>.

**Institutional attitudes** Discrimination is a more serious problem in workplaces which normalize institutional discrimination, and where the employer tolerates or endorses discriminatory attitudes<sup>95,96</sup>. Similarly, sexual harassment and generalized workplace harassment are reported more often in work places where managers establish local norms that are seen as condoning or modeling the behaviour<sup>97,98,99</sup>.

**Dominant groups in the workplace** Racial bias was greatest in predominantly white work settings<sup>100</sup>, while sexist discrimination was greatest for women working in male-dominated industries<sup>101</sup>. It has also been found that higher proportions of males in the workplace are associated with sexist and homophobic discrimination<sup>102,103</sup>.

**Type of occupation** The risk for sexist discrimination in the workplace increases for women involved in non-traditional occupations<sup>104</sup>.

**Gender of supervisor** Risks for sexual harassment increase when supervisors are male<sup>105</sup>.

**Presence of gender harassment** Overall, gender harassment is reported more frequently than

unwanted sexual attention or coercion. Not surprisingly, however, increased levels of gender harassment predict greater risks for the other two types of sexual harassment: unwanted sexual attention, and sexual coercion<sup>106,107</sup>.

**Age and marital status** Younger women and divorced and single women report more frequent experience of sexual harassment<sup>108, 109, 110</sup>.

## **INDIVIDUAL RISK/RESILIENCY FACTORS**

An array of structural, psychosocial, and physiological factors also pertain at the level of the individual employee.

**Work-family conflict** Work-family conflict occurs when the demands of either home or family are incompatible with the demands of the other, and when this conflict has a negative effect on the quality of work and family experience<sup>111,112,113</sup>. Generally, it has been found that the negative effects can go both ways – work can interfere with family, and family can interfere with work<sup>114, 115, 116</sup>. Work interfering with family has been related to psychological burnout, alienation and low job satisfaction, and depression and health problems<sup>117,118, 119,120</sup>. Work interfering with family life has also been associated with lower levels of life satisfaction and diminished quality of family life<sup>121,122</sup>.

**Belief that the work is valuable** Among service professionals, reward from service to others was a significant predictor of lower risk for job stress (i.e., people who felt that their work was helpful were more resilient in the face of stress)<sup>123</sup>. Although this was true for both men and women, the effect was more pronounced for women<sup>124,125</sup>.

**Sense of control and risk appraisal:** Perception of risk for occupational injury is strongly linked with the amount of control people feel they have over their interactions with workplace hazards. Individuals who experienced lower levels of control were more likely to suffer burnout & emotional exhaustion, while those who perceived themselves as having more control felt more effective and were at lower risk of burnout<sup>126</sup>.

**Turnover intentions & organizational commitment** Not surprisingly, studies have found that people suffering from the emotional exhaustion and depersonalization elements of burnout were much more likely to be planning for alternate employment, and were less committed to the workplace and the organization<sup>127</sup>.

**Perception of fairness** Workers' perceptions of the overall fairness of decision-making and resource allocation within the workplace can have a significant effect on morale and stress levels<sup>128</sup>.

**The fit between personal and organizational values** This predictive factor refers to the fit between the individual's personal values and the value set of the workplace, or mandate of the institution<sup>129</sup>.

**Coping skills & strategies** Increased stress resilience is associated with wider individual repertoires of coping skills such as relaxation techniques, social skills, cognitive restructuring, and assertiveness<sup>130,131,132</sup>.

**Physical health status** Those individuals who suffer from poor health are significantly more vulnerable to the effects of stress<sup>133</sup>, while physically fit and healthy people are less vulnerable<sup>134,135</sup>.

## TRAUMATIC WORKPLACE STRESS

The following reviews the risk/resilience factors associated with both primary and secondary traumatic stress. These include traumatic experience risk factors (in the event of primary trauma) and situational and individual risk factors.

### TRAUMATIC EXPERIENCE RISK/RESILIENCE FACTORS

**Severity** Risk for PTSD effects increases with the dangerousness of the incident and the severity of injury sustained<sup>136,137</sup>.

**Frequency** Repeated exposure to trauma is more likely to overwhelm the individual's coping responses than is a single experience<sup>138</sup>.

**Intensity & duration** The risk for developing

Posttraumatic Stress Disorder increases with the intensity and duration of the traumatic event<sup>139,140,141</sup>.

### SITUATIONAL/ENVIRONMENTAL RISK/RESILIENCE FACTORS

Given that employees are subjected to primary and/or secondary traumatic stresses, the following situational risk/resiliency factors have been demonstrated.

**Training and preparation** Studies have consistently shown that the effects of stress are moderated when people feel adequately prepared, or trained for anticipated traumatic events<sup>142,143</sup>. Such preparation is thought to increase the person's sense of control, reduce uncertainty, and reduce the physiological stress response.

**Ability to access resources** Individuals who are able to and use their social support network immediately after a traumatic event are generally more resilient and seem to suffer briefer and less severe posttraumatic symptoms<sup>144</sup>.

### Cumulative exposure to trauma material

Continuous, long-term exposure to traumatic material can begin to affect people's perceptions of themselves and their world in fundamental ways. Thus, the risk for secondary symptoms increases with exposure<sup>145,146</sup>.

**Nature of the work** Issues such as job description, the types of tasks involved in the work, role ambiguity, role conflict, and likelihood and types of stressful events are all important<sup>147,148</sup>.

**Relationship with co-workers** This area is often central to an individual's emotional experience of the workplace. An environment of mutual respect, warmth and goodwill is experienced very differently from one featuring hostility, gossip, isolation and abuse of power<sup>149</sup>.

**Social and cultural context** The perception of the work and workplace by society can also be a significant source of stress. Individuals working in human, emergency and health service areas, particularly with socially stigmatized groups may often receive negative, or devaluing responses to their work from the wider community.

**Supervision** This element refers to the availability of skilled, dependable and trustworthy supervision and consultation resources to assist employees with difficult situations, analyses and judgment calls. Absence of these resources is a strong predictor of risk for secondary trauma<sup>150,151,152</sup>.

## **INDIVIDUAL RISK/RESILIENCE FACTORS**

Individual risk/resilience factors encompass physiological, situational and psychosocial factors.

**Neurobiological response at the time of the trauma** Individuals vary in terms of their physiological reactivity to stress. The levels of biological response can contribute to problems with self-regulation of anger, anxiety and other distressing emotions<sup>153</sup>.

**Psychological/behavioural reactions at the time of the trauma** It seems that individuals who dissociate at the time of the trauma are more likely to develop Posttraumatic Stress Disorder (PTSD)<sup>154</sup>. Similarly, chaotic or disorganized responses to the immediate trauma – such as freezing, stupor or surrender – seem to be strong predictors for long-term development of PTSD<sup>155,156</sup>. These responses tend to go with perceptions of the event as completely overwhelming, uncontrollable and unpredictable. In contrast, individuals who feel that they were actively attempting to cope with the trauma fare better and are more able to hold a view of themselves as worthy and as retaining some control over the situation<sup>157</sup>.

**Secure attachment bonds** A history of secure bonding with parents and current safe bonding with partners and emotionally intimate friends and family members serves as a primary defense against long-term injury from trauma in adults and in children<sup>158</sup>.

**Family history** Individuals with a family history of psychiatric illness, negative parenting, early separation from parents, parental poverty, and lower education are at greater risk both to be exposed to traumatic material, and to develop posttraumatic symptoms<sup>159,160,161</sup>.

**History of prior trauma** Histories of childhood and/or adult trauma also seem to increase the risk

for more severe responses to traumatic experiences<sup>162,163,164</sup>.

**Background stress level** Levels of background stress predict more severe posttraumatic responses<sup>165</sup>.

**Personal history** Individuals bring their own histories to the workplace. For those working with high levels of systemic stress and/or traumatic material, personal experiences of trauma, loss, victimization and other historic stressors can increase their vulnerability. It can also be true that those who have come to terms with their difficult histories may be particularly well equipped to function with traumatic stressors<sup>166,167</sup>.

**Personality and defensive style** Each individual has a unique constellation of defensive styles and personality characteristics. Different styles are more or less well adapted to stressful work environments.

**Coping style** Some coping styles are more adaptive and flexible than others for a given environment (e.g., coping with stress by exercising and communicating vs. excessive alcohol consumption and social isolation).

**Current life context** At any given time, an individual's private life will carry different stress loadings (e.g., solid relationship, financial stability and good health vs. relationship breakdown, financial pressures and illness of a family member). Thus, this element fluctuates over time and alters the context within which the worker encounters the work environment, and can seriously increase the risk of secondary trauma effects<sup>168</sup>.

**Training and professional history** Individuals generally experience less stress when they feel adequately trained and prepared for their professional duties and responsibilities. Accordingly, research has established that greater education and familiarity with trauma issues lowers the risk of secondary trauma<sup>169,170</sup>.

**Personal therapy** Access to professional assistance can significantly reduce the destructive effects of occupational stress and secondary trauma<sup>171</sup>.

# The Consequences of Workplace Stress

Workplace stress has serious consequences for the health and well-being of individuals subjected to it on a severe or prolonged basis. It is evident also, that the impact is not limited to the individual, as the effects of both systemic and traumatic stressors manifest in a number of areas, as summarized in the following discussions and detailed in the tables next page.

## FOR INDIVIDUALS

The pervasive impact of workplace systemic and traumatic stress results in physical, emotional, cognitive, behavioural and interpersonal symptoms and effects. At worst, people's physical health is gravely undermined; they become clinically depressed, suffer from anxiety disorders or other mental health problems; their self-esteem erodes, and concentration, attention, and judgment are impaired; they become withdrawn, have difficulties controlling their emotions and abuse substances; they have difficulties setting boundaries and maintaining limits, they communicate poorly and are more likely to come into conflict with others. Those workers experiencing Posttraumatic Stress Disorder are additionally subjected to a more acute set of disorder-specific symptoms.

## FOR THE ORGANIZATION

Hallmarks of workplace stress include reduced productivity and efficiency; increased overtime and overwork; increased risk for accidents and outcomes of poor judgment; poor staff communications and morale - at worst, escalating to the "toxic office" environment.

Worker stress effects result in direct costs to the employer, including: increased absenteeism and sick time; increased short- and long-term disability leaves; increased worker turnover; higher training costs; problems with recruitment and retention.

## FOR FAMILIES AND THE COMMUNITY

Given the range of symptoms associated with workplace stress, we know that the effects contribute to compromised parenting; family breakdown and family violence; escalating health-care costs; community fragmentation and lack of social cohesion.

Clearly, we're just beginning to come to terms with the real costs of this complex personal, corporate, and social problem.

<b>JOB STRESS EFFECTS ON THE INDIVIDUAL</b>				
<b>PHYSICAL</b>	<b>EMOTIONAL</b>	<b>COGNITIVE</b>	<b>BEHAVIORAL</b>	<b>INTERPERSONAL</b>
Medical problems Impaired immune system Hypertension Elevated serum cholesterol Fatigue Sleep difficulties	Anxiety Depression Irritability Dissatisfaction with job Boredom	Concentration difficulties Problems with attention Lack of creativity Lack of enthusiasm	Smoking Substance abuse/misuse Increased risk for accidents Increased overtime	Poor communication Defensive attitude Social withdrawal Thinking about leaving the job Negative effects on family relationships
<b>JOB STRESS EFFECTS ON THE WORKPLACE &amp; ORGANIZATION</b>				
<b>ENVIRONMENT &amp; MORALE</b>		<b>DIRECT &amp; INDIRECT COSTS</b>		
Reduced productivity & efficiency Poor staff relations Poor morale Toxic staff environment featuring resentment, rumors, poor work habits, etc.		Increased absenteeism Increased worker turnover Increased short-term stress leaves Increased long-term disability payments and early retirement		

**Table 1: Symptoms and Effects of Job Stress:** On the individual<sup>172,173,174,175,176,177,178,179</sup>, and on the workplace<sup>180,181,182,183,184,185</sup>.

<b>BURNOUT EFFECTS ON THE INDIVIDUAL</b>				
<b>PHYSICAL</b>	<b>EMOTIONAL</b>	<b>COGNITIVE</b>	<b>BEHAVIORAL</b>	<b>INTERPERSONAL</b>
Impaired immune system Frequent infectious illness (flus, colds, etc.) Somatic problems (headaches, GI problems, joint & muscle pain, etc.) Increased risk for coronary heart disease Fatigue, physical depletion & exhaustion Sleep difficulties	A sense of helplessness and confusion A sense of failure Feelings of guilt Feeling out of control Loss of motivation Feelings of isolation and alienation from others Irritability Anxiety Depression	Pessimistic and cynical attitude Attention and concentration problems Negative attitude toward self, work and others Preoccupied with health Thoughts about leaving the job	Increased risk for suicide Social isolation and withdrawal from others Aggression Callous attitude toward others Substance abuse Accident proneness Inefficient use of time Poor task performance Destructive behaviors (damaging property or equipment, theft, etc.)	Authoritarian attitudes toward others Tendency to dehumanize or intellectualize clients/patients Poor communication with co-workers, supervisors and clients/patients Defensive attitude Increased aggression Extramarital affairs
<b>BURNOUT EFFECTS ON THE WORKPLACE &amp; ORGANIZATION</b>				
<b>ENVIRONMENT &amp; MORALE</b>		<b>DIRECT &amp; INDIRECT COSTS</b>		
Impaired performance Reduced productivity & efficiency Poor staff relations Poor morale Increased complaints from service recipients Toxic staff environment featuring resentment, rumors, poor work habits, etc.		Increased absenteeism Increased worker turnover Increased short-term stress leaves, long-term disability payments and early retirement Labor-management friction Increased overtime expenses Public relations problems, lawsuits		

**Table 2: Symptoms and Effects of Burnout:** On the individual<sup>186,187,188,189,190,191,192,193</sup>, and on the workplace<sup>194,195,196,197,198</sup>.

<b>DISCRIMINATION &amp; SEXUAL HARASSMENT EFFECTS ON THE INDIVIDUAL</b>				
<b>PHYSICAL</b>	<b>EMOTIONAL</b>	<b>COGNITIVE</b>	<b>BEHAVIORAL</b>	<b>INTERPERSONAL</b>
Overall increase in illness Gastrointestinal problems Headaches Weight loss Nausea	Feelings of shame Feelings of helplessness and vulnerability Fear and anxiety Depression	Loss of self-esteem Difficulties with attention and concentration	Loss of confidence and independence Disrupted work history and problems with references	Isolation and withdrawal Reduced communication
<b>DISCRIMINATION &amp; SEXUAL HARASSMENT EFFECTS ON THE WORKPLACE &amp; ORGANIZATION</b>				
<b>ENVIRONMENT &amp; MORALE</b>		<b>DIRECT &amp; INDIRECT COSTS</b>		
Reduced productivity and efficiency Poor morale Deteriorating relationships with co-workers Work atmosphere of fear, hostility and distrust		Increased absenteeism Increased worker turnover Increased sick leaves, stress leaves, and long-term disability payments		

**Table 3: Symptoms and Effects of Discrimination & Sexual Harassment:** On the individual<sup>199,200,201,202,203,204,205,206,207</sup>, and on the workplace<sup>208,209,210,211,212,213</sup>.

<b>PRIMARY TRAUMATIC STRESS EFFECTS ON THE INDIVIDUAL</b>				
<b>PHYSICAL</b>	<b>EMOTIONAL</b>	<b>COGNITIVE</b>	<b>BEHAVIORAL</b>	
Conditioned fear responses to trauma-related stimuli (e.g., shock, sweating, rapid heartbeat, breathing difficulties, dizziness) Sleep disturbance Appetite disturbance Physical problems (e.g., pain, stomach problems, fatigue, headaches, etc.) Impaired immune system	Flashbacks to the traumatic event Nightmares Psychological numbing Mood swings Irritability Feeling overwhelmed, sad, guilty, hopeless Dissociation Clinical depression Anxiety disorders Loss of positive future planning	Intrusive recall of the traumatic incident Problems with attention and concentration Negative views of self regarding the traumatic experience "Shattered assumptions" - loss of trust, hope, and a sense of agency	Avoidance of situations, settings or people which might trigger recall of the traumatic incident Substance abuse Difficulties controlling emotions and their expression Increased aggression toward self and others	Loss of meaningful attachments Communication problems Withdrawal from family and colleagues Problems with relationships - excessive dependence and/or isolation Increased rates of family aggression and domestic violence
<b>PRIMARY TRAUMATIC STRESS EFFECTS ON THE WORKPLACE &amp; ORGANIZATION</b>				
<b>ENVIRONMENT &amp; MORALE</b>		<b>DIRECT &amp; INDIRECT COSTS</b>		
Reduced productivity and efficiency Poor morale Poor staff communications		Increased absenteeism Increased worker turnover Increased risk for accidents Increased overtime costs Increased sick leaves, stress leaves, and long-term disability Costs of recruiting & training replacement staff		

**Table 4: Symptoms and Effects of Primary Traumatic Stress:** On the individual<sup>214,215,216,217,218,219,220,221,222</sup>, and on the workplace<sup>223, 224, 225</sup>.

<b>SECONDARY TRAUMATIC STRESS EFFECTS ON THE INDIVIDUAL</b>					
<b>PHYSICAL</b>	<b>EMOTIONAL</b>	<b>COGNITIVE</b>	<b>BEHAVIORAL</b>	<b>INTERPERSONAL</b>	<b>EXISTENTIAL</b>
Conditioned fear responses trauma-related stimuli (e.g., shock, sweating, rapid heartbeat, breathing difficulties, dizziness) Sleep disturbance Appetite disturbance Physical problems (e.g., pain, stomach problems, fatigue, headaches, etc.) Impaired immune system	Sense of being helpless, powerless, and overwhelmed Feelings of fear, loneliness, sadness, grief, anger, rage, isolation, guilt and depletion Emotional numbing Hypersensitivity The "emotional roller coaster" Anxiety Depression	Concentration and attention problems Confusion, apathy and disorientation Loss of meaning Decreased self-esteem and self-doubt Preoccupation with trauma material Rigid thinking Thoughts of self-harm Perfectionism Minimization	Mood swings Irritability & impatience Elevated startle response Hypervigilance to possible threats Nightmares Accident proneness Losing things Smoking Substance abuse Withdrawal from friends and family Self-harming behavior	Withdrawal Decreased interest in intimacy or sex Mistrust of others Isolation from friends Impact on parenting (protectiveness, concern about aggression) Projection of anger or blame Intolerance	Questioning the meaning of life Loss of purpose Lack of self-satisfaction Pervasive sense of hopelessness Questioning of prior religious beliefs
<b>SECONDARY TRAUMATIC STRESS EFFECTS ON THE WORKPLACE &amp; ORGANIZATION</b>					
<b>ENVIRONMENT &amp; MORALE</b>			<b>DIRECT &amp; INDIRECT COSTS</b>		
Poor morale (e.g., apathy, low motivation, dissatisfaction) Poor staff communications (e.g., negative attitude, withdrawal from colleagues, perfectionistic standards) Decrease in quality of relationships between staff Increased staff conflict Increased overwork and overtime			Reduced productivity and efficiency (e.g., decrease in quality and quantity of work, avoidance of job tasks, more mistakes, faulty judgment) Increased absenteeism and worker turnover Increased risk for accidents Increased sick time and disability payments		

**Table 5: Symptoms and Effects of Secondary Traumatic Stress:** On the individual and the workplace<sup>226,227,228,229,230,231</sup>.

# Why This Is A Critical Issue

## IMMEDIATE CONCERNS

### COSTS & CONSEQUENCES

As discussed previously, the direct costs and consequences of workplace stress and trauma present serious economic and functional challenges – ultimately directly affecting costs of production, production capacity, quality of work, and the ability to manage change. Recall also that the negative outcomes of workplace stress are continuing to escalate and, in the absence of action, we can anticipate increasingly costly consequences.

### RECRUITMENT & RETENTION

Workplace stress also has direct effects upon employee recruitment and retention. Workplace stresses account for escalating rates of absenteeism, illness, disability, early retirements and higher staff turnover. This often sets in motion an unfortunate cycle wherein staff shortages increase stress levels for remaining staff, thus escalating the rates of negative effects and leading to greater difficulties with workforce retention and stability. At the same time, successful recruitment of quality staff is also becoming more challenging as many sectors experience increased competition for scarce human resources. Thus, overall net deficits in staffing result in decreased organizational capacity and increased costs associated with recruitment and training efforts. The Canadian health care system provides an obvious case in point<sup>232</sup>.

## SUCCESSION PLANNING

### DEMOGRAPHIC IMPERATIVES

Succession planning may well become the management issue of the next decade. Driven by demographics, much of the western industrialized world will experience a massive shift in personnel as the baby boomers, within their demographic bulge, retire and are replaced. The boomers have occupied a disproportionate segment of the workforce, and their passing will open up a very large hole. The

impact of this shift will become increasingly apparent, as up to 70 percent of the workforce will leave over the next eight to 12 years. Not surprisingly, the highest rates of attrition will be within the ranks of management, and the lowest at entry-level positions.

This fundamental restructuring of the workplace will require particular attention to the development and maintenance of a new generation of managers and frontline staff. A vital factor in the recruitment and retention of capable personnel will be the quality of the work experience. Therefore, management's response to workplace stress and trauma, and their impact on the workers' experience, will become all the more salient.

### KNOWLEDGE AND SKILLS TRANSMISSION

During this transition period, the demand to attract and retain younger workers will be matched by the critical need to retain experienced aging workers. We actually have only a brief window of time within which to transmit a formidable body of skills, knowledge and work culture. We are facing a significant potential information and experience disjunction, and must hold concern that we do not find ourselves in a work environment populated by unseasoned novices.

### CULTURE CHANGE

As the boomers move through, and subsequent generations assume control, we can anticipate significant shifts in workplace culture. Each age cohort carries with it characteristic attitudes, beliefs and social expectations. The boomers have dominated the social landscape for the past few decades and the comparatively rapid transition will likely precipitate a less buffered shift in social values, beliefs and preoccupations. Certainly, younger generations seem less motivated by income, status and the "work-success" ethic, and present with greater demands for balance in their lives<sup>233</sup>.

Thus, while the boomers have largely “tolerated” the costs of escalating workplace stress - subsequent generations seem much less willing to sacrifice their lives for their work. It could also be argued that given their abundance, the boomers were managed as readily replaceable or “disposable workers” – attrition was less of an issue in that there were plenty more where they came from. In fact, we had an

oversupply of workers. This philosophical stance toward the human resource base will no longer be tenable as we move toward a scarcity regime.

All these factors speak to the need for, and inevitability of, significant culture change – both within corporate culture and society at large.

# A Strategic Approach to the Problem

As is evident from the preceding sections in this document, the issue of workplace stress is highly complex, layered and specific to given individuals and work environments. Consequently, effective responses need to take a strategic and comprehensive approach. The remainder of this paper is based on our workplace wellness<sup>234,235,236</sup> and manager training<sup>237,238,239</sup> programs and our experience with implementation in various jurisdictions.

## GOALS

The overarching goals of a comprehensive workplace wellness initiative can be seen as incorporating three sequential elements.

### BUILD CAPACITY

The first stage of capacity-building involves learning, followed by practical application of the information and constructs. Learning and application occur at a number of levels:

- Individual employees and managers receive a thorough grounding in the background information regarding workplace systemic and traumatic stress – their mechanisms and actions as well as the effects and symptoms. Following this they apply the information to their own situation and define their own unique profiles in terms of risk/resilience, self-care, and effects and symptoms. Based on that information individuals then develop their personalized wellness plan.
- Managers need to understand the constructs surrounding systemic and traumatic stress and the role of management in either promoting resilience or increasing distress. Within this framework, managers learn relevant leadership theory and understand the critical role they play

in the experience of staff. Following this, managers assess their own strengths and challenges and develop a personal profile that will assist them in moving forward. Managers then develop a risk/needs based assessment of their workgroup in terms of workplace systemic and traumatic stress factors. This then guides them in developing strategic plans to address the emerging issues.

Because these programs are provided across organizations and workgroups – a common language and understanding develops regarding workplace stress and wellness.

### INCREASE RESILIENCE

Individual and group resiliency increases as employees and managers gain awareness of the issues and their roles, and as they make adaptive shifts in their attitudes and behaviours. As people deal successfully with the most pressing issues, they often become aware of less prominent areas of concern. With increased capacity for adaptive change, these second and third order issues are then more likely to be addressed. In general, once the wellness wheel starts turning, it often generates momentum as people become increasingly confident and empowered.

### CULTURE CHANGE

At the most fundamental level, we are concerned with culture change. With moving toward a workplace culture that values its human resources, and possesses the skills and knowledge to cope innovatively with the range of presenting challenges.

### LAYERS OF RESPONSIBILITY

The workplace brings together a group of individuals with a range of differing and overlapping

interests and agendas. Yet, collectively, this group has a wider goal and purpose, and they must cooperate to accomplish that task. In terms of addressing the issue of workplace wellness, each of the players in this process bears his or her own specific sets of rights and responsibilities. At the broadest level, we can define four constituencies:

### **INDIVIDUAL EMPLOYEES**

Individual employees (and managers), are responsible for their own self-care and stress management. However, this responsibility is potentiated by the individual's level of awareness of the issues, their skills, and their realistic potential to act adaptively.

### **MANAGERS**

Managers are responsible for carrying out their organization's mandate by managing the work of staff members.

### **UNIONS AND EMPLOYEE REPRESENTATIVES**

This organized body typically represents the interests of many members from a range of employment settings. While responsible for serving the needs of individual workers, the wider body is also often involved in more global strategies. As representatives of sometimes opposing interests, unions and employers generally engage in a fluid climate of collaboration, conflict and compromise.

### **THE ORGANIZATION OR EMPLOYER**

The organization is an administrative and fiscal entity that holds a specific social role. It has a mandate to perform defined functions and employs managers and staff to carry out that mandate. Ostensibly, all the individuals working for the organization value its goals and are supportive of its intentions.

## **LEVELS OF INTERVENTION**

An effective staff workplace wellness strategy is comprehensive, and integrates escalating levels of response. A three-stage public health model<sup>240</sup> provides a useful planning framework:

### **PRIMARY PREVENTION**

This is the first line of defense. Primary prevention is designed to enhance the health of the workplace, the individual workers, and the work-family interface. This level of intervention acts by reducing the risk for workplace stress and trauma effects.

### **SECONDARY PREVENTION**

Secondary prevention addresses the fixed sources of workplace stress and trauma. This level of intervention is focused on altering how the organizational system, the individual workers, and the families respond to the necessary demands of the work. Secondary prevention acts by enhancing resilience to workplace stress and trauma.

### **TERTIARY PREVENTION**

Tertiary prevention is the last stage - addressing the negative consequences of workplace stress on the workplace itself, the individual workers, and their families. By providing therapeutic interventions, tertiary prevention acts to heal the damage done.

It has been well demonstrated that primary and secondary prevention efforts are highly cost efficient, and reduce the need for the much more expensive tertiary level interventions. Reactive, crisis-driven systems tend to focus on the tertiary level and ignore the need for primary and secondary prevention strategies. Unfortunately, this approach only increases the rates of serious stress-related symptoms and effects in staff and in the workplace environment. The old edict still holds - "an ounce of prevention is worth a pound of cure".

# A Phased Response: Building Capacity, Increasing Resilience

It is recommended that organizations follow a sequential 3-phase organizational response when undertaking a comprehensive wellness program. Please note that in the case example provided next, this sequence was followed.

## **PHASE 1: CORE PROGRAMMING BUILDS CAPACITY**

During this first phase, the core Employee Wellness Program is rolled out using a train-the-trainers delivery. All members of the organization participate – including management. This accomplishes a number of important goals:

- Ensures widespread participation in the program
- Demonstrates the employer’s commitment to staff
- Models management’s endorsement of the initiative and demonstrates priority
- Addresses the personal needs of managers as well as employees
- Normalizes workplace stress and brings challenges up on the table for solutions
- Team building
- Professional development of staff facilitators as wellness experts in the organization

The Manager Training is delivered in a group format – after the managers have participated in the wellness program. This enables managers to:

- Understand the predictable impacts of management style on staff functioning and staff wellness
- Determine their own management style and its effects on subordinates
- Assess levels of systemic and traumatic stress in their workgroup
- Determine the effects of workplace stress on unit functioning
- Develop practical risk/needs-based management strategies for their workgroups

This also sends managers the message that they are

valued as individuals and that the employer is willing to invest in them. The group training format also fosters cooperation and team-building within the manager cohort.

## **PHASE 2: INFRASTRUCTURE DEVELOPMENT**

Given that a common language and understanding has been established regarding stress and wellness – the organization needs to then support the development of fully articulated infrastructure.

Elements involved may include:

- Effective communications structures (e.g., newsletters, wellness intranet website, opportunities for facilitators to meet, etc.)
- Formal wellness committees integrated across levels of management and embedded in staff work units
- Staff subcommittees to address special issues and concerns
- Adequate and dependable resources and annual budget allocated for wellness initiatives on an ongoing basis

## **PHASE 3: A SELF-SUSTAINING, SELF-DIRECTED SYSTEM**

Wellness can become embedded as a core value of the organization and as such it becomes interwoven with all aspects of organizational function. This represents a major culture shift in terms of human capital management – but one that will clearly advantage organizations who attain “employer of choice” status.

# A Case History

## BRITISH COLUMBIA COMMUNITY CORRECTIONS

The Community Corrections Division of the British Columbia Ministry of Public Safety and Security, was one of the first jurisdictions to roll out the comprehensive program. The Division has a total staff of approximately 400 including probation officers, managers and administrative support staff.

## PROGRAM IMPLEMENTATION

Phase 1 Rollout of the Employee Wellness Program occurred during the spring of 2001, using a train-the-trainers model of staff facilitators receiving expert supervision and support as they delivered the 2 day workshop. The research edition of the program was used so that Respondents completed 3 sets of self-assessments:

- Risk profiles for the workplace systemic stress factors (job stress & burnout, workplace discrimination and harassment), and the workplace traumatic stress factors (primary and secondary trauma).
- Self care profiles for the workplace and for their personal lives.
- Symptom and effects screens dealing with the potential negative outcomes associated with workplace stress and trauma.

Assessment results indicated substantial difficulties within the group.

The Managers Training Program was also delivered as 2 day workshops within one year.

In the spring of 2003 a 1-day wellness follow-up workshop was held - some 18–24 months after the initial workshop. Participants again completed the research edition of the self-assessment questionnaires.

It is important to note that in the interval between

the first and second assessment collection dates, the September 11, 2001 event occurred, there was a significant economic downturn, and there was a change of government in the province. This latter event had important effects province-wide, as severe government cutbacks were announced and implemented (involving downsizing of government by some 35% overall). In sum, this interval has generally been seen as very stressful and trying for residents of the province in general, and government employees in particular.

## OUTCOMES

Preliminary results from the assessments are very positive in comparison with the initial 2001 data. The following briefly notes some of the more interesting significant effects:

- Less overwhelmed by workload
- Greater sense of control
- Less role ambiguity and role conflict
- Greater sense of institutional fairness
- Much improved sense of demands and resources balance
- Improved sense of social support and recognition
- Decreased experience of illness, headaches, stomach problems, etc.
- Improved sense of work-life time balance
- Improvements in institutional attitudes and behaviours in regards to discrimination and sexual harassment
- Experience of increased social support resources to deal with traumatic incidences
- Improved trauma event responses
- Greater comfort with the high levels of responsibility
- Greater belief that training is valuable and helpful
- Improved health
- Lower financial pressures
- Improved self-care across all domains: physical, psychological/emotional, cognitive, behavioural and interpersonal.
- Improvements on all the clinical depression

- scales
- Diminished levels of anxiety
- Improvements to self-esteem
- Fewer accidents
- Better concentration and attention
- Improvements to sleep
- Less social isolation
- Increased interpersonal safety with supervisor

identification of additional resources, and fostering inclusion and collegiality.

## ONGOING DEVELOPMENTS

At this point there is ongoing infrastructure development to support and extend the wellness program. Regional Wellness Committees (including the facilitators) have been formed that integrate from the most senior levels of management through to wellness coordinators at each of the local offices. These are responsible for ongoing initiatives and resource provision. A designated intranet website will be developed to provide ongoing information, referrals and news, and to link the provincial facilitators. Subcommittees of the provincial facilitators group are addressing infrastructure issues, communications, the development and

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