



C O A S T

MENTAL HEALTH



DEVELOPMENT OF THE MORPH

(MEASURE OF ORGANIZATIONAL READINESS
FOR PSYCHOLOGICAL HEALTH)

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EXECUTIVE SUMMARY

Employers are being called upon to take action to promote psychological health and safety in the workplace. The push for action is coming from regulatory bodies, the legal system, health researchers, occupational health experts, unions and, increasingly, the general public. A Canadian Standard for Psychological Health & Safety will be issued in 2012, raising the level of expectation that employers will take concrete steps to address this area.

But is it reasonable and fair to expect employer action without taking account of the readiness of each organization for various actions? An initiative that is feasible and effective in one organization may be impractical or ineffective in another. For this reason, the Measure Of Readiness for Psychological Health [MORPH] was created to help employers determine which psychological health promotion actions are appropriate and feasible. It was developed by Coast Mental Health and the Centre for Applied Research in Mental Health and Addiction at Simon Fraser University, with support from the British Columbia Ministry of Health.

The MORPH evaluates an organization's readiness to undertake 7 actions that have been shown to promote psychological health. These actions are taken from Psychological Health & Safety: an Employer's Action Guide.¹ Examples are: *Offer resilience training to employees; Build a more respectful workplace; and Improve managers' and employees' knowledge about psychological health.* Using the MORPH survey, employers can determine which actions are viewed by employees and managers as most valuable and most practical.

The MORPH incorporates both quantitative scores (measuring relative readiness for various actions) and qualitative information from comments and focus groups (indicating why one action would be embraced and another resisted).

The MORPH was tested in a small private-sector organization, with impressive results. First, it was acceptable to employees, who perceived it as easy to complete, understandable, relevant and helpful: 68% completed it, a high response rate for an online survey. Second, it generated statistically reliable scores. Third, it was able to measure the relative degree of readiness for proposed actions and indicate the reasons for preferring one action over another.

The MORPH can help employers to: adopt certain actions; abandon others for which there is insufficient readiness; modify actions to meet employee concerns; and enhance readiness for particular actions. It is a unique planning tool. The aim is to enable Canadian employers to begin the process of addressing psychological health by determining which actions are most suitable to their organization.

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¹Gilbert M & Bilsker D (2012). *Psychological Health & Safety: an employer's action guide*. Calgary: Mental Health Commission of Canada.

PREFACE

In November 2010, the Province of British Columbia released *Healthy Minds, Healthy People: A Ten- Year Plan to Address Mental Health and Substance Use in BC*¹. This strategic document calls for a transformed response to mental health and substance use, placing a strong emphasis on ‘upstream’ opportunities to promote positive mental health and to prevent potential problems before they occur. To accomplish this transformation, *Healthy Minds, Healthy People* takes a lifespan-based approach that identifies strategic opportunities and settings to reach and engage people in a way that will positively influence their mental health and well-being. The plan identifies workplaces as a key setting for action to promote positive mental health, mental fitness and resiliency for adults. To this end, one of the actions contained within the plan is to “Collaborate with employers and unions to develop and implement workplace supports such as self-care resources, opportunities for early identification of problems, and linkages to appropriate interventions” (p. 23).

In order to move efforts related to this action forward, the Population and Public Health Division of the BC Ministry of Health dedicated some financial resources to a project that would directly support employers to promote mental health and well-being with their employees. The current project was guided by the specific requirements established at this initial stage:

The objectives of this pilot test were as follows:

1. Approaches and resources should consider the particular needs of small and medium-sized workplaces.
2. Approaches and resources should focus on practical ways to build strengths and foster resiliency among employees.
3. Approaches and resources should consider research evidence (as feasible and available) related to successful implementation of mental health promotion in workplace settings.
4. Approaches and resources should adapt existing approaches/resources: development of entirely new, original materials should only be considered in absence of an appropriate existing resource that would lend itself to adaptation.
5. Projects must include some form of activity that to test the feasibility and acceptability of the approaches and resources to potential end users of the final product – with this activity ideally laying the groundwork for subsequent uptake and application of the approaches and resources among the participants and the larger population of potential users.
6. Projects should identify strategies or approaches to foster further uptake and application of the approaches/resources in small-to-medium sized workplaces.

The new emphasis on mental health promotion in the workplace reflects the reality that mental disorders and psychological health problems are associated with considerable risk both to employees and employers. For example, a recent Canadian study of a major employer in the province of Ontario found that mental and behavioural disorders were the third leading cause of disability claims, and resulted in the greatest number of days away from work (67.0 days compared to 33.8 days) as well as the greatest cost (on average \$17,734.41 compared to \$9026.82 for other types of disability claims)². Annual societal costs of mental health problems in the workplace range from \$51 billion CAD³ to \$83.1 billion USD.⁴ It has been estimated that mental illness-related short- and long-term disability claims account for up to one third of claims and account for approximately 70% of the total disability claims costs that annually translated into \$15-33 billion CAD.⁵

Aside from offsetting future costs associated with averted potential problems, a focus on promoting good mental and psychological health within the workplace supports individual and organizational growth and success in an increasingly brain-based economy. Decrements in concentration, decision-making and reaction time that typically occur with mental disorders or substance abuse are often implicated in workplace accidents, incidents and injuries. There is a strong social, legal and economic argument for promoting mental/psychological health in organizational settings.

However, only a small proportion of organizations have made concerted efforts to address workplace mental disorders and psychological problems. Given the substantial indication of economic, social and legal benefits from taking action to promote psychological health, it is clear that organizations vary considerably in the extent to which they are ready to take action. Employers may not be ready for action because they fail to recognize its importance, perceive a lack of resources to implement these actions, are unsure which actions would be appropriate and of greatest priority or feel unable to take action due to business conditions or organizational challenges.

There is a need for guidance to help employers evaluate their organization's readiness to embark on a change towards greater psychological health, so they can identify relevant actions and barriers to implementation. The current project, supported by the British Columbia Ministry of Health Services, has aimed to address this need and help employers determine organizational readiness to promote psychological health.

This project was administered by Coast Mental Health (<http://coastmentalhealth.com>). Coast is a non-profit organization created in 1972 in response to the growing need for services in the community for people recovering from a serious mental illness. Since its inception Coast has not only focused on services but has also placed an emphasis on clients being active participants in determining priorities and how services are provided. Currently, Coast provides a range of supported housing to over 1100 people and provides community services for people with a mental illness. In addition, Coast is involved in helping individuals with mental health concerns find meaningful employment.

The project was led by Dr. Dan Bilsker and Dr. Merv Gilbert, clinical psychologists with considerable experience in conducting applied research and creating practical resources, particularly in the area of workplace mental health. Drs. Bilsker and Gilbert recently developed a resource for the Mental Health Commission of Canada: Psychological Health and Safety: An Action Guide for Employers.⁶ This freely-available resource provides an integrated approach and practical, evidence-informed actions employers can take to improve the psychological health and safety of their workplace. It has served as a key resource for the current project.

A partner in this project was the Centre for Applied Research in Mental Health and Addiction (<http://www.carmha.ca>). CARMHA is an interdisciplinary research centre located in the Faculty of Health Sciences, Simon Fraser University. CARMHA's mandate is a focus on research, knowledge translation and capacity building activities within the important health areas of mental health and addiction within a public health framework.

The objectives of this project were to:

1. Review current approaches and resources relevant to organizational readiness for mental/psychological health promotion.
2. Drawing from other fields of workplace health and safety promotion and organizational change, identify a method to determine readiness to implement mental/psychological health promotion in the workplace. This should be practical and relevant to employers, regardless of their structure, sector or composition.
3. Pilot-test this approach/resource within a small to medium size BC workplace and evaluate its feasibility and acceptability. This does not include implementation of a psychological health promotion program.
4. Provide recommendations and strategies for dissemination of the approach and resource in order to facilitate further uptake and utilization.

DEVELOPING THE MORPH INTRODUCTION

THE CONTEXT OF HEALTH PROMOTION

Health promotion is defined by the World Health Organization as “the process of enabling people to increase control over, and to improve, their health.”⁷ It is often applied at the level of government policy, encouraging decision-makers to consider the health consequences of policy decisions, combining a range of measures designed to enhance individuals’ control over their health, whether through legislation, taxation or re-organization of government services.⁸

Health promotion has also emerged as a notable priority in the workplace, increasingly seen as a practical and cost-effective way for employers to provide their workforce with enhanced capability for maintaining positive health.^{9,10} Workplace Health Promotion programs have been defined as follows “employer initiatives directed at improving the health and well-being of workers and, in some cases, their dependents.”¹¹

While employers have a responsibility to provide a safe and hazard-free workplace, they also have abundant opportunities to promote individual health and foster a healthy work environment...The use of effective workplace programs and policies can reduce health risks and improve the quality of life for American workers... Maintaining a healthier workforce can lower direct costs such as insurance premiums and worker’s compensation claims. It will also positively impact many indirect costs such as absenteeism and worker productivity.¹²

There is considerable variety in the actions employers may take to promote the health of their employees: education regarding health maintenance, supported access to fitness centers, easier access at work to healthy foods, policies such as tobacco-free workplaces, etc. These actions may seek to improve the health impact of the organization and the workplace environment, encourage active participation by workers in health-promoting activities and encourage workers to engage in health-positive personal development.¹³ Workplace health promotion programs have been shown to be moderately effective for: enhancing healthy behaviours in workers;¹⁴ preventing or controlling obesity;¹⁵ encouraging smoking cessation;¹⁶ and increasing physical activity.¹⁷

As a result of these demonstrations that workplace health promotion programs yield important benefits both to workers and to their employers, health promotion programs have become widespread in private or public sector organizational settings.¹⁸

THE CONTEXT OF MENTAL/PSYCHOLOGICAL HEALTH PROMOTION

Building on the success of workplace health promotion activities, there has recently been a shift to provision of programs to promote psychological/mental health. Mental health promotion has been described as follows: “Mental health is promoted through processes which give people the ability to function well, or which remove barriers that may prevent people from having control over their mental health.”¹⁹

The protection and promotion of mental health in the workplace has recently been addressed under the rubric *Psychological Health & Safety*. This term is used in the Canadian workplace Standard currently in development²⁰ and in an upcoming publication by the Mental Health Commission of Canada: Psychological health & safety—an employers’ action guide.²¹ This term has been used rather than ‘mental health’ because it is more compatible with a spectrum approach that includes the full range from psychological distress to diagnosable mental disorder, less associated with stigma or inappropriate medicalization of distress, and categorizable as a form of Occupational Health & Safety. The latter has been associated with substantial improvement in workers’ physical health and safety over the past hundred years -- and psychological health is worthy of the same level of attention.

Psychological health problems have been shown to be critical factors in the workplace because:

- There is a high prevalence of mental disorders in the Canadian workforce, particularly depression, anxiety and substance abuse.^{22 23 24}
- Psychological health problems have been associated with significantly reduced productivity, both absenteeism and presenteeism.²⁵
- Psychological health problems have been associated with occurrence of occupational disability, serving as a high-frequency cause for disability and one with greater duration and likelihood of recurrence than other health conditions.^{26 27 28}
- As a result of the two factors above, psychological health problems are associated with a high degree of impact on the business bottom line.
- Psychological health problems related to workplace factors (“psychological injuries”) have resulted in increasing frequency and magnitude of court awards.²⁹
- Regulatory agencies have imposed increasing requirements that employers act to protect employees’ psychological health.³⁰ Note that legislation is in preparation in British Columbia, following precedent in other provinces, to extend workers compensation to psychological injuries caused by chronic work stress.

The focus of psychological health promotion is upon actions that foster the overall psychological health of the workforce. Psychological health is more than the absence of illness; it involves an array of personal qualities and strengths that are integral to an individual’s sense of self and his or her contribution to society. It is worth noting that work is, or should be, an integral component of good psychological health. Work provides financial support, structure and identity, a means to contribute to the community, and an opportunity to interact with others, all of which contribute to psychological health and well-being. The primary focus of psychological health promotion is not on addressing specific mental disorders or individuals dealing with emotional distress, but rather upon assisting the average employee to increase his or her psychological well-being and resilience. This enhanced well-being will indirectly create greater resistance to psychological health difficulties, and, if difficulties do occur, can help individuals to engage in adaptive coping, seek appropriate assistance (if needed), and recover more quickly.³¹ Psychological health promotion has been related to the concept of *positive mental health*:

Positive mental health refers to human qualities and life skills such as cognitive functioning, positive self-esteem, social and problem solving skills, the ability to manage major changes and stresses in life and to influence the social environment, the ability to work productively and fruitfully and to make contributions to the community, and a state of emotional, spiritual and mental well-being. Mental health is an integral part of overall health and well-being and in a broad sense, reflects the equilibrium between the individual and the environment.³²

The aim of health promotion in this context is to increase the capacity of employees to manage stress or emotional challenges in a way that reduces the likelihood of onset of psychological health conditions. Interestingly, it has been found that individuals suffering from psychological health difficulties are *more* likely than others to adopt positive health behaviours.³³

Encouragingly, it has been demonstrated that health promotion interventions in the workplace, even those not specifically focused on mental health, show a positive effect with regard to reducing depression and anxiety symptoms in employees.³⁴ Promotion also involves building resiliency at an organizational level. A resilient organization, in the context of supporting psychological health, is one that adopts flexible programs and policies and is able to adjust and adapt these to meet changing employee characteristics and needs.

Interventions emphasizing psychological health promotion have included:

- *Identification and reduction of workplace stressors affecting psychological health.* Such stressors involve aspects of the working environment such as uncontrollable workload or perceived unfairness of reward allocation.^{35 36 37} This may involve job redesign focused on enrichment of the job duties, improvement of economic features of the job or clarification of job requirements.³⁸
- *Manager training to identify early-stage psychological difficulties in workers.*³⁹ This has been defined as “ensuring that managers are able to identify and respond with sensitivity to employees’ emotional concerns and symptoms of mental health problems”.⁴⁰
- *Enhancement of workers’ stress management capabilities and psychological resilience.*^{41 42 43} An example of psychological health promotion focused on the individual worker is a project carried out with emergency personnel: over a three-year period, these employees were taught stress management skills involving conflict resolution, improved communication and relaxation, resulting in significant improvement in depressive symptoms.⁴⁴ Another program enhanced the mental well-being of employees through a training program using cognitive behavioural principles.⁴⁵ A variation on the resilience-building approach is to provide workers with tools for self-management of mood or anxiety problems.⁴⁶
- *Survey of workforce to evaluate health risks and identify areas where intervention would be appropriate.*⁴⁷ Focusing such surveys on psychosocial risks has helped to focus change efforts on targeted interventions.⁴⁸ One such resource is [Guarding Minds@Work](#), which includes an employee survey designed to measure a set of twelve organizational risk factors shown to affect psychological health and safety.⁴⁹ Examples of these risk factors are Workload Management, Organizational Culture, Psychological Support and Psychological Job Fit. A more specific approach to the evaluation of workplace risks might focus on a particular factor that is seen as high-priority or that has been identified as relevant to a specific workplace. For example, workplace bullying or harassment might have been raised as an issue, in which case a specific measure would be appropriate.⁵⁰ Alternatively, workplace surveys may focus on determining rates of mental disorders, psychological health problems or even psychological strengths conducive to resilience.^{51 52 53}
- *Job redesign and selection strategies to enhance psychological health and safety and reduce risks.* A review of research in mental health promotion concluded that job redesign strategies likely to positively impact employee mental health include such interventions as “job enrichment, ergonomic improvements, reduction of noise, lowering the workload” as well as “improving role clarity and social relationships”.⁵⁴ In addition, this organizational-level intervention seeks to modify employment risk factors such as excessive/unpredictable workload, unclear job expectations, or lack of perceived control, all of which have been linked to increased mental health risk. The literature identifies specific primary prevention practices such as enhancing the clarity of job descriptions, developing employee-manager committees to increase worker participation in decision making, and providing child/elder care support.⁵⁵ This has also been described as encompassing “increasing

job autonomy, control or both by allowing employees to make more decisions around their work; enhancing skill discretion by allowing workers to use their skills, knowledge, and abilities to perform complex tasks; and redistributing power among all employees to create a more democratic workplace and increase an employee's sense of control".⁵⁶ For example, one organizational intervention study included "a participatory stress reduction committee, more and smaller teams with sub-supervisors, more on-the-job training, and economic improvements".⁵⁷ Another study involved an intervention in which factory manual workers formed workgroups to control production.⁵⁸

- *Provision of tools and/or training in mood self-management.* An effective means of enhancing employees' capacities to manage stress or emotional challenge is to provide self-management skills via workbooks or interactive websites and workshops. A tool piloted in the Canadian context is *Antidepressant Skills @ Work*, a workbook that gives step-by-step instruction in effective skills for managing mood and handling stressful workplace situations.⁵⁹ This workbook has been distributed to a large number of Canadian workers via free download from the Internet or distribution through employee health programs, and is highlighted in a review of workplace interventions to reduce the incidence of depression.⁶⁰
- *Creating a respectful workplace.* Individual and organizational psychological health is more likely to flourish in a workplace environment that supports the physical, social and psychological well-being of all employees.⁶¹ Such environments are often referred to as 'respectful workplaces' where people are valued, communications are polite and courteous, and disrespectful behaviour (including harassment and bullying) is dealt with promptly and effectively.⁶² This expectation for how people treat one another extends across all levels of the organization, including relationships with customers, clients and the public. The expectation is created and sustained in the orientation of new employees, ongoing education and training for employees and management, and the creation and communication of effective policies and procedures for dealing with breaches.

A wide range of interventions to promote psychological health is mildly to moderately effective in helping to reduce symptoms of depression and anxiety in employee populations. In fact, a recent review of health promotion interventions not specific to psychological health (i.e., focused on general well-being) found these interventions to have significant positive effects on symptoms of depression and anxiety.⁶³ Given the important benefits accruing to individual employees and to organizations, even a relatively mild impact can be cost-effective.

BARRIERS TO HEALTH PROMOTION

It has been established that health-related organizational changes may be partially or largely unsuccessful due to a wide range of impeding factors. As noted in a recent review of organizational change factors:

"Health care organizations are implementing a host of organizational changes...Organizational change, however, is notoriously challenging because it usually entails multiple, simultaneous adjustments in staffing, work flow, decision making, communication, and reward systems. Moreover, collective and coordinated behavior change by many organizational members is often critical for the organizational change effort to produce tangible benefits (e.g., quality improvement, computerized physician order entry). Not surprisingly, many health care organizations achieve only partial implementation success when they initiate organizational change... Outright implementation failure may be much more common than publicly reported..."⁶⁴

Within the field of health promotion, interventions may have limited success when certain organizational barriers to change are present: inadequate planning, situational conflict, ineffective interventions, lack of fidelity to intervention protocols, staff resistance to new practices, insufficient allocation of resources, etc.^{65 66 67 68 69} Perhaps the major factor limiting the success of health promotion programs is a simple lack of participation by employees, some of whom refuse any involvement in health promotion or perhaps attend an initial session with no follow-up. In either case, the success of health promotion programs would be reduced considerably.⁷⁰ Therefore, it has been considered critical to identify barriers to employee participation and/or the overall success of health promotion interventions in order to overcome these barriers -- or alternatively, to abandon the intervention before it consumes substantial resources.⁷¹

ORGANIZATIONAL READINESS TO CHANGE

Many of the barriers to health promotion fall under the rubric of *Organizational Readiness to Change* -- indicative of low readiness by an organization to implement the changes required by health promotion programs.^{72 73} Of course, organizational readiness to change arises as an urgent issue for many types of change, from new sales approaches in retail organizations to new reservation software in hotel chains.⁷⁴ Organizational Readiness to Change has been defined by a leading researcher as follows: “readiness for change refers to the extent to which targeted employees (especially the implementers) are psychologically and behaviorally prepared to make the changes in organizational policies and practices that are necessary to put the innovation into practice and to support innovation use.”⁷⁵ Note that the concept of readiness to change had originally been applied to individuals, often those involved in treatment programs for substance use or mental health conditions.⁷⁶ By viewing an organization as an array of individuals, each with a certain degree of readiness to make change, together possessing a collective tendency towards accepting or rejecting change, one may apply the concept of individual change-readiness to entire organizations.⁷⁷ This allows one to better understand the discrepancy in readiness among various organizations and in the same organization at different times. Research has focused on reliable measurement of organizational change readiness and upon identification of the various factors affecting readiness to change.⁷⁸

The issue of organizational readiness for change is pressing when it comes to promotion of mental/psychological health.⁷⁹ Workplaces vary considerably in readiness to engage in the process of change necessary to incorporate the concept of mental/psychological health in the workplace culture. Initiatives may be piecemeal, sporadic and ad hoc rather than integrated within a systematic plan that is based on thoughtful preparation and an understanding of particular organizational needs and readiness: they are thus unlikely to yield desired outcomes, will not be sustained and, in addition, may undermine willingness to attempt further efforts.⁸⁰ This can be particularly challenging for small to medium sized businesses that are the backbone of the British Columbia economy.

There is little guidance for employers to determine the readiness of their organization to embark on a change towards promoting health and, in particular, psychological health.^{81 82}

Observational and process evaluation studies have identified factors that facilitate or impede the implementation of worksite health promotion programs, such as leadership support, employee involvement and training. Yet, these study findings have not been integrated into a theory of implementation that predicts or explains how these and other factors individually and jointly determine implementation success, whether some factors are more important than others under different conditions or how implementation processes and outcomes reinforce or undermine these factors.⁸³

In the absence of tools specifically designed for assessing readiness for psychological health promotion, it is beneficial to consider general approaches to determining organizational readiness for health-related change. Over the last several decades there has been some progress in the creation of approaches and resources to assist employers in gauging their degree of readiness to make such changes. With adaptation, these approaches may be appropriate to the area of workplace psychological health promotion.

Several approaches to the understanding and empirical measurement of organizational readiness for health-related change are particularly relevant in the present context:

1. A team of European researchers developed a theoretical model for evaluating organizational readiness for health promotion policy implementation.⁸⁴ The theoretical model was based on action theory, which assumes that actions of individuals and organizations can be attributed to similar causes. The basic elements of this theory, on the organizational level, are: goals (objectives of health policy), resources (capacity for accomplishing these goals); obligations (duties and commitments of the organization), and opportunities (positive conditions for change). Based on their analysis of 719 interviews with policymakers, these researchers concluded that “the outcome of health policies is rated favorably when concrete goals have been specified, sufficient resources have been allocated for policy implementation and favorable public support was available” (page 244). They developed a measurement instrument based on this theory, a qualitative interview that tapped the four factors described above. This instrument was piloted in a series of structured interviews with policymakers representing 20 organizations that had been encouraged to participate in a health promotion project to enhance physical exercise on the part of women dealing with poverty and other difficult life situations. Results of this study indicated that engagement in the health promotion project “might partly be explained by the theoretical model... [but] our theoretical model might have a very limited explanatory power.” From the perspective of our current challenge, to identify a model and instrument for quantitatively measuring organizational readiness for psychological health promotion, this measure’s undetermined reliability, qualitative rather than quantitative methodology and low explanatory power are problematic features.
2. A measurement approach with more explanatory utility is the ORC (Organizational Readiness for Change) instrument, developed in the context of introducing new technologies and treatment methods to substance abuse programs.⁸⁵ It is derived from a conceptual model that emphasizes four factors: *motivational readiness* (including the need of a particular program for improvement, the need for training, and the sense of pressure for change), *institutional resources to support change* (including adequacy of physical space and technology, quality of staff available, support for training, etc.), *staff attributes* (value placed on professional growth, confidence in professional skills, willingness to influence coworkers, etc.) and *organizational climate* (clarity of goals, cohesiveness, openness of communication, etc.). These factors are expressed in a large number of rating scale items to form a survey administered to staff. The ORC was administered to a sample of 458 employees in 111 mental-health or substance abuse treatment units. It was found that the instrument had a level of internal reliability that would be considered minimally acceptable (11/18 scales had adequate reliability, i.e., Cronbach’s alpha over .70) as well as a moderate degree of correlation to important variables such as patient engagement in treatment. However, the focus upon healthcare service delivery rather than employee health and the low level of internal reliability are disadvantages in the present context.

3. The most sophisticated approach to understanding organizational readiness for change in health-related practices is that of Bryan Weiner's research group at the Gillings School of Global Public Health, University of North Carolina. To encompass the complexity of issues in this area, this research group carried out a systematic literature review of the conceptualization and measurement of organizational readiness for change in health services.⁸⁶ Based on the findings of this literature review, they concluded:
 - a) There is a low degree of consistency in terminology or theoretical understanding of organizational readiness for change. It is not clear in the literature whether we are to view organizational readiness as a psychological concept or one that refers to the structure of the organization; whether it is best understood at the individual or collective level; whether it refers to a general state of change or to a specific change; and whether it applies to adoption of a change or instead to the implementation of that change.
 - b) There is not much evidence to support the reliability and validity of available measurement tools. Many instruments have not been evaluated with regard to reliability or validity; some are highly specific (e.g. to information technology adoption); and some are appropriate only at the individual, rather than organizational, level of analysis.

In a subsequent paper, Weiner put forth a sophisticated model of organizational readiness for change, building upon the results of the literature search and formulating a coherent model as well as a set of recommendations for creating a theoretically and empirically useful measurement strategy. Weiner succinctly describes this model as follows:

Organizational readiness for change is a multi-level, multi-faceted construct. As an organization-level construct, readiness for change refers to organizational members' shared resolve to implement a change (change commitment) and shared belief in their collective capability to do so (change efficacy). Organizational readiness for change varies as a function of how much organizational members value the change and how favorably they appraise three key determinants of implementation capability: task demands, resource availability, and situational factors. When organizational readiness for change is high, organizational members are more likely to initiate change, exert greater effort, exhibit greater persistence, and display more cooperative behavior. The result is more effective implementation.⁸⁷

From this model, Weiner advocates a set of features that should be present in a measurement strategy seeking to evaluate this organizational attribute effectively. At the broadest level, Weiner recommends that organizational readiness for change be viewed as:

1. two-dimensional, reflecting both *motivation and capability* for change;
2. perceptual in nature, i.e. reflecting how the aggregate of employees perceive change readiness rather than structural characteristics of the organization itself
3. possessing a focus upon the organizational disposition to actually implement a change rather than simply to endorse it.

More specifically, he recommends that measurement instruments include:

1. Some means of focusing respondents' attention on a specific impending organizational change, perhaps by including a brief description of the change in the survey instrument and by mentioning the change by name in the instructions for specific item sets.
2. Group-referenced rather than self-referenced items (e.g., items focusing on collective commitment and capabilities rather than personal commitment and capabilities).
3. Items that only capture change commitment or change capability, not related constructs.
4. Efficacy items that are tailored to the specific organizational change, yet not so tailored that that the instrument could be used in other circumstances without substantial modification.

Given its theoretical sophistication and solid grounding in the relevant research literature, as well as its attention to health-related change, Weiner's model was selected as the basis for the work described in this project. The combination of a carefully articulated theoretical platform as well as a measurement framework derived from critical review of the literature has proven valuable in formulating a measurement strategy and developing a specific tool for the assessment of organizational readiness for psychological health promotion.

THE CURRENT PROJECT

In terms of the specifications set out by the BC Ministry of Health Services, this project has:

- Emphasized the particular needs of small- and medium-sized workplaces
- Focused on practical approaches/resources suitable for building psychological resilience among employees
- Ensured that recommended approaches/resources are consistent with available evidence concerning successful implementation of psychological health promotion initiatives.
- Adapted existing approaches/resources where possible. Note that the literature review did not identify existing measurement instruments suitable for determination of organizational readiness for mental/psychological health promotion, but did identify an existing conceptual approach (the Weiner model) that provided a sophisticated framework guiding development of an appropriate measurement instrument.
- In order to test the feasibility and acceptability of the general approach and specific measurement instrument, a pilot implementation of this approach/instrument was conducted in a small-sized workplace.
- Based upon the findings from this pilot implementation, recommendations were developed regarding potential strategies to foster uptake and application of this resource in small-to-medium-sized workplaces.

DESCRIPTION OF THE MORPH

Building on the Weiner model, our aim has been to give employers a tool which they can use to determine the readiness of their organization for promotion of psychological health and also to identify specific initiatives that are consistent with the organization's unique level and pattern of readiness for action. To meet this aim, we developed the Measure of Organizational Readiness for Psychological Health (MORPH).

The MORPH is a survey comprising a series of items (statements) reflecting perceived organizational readiness to take action to advance psychological health. The survey is to be completed by the entire workforce, limited of course by response rate. It is most conveniently administered online, but could be administered in hard copy if preferred.

The MORPH asks respondents to rate seven psychological health promotion Actions in terms of perceived readiness to implement the Action (see Table 1). Each of the seven Actions is consistent with available research evidence and has been taken from Psychological Health & Safety: An Employer's Action Guide.⁸⁸ For each Action, the respondent is asked to rate his or her level of agreement with six statements reflecting perceived readiness of the organization to implement the Action.

The MORPH would be introduced by an appropriate company representative with an interest in psychological health enhancement. This is most likely to be a human resources professional or designated external consultant. It is designed to be delivered to all employees in an organization including management and 'line' staff; however users may choose to focus on a particular department or worksite and may decide to exclude recent hires or contractors who are less likely to be able to provide meaningful responses. The survey is delivered on-line via a dedicated link and may be completed at home or at work. Hard copy administration is possible however there would be the necessity of manual entry of responses and confidentiality would be more difficult to ensure. MORPH administrators are strongly encouraged to provide clear communication to staff about the reasons the organization is conducting the survey and provide assurance that the survey results will be shared promptly. In order to encourage high participation, it requires only 15 minutes to complete.

In order to introduce the respondents to the survey MORPH respondents are first provided with a description of psychological health and safety, the concept of organizational change and instructions for completing the survey. They are then asked to provide some descriptive information about their job status, duration of employment and nature of their position.

Table 1. Psychological Health Promotion Actions

Action	Explanation
1. Offer resilience training to employees	Resilience training gives employees the skills to cope better with the challenges of everyday life -- whether work or personal. Resilience training is given through workshops that teach skills for managing negative emotions and stress, solving difficult problems and working well with colleagues.
2. Build a more respectful workplace	A respectful workplace is one where employees and employers treat one another with respect, consideration and tolerance. A respectful workplace can be created by: creating respectful workplace policies, sharing these with everyone in the organization, and providing training to staff and management.
3. Improve managers' and employees' knowledge about psychological health	Teaching managers and employees about psychological health helps to promote acceptance and support, reduce stigma against individuals with psychological problems and increase willingness to seek treatment. Teaching about psychological health is usually done through training workshops, access to educational material or presentations by persons who have experienced psychological health difficulties.
4. Ensure a good psychological job fit	It is important to consider the psychological characteristics of work tasks and the individual worker in order to make sure that there is a good fit between the employee and the job. This means focusing on skills such as the ability to concentrate and problem-solve, cooperate with others, and care for one's own psychological well-being.
5. Provide access to psychological self-care	Self-care tools are workbooks or websites designed to teach individuals how to overcome stress, low mood or anxiety. A number of high-quality self-care workbooks and websites have been developed in recent years, many of which are available at little or no cost. For example, see Antidepressant Skills @ Work, available at www.carmha.ca/selfcare/
6. Support work-home balance	Work-home balance means that employees have a sense of control over how they manage their work and personal lives. When work demands interfere with home life or home demands with work life, this increases employee stress and raises the risk of health problems. Actions that help maintain work-home balance may include providing family benefits, flexible work schedules and other assistance with home or work demands.
7. Survey employees about psychological health and safety	Employee knowledge about the workplace can be used to identify the issues on the 'shop floor'. Employee input can be obtained by conducting an online survey or conducting focus groups.

The MORPH includes 42 statements that reflect Readiness for change: a set of six statements, repeated for each of the seven Actions. The statements are rated on a Likert-style scale with six rating points (see Table 2). The first three statements reflect perceived Commitment to the action and the next three statements reflect perceived Capability of the organization to implement the action.

From these ratings the following scores can be obtained:

Action Commitment Score = mean of the 3 commitment items for each action.

Action Capability Score = mean of the 3 capability items for each action.

Action Readiness Score for each of the actions = mean of the 6 readiness items (commitment plus capability) for that action.

General Commitment Score = mean of the 21 commitment items across all the actions.

General Capability Score = mean of the 21 capability items across all the actions.

General Action Readiness Score = mean of all 42 readiness (commitment plus capability) items across the actions.

The MORPH includes two other features intended to clarify these scores:

- A free-text item that asks the respondent to describe any barriers to implementing each of the Actions.
- A set of demographic questions asking whether the respondent's position is staff or management, full- or part-time, regular or contract; and length of employment in this organization. These variables may influence the respondent's knowledge of and perspective upon the organization.

It is expected that this quantitative data, as well as qualitative data from focus groups and interviews, will provide employers with meaningful guidance regarding:

- readiness of their organization for promotion of psychological health in general,
- readiness of their organization to implement specific actions, and
- the need for efforts to increase organizational readiness before implementing actions.

Table 2: Sample page from the MORPH

Action 1. Offer resilience training to employees						
Resilience training gives employees the skills to cope better with the challenges of everyday life -- whether work or personal. Resilience training is given through workshops that teach skills for managing negative emotions and stress, solving difficult problems and working well with colleagues.						
Offering resilience training to employees improves psychological health & safety in workplaces.	1 Strongly Disagree	2	3	4	5	6 Strongly Agree
Offering resilience training to employees is the right thing to do, according to my personal values.	1 Strongly Disagree	2	3	4	5	6 Strongly Agree
Offering resilience training to employees fits with the priorities of this organization.	1 Strongly Disagree	2	3	4	5	6 Strongly Agree
This organization has the skills and knowledge to offer resilience training to employees.	1 Strongly Disagree	2	3	4	5	6 Strongly Agree
This organization has the resources (financial and time) to offer resilience training to employees.	1 Strongly Disagree	2	3	4	5	6 Strongly Agree
Given the way things are now in this organization, it's a good time to offer resilience training to employees.	1 Strongly Disagree	2	3	4	5	6 Strongly Agree
What might get in the way of offering resilience training to employees?						

It is important to show how this measure satisfies the criteria set out by the Weiner model. Table 3 compares the model criteria with MORPH characteristics.

As no personal or identifying information is required or collected in the MORPH, individual employee confidentiality is upheld. Only aggregate response data is collected and individual employee responses are not to be shared with employers. Any information that is obtained from organizations or their employees must be kept confidential and maintained in a secure location. ^{iv}See Appendix 1 for the complete MORPH.

^{iv}In the pilot study described here, data was encrypted in transmission from participant to web server using SSL. This thwarts man-in-the-middle and packet capture. Data stored on the web server was not encrypted, but since no personally identifiable information was stored, there was minimal to zero risk to the participants.

Table 3. Comparison of Weiner Model and the MORPH

Weiner Model Criterion	MORPH feature
Two-dimensional, reflecting both <i>commitment</i> and <i>capability</i> for change	The MORPH includes 3 questions on perceived Commitment to the action (commitment to change) and 3 questions on perceived Capability for the action (capability for change)
Perceptual in nature, i.e. reflecting how the aggregate of employees perceive change readiness rather than structural characteristics of the organization itself	The MORPH is focused upon the perceptions of employees of this organization's readiness for making change in terms of implementing health-promoting actions. It uses average readiness scores for each action and across all actions to indicate how the aggregate of employees perceive change readiness in this organization.
Possessing a focus upon the organizational disposition to actually implement a change rather than simply to endorse it.	MORPH questions are focused on actual implementation rather than endorsement of actions at a policy level.
Some means of focusing respondents' attention on a specific impending organizational change, perhaps by including a brief description of the change in the survey instrument and by mentioning the change by name in the instructions for specific item sets.	The MORPH uses seven specific actions taken from <u>Psychological Health and Safety: an Action Guide for Employers</u> as the referents for questions concerning organizational readiness to change, including a brief description of the action and naming this action in specific item sets.
Group-referenced rather than self-referenced items (e.g., items focusing on collective commitment and capabilities rather than personal commitment and capabilities).	Most of the questions concern collective commitment and capability – only one asks about personal values related to the specific action.
Items that only capture change commitment or change efficacy, not related constructs.	Items of the MORPH are focused on these two domains rather than related constructs.
Efficacy items that are tailored to the specific organizational change, yet not so tailored that that the instrument could be used in other circumstances without substantial modification.	Items are directly relevant to the proposed actions, but could be applied to a much wider range of actions or other sorts of changes, without substantial modification.
Adequate reliability	Reliability has been examined in our pilot implementation of this measure – see below.
Adequate validity	Construct validity has been examined in the pilot study, but neither predictive nor concurrent validity has yet been examined and would be the focus of the next phase of this project.

PILOT TESTING THE MORPH

OBJECTIVES

The objectives of this pilot test were as follows:

1. To determine the acceptability of the scale to its respondents: perceived ease of completion, clarity and relevance.
2. To determine the statistical reliability of this measure i.e. the internal consistency of the overall scales and subscales.
3. To examine two indices of construct validity for this measure: *Sensitivity*, i.e., whether it is able to distinguish relative readiness for the various actions versus either a blanket readiness for all actions or lack of readiness to carry out any action at all; *Dimensionality*, i.e., whether the data from this test are consistent with a fundamental underlying dimension of Readiness for Change.

METHOD

Participants

The MORPH was piloted with a small-size organization, Back in Motion Rehab Inc. (BiM). BiM is a private British Columbia organization founded in 1993. The company initially specialized in the rehabilitation of individuals with chronic back pain and has subsequently added a variety of rehabilitation programs and employment services across several locations in the lower mainland of British Columbia. BiM's mandate is to assist people with physical or psychological disabilities by providing evidence-based, coordinated interdisciplinary services, and to help clients to access employment and employment-related activities. The 109 full-time staff include support staff, management and professional practitioners (e.g. psychologists, physicians, occupational therapists, vocational consultants, etc.). Back in Motion has been recognized as an 'employers of choice' including a 2007 award by the Great Place to Work Institute (2007) and a 2009 Psychologically Healthy Workplace Award from the Psychologically Healthy Workplaces Collaborative of British Columbia.

BiM was selected as a pilot site for testing the MORPH for several reasons. First, it is a small to medium-sized private sector, British Columbia organization. Second, it has an array of professional and administrative staff differing in demographic characteristics and working at multiple sites. Lastly, as demonstrated by the receipt of multiple awards, it is an organization that shows understanding of the importance and value of workplace psychological health and safety. This was critical for the current project in order to maximize the likelihood that there would be an informed employee base so that the MORPH could be judged in an accurate and nuanced way. The MORPH survey was administered to 106 full-time employees; 72 employees completed the survey, resulting in a completion rate of 68%.

Procedure

The pilot evaluation of the MORPH was conducted in the fall of 2011. Prior to the on-line launch of the survey, senior BiM leaders communicated to employees via email and staff meetings informing them of the nature of the project and survey, describing the expected time and effort involved and encouraging their participation (Appendix 2). Staff were informed that participation was entirely voluntary, that no personal information would be gathered and there would be no negative implications for non-participation. Participants were not compensated for participation as this would have required individual identification and potentially biased the results.

An on-line link to the survey was distributed in early November and kept open for two weeks. After ten days, a reminder was sent to employees and the survey link was kept open for an additional week to maximize participation. The questions with respect to the survey process are in Appendix 3. Several weeks after the survey was closed, a subset of employees (management and line staff) participated in a 1.5 hour guided discussion group to discuss their experience with the MORPH process and further explore their comments. This was conducted during regularly-scheduled staff meetings.

RESULTS

Acceptability

The response rate, a behavioural index of acceptability, was 68%. A recent study of response rates for health surveys in the workplace, using online administration, reported rates between 19 and 34%.⁸⁹ Thus, the obtained response rate compares favourably with other online workplace surveys.

Specific questions were asked of the respondent group regarding acceptability of this survey. Results are presented in Table 4.

Table 4. Acceptability Ratings

Item (1 to 6 response scale, from Strongly Disagree=1 to Strongly Agree=6)	Mean	Std. Deviation
This survey was easy to fit in to my schedule.	4.9167	1.13522
Psychological health & safety was clearly explained.	5.1667	.93447
I gained valuable knowledge about psychological health and safety by doing this survey.	3.8056	1.37009
Why my employer is gathering this information was clearly explained.	4.6528	1.24651
Instructions for accessing and completing the survey were clearly explained.	5.3611	.87702
The consent form was easy to understand.	5.3056	.78073
The actions were clearly explained.	5.1806	1.02540
The survey is a good way to find out how ready this organization is to take action about psychological health and safety.	4.3750	1.16809
The survey will help this organization decide which actions to take.	4.6528	1.12788
The survey would help other organizations decide which actions to take.	4.6389	1.10448

It is evident from these results that:

- Respondents found the survey easy to fit into their schedules. Informal feedback indicated that test completion required 10 to 15 minutes.
- Respondents judged that the concept of psychological health and safety was clearly explained, as were employer's reasons for gathering information, instructions for accessing and completing the survey and the psychological health promotion Actions themselves.

- Respondents expressed moderate agreement with the statement that the MORPH represents a good method for determining organizational readiness for psychological health promotion. They agreed more strongly that the MORPH would be helpful to this organization in deciding upon psychological health promotion actions and that it would be helpful to other organizations for the same reason.
- Respondents expressed only slight agreement with the idea that they might have gained valuable knowledge by completing the survey.

Overall, these results are positive with regard to acceptability of the MORPH to this group of employees: they found it easy to use, understandable and useful.

INTERNAL RELIABILITY

Internal Reliability for the MORPH scales was determined using the Cronbach’s Alpha reliability coefficient, designed to measure the internal consistency of a set of items – how closely related they are as a group. This is important in order to be confident that the items are measuring one construct, not several, and thus can be meaningfully interpreted. In most social science research, a reliability coefficient of **.70** or higher is considered acceptable.⁹⁰

The reliability coefficient for the *General Action Readiness Score* is **.930**, representing a high degree of internal reliability; the *General Commitment Score* yields an internal reliability coefficient of **.849**; and the *General Capability Score* yields an internal reliability coefficient of **.918**. These represent high levels of internal consistency.

Table 5 presents reliability coefficients at the level of individual Actions.

Table 5: Reliability Coefficients per Action

Action	Alpha for Readiness Score	Alpha for CommitmentScore	Alpha for Capability Score
Provide access to psychological self-care	.845	.780	.723
Survey employees about psychological health and safety	.843	.792	.692
Improve managers’ and employees’ knowledge about psychological health	.811	.746	.694
Ensure a good psychological job fit	.805	.644	.653
Offer resilience training to employees	.764	.721	.637
Support work-home balance	.707	.457	.556
Build a more respectful workplace	.689	.692	.538

For six Actions, Readiness Scores have an adequate level of internal consistency and for one the internal consistency coefficient is just below the cutoff. However, the set of Action Commitment and Action Capability scores do not show an appropriate level of internal consistency. This may reflect the small number of items for each of these action-level scales. Overall, the MORPH Readiness Scores possess sufficient internal reliability to be meaningfully interpreted, but the Action Commitment and Capability scores do not.

CONSTRUCT VALIDITY

Sensitivity

The question here is whether the MORPH has enough sensitivity to distinguish among the various actions being evaluated. It is a key element of the model underlying the MORPH that employee groups will manifest different degrees of action-readiness for various actions, and that these differences will be detectable. This requires that the Action Readiness scores differ meaningfully from each other and that the overall distribution does not show “ceiling” or “floor” effects (where responses are tightly clustered at the top or bottom of the scale). Unless the MORPH can distinguish the readiness for change associated with particular actions, it would not have much utility to an organization deciding which actions to implement.

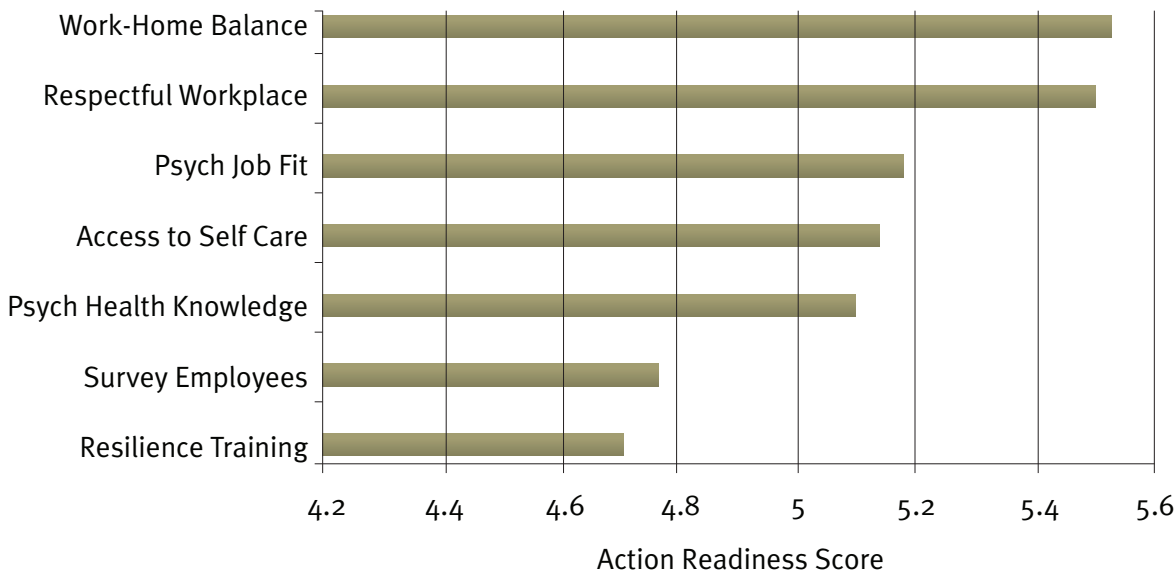
To answer this question, we compared the Action Readiness Scores. Table 6 shows the Means (and Standard Deviations) for the Action Readiness Scores.

Table 6: Means (SDs) for Action Readiness Scores

Action	Mean Action Readiness Score (Strongly Disagree=1 to Strongly Agree=6)	Standard Deviation
1. Offer resilience training to employees	4.72	.785
1. Build a more respectful workplace	5.48	.548
3. Improve managers' and employees' knowledge about psychological health	5.09	.727
4. Ensure a good psychological job fit	5.18	.721
5. Provide access to psychological self-care	5.11	.814
6. Support work-home balance	5.50	.565
7. Survey employees about psychological health & safety	4.76	.876

It is evident that the actions are perceived in a generally positive way with regard to organizational readiness for implementation. However, there are notable differences among these scores, suggesting a pattern of high readiness for two actions (*Build a more respectful workplace; Support work-home balance*) and lower readiness for two others (*Offer resilience training; Survey employees about psychological health and safety*). This pattern is displayed in Figure 1.

Figure. 1: Action Readiness Score Distribution



The statistical significance of this pattern was tested by conducting a One-Way ANOVA (Repeated Measures, Within-Subjects Effects) to determine whether Action Readiness Scores differ significantly among the seven actions (Table 7). The result was that when using an ANOVA with repeated measures with a Greenhouse-Geisser correction, the mean scores for Action Readiness are statistically significantly different ($F(4.857, 344.818) = 30.645, P < 0.000$).

Table 7: Repeated-Measures ANOVA, Test of Within-Subjects Effects

Source	Adjustment for non-Sphericity	Type III Sum of Squares	df	Mean Square	F	Sig.
Action Readiness Scores	Greenhouse-Geisser	40.410	4.857	8.321	30.645	.000
Error	Greenhouse-Geisser	93.622	344.818	.272		

The analysis shows that Action Readiness Scores do indeed vary significantly across the seven actions. This supports the usefulness of the MORPH in distinguishing perceived readiness for various potential health promotion actions.

We might also look at the overall scores obtained from the MORPH. The overall Action Readiness Score for the MORPH, averaged across the seven actions, is 5.12 (SD=0.59). Keeping in mind the response scale (1 = Disagree Strongly and 6 = Agree Strongly), this score indicates a fairly high level of perceived readiness for implementing psychological health promotion. Breaking this score down, the overall Action Commitment Score is 5.33 and the overall Action Capability score is 4.90. These scores indicate that the organization has a generally positive orientation towards psychological health promotion. However, the sensitivity of these overall scores would best be determined in relation to a sample of organizations. That is, are these overall scores sensitive to differences between organizations in level of readiness for psychological health promotion? Hopefully, this question will be answered in a second phase of this project, evaluating the MORPH in a heterogeneous sample of organizations.

DIMENSIONALITY

This aspect of construct validity involves the extent to which Action Readiness Scores reflect an underlying dimension of readiness for organizational change in regard to implementing these actions. The model underlying the MORPH would presume an underlying orientation towards change that would vary across organizations: if the MORPH reflects organizational readiness to change, one would expect there to be an underlying dimension that captures a substantial portion of the variance of the test scores. In order to test this, a principal components factor analysis was conducted on the seven Action Commitment and seven Action Capability scores. The results of this factor analysis are shown in Table 8.

It can be seen that the first and largest component emerging from this factor analysis loads significantly on all of the scores, which we interpret as reflecting an overall readiness for action. This is consistent with our expectation of this test and supports its validity. A second component loads primarily on Action 6, Support for Work-Home Balance, appearing to represent the high importance of this action for the respondent group. The third component, in which the Commitment scores load positively while the Capability scores load negatively, may be interpreted to indicate a disjunction between ratings of perceived organizational commitment to various actions and capability for implementing these actions. Respondents may perceive the organization as having high commitment to psychological health promotion actions while somewhat lacking in the ability to implement these actions. It should be noted that loadings for this third component are fairly low overall, so that interpretation of this component is speculative.

Table 8: Factor Analysis of MORPH Scores

Component Matrix ^a			
	1	2	3
A1COMM	.685	-.091	.282
A2COMM	.636	.188	-.355
A3COMM	.686	-.266	.500
A4COMM	.796	.120	.023
A5COMM	.702	-.182	.172
A6COMM	.524	.724	.267
A7COMM	.718	-.288	.382
A1CAP	.696	-.319	-.352
A2CAP	.797	.150	-.265
A3CAP	.839	-.297	-.205
A4CAP	.866	.083	-.274
A5CAP	.795	-.003	-.310
A6CAP	.660	.567	-.161
A7CAP	.798	-.135	-.122

Extraction Method: Principal Component Analysis. 3 components extracted.

QUALITATIVE DATA

In addition to quantitative data, the MORPH survey and BiM pilot implementation yielded some important qualitative data about organizational readiness for change and about the pilot process itself.

Comments

The MORPH survey includes an opportunity for participants to comment on “What might get in the way” of implementing each of the seven actions that they rated. This is intended to provide identification and clarification of the specific barriers that respondents believe might interfere with implementation of each action within their workplace. Qualitative analysis of the comments from the pilot implementation are summarized below:

Survey Question: “What might get in the way of efforts to (action item) by this organization?”

Action: *Offer Resilience training to employers*

Main themes:

- Costs for training
- Time to implement and participate in training

Secondary themes:

- Staff workload
- External priorities and demands (new contracts)
- Currently available (i.e. no barrier)

Sample Comment: “(The) company seems very active and busy, both expanding into new areas of business and training on a number of fronts, which may have thinned finances and time resources for trainers and trainees”

Action: *Build a more respectful workplace*

Main themes:

- Already present throughout organization (i.e. no barriers)

Secondary themes:

- Losing control of the existing corporate culture as a result of growth

Sample comment: “Our organization is a showcase for respect for employees and I think we are well attuned to this element. Therefore, whilst ongoing monitoring is needed, I don’t think much needs to be done”

Action: *Improve managers’ and employees’ knowledge about psychological health*

Main themes:

- Costs for training
- Time required to implement and participate in education/training

Secondary themes:

- Already present in organization (i.e. no barriers)
- Pressing external priorities and demands (e.g. new contracts)

Sample comment: “I think the company tries to do this now and should have more finances to achieve this through more training, staffing and social events once the company’s business direction is clear”

Action: *Ensure a good psychological job fit*

Main themes:

- Require HR and manager time
- Manager workload

Secondary themes:

- Already present in organization (i.e. no barriers)
- Lack of HR/manager knowledge of current jobs
- Need greater communication/consistency across sites

Secondary themes: “This is time intensive but I can see the value in doing it. It also requires in depth knowledge of the psychological demands of each role”

Action: *Provide access to psychological self-care*

Main themes:

- Lack of staff time to participate
- Costs for resources

Secondary themes:

- Already present (i.e. no barriers)
- Lack of employee interest or motivation
- Nature of ‘self-care’ unclear

Sample comment: “No barriers at this time. We have many resources available, mostly intended for clients, but also available for staff. Topics include such items as sleep management, stress management, positive self-talk, and mood management. We could easily transfer this information to our intranet, for easy access by employees”

Action: *Support work-home balance*

Main themes:

- Increased and fluctuating work demands

Secondary themes:

- Already present (no barrier)
- Staff reluctance to put home demands over work demands

Sample comment: “On occasion, during periods of rapid growth or unusual deadlines, work-life balance can be lopsided. We have many employees who are extremely conscientious and dedicated, who may require more encouragement in this area”

Action: *Survey employees about psychological health and safety*

Main themes:

- Time and costs required to conduct survey
- Lack of employee interest and participation

Secondary themes:

- Concern about lack of follow-through from survey findings
- Accuracy of surveys, depends on who and how many participate
- Greater priority given to other issues e.g. finances.

Sample comment: “Could seem more like a hassle, than a benefit”

In addition to providing quantitative responses, participants in the BiM pilot study were also asked for their comments with respect to their experience with the MORPH survey instrument including why the survey was being administered, ease of access to the web link, clarity of instructions and concepts, and usefulness of the survey to the organization. These comments are summarized below.

Key Suggestions:

- Allow staff to identify facilitators for implementation of actions as well as barriers
- Clarify some of the actions (e.g. resilience training, respectful workplace)
- Clarify some of the questions (e.g. “Given the way things are now in this organization” was confusing)
- Easier navigation of the survey (e.g. back button to review prior responses, a “don’t know” option)
- Inclusion of the option to indicate that the organization is already engaging in a particular action
- Survey should be followed by a focus group, possibly separately with management and ‘line’ staff

Focus Group Data

Following completion of the pilot survey and computation of the findings, focus groups were conducted with BiM staff at two of their sites. The purpose of these discussions was to provide a more interactive opportunity for discussion of the pilot process amongst all staff members, whether or not they had completed the survey. All staff members were invited to participate, including management and line employees. This discussion was based on a semi-structured format (Appendix 4). There were 8 participants at the first site (2 administrative staff, 2 managers, 4 service providers) and 9 participants at the second (3 administrative staff, 1 manager, 5 service providers). The discussion was documented and key comments noted. There was minimal difference in overall opinions across the two sites so the results were collated. The results are summarized below:

Participants in the focus groups indicated that the concept of psychological health and safety was clearly explained and that they understood why management would be interested in determining readiness for change. They understood the value of gathering this information on the basis of a staff survey and several participants indicated that there was value in using outside consultants to do this. The value of meetings to explain the nature and rationale for the initiative prior to implementation and for meeting to discuss the MORPH results after they were gathered was emphasized. Participants indicated that it was easy to access and complete the survey (including some individuals who said it was easy but didn’t do it!). There were a few comments that the some of the questions were repetitive and that it would have been helpful to have descriptive anchor points in the response choices. There were no concerns about confidentiality of their responses, although it was observed that if an employee were experiencing a psychological health concern, they may be suspicious as to why their employer was gathering this information. Focus group participants found the actions clearly described however it was suggested that providing examples for each action would have been helpful. In terms of additional possible actions to promote psychological health, the absence of EFAP programs was noted. Communication about existing and proposed actions across the organization was deemed critical to their success.

Sample comments:

- “Allowing the ranking (of the actions) at the end of the survey was useful, as it helped identify the most important things.”
- “Actions with a problem-solving focus are preferred”.

The participants expressed a strong belief that the results from the MORPH survey should be communicated throughout the organization. There was some diversity of opinion as to how this should be accomplished, with some suggesting communication to the organization as a whole and others suggesting separate meetings with management and line staff. This should identify areas of strengths as well as areas of concern. Participants stressed the importance of communication from the employer with respect to follow up from the MORPH. This might include further exploration of the results, whether or not actions are going to be implemented and, if so, when and how this will occur. It was noted that the process of developing and implementing actions could inadvertently interfere with ongoing operational and clinical demands.

Sample comments:

- “Concrete next steps would require systems being in place, whether it is a committee format or survey, to get information out to employees, as well as management looking at the existing structures and programs within the company, and building on the momentum and positive energy within the company to leverage some of the initiatives.”
- “Competing priorities at the individual and organizational level may get in the way of making positive changes in organizational mental health and safety”.

Using qualitative information to interpret scale findings

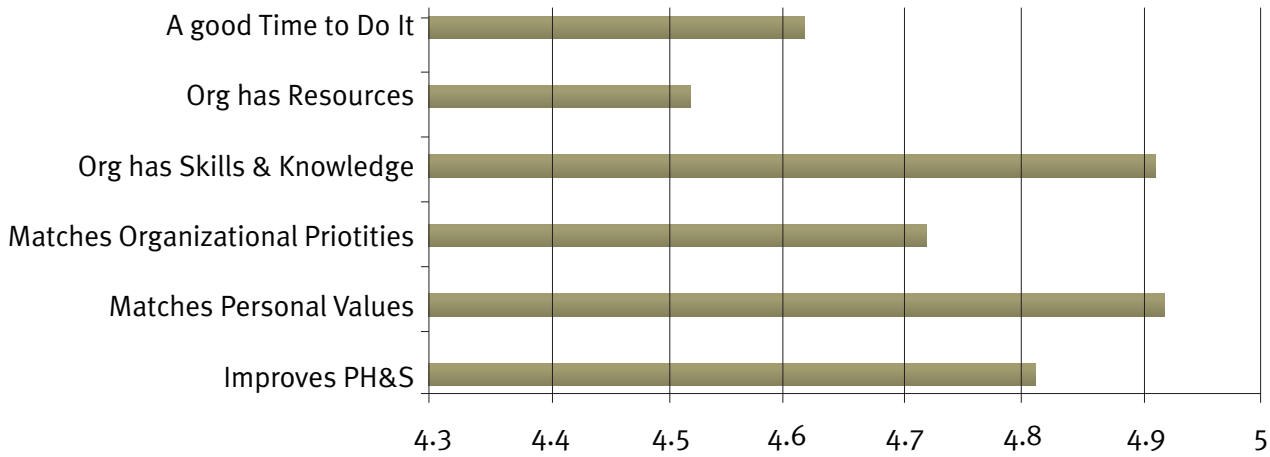
One of the important roles of qualitative information, derived from test comments as well as interviews or focus groups, is to help make sense of patterns observed in the test scores. An employer, confronted with low readiness ratings on a particular proposed action, will need to learn more about the reasons for that collective judgment in order to determine whether it is best to abandon that action strategy or instead to educate employees to better understand the action’s nature and benefits. Qualitative information helps to: direct educational efforts (identifying gaps in existing knowledge); inform modification of the action based on employee concerns; and provide a basis for efforts to encourage employees to embrace the action.

An example of using qualitative information to interpret score patterns is the surprisingly negative response to the action *Survey employees about psychological health and safety*. Leaving aside the irony of having a respondent group decisively resist psychological health surveys, in the context of completing a psychological health survey, we must look for more information as to what characteristics of surveys elicited this response.

Comments within the MORPH identified: substantial resources required to conduct a survey; lack of employee interest or participation; concern about lack of follow-through from survey findings; and greater priority needed for other organizational issues. These concerns would need to be addressed before implementing psychological health surveys in this setting: e.g., showing that online surveys are inexpensive to administer, sharing the reassuringly high rate of participation in this survey; providing clear commitment to follow-through from findings; and showing how survey implementation fits with other organizational priorities.

One might also examine the individual item scores. Although these item scores do not give a reliable basis for drawing conclusions about test results, they can suggest areas to explore. The mean items scores for Action 7 are shown in Figure 3.

Figure. 3: Mean item scores for Action 7



These results suggest that respondents perceive the use of psychological health surveys as congruent with their personal values, see the organization as possessing adequate skills and knowledge and believe that it would improve psychological and safety. However, they appear less certain that the organization possesses adequate financial or time resources and that now would be a good time to implement the action. Clarification and exploration of these themes would appropriately be done through focus groups or interviews.

FINDINGS OF THE PILOT STUDY

Pilot testing of the MORPH with a small organization demonstrated the following:

- The MORPH is acceptable to employees, perceived as easy to use, understandable and helpful.
- The overall Readiness, Commitment and Capability scales of the MORPH possess sufficient internal reliability to be meaningfully interpreted.
- The Action Readiness scores, computed at the action level, also possess sufficient internal reliability to be meaningfully interpreted.
- However, the Action Commitment and Action Capability scores, computed at the action level, do not possess sufficient internal reliability to be meaningfully interpreted.
- The MORPH reflects general readiness for change in psychological health promotion.
- The MORPH shows an appropriate degree of sensitivity to variations in organizational readiness for specific psychological health promotion actions.
- The combination of quantitative and qualitative approaches to MORPH interpretation offers a promising way for organizations to determine their level of readiness for psychological health promotion and to enhance readiness overall or in regard to particular actions.

Findings from this pilot study indicate that the MORPH has considerable potential as a means for employers to determine: overall readiness of their organization for promotion of psychological health, readiness of their organization to implement specific actions and need for specific initiatives to increase organizational readiness before implementing actions. Findings of the MORPH, both quantitative and qualitative, can help employers to: implement specific actions to enhance psychological health; abandon other actions for which there is insufficient readiness; direct educational efforts (identifying gaps in existing knowledge) to enhance readiness for specific actions; inform modification of specific actions based on employee concerns; and provide a basis for efforts to encourage employees to support specific actions.

SUMMARY AND RECOMMENDATIONS

This project was intended to provide employers with a strategy to measure their organization's readiness for engaging in psychological health promotion activities. There was a specific emphasis upon ensuring that the measurement strategy would be appropriate for small to medium-size employers. Relevant empirical and theoretical work in the domain of organizational readiness to change was reviewed and a powerful model of organizational change readiness was identified. This model, which lays out the essential criteria for measurement of organizational change readiness, was utilized as the basis for developing the Measure of Organizational Readiness for Psychological Health (the MORPH).

The MORPH is a web-based survey instrument that can be used by any organization, regardless of size, location or sector, to determine its capability and commitment to undertake specific actions in order to enhance the psychological health and safety of the workplace. Pilot testing with a small British Columbia private sector company indicated that the instrument is easy to implement, achieves a high degree of acceptance and participation by employees and possesses adequate psychometric properties. These findings are very promising and fulfill the objectives of the current project.

The primary purpose of the MORPH tool is to assist employers considering initiating programs to improve psychological health and safety and who want to determine the degree of organizational readiness. The focus of the current project was on organizational readiness for actions that promote workplace psychological health and safety. There are, however, other applications for the MORPH. The MORPH could also be used to determine organizational readiness for actions intended to reduce risk of: psychological problems in the general employee population (primary prevention); onset of serious psychological difficulties or mental disorders in high-risk groups (secondary prevention); or functional impairment and worsening of psychological difficulties in those with identified psychological health conditions (tertiary prevention).

Many organizations, such as BiM, have moved beyond readiness and have taken action by implementing programs or policies to address workplace psychological health and safety issues. With slight modification, the MORPH could be used as part of an evaluation strategy to assess staff awareness, acceptance and support for existing programs. This would help to evaluate the effectiveness of existing programs and would indicate where modifications might be required. This is consistent with a continuous quality improvement process that ensures program sustainability and relevance.

The MORPH is intended to be free-standing and available at no cost to any party interested in improving psychological health and safety. This is most likely to involve internal human resources professionals or external consultants. In order to successfully use the MORPH, such personnel will need sufficient knowledge about psychological health and safety, experience in implementing surveys and skills in interpreting and communicating findings to staff and management. They will also need the support of senior leaders and union representatives, where appropriate, within the organization.

Finally, the MORPH is meant to determine readiness for action; it is not intended to guide implementation. Fortunately, there are a number of resources that provide information on implementation strategies that are consistent with best practices and existing evidence. Principal amongst these is 'Psychological Health and Safety: An Action Guide for Employers' (Mental Health Commission of Canada, 2012).

In conclusion, the MORPH has the potential to be of substantial benefit to Canadian organizations. The following actions will help fulfill this potential:

- Implement the MORPH across a group of diverse organizations, differing in size, sector (public or private) and attunement to PH&S (e.g. presence or absence of existing psychological health programs or policies). These implementation efforts should be evaluated in a similar manner to the current project.
- Create a database of MORPH results and make it available to interested organizations. This would allow comparison across organizations and sectors as well as providing a benchmark for further applications.
- Expand the MORPH to include readiness for psychological health and safety actions across primary, secondary and tertiary prevention.
- Permit ready access to the MORPH via creation of a website or linkage to an existing occupational health website.
- Enhance the MORPH to improve its utility. Changes might include:
 - Allow users to include specific actions generated by and unique to their organization. This would permit organizations to determine if an initiative that is under consideration would likely be acceptable to the employee base.
 - Automatically generate graphical representation of MORPH results in a concise report card for users. This should also include practical recommendations on how to move forward on those actions that had high readiness ratings and recommended strategies to enhance readiness for actions that were rated lower. The report should also provide information and links to credible resources to help implement actions.
- Follow up with organizations which have utilized the MORPH to determine if its use is associated with successful implementation of PH&S initiatives
- Inform relevant governmental, advocacy and business organizations about the MORPH and facilitate collaboration and cross-posting (e.g. Mental Health Commission of Canada, Canadian Mental Health Association, Canadian Centre for Occupational Health and Safety, Vancouver Board of Trade).
- Link the MORPH to existing provincial and federal initiatives intended to promote physical and mental health, e.g. the BC Healthy Minds/Healthy Communities program
- Create a knowledge exchange strategy to facilitate awareness and utilization of the MORPH. Knowledge exchange activities would include, but not be limited to, webinars, online video clips, conference presentations, and promotional materials.
- Facilitate communities of practice focused on psychological health and safety that would permit dialogue amongst a range of organizations at different stages of PH&S readiness.

APPENDICES APPENDIX 1: THE MORPH

MEASURE OF ORGANIZATIONAL READINESS FOR PSYCHOLOGICAL HEALTH (MORPH)

You have been invited by your employer to participate in this on-line survey. It won't take long and will help to find ways to improve psychological health and safety in your workplace. The survey will ask you to consider some actions that promote employee psychological health. These actions support psychological health and safety by increasing staff knowledge, training and skills and improving organizational policies, programs and processes. Some of these actions may be very relevant and important in your workplace, others not so much, and some won't be appropriate.

What is psychological health and safety?

We are all familiar with the need to protect physical health and safety in the workplace: it is enshrined in regulation, legislation and business practice. Enormous progress has been made over the last 100 years in decreasing rates of accidents or illness related to risks posed by hazardous workplace conditions or unsafe worker behaviours. But a new realization has dawned: protection of workers includes their psychological (mental) health and safety. Many employers are committed to reducing risks of psychological injury or mental illness. The aim is to create a psychologically healthy workplace, one that supports the positive psychological health of employees. **A psychologically healthy and safe workplace is one where employees are supported to be productive, engaged and healthy.**

What is organizational readiness for change and why does it matter?

Organizations differ in their interest, willingness and capacity to make changes that will address psychological health and safety. An initiative can fail because the organization chose actions that were not seen as necessary or because they chose the right action but didn't consider the required resources or timing. As an employee, you have a unique perspective on how ready your organization is for particular actions.

Who developed this survey?

The MORPH was developed by Dr. Dan Bilsker and Dr. Merv Gilbert. Dan and Merv are psychologists and researchers with a particular interest in psychological health and safety in the workplace. They have created a number of evidence-supported, freely available resources that have benefited workers and workplaces across Canada (see www.carmha.ca). The MORPH was developed by Coast Mental Health with funding from the British Columbia Ministry of Health.

What does this survey consist of?

1. You will be asked some general questions about where you work, how long you have worked there and the nature of your position.
2. Some actions to improve workplace psychological health and safety will be described and you will be asked to rate each of these actions.
3. You will then be provided with an opportunity to comment in order to further understand your responses.

How will this information be used?

Your responses to this survey are completely anonymous and no individual identifying information will be requested or gathered. A summary of the aggregate results will be provided to the person who sent you the survey and It is expected that the results will be shared with staff and that there will be opportunities for further discussion of the findings in staff meetings, company newsletters or other forms of internal communication. This aggregate information will also be shared with the researchers in order to improve the resource and conduct research. If you have any questions about this survey, please contact the researchers.

Please review the following consent form before proceeding. **Let's get started.**

Please answer the following questions as they apply to your experience within your organization or team. Please answer every question honestly and thoughtfully; there are no right or wrong responses. Completing the survey should take 15 to 20 minutes. You will not be able to save your responses or return to the survey, so please allow yourself sufficient time. When responding, please keep the following in mind:

- Answer based on your personal opinions based on your current position
- You will find some of the actions very important and practical, other actions less important or practical – and maybe some actions not important or practical at all. We value the full range of your opinions, positive and negative.
- Choose the answer that is true most of the time. If you are unsure of an answer please select the option that you believe is most likely to be true.
- Some of the described actions may be new to you and your organization, some may be underway already. Please respond in either case.
- If you are unsure of an answer, please select the option that you believe is most likely to be true. If you miss an item, you will be prompted to complete it before you continue.
- There are opportunities for you to provide comments or suggestions. These will be recorded exactly as they are written. Please do not give any information that would identify you or anyone else in your organization.
- The survey will be active for two weeks from today's date. After this the survey will be closed.
- Your answers are anonymous and individual responses will be kept confidential.

We would like some background information about your organization and your role.

1. In which province or region is your organization?

- | | |
|---|--|
| <input type="checkbox"/> British Columbia | <input type="checkbox"/> Nova Scotia |
| <input type="checkbox"/> Alberta | <input type="checkbox"/> PEI |
| <input type="checkbox"/> Saskatchewan | <input type="checkbox"/> Newfoundland and Labrador |
| <input type="checkbox"/> Manitoba | <input type="checkbox"/> Northwest Territories |
| <input type="checkbox"/> Ontario | <input type="checkbox"/> Nunavut |
| <input type="checkbox"/> Quebec | <input type="checkbox"/> Yukon |
| <input type="checkbox"/> New Brunswick | |

2. Is your job considered a management position?

- Yes
- No

3. For approximately how long have you been working for this organization?

- Less than 6 months
- 6 months to 1 year
- 1 - 5 years
- 5 - 10 years
- More than 10 years

4. Which of the following describes your current type of employment?

- Permanent
- Contract
- Casual/Temporary
- Other

5. Which of the following best describes your current employment status? (check boxes with choices: part time (less than 30 hours/week, full time (more than 30 hours/week)

- Part-time (less than 30 hours/week)
- Full-time (more than 30 hours/week)

Here are the 7 actions you will be rating. (You don't have to remember them all, they will be repeated later).

Offer Resilience Training to Employees: Resilience training gives employees the skills to cope better with the challenges of everyday life – whether work or personal. Resilience training is given through workshops that teach skills for managing negative emotions and stress, solving difficult problems and working well with colleagues.

Build a More Respectful Workplace: A respectful workplace is one where employees and employers treat one another with respect, consideration and tolerance. A respectful workplace can be created by: creating respectful workplace policies, sharing these with everyone in the organization, and providing training to staff and management.

Improve Managers' and Employees' Knowledge About Psychological Health: Teaching managers and employees about psychological health helps to promote acceptance and support, reduce stigma against individuals with psychological problems and increase willingness to seek treatment. Teaching about psychological health is usually done through training workshops, access to educational material or presentations by persons who have experienced psychological health difficulties.

Ensure a Good Psychological Job Fit: It is important to consider the psychological characteristics of work tasks and the individual worker in order to make sure that there is a good fit between the employee and the job. This means focusing on skills such as the ability to concentrate and problem-solve, cooperate with others, and care for one's own psychological well-being.

Provide Access to Psychological Self-Care: Self-care tools are workbooks or websites designed to teach individuals how to overcome stress, low mood or anxiety. A number of high-quality self-care workbooks and websites have been developed in recent years, many of which are available at little or no cost. For example, see Antidepressant Skills @ Work, available at www.carmha.ca/selfcare/

Support Work-Home Balance: Work-home balance means that employees have a sense of control over how they manage their work and personal lives. When work demands interfere with home life or home demands with work life, this increases employee stress and raises the risk of health problems. Actions that help maintain work-home balance may include providing family benefits, flexible work schedules, and other assistance with home or work demands.

Survey Employees About Psychological Health and Safety: Employee knowledge about the workplace can be used to identify the issues on the 'shop floor'. Employee input can be obtained by conducting an online survey or conducting focus groups.

Please answer the following questions with respect to each of these actions.

Offer Resilience Training to Employees						
Resilience training gives employees the skills to cope better with the challenges of everyday life -- whether work or personal. Resilience training is given through workshops that teach skills for managing negative emotions and stress, solving difficult problems and working well with colleagues.						
<i>Offering resilience training to employees improves psychological health & safety in workplaces.</i>	1 Strongly Disagree	2	3	4	5	6 Strongly Agree
<i>Offering resilience training to employees is the right thing to do, according to my personal values.</i>	1 Strongly Disagree	2	3	4	5	6 Strongly Agree
<i>Offering resilience training to employees fits with the priorities of this organization.</i>	1 Strongly Disagree	2	3	4	5	6 Strongly Agree
<i>This organization has the skills and knowledge to offer resilience training to employees.</i>	1 Strongly Disagree	2	3	4	5	6 Strongly Agree
<i>This organization has the resources (financial and time) to offer resilience training to employees.</i>	1 Strongly Disagree	2	3	4	5	6 Strongly Agree
<i>Given the way things are now in this organization, it's a good time to offer resilience training to employees.</i>	1 Strongly Disagree	2	3	4	5	6 Strongly Agree
<i>What might get in the way of offering resilience training to employees?</i>						

Build a More Respectful Workplace						
A respectful workplace is one where employees and employers treat one another with respect, consideration and tolerance. A respectful workplace can be created by: creating respectful workplace policies, sharing these with everyone in the organization, and providing training to staff and management.						
<i>Building a more respectful workplace improves psychological health & safety in workplaces.</i>	1 Strongly Disagree	2	3	4	5	6 Strongly Agree
<i>Building a more respectful workplace is the right thing to do, according to my personal values.</i>	1 Strongly Disagree	2	3	4	5	6 Strongly Agree
<i>Building a more respectful workplace fits with the priorities of this organization.</i>	1 Strongly Disagree	2	3	4	5	6 Strongly Agree
<i>This organization has the skills and knowledge to build a more respectful workplace.</i>	1 Strongly Disagree	2	3	4	5	6 Strongly Agree
<i>This organization has the resources (financial and time) to build a more respectful workplace.</i>	1 Strongly Disagree	2	3	4	5	6 Strongly Agree
<i>Given the way things are now in this organization, it's a good time to build a more respectful workplace.</i>	1 Strongly Disagree	2	3	4	5	6 Strongly Agree
<i>What might get in the way of building a more respectful workplace by this organization?</i>						

Improve Managers' and Employees' Knowledge About Psychological Health

Teaching managers and employees about psychological health helps to promote acceptance and support, reduce stigma against individuals with psychological problems and increase willingness to seek treatment. Teaching about psychological health is usually done through training workshops, access to educational material or presentations by persons who have experienced psychological health difficulties.

<i>Improving psychological health knowledge improves psychological health & safety in workplaces.</i>	1 Strongly Disagree	2	3	4	5	6 Strongly Agree
According to my personal values, <i>improving psychological health knowledge</i> is the right thing to do.	1 Strongly Disagree	2	3	4	5	6 Strongly Agree
<i>Improving psychological health knowledge</i> fits with the priorities of this organization.	1 Strongly Disagree	2	3	4	5	6 Strongly Agree
This organization has the skills and knowledge required to <i>improve psychological health knowledge</i> .	1 Strongly Disagree	2	3	4	5	6 Strongly Agree
This organization has the resources (financial and time) to <i>improve psychological health knowledge</i> .	1 Strongly Disagree	2	3	4	5	6 Strongly Agree
Given the way things are now in this organization, it's a good time to <i>improve psychological health knowledge</i> .	1 Strongly Disagree	2	3	4	5	6 Strongly Agree
What might get in the way of efforts to <i>improve psychological health knowledge</i> by this organization?						

Ensure a Good Psychological Job Fit

It is important to consider the psychological characteristics of work tasks and the individual worker in order to make sure that there is a good fit between the employee and the job. This means focusing on skills such as the ability to concentrate and problem-solve, cooperate with others, and care for one's own psychological well-being.

<i>Ensuring a good psychological job fit</i> improves psychological health & safety in workplaces.	1 Strongly Disagree	2	3	4	5	6 Strongly Agree
According to my personal values, ensuring a good <i>psychological job fit</i> is the right thing to do.	1 Strongly Disagree	2	3	4	5	6 Strongly Agree
<i>Ensuring a good psychological job fit</i> fits with the priorities of this organization.	1 Strongly Disagree	2	3	4	5	6 Strongly Agree
This organization has the skills and knowledge required to <i>ensure a good psychological job fit</i> .	1 Strongly Disagree	2	3	4	5	6 Strongly Agree
This organization has the resources (financial and time) to <i>ensure a good psychological job fit</i> .	1 Strongly Disagree	2	3	4	5	6 Strongly Agree
Given the way things are now in this organization, it's a good time to <i>ensure a good psychological job fit</i> .	1 Strongly Disagree	2	3	4	5	6 Strongly Agree
What might get in the way of efforts to <i>ensure a good psychological job fit</i> by this organization?						

Provide Access to Psychological Self-Care:

Self-care tools are workbooks or websites designed to teach individuals how to overcome stress, low mood or anxiety. A number of high-quality self-care workbooks and websites have been developed in recent years, many of which are available at little or no cost. For example, see Antidepressant Skills @ Work, available at www.carmha.ca/selfcare/

<i>Providing access to psychological self-care improves psychological health & safety in workplaces.</i>	1 Strongly Disagree	2	3	4	5	6 Strongly Agree
<i>According to my personal values, providing access to psychological self-care is the right thing to do.</i>	1 Strongly Disagree	2	3	4	5	6 Strongly Agree
<i>Providing access to psychological self-care fits with the priorities of this organization.</i>	1 Strongly Disagree	2	3	4	5	6 Strongly Agree
<i>This organization has the skills and knowledge required to provide access to psychological self-care</i>	1 Strongly Disagree	2	3	4	5	6 Strongly Agree
<i>This organization has the resources (financial and time) to provide access to psychological self-care</i>	1 Strongly Disagree	2	3	4	5	6 Strongly Agree
<i>Given the way things are now in this organization, it's a good time to provide access to psychological self-care.</i>	1 Strongly Disagree	2	3	4	5	6 Strongly Agree
What might get in the way of efforts to <i>provide access to psychological self-care</i> by this organization?						

Support Work-Home Balance

Work-home balance means that employees have a sense of control over how they manage their work and personal lives. When work demands interfere with home life or home demands with work life, this increases employee stress and raises the risk of health problems. Actions that help maintain work-home balance may include providing family benefits, flexible work schedules, and other assistance with home or work demands

<i>Supporting work-home balance improves psychological health & safety in workplaces.</i>	1 Strongly Disagree	2	3	4	5	6 Strongly Agree
<i>According to my personal values, supporting work-home balance is the right thing to do.</i>	1 Strongly Disagree	2	3	4	5	6 Strongly Agree
<i>Supporting work-home balance fits with the priorities of this organization.</i>	1 Strongly Disagree	2	3	4	5	6 Strongly Agree
<i>This organization has the skills and knowledge required to support work-home balance</i>	1 Strongly Disagree	2	3	4	5	6 Strongly Agree
<i>This organization has the resources (financial and time) to support work-home balance</i>	1 Strongly Disagree	2	3	4	5	6 Strongly Agree
<i>Given the way things are now in this organization, it's a good time to support work-home balance</i>	1 Strongly Disagree	2	3	4	5	6 Strongly Agree
What might get in the way of efforts to <i>support work-home balance</i> by this organization?						

Survey Employees About Psychological Health and Safety

Employee knowledge about the workplace can be used to identify the issues on the ‘shop floor’. Employee input can be obtained by conducting an online survey or conducting focus groups.

<i>Surveying employees about psychological health and safety improves psychological health & safety in workplaces.</i>	1 Strongly Disagree	2	3	4	5	6 Strongly Agree
<i>According to my personal values, surveying employees about psychological health and safety is the right thing to do.</i>	1 Strongly Disagree	2	3	4	5	6 Strongly Agree
<i>Surveying employees about psychological health and safety fits with the priorities of this organization.</i>	1 Strongly Disagree	2	3	4	5	6 Strongly Agree
<i>This organization has the skills and knowledge required to surveying employees about psychological health and safety</i>	1 Strongly Disagree	2	3	4	5	6 Strongly Agree
<i>This organization has the resources (financial and time) to survey employees about psychological health and safety</i>	1 Strongly Disagree	2	3	4	5	6 Strongly Agree
<i>Given the way things are now in this organization, it's a good time to survey employees about psychological health and safety.</i>	1 Strongly Disagree	2	3	4	5	6 Strongly Agree

What might get in the way of efforts to *survey employees about psychological health and safety* by this organization?

APPENDIX 2: STAFF COMMUNICATION ABOUT THE MORPH

[COMPANY LETTERHEAD]

One of [COMPANY NAME'S] important goals is to maintain a psychologically safe and healthy workplace for all employees. We recognize that paying attention to employee well-being helps individual employees and also strengthens the organization as a whole. We continue to look for programs, policies or other initiatives that will further this objective. If these are going to be worthwhile, they need to be relevant for our particular organizational needs at this point in time.

In order to determine this we are seeking input from all members of our organization. [OWNER/CEO/BOARD/SENIOR MANAGEMENT TEAM] is asking for your participation in a new organizational measure, the Measure of Organizational Readiness for Psychological Health (MORPH). The MORPH was developed by psychologists and researchers from Simon Fraser University on behalf of Coast Mental Health with funding from the British Columbia Ministry of Health. It consists of an on-line survey that is being given to all staff. The survey asks participants' opinions about several actions that have been shown to be useful in improving psychological health and safety. The survey is completely confidential and no personal information is requested. It can be accessed from any computer and takes about fifteen minutes to complete. There will focus groups with interested personnel following the survey to discuss the findings. We will share the results with all staff and will give serious consideration to any recommendations that may contribute to the psychological health and safety of our organization. Our experience with the MORPH will not only be of potential benefit to us but will also help improve the instrument for use with other organizations.

We are sending this letter to all persons working in this organization, including senior management and contact staff. We will provide you with a link to the survey by [EMAIL | STAFF BULLETIN]. It will be open on October 13 and remain open until October 28.

Further information will be available through [STAFF MEETINGS | NEWSLETTERS | E-BLASTS]. We strongly encourage you to participate. Please do not hesitate to contact [CONTACT NAME/NUMBER/EMAIL] if you have any questions at all.

With best regards,
[NAME/TITLE]

APPENDIX 3: PILOT PROCESS SURVEY

Thank you for answering these questions. Now we'd like your feedback on the MORPH survey and process. Your input will help us make this better and more useful for other organizations.

This survey was easy to fit in to my schedule.	1 Strongly Disagree	2	3	4	5	6 Strongly Agree
Psychological health & safety was clearly explained.	1 Strongly Disagree	2	3	4	5	6 Strongly Agree
I gained valuable knowledge about psychological health and safety by doing this survey.	1 Strongly Disagree	2	3	4	5	6 Strongly Agree
The reason why my employer is gathering this information was clearly explained.	1 Strongly Disagree	2	3	4	5	6 Strongly Agree
Instructions for accessing and completing the survey were clearly explained.	1 Strongly Disagree	2	3	4	5	6 Strongly Agree
The consent form was easy to understand.	1 Strongly Disagree	2	3	4	5	6 Strongly Agree
The actions were clearly explained.	1 Strongly Disagree	2	3	4	5	6 Strongly Agree
The survey is a good way to find out how ready this organization is to take action about psychological health and safety.	1 Strongly Disagree	2	3	4	5	6 Strongly Agree
The survey will help this organization decide which actions to take.	1 Strongly Disagree	2	3	4	5	6 Strongly Agree
The survey would help other organizations decide which actions to take.	1 Strongly Disagree	2	3	4	5	6 Strongly Agree
Further comments about the MORPH survey and process:						
Do you have any additional suggestions on how to best determine organizational readiness for psychological health?						

If you have completed the survey please hit 'submit'. Thank you for your input, it will make a difference.

APPENDIX 4: FOCUS GROUP QUESTIONS



SIMON FRASER UNIVERSITY
THINKING OF THE WORLD



Thank you for joining us today. We are researchers from Simon Fraser University. As you may know, Back-in-Motion is participating in a research project intended to create a tool to determine how ready an organization is to engage in particular actions to improve the psychological health and safety of its staff. Part of this project was completion of a survey that was given to all staff. Our discussion today is to follow up on the survey and to get your thoughts on how to make this process more effective and useful for use with this and with other organizations. We welcome your comments both positive and negative. We will be taking summary notes from discussion however no individual names or identifying information will be used. Are there any questions or concerns before we start?

1. Was the idea of workplace psychological health and safety clear to you? What would have made it clearer?
2. Did you understand why management wants to determine how ready the organization is to take action on psychological health?
3. Was the survey easy to access? Were the instructions for completing the survey clear? What might have made it easier? If you did not complete the survey, why not?
4. Were the actions to improve psychological health and safety clearly described?
5. What are some other actions that might improve workplace psychological health?
6. In addition to conducting a staff survey, are there other ways to determine how ready an organization is to take action to improve workplace psychological health and safety?
7. What should management tell staff about the results of the survey?
8. What should be the next steps making positive changes in organizational health and safety?
9. What might get in the way?
10. Any additional thoughts or suggestions?

Thank you
Merv Gilbert, PhD

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