

# Wellbeing Culture Indicators

## Framework

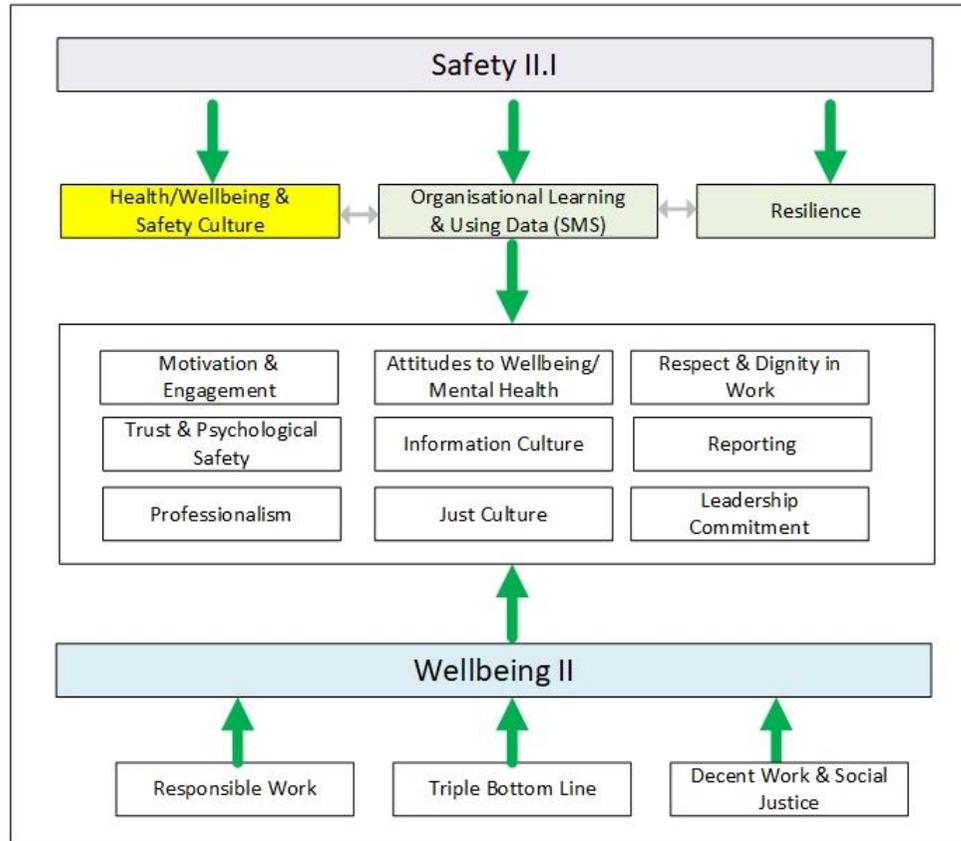


Figure 1: Situating Health & Wellbeing Culture

## Specific Wellbeing Culture Indicators (Wellbeing II).



The following is a list of specific 'health and wellbeing culture' indicators. It is proposed that these indicators can be aggregated with safety culture indicators, for the purpose of measuring health/wellbeing and safety culture.

1. Management commitment to health and wellbeing is expressed in the company's mission/values statement.
2. Management and staff share the same set of values in relation to fostering and promoting wellbeing and mental health.
3. Management communicates about the importance of maintaining health and wellbeing and having a good work/life balance.
4. Management communicates about the importance of reporting work related issues/sources of stress – that impact on a person's ability to maintain their wellbeing and/or safety.
5. Employees' health and wellbeing (including psychological health) is taken seriously at all levels of the organisation.
6. Management act quickly in relation to managing issues pertaining to health and wellbeing (including stress, work related stress and psychological health).
7. Management encourage staff to become involved in company activities relating to managing employee health and wellbeing (including mental health).
8. Staff feel that the company cares about work/life balance.
9. Staff perceive that the company cares about their wellbeing.
10. Staff perceive that wellbeing is a priority for their company/management.
11. Staff feel valued by their company.
12. Staff perceive management as supportive, in relation to addressing work/life balance issues.
13. Staff identify wellbeing culture with safety culture (i.e., integrated health/wellbeing and safety culture).
14. Taking sick leave is acceptable.
15. Staff talk about wellbeing/MH challenges amongst each other (i.e., routine, normal, no stigma).
16. Staff brief about wellbeing as part of operational/safety briefings.
17. Staff willingly disclose wellbeing issues (including MH issues) to line managers.
18. Staff are willing to report mental health problems as a reason for taking sick leave.
19. Staff feel comfortable reporting unfit for duty due to mental health issues.
20. Staff feel comfortable seeking help for wellbeing issues.
21. Staff use organisational processes and functions to seek help (i.e., seek help within the company).

22. Company provides wellness programs and supports (i.e., EAP, counselling, PSP, wellness training, stress reduction, health screening, exercise and activity programs, provision of healthy food, nutrition education, gym access, transport programs etc).
23. Specific wellness programs and supports provided by company are used by staff.
  - a. Peer support function is used by staff.
24. Specific wellness programs and supports provided by the company are perceived as effective by staff.
25. Specific wellness programs and supports provided by the company are perceived as useful by staff.
26. Staff who are suffering feel supported by the company.
27. Staff who are suffering are referred to specialist services.
28. The company provide clear information about what supports are available to staff in relation to managing their health and wellbeing.
29. Managers and line supervisors understand the processes to be followed in relation to managing employee health/wellbeing and safety.
30. Staff understand what processes are to be followed in relation to managing employee health/wellbeing and safety.
31. Staff know who in their company they can approach, in relation to reporting challenges associated with their health and wellbeing (including mental health).
32. Staff know who in their company they can approach, in relation to obtaining help.
33. Company provides health and wellbeing supports to staff – Pre COVID.
34. Company provides health and wellbeing supports to staff – During COVID.
35. Company elicit feedback from staff about wellbeing programs – whether effective – how improve.
36. The company has an EAP program.
37. The company has a peer support program.
38. Company documentation uses appropriate language when referring to health and wellbeing matters (for example, refers to mental health, mental wellbeing, psycho-social risks in the workplace).
39. There is a designated function/postholder responsible for wellbeing.
40. The management of health and wellbeing (including mental health, stress, work related stress) involves all levels of the organisation.
41. There is an integrated approach to managing wellbeing across company processes and functions.
42. Operational processes consider staff work/life balance (i.e., built into roster design and work practices).
43. Staff wellbeing is considered in work planning processes.
44. Staff wellbeing is considered in work allocation processes.
45. Staff wellbeing is considered in rostering processes.
46. The management of health and wellbeing is integrated with safety/risk management processes.
47. Safety management practices address wellbeing and mental health.

48. Wellbeing hazards and risk – spanning the three pillars of wellbeing – are managed with the safety management system (SMS) (i.e., wellbeing hazards are identified, the risks assessed, and control measures identified, implemented, and evaluated).
49. The company maintains a risk register in relation to wellbeing risk.
50. Staff have access to the wellbeing risk register – open communication about this (integration of health and safety promotion).
51. The process for supporting positive wellbeing and mental health for staff is clearly defined.
52. The process for preventing wellbeing and mental health problems for staff is clearly defined.
53. The process for managing mental health problems and alleviating suffering for staff is clearly defined.
54. The process for obtaining support for wellbeing and MH problems is clearly defined.
55. The process for referring workers to specialist support services is clearly defined.
56. Training in relation to the practice of healthy behaviors and self-management of wellbeing is provided to all staff.
57. Training in relation to wellbeing and mental health awareness is provided to all staff.
58. Training in relation to stress management and adaptive coping techniques is provided to all staff.
59. Training in relation to the self-identification of wellbeing risks that impact on performance/safety is provided to all staff.
60. Training in relation to supporting colleagues experiencing wellbeing difficulties is provided to all staff.
61. Training in relation to the relationship between wellbeing, performance and safety is provided to all staff.
62. Measured wellbeing indicators are positive. (FSF question – how am I feeling?)
  - a. Low number of staff on sick leave
  - b. Staff report low levels of work-related stress (WRS).
  - c. Staff report that they are coping well with the job – managing home/work interface.
  - d. Staff report good levels of subjective wellbeing (psychological wellbeing).
  - e. Staff report positive social interactions in work/collegiate atmosphere.
  - f. Low levels of staff conflict in work.
  - g. Staff are motivated and engaged.
  - h. Staff take pride in their work.
  - i. Little evidence of job stress physical symptoms (i.e., sleep difficulties, musculoskeletal symptoms, digestive symptoms, loneliness/isolation).
  - j. Mental wellbeing/psychological wellbeing levels are within normal range (i.e., depression, anxiety, stress).
  - k. Low levels of exhaustion.
  - l. Low levels of burnout.
63. Staff use adaptive coping methods to manage stress & WRS (FSF question – how am I coping?)
64. Staff are supportive of each other (FSF question – what I am doing for myself and others?).

Dr Joan Cahill, CIHS, Trinity College Dublin (TCD), 18 April 2021.

65. The company captures information about staff wellbeing and mental health by eliciting feedback across diverse processes/functions and using different reporting methods.
66. There is a mechanism for staff to provide anonymous reports around sources of WRS and/or wellbeing challenges (i.e., wellbeing reporting is protected - part of just culture).
67. Company policy/procedures documentation provides clear information around how wellbeing reporting information is used and associated protections for staff.
68. Occurrence reporting captures information about wellbeing.
69. Company gathers data about sources of WRS.
70. Company gathers data about staff wellbeing levels (and/or measures this).
71. Company gathers data about home/work interface – both positive and negative interactions (including work family conflict).
72. Company gathers data about attitudes to reporting wellbeing and MH problems.
73. Company gathers data about staff coping behaviours.
74. Company gathers data about the relationship between wellbeing, performance, and safety.
75. The company elicits information about work stress/sources of WRS when a staff member leaves the company.
76. Staff use formal reporting channels to report wellbeing issues which impact on their work/performance.
77. Deidentified information about sources of WRS and wellbeing challenges experienced by staff is provided to all staff.
78. Deidentified information about how staff are coping with WRS and wellbeing challenges is provided to all staff.
79. Staff are provided with opportunities to grow and develop at work.
80. Problems with health/wellbeing culture cited as reason for staff leaving the company.

## List of High-Level Indicators, Lower-Level Indicators & Taxonomy

The list above to be organised into a structure...more to come!

I plan to have a shorter list of high-level indicators and then to associate/group the larger list (i.e., list of 80) with specific high-level indicators.

All indicators will be classified according to different HF system dimensions – people, culture, process, environment, training, tech etc. Some indicators focus more on the individual/worker level, while others address the org level (i.e., leadership culture, roles/responsibilities, process specification, provision of supports, training,).

I plan to link the specific (or low levels indicators, to the different levels of a preventative workplace health interventions (primary, secondary and tertiary) etc.

Dr Joan Cahill, CIHS, Trinity College Dublin (TCD), 18 April 2021.

1	High Level Indicator	Specific Indicator	Focus – Org/Individual	Human Factors Classification (Socio-technical)	Primary, Secondary, Tertiary	Relevance to Aviation Worker Groups	Instrument or Method to Assess

### Next Steps

In line with a human factors action research approach – the list will be validated with stakeholders! All feedback welcome.