Communicating Psychologically Safe Workplaces in Nova Scotia: The Effect of Nova Scotian Cultures on the Prevention of Mental Health Disability

by

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Abstract

Psychologically safe workplaces are environments that promote positive workplace mental health and well-being to help prevent mental health disability. Despite an emerging discussion in Canada about mental health, communicating psychologically safe workplaces has been under-explored within cultural contexts to determine in what ways those contexts could affect communication. This research explores particular ways that Nova Scotian cultures affect communicating psychologically safe workplaces. Five Nova Scotian disability managers were interviewed using questions about Nova Scotian cultures and factors affecting a psychologically safe workplace. Using qualitative content analysis, the results suggest three unique features affecting the communication of psychologically safe workplaces in Nova Scotia: urban/rural access to resources, employment industries and job mobility, and attitudes and behaviours around mental health. These results posit that cultural contexts may affect how organizations “buy-in” to psychologically safe workplaces, suggesting that cultures should be considered when designing channels for communicating these workplaces to organizations.

Keywords: mental health, communication, psychologically safe workplaces, culture, Nova Scotia
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Chapter One: Introduction

This study explores psychologically safe workplaces (PSWs) and workplace mental health within Nova Scotia. This research aims to help assess the need for Psychologically Safe Workplaces (PSWs) in Nova Scotia, identify communication considerations that reflect Nova Scotian cultural contexts, improve mental health discourse in Nova Scotia, and, ultimately, help prevent mental health disability. Psychologically safe workplaces are environments that promote positive workplace mental health and well-being to help prevent mental health disability.

Discussing mental health in the workplace is becoming an increasing relevant topic as research has begun to show how workplaces are adversely affected (Harder, Wagner, & Rash, 2014, p. 49). Mental health and mental health disabilities are primarily invisible (Dyck, 2009), are less objectively measured than physical health and physical health disabilities, are significantly more stigmatized than physical health in society and the workplace, and are poorly understood by the public (Global Business and Economic Roundtable on Addiction and Mental Health, 2007). These realities of mental health in Canada affect how organizations address mental health in the workplace (Dyck, 2009). Current health promotion discourse in the workplace often focuses on health as an individual experience within an organizational environment, rather than addressing the role of the organizational environment on the health of an individual (Harder et al., 2014; World Health Organization, 2011). As a trained and experienced disability manager, I acknowledge that there is a significant need to study various aspects of workplace mental health, but this research specifically looks at the workplace environment, and how the workplace environment can mitigate some of the negative effects that the workplace has on individual mental health through PSWs that reflect cultural contexts. While organizations may have health
and wellness teams, and/or occupational health and safety initiatives, organizations primarily focus on the health of an individual (i.e. walking or reducing individual stress in the workplace), and often exclude organizational preventative disability measures that contribute to a psychologically safe workplace (i.e. organizational solutions to prevent stress in the workplace) (Dyck, 2009; World Health Organization, 2011). This interpretative research is grounded in social models of disability theory, recognizing organizations as environments that are a factor of disability in the workplace. Through this research, I have addressed the research question: in what ways do Nova Scotian cultures impact the communication of PSWs for the prevention of mental health disability?

To provide an analysis of Nova Scotian cultural contexts, I have conducted a literature review of: (a) national, provincial and regional mental health contexts; (b) PSW standard documents; (c) disability prevention practices; and (d) academic theoretical models that discuss the role of environments on disability. Following this literature review, I conducted semi-structured online interviews with Nova Scotian disability managers, key informants of Nova Scotian culture and workplace mental health. This research uses qualitative content analysis to find the content intersections of all texts to develop culturally sensitive considerations for communicating PSWs that prevent mental health disability within Nova Scotia contexts.

I explored the current regional and provincial cultural context of workplace mental health within Nova Scotia and the intersections with academic theories, and developed disability management and workplace best practices, recognizing that the intersection will help establish insights into communicating PSWs to organizations in Nova Scotia. The objectives of this research were to: (a) review literature related to PSWs and statistics to explore national,
provincial, and regional cultural contexts; (b) gather and synthesize data on mental health and
PSWs in Nova Scotia through interviews with disability manager key informants; (c) identify in
what ways Nova Scotian cultures impact the communication of PSWs to Nova Scotian
workplaces for the prevention of mental health disability; and (d) determine the intersections
between theories, practices, and regional and provincial cultural contexts. The main goals of this
research are to: (a) build a case for PSWs by overviewing organizations, mental health disability
in the workplace prevalence, PSWs, and disability prevention strategies; (b) develop insights into
the cultural contexts surrounding mental health in Nova Scotian communities; (c) outline
recommendations for practical communication considerations; and (d) facilitate further
communication and practical disability research on cultural and regional psychological safety in
the workplace through research that finds the intersections between theoretical best practices,
academic theories, and Nova Scotian cultural considerations. The goals were an interpretive
study, grounded in social models of disability, involving the qualitative content analysis of data
from semi-structured online interviews with disability managers as key informants.

Ultimately, through improved organizational education and communication, this research
will help organizations understand the regional and provincial contexts of mental health in the
workplace, their role in workplace mental health, the importance of PSWs, and, as a result, help
prevent and reduce mental health disability in the workplace. An additional goal of this research
was to help propel organizations toward an effective PSW implementation process by developing
a conversation in Nova Scotia around regional communication best practices for PSWs that aid
in mental health disability prevention.
Definitions

Throughout this research, specific terms are used that may be contested across the literature. As a result, this research defines these key terms in an attempt to provide consistency throughout the research.

**Mental health.** Mental health is a broad term used throughout the literature and societal discourse, but for the purpose of this research, it is necessary to outline a clear definition of mental health for unified understanding of the presented research. The definition of mental health used in this research is, “…a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community” (World Health Organization, 2014b).

**Disability.** For the purpose of this research, a definition of disability will be employed that considers interactions between individuals and their society and environments wherein, “disabilities is an umbrella term, covering impairments, activity limitations, and participation restrictions…it is a complex phenomenon, reflecting the interaction between features of a person’s body and features of the society in which he or she lives” (World Health Organization, 2014a). The scope of this research is limited to discussions under the specified definition of disability; however, it recognizes that defining disability is not universal and is contested across literature.

**Psychologically safe workplaces.** This research will present a definition of PSWs to help clarify the contents of the research study. The scope of this research is limited to discussions under the specified definition of PSWs to create a unified understanding of PSWs. The definition of PSWs used for this research is an organization that promotes workers’ mental well-
being and mitigates the negative impacts that workplace environments can have on individuals (Canadian Centre for Occupational Health & Safety, 2012).
Chapter Two: Literature Review

A review of existing organizational features and trends creates an understanding of the current context surrounding mental health in the workplace within Nova Scotian communities. This literature review explores the recent and current cultural contexts surrounding Nova Scotian workplaces and psychologically safe practices through reviewing: (a) features of modern organizations (organizations in the 21st century); (b) national (Canada), provincial (Nova Scotia), and regional contexts; (c) the role organizations play in PSWs for disability prevention; (d) the practice, implementation, and economic implications of disability prevention practices; and (e) psychologically safe workplace best practices. While this research acknowledges that there is historical and cultural evolutions affecting mental health in these contexts that warrant further exploration, the scope of this research focuses on the current contexts and how to evolve from the current contexts to improve psychological safety in the workplace in Nova Scotian communities. This literature review provides a basis for why Nova Scotian organizations should employ PSWs and why regional cultures should be considered when communicating PSWs to Nova Scotian organizations.

Workplace, National, and Provincial and Regional Contexts

This section on cultural contexts surrounding Nova Scotian workplaces explores the features of organizations, workplace attitudes and behaviours, mental health in Canada, and mental health in Nova Scotia in order to create a recognition and understanding of mental health in the workplace for Nova Scotians, followed by a discussion of the need for more research and data that reflects regional culture.
Features of organizations. Organizations have undergone a number of transformations with technological and educational advancements; in order to understand how mental health relates to the workplace, the features of a modern workplace need to be established. Key themes emerging from the literature are that contemporary workplaces value business goals over human interactions, toxic work environments are prevalent yet under recognized by organizations, and toxic work environments have negative impacts on the mental health of employees. Harder et al. (2014), health science researchers, with both Harder & Wagner being registered psychologists and professors in the School of Health Sciences at the University of Northern British Columbia, and Rash being a doctoral student in clinical psychology with a Masters in Health Psychology, sought to outline that modern workplaces are fast-paced and profit-driven environments wherein proper employee management practices send a message that employees are expendable commodities rather than indispensable assets (p. 216). Harder et al. explored, collated, and interpreted international peer-reviewed research to develop a practical guide to mental illness in the workplace. They identified that organizations have a number of toxic elements including demanding jobs, daunting employee contracts, long work hours, 24-hour availability, and low job security, all of which have negative effects on employee health and well-being (Harder et al., 2014, p. 216). Industrialized countries, including Canada, face increased lost-time days, presenteeism (being physically at work but not actively productive in completing work-related tasks), and absenteeism (unplanned absences from work that include illnesses and injuries) due to factors related to mental health issues; the values of an organization shape the attitudes and behaviours of individuals in an organization, in turn, influencing productivity (Harder et al., 2014, p. 222-223). A feature of modern organizations, then, is the increasing pressures and
expectations, which have the potential to affect the mental health of employees in a workplace. Therefore, the features of modern organizations create an increased need to attend to the mental health of employees through communicating workplace mental health programs in PSWs that mitigate the negative effects that workplace environments have on employees.

Organizations need to recognize the negative side effects of a toxic work environment (e.g. direct and indirect economic costs, such as absenteeism, presenteeism) that exist when workplaces do not consider the mental health of their employees. Rash, Harder, & Wagner (2014), in their international studies of mental illness in the workplace and psychological disability management literature, outline that a toxic work environment focuses on the “bottom line” of the company; however, an understanding of disability management research outlines how organizations that employ disability management programs and preventative disability measures actually reduce long-term direct and indirect economic costs. (Dyck, 2013). In this way, preventative disability management measures more economically beneficial to employers (Dyck, 2013). In order to have communication address the features of modern organizations, communication to these organizations needs to promote both psychological safety and increasing awareness of the economic costs of mental health disability and benefits of mental health so that organizations understand how PSWs will not only benefit the employees, but also the employers.

**Employee attitudes and behaviours.** Employee attitudes and behaviours play a major role in employee health and well-being in an organization and need to be understood in order to reflect all parties in the development of PSWs, since employees are the driving force behind organizational productivity and the acceptance of organizational cultural change. The literature offers research on the link between employee attitudes/behaviours and organizational
productivity and function; the wants and needs of employees; and how environments can affect change by recognizing employee attitudes and behaviours.

Dextras-Gauthier, Marchand, & Haines III (2012), professors in the School of Industrial Relations and Public Health Research Institute at University of Montreal, and Harder et al. (2014) argue that attitudes and behaviours can have a direct impact on the successful functioning of an organization. Employees want employment that has a balance between work life and personal life. In 1999, an international poll (consisting of 10,339 employees from 13 countries) was conducted by Gemini Consulting, a managed care consultancy focused on health-related issues in the workplace. The results from this poll indicated that there are five universal qualities that are desired in a workplace: (1) the ability to balance work and personal life; (2) work that is truly enjoyable; (3) job security for the future; (4) a fair wage or salary; and (5) co-workers who are enjoyable to be around (Harder et al., 2014, p. 211). A PSW environment fosters interactions with employees and will see improvements in these areas (Harder et al., 2014). These factors are fundamental to the well-being and wellness of employees, and should be considered in relation to communicating PSWs in Nova Scotian communities as they represent employee perspectives.

In order to better understand how employees interact and communicate in organizational environments, this research looks beyond the features of organizations to develop a deepened understanding of how cultural environments can affect and shape individual perceptions and values. Associated trends are key in understanding how organizations can best communicate programs, like PSWs, that meet the wants and needs of their employees.

Mental health in Canada. There is a generalized lack of understanding and appreciation for the value and costs of mental health within Canada. Through the literature, statistics exposed
the extent to which mental health and mental illness affect the Canadian economy and
workplaces, Canadian perceptions and interpretations of mental health, and the missing link
between identification of issues and practical solutions. With national campaigns, such as Bell’s
“Let’s Talk” Campaign, Canadians are more aware of mental health, and more Canadians now
understand the prevalence rates in society; however, the significance of how mental health
affects the workplace environment requires further public awareness. The incidence of mental
health disorders and claims related to the workplace in Canada is on the rise, and psychiatric
disorders are the fastest growing cost sector for occupational disability (Mood Disorders Society

Watson Wyatt Worldwide, a human resources consulting company, conducts annual
studies to review employer programs and report on respondents' well-being. This organization’s
2005 study analyzed the opinions of human resources professionals from 94 Canadian
organizations of 250 or more employees, representing 300,000 full-time Canadian employees in
outlined that given the increased prevalence of psychiatric related illness in the workplace,
mental health related conditions have become a major factor that organizations have to address
for overall productivity and the development of positive organizational cultures (Watson Wyatt
Worldwide, 2005). In Canada, the economic translation of mental illness in the workplace led to
annual direct losses of approximately $14.4 billion (Mood Disorders Society of Canada, 2009, p.
43) to $16.6 billion (The Conference Board of Canada, 2013), and annual direct and indirect
losses of approximately $51 billion (Lim, Jacobs, Ohinmaa, Schopflocher, & Dewa, 2008). For
organizations to understand why they need PSWs, they need to understand these national
economic statistical data, but they also need to be provided with regional research and data to understand why PSWs will benefit their specific organizations.

While organizations have identified concerns in the rise of mental health associated claims in the workplace, their concerns have not translated to wide-spread successful organizational plans to address mental health; effective communication practices, and understanding of mental health, may be, in part, responsible for the gap between organizational identification and practice. According to Mood Disorders Society of Canada (2009), a mental health NGO in Canada that partners with the public, private and non-profit sectors throughout Canada to provide accurate mental health information and research to Canadians, the majority of Canadian employers (56%) consider the continuous rise in mental health claims a top concern; however, Figure 1 uses data from the Mood Disorders Society of Canada (2009, p. 34) to show that most Canadian organizations have not translated that concern into effective programs that help address mental health in the workplace.
There appears to be a lack of insight into the role of the organization in the mental health needs of their employees, with employers identifying services and employees as the main problem rather than reflecting on their role in establishing a PSW. In a 2014 online study, conducted in conjunction with the Mood Disorders Society of Canada, 1000 people who had been employed within the last 12 months, between the ages of 16-64, were surveyed. In this study 67% of organizational management teams in charge of the organization’s management identified counselling services as their first preference for a solution with 44% identifying that training for all employees would help (Mood Disorders Society of Canada, 2014). This identification of individual experience based solutions appears to not recognize that organizational environments can affect the mental health environment and mental health of their employees. This study aims to communicate that organizations play a role in the mental health of
their employees and can create and implement PSW practices addressing the regional cultures that impact their organizations.

While statistics help develop insight into mental health in the workplace perceptions in a national context, highlighting this issue has not resulted in widespread concrete action toward PSWs within Canada. One potential reason for the lack of widespread action could be because national statistics can have a large range variance across the country, and, as such, it is necessary to gain a deeper provincial and regional understanding of mental health to ensure that PSW practices reflect regional cultures. Medical research acknowledges significant differences between provinces and regions (specifically urban/rural) health and health outcomes; yet, this has not led to a significant exploration of how different urban/rural cultures affect organizational mental health, a necessary understanding for communicating PSWs in Nova Scotian communities. Regionalized and contextualized understanding of the reality of mental illness in the workplace will propel workplaces toward acceptance and implementation of PSWs.

Mental health in Nova Scotia. Mental health research in Nova Scotia helps to provide further insight into the need for regional research and cultural considerations surrounding Nova Scotian communities by exposing that Nova Scotians have significantly more mental health concerns than Canadians as a whole. Although there is limited provincial or regional research on mental health in Nova Scotia, the research data that are easily available show a low level of mental health in the province when compared to Canada as a whole, and further research and mental health strategies are needed in the workplace and communities. The literature shows a provincial commitment to mental health and addictions care, psychologically safe practices in
Nova Scotian workplaces, and the lack of literature surrounding the culture of Nova Scotia and how to generate “buy-in” for accepting PSWs.

In order to evaluate the above mentioned difference between Canada and Nova Scotia, Statistics Canada was used as a primary resource for research data and findings. *Table 1* shows that, while the contributing factors to these mental health statistics are likely related to a number of factors including stigma, access to mental health care, and more clear diagnostic information (Statistics Canada, 2013b), Nova Scotia is facing more mental health issues than Canada as a

**Table 1

Change (%) in Mental Health Statistics: Comparison between Canada and Nova Scotia (2012-2013)**

<table>
<thead>
<tr>
<th>Location</th>
<th>Change (%) in population diagnosed with mood disorders between 2012 and 2013&lt;sup&gt;1&lt;/sup&gt;</th>
<th>Change (%) in population, aged 15 and older, who reported either quite a lot or extreme stress, most days, between 2012 and 2013&lt;sup&gt;2&lt;/sup&gt;</th>
<th>Change (%) in population, aged 12 and older, who perceived their mental health status as excellent or very good between 2012 and 2013&lt;sup&gt;3&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canada</td>
<td>7% (approx.)</td>
<td>2.5% (approx.)</td>
<td>-1% (approx.)</td>
</tr>
<tr>
<td>Nova Scotia</td>
<td>14% (approx.)</td>
<td>15% (approx.)</td>
<td>-5% (approx.)</td>
</tr>
</tbody>
</table>


Table 1 outlines that the change in Nova Scotian statistics, between 2012 and 2013, have increased over twice the national average in the number of diagnosed mood disorders, increased around six times the national average for the population who reported quite a lot or extreme stress most days over the age of 15, and decreased by over five times the national average for
individuals over the age of twelve who perceived their mental health status as either excellent or very good (Statistics Canada, 2013b; Statistics Canada, 2014a; Statistics Canada, 2014b). There is limited exploration of why these rates are so different between Nova Scotia and Canada as a whole which may be related to both the workplace and other factors outside the scope of this research. However, the rates highlight that there are regional and provincial factors that affect mental health, which could mean that a “one-size-fits all” approach to PSWs may ignore the regional cultures that affect mental health in the workplace. Without this understanding of regional culture, communicating current Canadian PSW standards to Nova Scotians may not be effective, and regional organizations may not understand why they should communicate and implement PSW programs and practices in their workplaces.

In Nova Scotia, research has emerged surrounding psychological safety in the workplace, providing valuable insight into the employer perspective of psychological safety in the workplace and recommending further research in the province. Randell (2009) investigated employer perceptions of PSWs through a comprehensive study of 118 organizations in Nova Scotia to identify the types of healthy workplace initiatives implemented across the province. During this study, Randell (2009), a SSHRC funded graduate student at Saint Mary’s University, surveyed employers on the presence and effectiveness of 77 specific healthy workplace initiatives (e.g. employee recognition awards, tuition reimbursements, on-site wellness centres), with additional survey data on healthy workplaces practices and culture in their organization (p. 25). Of the 118 participating Nova Scotia organizations in the study, employers perceptions were that, on average, only 34.59 out of 77 practices (approximately 45%), were offered in the surveyed organizations (Randell, 2009). Randell’s 2009 study showed a glimpse into the
prevalence and understanding of developing PSW practices in Nova Scotian organizations. The data presented through Randell’s 2009 study on Nova Scotia and PSW practices is unique and under-explored in other literature, yet it does provide insights into Nova Scotian workplaces’ practices. Randell’s 2009 study was limited to exploring employer perceptions surrounding psychological safety workplace initiatives and practices, noting that future research in Nova Scotia can survey employee perceptions of PSWs in comparison to the existing practices and procedures in workplaces.

Since Randell’s 2009 study, new literature on psychological safety in Canada and Nova Scotia has emerged, but specific research data into employee perceptions and regional cultural considerations for mental health in Nova Scotia still remains understudied, especially in relation to theoretical models of PSWs (See Section 9). In 2012, Nova Scotia launched, “Together We Can.” This Plan is intended to improve mental health and addictions care for Nova Scotians—it is the first formalized mental health and addictions care plan developed by the province, placing a provincial priority on mental health and showing a cultural openness to improving mental health within the province (Nova Scotia, 2013). “Together We Can” developers contributed to the first Canadian standard for Psychological Health and Safety in the Workplace developed by the Mental Health Commission of Canada (MHCC). Nova Scotia became the first province to voluntarily adopt this standard for the provincial public service (Nova Scotia, 2013). Employers may be aware of the provincial “Together We Can” plan; however, they may not be aware of how it relates to their specific regional workplace contexts, the benefits of PSWs, why they should implement PSWs, or how to effectively communicate change. Although there is a mental health plan in place for Nova Scotia, there is limited research or statistics that explore an
understanding of the cultural contexts of Nova Scotian workplaces. I propose that regional and provincial considerations are necessary to develop a broader contextual understanding of PSWs.

**Mental health in Nova Scotian communities.** Nova Scotia faces unique mental health challenges within each region; yet, regional data and research within Nova Scotia are not readily available to organizations or to the public. The limited information available to the public primarily focuses on the differences between some social determinants of health for urban/rural populations as presented in the literature, rather than the differences between social determinants of health based on other measures. During my research, I was not able to find clear literature linking other measures and Nova Scotian cultural contexts, so this literature is limited to the social determinants of health in relation to urban/rural populations in Nova Scotia as presented in the reviewed literature. While other social determinants of health can be variables affecting workplace mental health, the most prevalent research that directly relates to Nova Scotia specifically looks at urban/rural health. The limited information available to the public highlights health care within different Nova Scotian communities, specifically highlighting: (a) distinct differences between some social determinants of health for urban and rural populations; (b) urban or rural living as a defining features of the quality, quantity, and access to health care in the province; and (c) cautions against a “one-size-fits all” approach to health care in the province.

A deeper understanding of some social determinants of health in relation to urban and rural Nova Scotia will highlight how Nova Scotian cultures are important aspects of any health initiative and the need for further regional research. Statistics Canada (2011b) defines an urban area as a population of at least 1,000 and a population density (the number of persons per square
kilometer) of 400 or more people per square kilometer. Rural areas are considered all territories outside of an urban area (Statistics Canada, 2011b). Urban populations usually have higher socio-economic status than rural populations, and socioeconomic status can have effects on mental and physical health (Ministerial Advisory Council on Rural Health, 2002).

Estimates indicate that between one half and three quarters of Nova Scotian residents live in urban areas, with approximately 43.3% of the Nova Scotian population living in the Halifax region (Pong et al., 2012; Prada, Lye, Astles & Foster, 2013; Statistics Canada, 2013c; Statistics Canada, 2014d). Multiple studies have shown that, compared with rural regions, urban areas have lower rates of smoking, obesity, sedentary behaviour, and unhealthy eating: in turn, leading to longer life expectancies, lower all-cause mortality risks, and higher general health status (Canadian Institute for Health Information, 2006; Dandy & Bollman, 2008). These statistics exhibit how urban populations in Nova Scotia face fewer negative effects from social determinants of health than rural populations. For this research, these are important regional considerations because organizations are facing different barriers to the health of their employees. Cultural environments are factors affecting how individuals function in workplaces as workplaces are not free from regional and provincial cultural contexts. In order to develop PSWs, understanding how urban and rural populations in Nova Scotia address mental health care will be a determinant of mental health in the workplace.

In Nova Scotia, HANS (2013) presented that there were three main themes that were more prominent factors in Nova Scotian rural populations: poverty, poor access to services, and how service provision decisions are made. HANS (2013), a member-driven organization that addresses health care in Nova Scotia, produced a report that reviewed: academic literature;
statistics from Statistics Canada and the Canadian Institute for Health Information; and consultation with health professionals, administrators, researchers, public service employees, and community members from the province. Poverty rates in urban Nova Scotia are 2% lower than rural Nova Scotia, and between 1996 and 2001, it was identified that Nova Scotia had one of the highest urban/rural income gaps in the country (Singh, 2004). As poverty is often closely linked to employment, and this research is addressing mental health in workplaces which is affected by factors like job satisfaction, “job fit” (how an employee fits into their current job), and secure employment, the regional census data available for the urban centre of Halifax, NS can help provide some insight into the population and labour force differences between regions.

In 2011, the percentage of the Halifax population who were considered of working age (15 to 64 years of age) was 71.6% of the population, 3.1% higher than the national population: meaning that a higher percentage of people are employed (currently working within the province) or legally employable (currently able to work within the province if a job became available) in Halifax, NS than in Canada as a whole (Statistics Canada, 2011a).

The statistics in Figure 2, Figure 3, and Figure 4 demonstrate a significant difference between Canadian labour statistics, Nova Scotian labour statistics, and Halifax labour statistics. Figure 2 demonstrates that Halifax, NS has a lower unemployment rate than the Canadian average, and a significantly lower unemployment rate than Nova Scotia as a whole: meaning that fewer Haligonians, who are actively seeking work, are unemployed than the provincial and national averages.
Figure 3 demonstrates that Halifax, NS has a higher labour force participation rate (the number of employable individuals who are either actively employed or seeking employment) than Canada, and a significantly higher labour force participation rate than Nova Scotia as a whole: meaning that a higher percentage of Haligonians are engaged in the workforce than the provincial and national averages.
Figure 4 demonstrates that Halifax, NS has a higher employment rate than Canada, and a significantly higher employment rate than Nova Scotia as a whole: meaning that a higher percentage of Haligonians are employed than the provincial and national averages.
These statistics demonstrate that Halifax has lower levels of unemployment, higher levels of participation in the labour force, and a higher employment rate than the national average in Canada (Statistics Canada, 2013a; Statistics Canada, 2015). Nova Scotia also has good access to health care, with the highest number of family physicians per 100,000 population in Canada, with urban areas in Nova Scotia having much higher concentrations of family physicians than rural areas (Statistics Canada, 2012). Further, access to specialist care in the province heavily favours urban populations, with 90% of medical specialists residing in urban centres (Statistics Canada, 2012). While this statistic references medical specialist doctors, it would be expected that there would be a similar trend in other health care professions, though this statistic does not specifically reflect or include other health care professionals, such as registered psychologists.

Figure 4: Employment Rates (2013) in Canada, Nova Scotia, and Halifax
who have specific expertise in the treatment of mental health. Thus, it is evident that both access to employment and access to health care are higher in Halifax, the major urban region in the province: highlighting that regional factors in Nova Scotia need to be considered when assessing mental health and well-being as there are different social determinants of health affecting urban and rural populations within the province. Recognizing the social determinants of health in Nova Scotian will affect how PSW ideals are accepted and communicated in regional organizations.

What Nova Scotian mental health statistics mean for Nova Scotian organizations.

The Canadian Institute for Health Information (2006), a national organization that works with health partners across Canada to develop comprehensive and integrated health information, presented that community-based health promotion initiatives in Nova Scotia are funded by only approximately 2% of provincial health funding; as a result, regional organizations in the province can not rely on community-based health initiatives from the provincial health authorities to solely support the mental health needs of their employees. HANS (2013) outlined that stigma, coupled with low levels of health anonymity, strong sense of resilience, and independence, can be complicating factors in smaller communities in Nova Scotia (Pletsch et al., 2012; Ricketts, 2000; Williams & Kulig, 2012). This highlights that rural and urban regions in Nova Scotia require different approaches to mental health (Pletsch et al., 2012; Ricketts, 2000; Williams and Kulig, 2012). HANS (2013) further recognized that system planning for community-health outreach initiatives are typically broad and may not reflect the diversity of seemingly similar regions through a one-size-fits-all approach. This approach can foster distrust, frustration, and vulnerability, and may not be appropriate or effective (HANS, 2013); like community health outreach initiatives, organizations should also understand the need for appropriate and effective
PSW practices that reflect their region and organization because different approaches to mental health are required in different regional provinces. Additionally, based on an understanding of social models of disability (See Page 23), organizations need to adopt a role in the mental health of their employees because they are poised to best understand their regional and employee culture. In other words, the organizations are able to consider regional cultural contexts when communicating with their employees due to their intimate knowledge of the culture in which they live. Thus, they have the best opportunity to reduce the impairments constructed in their organization that contribute to mental health disability (e.g. long work hours with no breaks, which may be more difficult for individuals who are experiencing an exacerbation of their anxiety symptoms) because they know the cultural factors (e.g. socioeconomic status) that may impact employees in their specific cultures.

Regional research needs to occur, and be available, in order to understand the regional discourse that exists around mental health in the workplace, and develop ways these considerations can affect other PSW theories and practices. For the scope of this research project, and to help develop regional research, data was collected from Nova Scotian disability management professionals. Disability managers are health professionals who provide services that fall under the definition of disability management, “a systematic, goal-oriented process of actively minimizing the impact of impairment on the individual’s capacity to participate competitively in the work environment, and maximizing the health of employees to prevent disability, or reduce the risk of further deterioration when a disability exists.” (Dyck, 2009, p. 933). Disability Managers can provide insights into mental health in Nova Scotian workplaces based on their professional interactions with various regions and stakeholders in workplace
mental health, including employees, employers, and health professionals. Organizations need to have adequate and relevant regional research data and education available on the regional perceived mental health discourse and associated concerns before organizations can be expected to understand and develop a concerted effort to improve psychological safety in their workplace.

**Academic Theoretical Frameworks: How Disability Exists within Medicine and Society**

This research recognizes that disability is both medically and socially constructed. This section reviews the dominant societal discourse of disability, medical models, and the less commonly understood discourse of disability, social models: concluding that workplace environments are social constructs and an additional factor of mental health disability. Through an understanding of workplaces as social constructs, organizations will have a better understanding of why transformative changes toward PSWs are necessary in disability prevention.

**Medical models of disability.** Accepted social perceptions of disability are influenced by dominant medical models, wherein, individuals are treated based on objective medical measurements. Liachowitz (1988), a former associate professor and chief of the Department of Physical Medicine and Rehabilitation at the Graduate Hospital of the University of Pennsylvania, presented a book through a university press publisher that develops scholarly research for educational purposes. The book presented disability as a social construct, wherein she asserted that disability is a result of both medical pathology and societal constructs; but, it is medical models of disability that normalize disability function through diagnoses and define disability in relation to the norm, or the able-bodied (Liachowitz, 1988). The biomedical model, an established medicalized model of disability, posits that medical illness is caused by medical
pathology, thus reducing symptoms of illness, including pain and disability, as “attributable” and “proportional” to the underlying medical pathology (Bernard & Krupat, 1994; Waddell, 1992). Under this model, psychological symptoms are considered secondary, resolving once the initial pathology is appropriately treated (Dunstan & Covic, 2006).

Medical models are necessary for identifying pathology and medically managing disability; however, as individuals function in relation to others and in environments, interactions are additional factors in how individuals navigate disability. Oliver (1986) and Swain and French (2000) highlighted how the current disability language has created “tragic” medical models wherein individuals are victims of their disability. Research into disability in the workplace propelled a shift from medical models, based in clinical reasoning and practices that focus on objective factors, toward a more comprehensive theoretical framework that recognizes other aspects of disability (British Society of Rehabilitation Medicine, 2000).

**Social models of disability.** Social models evolved as challenges to the limitations of medical models of disability and focus on “disability as construction”, or disability that is constructed in social environments (Rothman, 2010). Oliver (2013), an Emeritus Professor of Disability Studies at the University of Greenwich and disability rights activist who focused on promoting social models of disability throughout his career, proposed a social model where individual limitations are not the only contributor to disability: society’s inability to accommodate individuals with disability through appropriate services to ensure individual needs are met poses a dimension of disability that runs contrary to dominant organizational and societal discourse that assume disability is an individual experience (Oliver, 2013). Social models of disability ascertain that impairment is partially created by interactions with environments and,
therefore, socially constructed (Engel, 1977; Hedlund, 2000; Humphrey, 1999; Marks, 1997; Oliver, 1986; Swain & French, 2000).

There are links between multiple social models of disability that can help identify areas for change in organizational environments toward PSWs through deepened understanding of how environments affect disability. The biopsychosocial model of illness, proposed by psychiatrist and specialist in psychosomatic medicine, Engel (1977), is a social model that emerged in reaction to the observed limitations of the biomedical model of illness. The biopsychosocial model assumes that illness, pain, and disability are products of the interactions between psychological and physical variables of disability, and are affected by social and environmental factors (Bernard & Krupat, 1994). The biopsychosocial model accounts for the clinical observation that workers experiencing similar pathology can, and do, report variants in symptoms, including pain intensity and levels of disability impairment (Dunstan & Covic, 2006; von Korff, Ormel, Keefe & Dworkin, 1992); when all other medical pathological factors are equal, differences in disability experience are related to psychological and/or socio-environmental factors.

Environments can also have positive effects on the experiences of individuals with medical conditions, reducing the negative effects environments have on disability impairment. Swain and French (2000) proposed an affirmative social model of disability. Swain is a prominent lecturer and researcher in disability studies within the faculty of Health, Social Work and Education and the University of Northumbria in Newcastle-upon-tyne, UK, and French holds a number of health professional degrees and is a senior lecturer in the school of management and social sciences at King Alfred’s College of Higher Education in Winchester,
UK. Together, they have written a number of books, book chapters, and articles on social models of disability. Within Swain and French’s (2000) affirmative social model of disability, structural, as well as environmental or attitudinal barriers are non-existent and different values and abilities are celebrated. Warr (1987), an Emeritus Professor at the Institute of Work Psychology at Sheffield University, identified that organizational factors can enhance the experiences of employees, with work being viewed as a contributor to defining identity, self-esteem, and psychological well-being. A study by de Vries, Brouwer, Groothoff, Geertzen, & Reneman (2011) surveyed individuals who stayed at work with chronic non-specific musculoskeletal pain to identify why they continued to work. Through this study, they communicated and evaluated experiences of actively employed individuals with chronic pain who remained at work because of the positive value, recognition, usefulness, structure, and stability in work which led to them continuing to have personal purpose and usefulness despite their medical conditions (de Vries et al., 2011, p. 129-130). The findings of the study by de Vries et al. (2011) oppose medicalized models’ discourse on chronic pain limitations that fail to recognize the potential positive impacts of an environment on disability. These positive impacts can be used to promote acceptance of PSWs as environments can have a positive effect on the overall health, productivity, and participation of individuals with disability.

**Limitations of social models of disability.** Social models of disability primarily remain in a metadiscursive theoretical space rather than in a discursive space with other theories and practices, wherein similarities and common ground could be formed and developed for improved social change. Oliver (2013) outlined that despite the potential benefits of different social models of disability, social models have argued legitimacy rather than developing active implementation
practices that would lead to further improvement of disability health education and discourse. Rothman (2010) noted there are several frameworks for understanding disability that are currently polarized between the problem-centered objective “medical” models and the theoretical experience-centered “disability as construction” social models. Medical models would suggest that social models of disability often disregard the underlying pathology of a medical condition, and social models would suggest that medical models disregard the environmental factors; whereas, I propose that these models can co-exist, providing a discursive space to understand the multiple dimensions of disability. However, as medical pathology is often the pervasive discourse of disability and medical conditions, including mental health conditions, this research focuses on further exploration of the practical considerations of social models’ discourse to increase the understanding of the role organizations can play in the health and well-being of their employees. This will provide a deepened understanding of the environmental factors, specifically the workplace, that also affect individuals with medical conditions.

Throughout the literature, discussion centers on the terms disability and impairment and the need for further societal consideration of other potential personal or environmental factors, e.g. workplaces, in disability discourse (Bernard & Krupat, 1994; Engel, 1977; Dunstan & Covic, 2006; Hedlund, 2000; Humphrey, 1999; Marks, 1997; Oliver, 1986; Oliver, 2013; Swain & French, 2000); however, there is limited literature on the practice of this consideration, which is explored throughout this study. There is also limited literature and research on current mental health discourse, and why organizations need to change to promote improved discourse and build PSWs. Further, literature does not specifically explore the study of communication practices and their relationship to workplace psychological safety and disability prevention, despite
communication being the key element necessary for discursive change. Further research is needed in disability discourse to address organizational behaviour and practices as the literature is often based in theoretical realms. This research conducts further analysis of these academic theories in relation to the research findings to ascertain whether the discourse of social models of disability are effective in addressing the regional mental health discourse and in building PSWs in Nova Scotian communities.

**Disability Management and Preventative Disability Measures**

Disability management programs are closely linked to PSWs and are based on both theory and industry practice, providing academic literature to support disability management best practices for the well-being of employees in the workforce. Exploring disability management prevention practices show: (a) the relationship between disability management programs and the prevention of mental health disability; (b) how disability management programs relate to PSWs; (c) the role of organizations in disability management practices; (d) the economic benefits to disability management programs; and (e) a call for further organizational research in disability management practices.

**Disability management programs and PSWs.** Disability management programs and initiatives provide stay-at-work (programs that promote individuals remain at work instead of leave work due to medical conditions), return-to-work (programs that return individuals to work following injury or illness), and other initiatives to support employee health and well-being, and they require the development of PSWs for effective practices, especially in the prevention of mental health disability. Beyond disability prevention, creation of effective disability management programs and practices, in turn, foster PSWs (Dyck, 2013; Grawitch, Trares, &
Kohler, 2007; Kellow & Barling, 1991). Dyck (2013), in a Canadian guide to disability management industry, theory, and practice, presented that even after initial absences from work due to a mental health disability, PSWs motivate early return-to-work from employees and promote and embrace modified and graduated return-to-work policies, all of which save organizations both direct and indirect economic costs. Thus, disability management programs aim to promote and facilitate PSW practices that aid stay-at-work and return-to-work initiatives.

Features of successful disability management programs. Disability management programmers have recognized that successful programs have more effective management practices and organizational cultures that consider aspects of mental health (The Conference Board of Canada, 2013). In turn, The Conference Board of Canada (2013), the foremost Canadian independent and evidence-based not-for-profit applied research organization, noted that effective management practices lead to healthier and PSWs, resulting in direct and indirect economic benefits for organizations. Leadership communication practices boasted through psychologically safe workplace and disability management prevention programs include: enabling employees to have knowledge about their jobs; ensuring employees are able to complete their jobs; equipping employees to do their jobs; motivating employees; and including workplace interactions (e.g. trust, respect, openness, involvement) (Roithmayr, 2007). Successful leadership supports PSWs and helps to prevent mental health disability in the workplace by providing supportive environments for employees.

Economic benefits of disability management programs. PSWs, with associated preventative disability policies and procedures (e.g. employee assistance programs, which are employer-provided programs that provide professional and confidential assistance to employees
and their families to help address issues affecting their personal or professional lives), should produce correlated improvements in productivity, presenteeism, retention, and attendance, leading to long-term overall cost savings for organizations (Dyck, 2009). Watson Wyatt Worldwide (2007) outlined that organizations with effective health productivity programs experience: greater financial returns and productivity improvements; 5% lower casual absence rates and costs; 4% lower short-term disability rates and costs; 4.5% lower long-term disability rates and costs; lower payroll costs for Workers Compensation Board (WCB) claims; lower presenteeism rates and costs; integrated health management programs; healthier workforces; and a healthier organization and bottom line. In its 2008 annual study, Watson Wyatt Worldwide outline that disability prevention in the workplace accomplishes workplace illness and injury prevention through the use of occupational health and safety (OHS) programs, health risk appraisals, conflict management, health management, disease management, control of employee presenteeism, and workplace harassment and violence prevention. These elements can all be considered aspects through which a psychologically safe workplace develops. These economic benefits need to be adequately communicated to workplaces in Nova Scotia to ensure that workplaces understand the economic benefits of PSWs. However, the communication of the economics benefits needs to fit in the regional cultures of the province to facilitate understanding and acceptance.

Limitations of current disability management research. Research in return-to-work strategies have called for further attention to the role of organizational factors in disability to develop a further link between workplace environments and disability interventions and outcomes (Katz et al., 1997: Pransky, Snyder, & Himmelstein, 1996). Amick (2000) suggested
future measurement scales should capture organizational behavior, and/or workplace perceptions, to aid in work disability prevention predication and management. I propose that there are also limited considerations of the regional cultures that affect workplaces in disability management research, a key area that is required for communicating deeper understanding and acceptance of PSWs for the prevention of mental health disability. Additionally, there is limited exploration of how to inspire a culture of social change in organizations that are trying to develop a more PSW.

**Social Change**

Organizations need to transition from the current dominant organizational discourse, grounded in medical models of disability, toward a more comprehensive approach that considers the role of the organizational environment in building PSWs that help prevent disability, which can be accomplished through communication for social change. Fairclough (2007), an Emeritus Professor at Lancaster University and Emeritus Research Fellow at Lancaster’s Institute for Advanced Studies, outlined that transitions from the current organizational discourse requires trans-disciplinary research that brings together practices from the past and present to affect social change. Fairclough (2007) further outlined that discourse constructs affect other social elements (i.e. socioeconomic factors); likewise, social models of disability ascertain that the dominant social discourse constructs, reflective of medical models of disability, affect the social aspects of disability. To affect social change, Jensen and Wagoner (2012) proposed a “cycle of social change” with four main stages: (1) communication processes, where different social actors have different normative ideals and through the process of social change new norms emerge; (2) implementation processes, where the norms meet social and professional practices; (3) public
engagement processes, where social and professional practices and the new norms and ideals meet the pre-existing behaviours and norms of publics and different stakeholders; and (4) deliberative processes, where some social actors may begin to articulate inconsistencies in practices or problems that arise through the implementation of new norms, leading to further social change.

Many organizational-based efforts for organizational change fail (Elving, 2005). In fact, more than half of change initiatives either fail completely or fail to meet the intended results, including one of the elements that leads to failure being lack of adherence to the organizational culture (Bennebroek Gravenhorst, Werkman, & Boonstra, 1999). DiFonzo and Brida (1998), Lewis and Seibold (1998), and Schweiger and Denisi (1991) all proposed that communication was vital for implementation of change, which aligns with Jensen and Wagoner’s (2012) cycle of social change. Further, Smelzer and Zener (1992) proposed that resistance to change is usually a by-product of poorly managed change communication rather than implementation. Bennebroek Gravenhorst et al. (1999) proposed that communication is vital to generate acceptance of change as a solution to challenges. All of these researchers established that organizational change requires effective communication for success, and PSWs requires the same level of communication for success. In order for externally developed standards for PSWs to be accepted by organizations, communication that reflects organizations and cultures will lead to effective social and organizational change. When it comes to PSWs, the current lack of communication that reflects regional cultures reflects poor change communication. This poor communication with Nova Scotian communities and organizations fails to generate acceptance of change toward PSWs, but effective communication that reflects and understanding of cultures generates
solutions (e.g., programs, policies, procedures, practices) to the unique challenges of mental health in the workplace in the province.

Just as subcultures exist in organizations (Schein, 2010), different cultures exist across Canada, and as such, cultures, values, and goals cannot be considered homogenous across the country and organizations (Kozan and Ergin, 1999). Schein (2010) further noted that cultural assumptions evolve around all aspects of stakeholders relationships to their external environments, meaning that it is necessary to recognize the external environments in organizations. As is, organizations are unlikely to have shared cultural norms, values, and goals for their organization with those involved in the development of the national standard as individual organizations were not directly consulted in the creation of the standard. When communicating a new idea to generate social change, understanding the motivations of organizations, which reflect cultures, also requires communication that reflects an understanding of how change can successfully happen in a given cultural context. Therefore, the communication of PSWs will only generate acceptance of social change through communication to the organization from social change agents (individuals responsible for communicating change concepts to organizations, such as disability management consultants) that understand the PSW best practices and can mold and modify these best practices to reflect or align with organizational cultural norms, values, and goals. In communicating PSWs to organizations, change agents will need to communicate the concept and benefits of PSW practices with an understanding of the organizational cultural contexts. Through this, communication with organizations from change agents will reflect cultural contexts to create common norms, values,
and goals between the standard and a given organization, establishing the foundation for implementing social change.

Despite established national standards, PSWs in Nova Scotian workplaces are predominantly in the first stage of Jensen and Wagoner’s (2012) proposed model: the communication process. A psychologically safe workplace standard was developed through external research through consultation with various experts throughout Canada. As such, this change toward PSWs is being born external to organizations, and therefore, it is not necessarily a recognized concept in organizations themselves. Therefore, customized cultural communication is key when attempting to use external developed concepts to affect social change within organizations. In order to generate “buy-in” to PSWs, culturally sensitive communication with organizations, facilitated by change agents, must exist so that organizations are invested in social and organizational change. This investment in social and organizational change is fundamental for organizational change to happen.

At this time, there needs to be further communication with an understanding of regional cultural contexts. While understanding individual workplace environments is important, regional and provincial factors of mental health need to also be considered in communication to ensure that they understand the greater aspects of culture and communication affecting employees and workplaces. Depending on the workplace environment, employee perceptions of mental health in the workplace collected by the organization may not be accurately communicated, especially when there is a lack of anonymity and a fear of repercussion or unwanted attention. Regional and provincial contexts can help to provide insights into the issues that are likely prevalent in organizations prior to attempting to measure employee reported perceptions. If there is a
significant difference between regional and provincial culture and organizational culture, reasons should be investigated by the organization. Through this research, I intend to explore the communication process of social change to help propel PSW social change toward the next stage: the implementation process.

**Psychologically Safe Workplaces: Practical Considerations for Organizations**

Workplaces need to understand how to transfer theoretical best practices into practical implementation in their organizations, which is the goal of PSW best practices that are built upon the foundations of academic literature and practical research conducted in conjunction with leading mental health research authorities in Canada. There is no unified “right” way to implement a PSW, but there are elements consistent across various organizational cultures and proposed best practices that can be explored and evaluated (Canadian Centre for Occupational Health & Safety, 2012; Grawitch, Ledford, Ballard, & Barber, 2009). While there is substantial literature focusing on PSWs in relation to the positive presence of health extending beyond preventative measures, this research aims to specifically address how implementing PSWs aid in the prevention of mental health disability in the workplace. Through this lens, psychologically safe and healthy workplaces are the framework necessary for disability prevention that saves organizations both direct and indirect costs.

**Literature Review Summary**

This literature review collated information from across disciplines that have relevance in the communication of PSWs in regional cultures. The literature review allowed for objective and thorough summaries and critical analyses of relevant research, allowing for a comprehensive review of information available, aligning with the goal of this research to critically review
literature across disciplines that have relevance to the research question (Coughlan, Cronin, & Ryan, 2008).

The literature review highlights a rationale as to why Nova Scotian organizations should employ PSWs and the need for regional cultural considerations in the communicating PSWs. Furthermore, literature across various disciplines with an interest in PSWs was reviewed, and gaps in the current literature were exposed, establishing areas for further research. Throughout this review, I established that there is limited research and associated data: (a) surrounding mental health within Nova Scotia, yet the data that are available show that Nova Scotians have significantly more mental health concerns than Canadians as a whole; (b) surrounding how cultural contexts can affect acceptance and consideration of PSW practices; (c) surrounding the regional discourse of mental health within Nova Scotian communities; (d) demonstrating why organizations should communicate PSWs; (e) outlining how PSW practices will require communication to affect social change; (e) describing practical considerations of the social models of disability that recognize that environments, such as workplaces, play a role in disability limitations; and (f) factoring in regional considerations for the communication of PSWs, which currently promote a “one-size-fits-all” approach to communicating PSWs.

This research expands the conversation on both Nova Scotian cultures and how to communicate PSWs for the prevention of mental health disability in those cultures. Further exploration of the theoretical models, disability management models, and PSW best practices presented in the literature review is evaluated along with the data collection through qualitative content analysis to find intersections between all data. This evaluation is informed by the social models of disability, which assumes that organizations play a role, and therefore have
responsibility, in the mental health of their employees. The similar findings between the reviewed literature and the collected data evaluates in what ways Nova Scotian cultures impact the communication of PSWs for the prevention of mental health disability.
Chapter Three: Research Design and Methods

Research Design

As previously mentioned, my research question centers on the ways in which Nova Scotian cultures affect the communication of PSWs for the prevention of mental health disability. This research focused on creating deepened understanding of contexts for communicating PSWs in Nova Scotia. This study used an applied research design that uses qualitative methods to address the research question. Qualitative research allowed for analytical generalizations about how elements fit within general contexts (Curtis, Gesler, Smith, & Washburn, 2000). As such, this allowed me (in my capacity as a researcher) to make research generalizations about how PSW practices can fit within Nova Scotian cultural contexts. In contrast, quantitative research makes statistical generalizations that can apply to wider populations based on the statistical samples, assuming homogeneity across contexts contained within the sample (Curtis, Gesler, Smith, & Washburn, 2000). By using qualitative research design, I was able to examine observations and processes, like PSW best practices and social models of disability, within contexts, which is key to further understanding how these theories and theoretical best practices are practically applied in specified contexts (Miles & Huberman, 1994). A qualitative research design allowed me to carefully examine the theories and practices surrounding psychological safety in the workplace for the prevention of mental health disability, changing or reforming workplace health and safety-related theories so that they are more reflective of their specific contexts (Curtis, Gesler, Smith, & Washburn, 2000).

Overall, this study aimed to provide deepened contextual understanding to a phenomenon that does not have set parameters. Cultures and mental health in Nova Scotia are not defined or
specified in any literature, yet these topics are something that are assessed in Nova Scotian workplaces, especially amongst those who deal with mental health in the workplace in a professional capacity, like disability managers. Since Nova Scotian cultures and PSW best practices are under researched both in academia and in Nova Scotia, this research lends itself to a qualitative research design that aims to deepen contextual understandings of the subject matter rather than testing knowledge and understanding of the phenomenon. Additionally, with communications about PSWs being the first stage of social change, the specific understanding of how cultures can affect this communication has yet to be established. Therefore, a qualitative research design allowed for deeper understanding of the ways in which Nova Scotian cultures affect the communication of psychologically safe workplaces.

This study linked Nova Scotian cultures to their effect on the communication of PSWs in regional communities. A theoretically-based, deductive, qualitative research design allowed for sampling and analysis to be directly linked to the existing theoretical framework of social models of disability (Trotter, 2012). This theory-based qualitative research design favoured expert sampling, which, for this study, is conducted through qualitative key informant interviews of five disability managers in Nova Scotia.

Interviews were conducted through an email, with the attached research questions. One-time asynchronous email interviews allowed for the initial and preliminary research in this area to be established. In the email interviews, participants identified whether they would be willing to be contacted for follow-up, which was primarily included so that the researcher could clarify any ambiguities or confusion presented in the initial responses. Limiting participant and data interactions allowed for the common themes identified in the initial responses to build a
foundation for future research. Future research could include a more action-based approach, with solutions for psychologically safe workplaces born out of cultures through communication with all stakeholders, where there is a continued and ongoing feedback process between the researcher and research participants; however, this was beyond the scope of this research as it would take significantly more time and resources than were readily available during this research process. Future research can explore this action-based approach to create culturally-sensitive communication that reflects regional cultures.

A qualitative research design was preferable for this proposed study—exploring multiple ways that culture may affect communication about mental health in organizational contexts to deepen the understanding of mental health in the workplace in Nova Scotia. A qualitative research design allowed me to explore the potential cultural influences that can lead to future quantitative studies—testing the results of this research with a larger representative sample population in the community.

Since research heavily depends on the researcher’s skills, transparency throughout the process ensures that the research is replicable, in at least the methods of research design, and the credibility of the researcher was established through clear description of the methods and process used in the research. In my study, I have ensured that my research is transparent through clearly outlining my research process and methods of data collection and analysis within the “research methods” section of my thesis, ensuring that my research methods are replicable by other researchers using the same research design. Additionally, the research design is most effective when the sample recruitment process aims to identify consensus among key informants with the
most expertise in the specific phenomenon related to the research, which can represent a larger subsection of the population (Trotter, 2012).

The study’s limitations center on the fact that there is a limited and unknown population of trained and recognizable disability managers that have expertise working with Nova Scotian communities, largely because there is no mandatory regulatory body for disability management in Canada at this time. While the National Institute of Disability Management and Research (NIDMAR) certifies disability managers within Canada, this is not a mandatory requirement for professional practice. As a result, not all disability managers, who may have significant experience in the field of disability management, are registered with NIDMAR. While there is a publically available list of individuals certified through NIDMAR, regional information or contacts are not provided. This made recruitment for this study challenging, relying on expert snowball sampling (which will be discussed later in the “methods” section of my research) to identify potential research participants. However, despite the unknown potential population, this research still followed a robust design. Bernard (2011) recommends that qualitative research does not require a quantifiable sample of the total population, but ideally interviews sample to the point of data saturation, where concepts or themes are continually repeated and no new concepts of themes emerge. Thus, if the research is producing consistent results across participants, this is the measure of an effective qualitative research sample size. In order to ensure the reliability of the research results, I attempted to interview to the point of data saturation amongst my research participants.

Applied research focuses on the use of knowledge to engage with research that has application beyond the academic discipline (Bickman and Rog, 1998). This qualitative applied
research through an interpretative lens will have application beyond the academic discipline by focusing on and making recommendations for the practice of communicating PSWs in Nova Scotian workplaces. Walsham (1993) described that interpretive methods recognize that knowledge of reality is a social construct with no objective reality that can be discovered by researchers or replicated by others. Given that the grounding theories used in this research, social models of disability, ascertain that disability is constructed in society, and environments play a role in disability, an interpretive lens allowed for an exploration of the realities that exist in a specific context (Newton, 2006).

For this research, in addition to the literature review above, I conducted semi-structured interviews and qualitative content analysis of all data. I sought to provide recommendations for communicating PSWs in Nova Scotia that define the issue, explore its context, analyze its component parts, and develop communication recommendations.

**Data Collection**

Initial data collection was conducted through the literature review that establishes the context for PSWs that prevent mental health disability and Nova Scotia cultures. Further data collection was conducted after the proposed research was approved through the Research Ethics Board at Royal Roads University. Email interviews with key informants, Nova Scotian disability managers, were conducted to provide insight into Nova Scotian mental health in the workplace contexts, specifically the cultural aspects in Nova Scotia that may affect workplace mental health.

Disability managers who were actively working with Nova Scotian workplaces were recruited for interviews. The criteria for selection was based on reputation and experience as
disability managers, which for the purpose of this research is defined as individuals who are actively employed in positions that fall under the following definition of disability management: “a systematic, goal-oriented process of actively minimizing the impact of impairment on the individual’s capacity to participate competitively in the work environment, and maximizing the health of employees to prevent disability, or reduce the risk of further deterioration when a disability exists.” (Dyck, 2009). This means that research participants were be actively engaged in employment that helps provide stay-at-work and return-to-work activities, balancing the health of employees with their work environments. Participants were required to have at a minimum of two years of disability management experience, though all my research participants had at least 10 years of experience, working with Nova Scotian workplaces to ensure they had sufficient knowledge of mental health in the workplace and Nova Scotia cultural contexts.

I conducted online, semi-structured, key informant interviews with five disability managers from Nova Scotia. Interviews provided flexible opportunities in which participants were able to explore their perspectives and describe a situation in their own terms (Daymon & Holloway, 2002). While this type of interview can be time-consuming, it can be beneficial for asynchronous forms of communication, making it ideal for this specific research project (Daymon & Holloway, 2002). Asynchronous semi-structured interviews still allow for exploration of perspectives, with open-ended questions, but they allow the research participants to clearly form their own thoughts and perspectives on the question over time because of the asynchronicity. This gives research participants enough time to contemplate and formulate their responses to open-ended questions, which can yield more fruitful results on the initial responses
than face-to-face interviews as the participants have taken more time to reflect on the questions asked in the interview.

Key informant interviews benefit this research as they are qualitative interviews with individuals who have first-hand knowledge about the topic and community being investigated and are recommended for gaining information about an issue in the community (UCLA Center for Health Policy Research, n.d.). Further, key informant interviews helped this study understand workplace motivation, behaviour, and perspectives of the community surrounding PSWs in Nova Scotia (Krumar, 1986). Disability managers from Nova Scotia are key informants on Nova Scotian cultures and mental health in the workplace as they communicate and interact with various stakeholders of workplace mental health within the community. Disability managers regularly communicate and interact with multiple stakeholders in workplace mental health, including employees, employers, health professionals, unions, and lawyers. Given their interactions with multiple stakeholders, they are able to provide a deeper level of insight by their exposure to various perspectives of workplace mental health. While other professionals may be experts in health professions, or in organizational culture, disability managers have a keen insight into an interdisciplinary set of knowledge that combines knowledge across these disciplines, with knowledge on organizational cultures and mental health. This unique knowledge set allows for disability managers to evaluate how culture directly affects mental health, by evaluating what the health professionals and health research says in relation to workplaces and the cultural contexts. Exploring this research through disability managers allows for rich perspectives on the research subject matter to improve and streamline communication.
For this research project, email was the primary platform for interviews. Participants were recruited through a recruitment email. Email interviews allowed the participants to be more reflective when responding to interview questions (Daymon & Halloway, 2002), which reflects Mann and Stewart’s (2000) support of email interviews as an effective way of expressing thoughts and feelings. Furthermore, to reflect the research participants’ needs, time, and schedules, at the time of initial email recruitment and the invitation to participate in the research process, I outlined that initial primary interviews were going to take place asynchronously over email. There were a few main reasons why this approach benefited this research: (1) it allowed me to connect to a wider range of geographic regions within Nova Scotia (as I was limited by resources and accessibility to travel throughout the province); (2) it allowed individual disability managers to participate who normally have busy and unpredictable schedules; and (3) it allowed for more in-depth responses as the readers have more time to formulate and articulate their thoughts. While participants were informed that should they prefer face-to-face interviews those could have been arranged, no participants expressed interest in face-to-face interviews. Further, in my informal communications with participants, some noted that the email format made it easier for them to participate in the study.

In order to recruit participants, I informally and formally contacted approximately 20 individual disability management contacts that I accumulated through my professional experience as a disability manager. Further, I reached out to approximately six organizations with potential disability management contacts in Nova Scotia. Each of these participants received an official recruitment email (see Appendix A). Through this research process, I asked each contact to reach out to any other contacts that would fit the criteria for research in an
attempt to conduct snowball sampling, which is a useful way to conduct purposive sampling considering there is no registered list of disability managers in the province (Morgan, 2008). This purposive sampling allowed me to gain knowledge, insights, and perspectives from individuals with a specific expertise in disability management, which is beneficial during an exploratory phase of qualitative research where there is limited empirical evidence, like this research study (Lund Research Ltd., 2012). As there was no obvious source for locating members of the population of interest, participants were most likely to be the sources of information for other disability management who share similar employment characteristics (Morgan, 2008). Through the purposive sampling, I was able to focus on these specific employment characteristics that allowed me to address the research question (Lund Research Ltd., 2012).

This non-probability sampling allowed me to use my own judgement in selecting a sample that was representative of disability managers who work with Nova Scotians, ensuring that participants were able to provide insights into the topic of my research study (Saumure & Given, 2008).

Initial expression of interest was requested by February 15, 2015. At that time, nine eligible participants expressed interest and agreed to participate in the research study. The criteria for selection was based on reputation and experience as disability managers, establishing them as key informants; all participants have at least 10 years of experience working with Nova Scotian workplaces, which ensured that they have sufficient knowledge of mental health in the workplace and Nova Scotia cultural contexts. While I am an experienced disability manager in Nova Scotia, there were no anticipated or developed conflicts of interest as I was not currently practicing disability management within a Nova Scotian organization. Research participants
dedicated approximately one hour to the interview. These interviews all contained the same questions, and included questions about their perceptions and experiences with mental health in Nova Scotian organizations (see Appendix B). The interviews also included two demographic questions to establish and confirm their level of expertise, and there was also a question asking whether the participants would be willing to partake in any follow-up questions that were optional. The main interview included five open-ended questions about mental health in Nova Scotian workplaces, PSWs, and mental health disability prevention.

After individuals expressed their interest, and their eligibility for the research study was confirmed, I contacted each individual separately to provide them with the email interview questions. Also, I requested that they also provide their informed consent (Appendix C) and return it to me prior to, or with, their completed interview questions. Interviews were to be completed by March 15, 2015; however, despite sending a reminder email on March 9, 2015, approximately one week before the responses were due, I only received 3 responses by that deadline, so I sent further follow-up emails on March 16, 2015 to remind individuals of the research study, and I requested contact to determine when they would be able to complete the interview. Approximately two weeks after this, on March 31, 2015, I sent out final call emails to those who still had not provided an update on the status of their interview, noting the final deadline for submitted interviews of April 6, 2015.

Data Analysis

I used qualitative content analysis to manually code and theme the collected interview data. Qualitative content analysis allows for replicable and valid inferences between data and contexts to provide knowledge, new insights, and representation of facts in context.
(Krippendorff, 1980). Additionally, this method allowed me to immerse myself in the data based on qualitative content analysis rules and step-by-step models, helping me to mitigate rash quantification of the research findings (Mayring, 2000). The main benefit of qualitative content analysis is that it has two levels of content: themes and ideas from the texts (theories and best practices), or primary content, and context for those texts (organizational, Canadian, provincial, and regional), or latent content (Becker & Lissmann, 1973). Given that this research has explored how the contexts, Nova Scotian cultures, affect the communication of PSW practices in Nova Scotia, the main benefit of qualitative content analysis allowed me to analyze both the texts and contexts of the data. As this research aims to create deeper contextual understanding of what ways communicating PSWs in Nova Scotia is affected by cultural contexts, qualitative content analysis was a beneficial and appropriate method for data analysis because it allowed for deeper understanding of contexts surrounding the research question. Deductive content analysis was used to test in what ways the collected data reflected the theories presented in the literature review because this research is building upon previous knowledge, a fundamental aspect of deductive content analysis (Kyngäs & Vanhanen, 1999). Deductive qualitative content analysis connected the data texts (interviews) with the previously established context and literature (Mayring, 2000). This analysis analyzed the text (interviews) in context (in this case, Nova Scotian communities contexts), but it clearly defined the parameters of each coded deductive category, increasing the validity and transparency of this research (Mayring, 2000).

Deductive content analysis has three main phases: preparation, organization, and reporting (Hsieh & Shannon, 2008). In the preparation phase, data was categorized and coded to identify units of meaning (e.g. experience, perception) within the data, organizing them into a set
of categories that reflects the research participants’ experiences and perspectives (Stringer, 2013, p. 162). The purpose of the categories is to build a model of analysis out of the concepts that emerge in order to develop a deeper understanding of meanings, intentions, consequences, and context (Hsieh & Shannon, 2008: Downe-Wamboldt, 1992).

Following categorization, data was unitized in the organization phase, isolating the elements of meaning from other elements of reported experiences during data collection (Stringer, 2013, p. 164). Themes were identified within these categories, analyzing the data in relation to the theories that recognize environments as a factor in disability, which included related theoretical social models of disability and PSW and disability management best practices constructs, discussing implications for practice. The themes identified in this research were identified by participant perceptions that emerged across various participants, and the themes were informed by the presented literature and theories. The themes used for the research results were the most prevalent themes as identified by my interpretation of the research results in relation to the literature review, keeping this consistent with an interpretive deductive content analysis. This phase took the identified themes, and reviewed each research participant responses to identify the areas that were presented in multiple responses. In this process, subthemes emerged as factors that individual participants considered important elements of the overall theme. These subthemes were identified based on the literature review in order to determine appropriate subthemes for the purpose of the research question. These subthemes were then cross-referenced across the different participant responses to determine the extent to which each subtheme was identified. To improve inter-reader reliability, the thesis supervisor was consulted.
throughout the research process, and the supervisor agreed with the themes and subthemes presented in this research.

The discussion centres on the research question, addressing in what ways Nova Scotian cultures affect the communication of PSWs for the prevention of mental health disability. Further, the discussions assesses how the coded themes relate to the reviewed literature and what elements can be combined and contrasted for a shared meaning of PSWs in Nova Scotian contexts, bringing disability into a discursive space that helps improve communication. I also identify which factors are consistent between the literature, research results, and all workplaces, which elements are unique to Nova Scotian cultures, and in what ways Nova Scotian cultures affect the communication of PSWs within the regions in the province.

Then, the results have been reported out of the themes that emerge out of the unitized data. In order to increase the reliability of the study, and as recommended by Polit & Beck (2004), this research demonstrates a clear link between the results and the data, and present a clear outline with specific details of the process used for categorizing and unitizing the data. These results include the ways in which Nova Scotia affects the communication of PSWs in Nova Scotian communities for the prevention of mental health disability, and recommendations on elements that should be considered within Nova Scotian contexts, based on the research findings, in addition to the established best practices. These results are presented through the assumption of the social models of disability which assume that organizations are a factor in the mental health of their employees. It also includes recommendations for future research. A clear description of the context, selection and characteristics of participants, data collection and
process of analysis has facilitated transferability of the research design (Graneheim & Lundman, 2004).

**Ethical Considerations**

There were no expected conflicts of interest during this research process as I was not actively employed as a disability manager at the time, mitigating potential conflicts of interest between the workplace, research participants, and the research data. However, as this research deals with human subjects, there are ethical considerations that needed to be established before research was conducted. Mann and Stewart (2000) suggested that researchers are clear about the purpose and procedures of their research. Therefore, during the interview process, participants were informed of the purpose of the study, the research process, their right to withdrawal, their anonymity in the study, their confidentiality in the study, and the outcomes of the research.

Participants were informed of the research process and their right to withdraw at the following stages: (1) recruitment; (2) the provision of informed consent; and (3) in all online and in-person communications – the right to withdraw was included in formal email correspondence. Participants were informed that should they wished to withdraw from the study before March 15, 2015, they were to contact the research facilitator and all of their information would have been destroyed through deletion of any correspondence that were used in the content of the research data via email, and shredding of any print documents. No potential research participants requested this. However, after March 15, 2015, data analysis commenced and research information was anonymized through categorization and coding. Once this analysis began, individuals were informed that they were not be able to withdraw as their individual responses could not be separated from other data.
Chapter Four: Results

The interviews conducted in this research study focused on disability managers’ perceptions of in what ways Nova Scotian cultures impact the communication of PSWs for the prevention of mental health disability. Throughout the qualitative content analysis process, two primary categories were identified in the research data as important to communicating PSWs for mental health disability prevention in NS: (1) generating organizational “buy-in”; and (2) considering Nova Scotian cultural contexts. These primary categories were consistent across research participants, and were brought up as themes throughout the literature, which satisfies that these categories were established to saturation within the data. Within these categories, the coding resulted in seven themes that were considered significant elements of mental health in the workplace within Nova Scotian cultures to varying degrees: (1) supportive organizational environment/culture; (2) mental health education; (3) organizational discourse/communication; (4) supportive policies, procedures, and programs; (5) urban/rural access to resources in NS; (6) employment industries and job mobility in NS; and (7) Nova Scotian attitudes/behaviours. In this section, the themes that emerged from the data are explored. These themes are discussed later in relation to the literature through the discussion section of this study.

Research Participants

Before I address the specific research results, I will introduce the research participants. To protect their anonymity, limited information is included on each research participant, but this information is intended to help clarify some of the background of each research participant; however, many features of the participants, such as education levels, years working in a specific industry, their work level within the industry, and location, were not included as they would
potentially expose the anonymity of the research participants. In addition, I have assigned fictional names to each participant below, which should help make the research results more clear, while protecting the anonymity of the research participants.

**Introduction to Sheila.** Shiela has 15 years of experience working in disability management within Nova Scotia. Shiela works for a government organization. Currently, she primarily works with the region of Halifax in Nova Scotia.

**Introduction to Beth.** Beth has extensive experience working in disability management, with 10 years of experience specifically dealing with Nova Scotian populations. She works for a government organization, but she also has previous experience in other industries. Currently, she travels around all areas of the province for her disability management work.

**Introduction to Emily.** Emily has 17 years of experience working with Nova Scotian populations. Emily has identified that she works for an insurance organization. Currently, her work is responsible for all areas of the province.

**Introduction to John.** John has 20 years of experience working with Nova Scotian populations. He works in a human resources division of a private organization, and he has extensive experience working directly with mental health populations. His work is related to, and has implications, for the entire province.

**Introduction to Doug.** Doug has been involved in workplace health for 10 years. He currently works in a government organization, but also has previous experience working in disability insurance. His work is responsible for all regions of the province, and specifically deals with a number of remote locations and populations within the province.
Supportive Organizational Environment/Culture

Throughout the responses, the theme of a supportive organizational environment/culture emerged as an important factor for mental health in the workplace, evident in responses from all research participants. When coding the results, any mention of the organizational culture, which this research considers the psychological organizational environment based on the social models of disability theories, was included in this data set. Figure 5 demonstrates the main findings under the organizational culture/environment theme: employer provided individual and organizational health services, intentional reduction of stigma, attentive leadership, and feedback provided throughout the organization. Some of the subthemes were found across multiple themes, and those subthemes that emerged across themes are identified in the figures by different shapes.

Figure 5: Subthemes that emerged within the data theme of Supportive Organizational Culture/Environment
Emily highlighted that supportive workplaces are required in Nova Scotia as “a cornerstone of the provincial socio-economic fabric”, and that, as a society, “…there is a general public expectation based on social/legal/moral/ethical considerations to prevent all manner of generally known and socially accepted physical, chemical, biological and socially adverse causes or contributors to mental health”, including the workplace as a potential socially adverse cause.

Multiple participants recognized organizational cultural environments as fundamental to positive mental health in the workplace. This can be seen through John’s response that “[e]ach stakeholder in the workplace has a responsibility to create a culture of good mental health” and Beth’s response that organizational environments need to “facilitate normalization of the societal perception of mental health issue[s]…”, which Emily noted “includes reasonable anticipation/consideration of factors causing negative implications for mental health.”

Common among three of the participants was the recognition that the organization is responsible for developing and providing an organizational environment that supports employees and helps prevent mental health disability, which can be achieved through feedback throughout the organization: John noted that organizations should “create an environment where employees feel supported by their employer”, and Emily noted that “the owners and/or managers of workplaces are expected via social/legal/moral/ethical norms to take all reasonable steps to understand and prevent/mitigate factors that adversely impact workplace mental health.” Similarly, Doug noted that “employers need to provide [a] safe workplace [and] provide accommodations to support an individual with restrictions or limitations to be productive and successful.” Further, Doug directly addressed that organizational leaders that do not take responsibility in providing supportive workplace environments will foster toxic environments
that impact the mental health of their employees: “a significant percentage of [mental] illness can be associated with negative workplace practices that impact the employee’s mental health.”

While the responses overall recognized that workplaces have a role in the organizational culture, which is a psychological work environment, there were differences in how participants viewed the role of the organization in the creation of that environment and culture. Sheila brought up the idea of employer-provided individual health services. She perceived that organizations are responsible for providing programs that support individual health, noting that PSWs and mental health disability prevention are “focused on maintaining proactive workplaces that support good attendance via supportive/balanced workplaces with EAP support and flexibility to manage life issues.” In this way, Sheila recognizes that an organization provides supportive programs for individual well-being that focus on how individuals can improve their own health.

Some participants actually identified that organizations play leadership roles necessary for improved mental health in the workplace, requiring attentive leadership. Emily recognized that this role includes “reasonable anticipation/consideration of factors causing negative implications for mental health”, which extends beyond providing programs for individual well-being by focusing on how an organization impacts employee well-being. Further, Emily also noted that the organization needs to take a leadership position and

[w]hen factors causing negative implications for safety and health, including mental health, come to the attention of management or ought to be anticipated and identified by management, their responsibility is to assess, respond and communicate in a timely manner to eliminate or reasonably mitigate risks.
John recognized that the ultimate goal would be for “…employers to see psychological injury with the same level of care with respect to case management.”, meaning that employers need to lead in a way that attends to the mental health of their employees with the same level of care they attend to the physical health of their employees.

In contrast, Emily identified that workplaces need to take a more proactive approach to organizationally based solutions (a subtheme that emerged): “[i]t is the role and responsibility of owners/employers…to proactively consider and make reasonable provisions to optimize safety for all workers…in all [reasonably attributed] work environments.” Emily further noted the potential positive benefits of providing PSW environments, recognizing that environments can affect employees and their work, and environments can reduce disability impairment in the workplace: PSWs

result from a planned and intentional effort from all levels of any organization of any size and scale to prevent the workplace from causing or contributing to mental health challenges…recognizing that persons with mental health challenges owing to non-work root causes may find their best opportunity to have their needs recognized and addressed through a supportive workplace thereby mitigating the potential workplace impact of absenteeism or ‘presenteeism’.

Doug also noted that the employer (including direct supervisors, managers, and Human Resources) is responsible for providing a proactive role in the mental health of their employees by providing “regular feedback to an employee regarding his/her performance in the workplace and share with the employee any concerns about changes in performance for any reason.”

Adding to this, Doug also noted that “employers and unions need to work together to develop
ways to performance manage individuals in a supportive manner and reduce issues that create psychologically toxic work environments.” Ultimately, Doug perceived that workplaces have to be willing to accept “that there are factors outside of an individual’s control” and the workplace has the ability to “take action to stop the negative stigma and focus on prevention (or reduction) of mental health disability.” This shows that despite the origins of the mental health disability, workplaces can still proactively provide an environment that reduces the impact the workplace has on their mental health through a positive work environment.

These responses by Emily and Doug reflect on the importance of the intentional reduction of stigma in the workplace. The responses are directly related to what John recognized as an important reason for the organization to accept its role in the mental health of their employees: “the important human element”, which is “to increase engagement from to employees, promote community stewardship and create an environment where employees feel supported by their employer.” This human element is echoed by Sheila, who stated that organizations need to be “empathetic to personal challenges and supportive of individual needs.” John also recognized that while the organization plays a role, the employees will be the facilitators of change: “by ensuring that employees see mental wellness on par with safety we may help [reduce] workplace incidents[,] resulting in fewer disability cases.”

Amongst the participants who agreed that workplace culture was an important factor of workplace mental health, multiple approaches to address workplace culture emerged. Sheila had a statement that resonated through multiple participants responses, though not directly stated, identifying that it is difficult for organization’s to actually change the workplace environment: “it is very difficult to truly create such an environment, particularly for large employers with
multiple collective agreements and unions representing very diverse groups – labourers to professionals.” Nonetheless, each participant identified the need for a positive culture of health within the workplace and the proactive attitude needed by the employer, despite any practical limitations that may cause barriers to achieving complete success.

Organizational Discourse/Communication

One less commonly identified theme was the need for a different organizational discourse and communication, identified by three participants. During coding, any response that specifically referenced communication or referenced how employers actually practically communicate mental health programs was included in this section. The responses linked communication to social/organizational change. Figure 6 outlines the subthemes identified in this section on organizational discourse/communication: social change through discourse, supportive work environments, supportive policies, programs, and procedures, and attentive leadership.
The need for social change toward different organizational discourse and communication was identified by Beth who noted the need to “[i]ntegrate mental health conversation into the mainstream of communication in the workplace.” Doug also recognized that change happens through communicating new supportive workplace ideals: “acting on changing the identified negative issues [in the workplace] will support the development of a PSW with improved employee engagement, morale, creativity, innovation, reduce conflict and grievances [in a unionized environment] and reduce [absences].” This need for changed organizational discourse was further confirmed by Emily, noting that there is a current shift in communication with “an increasing number of workplaces drawing employees’ attention to the fact that it is important to pay close attention to mental health symptoms, and seek treatment just as we would do to visible
physical conditions.” Emily even went so far as to say, “[c]ommunication that gives impetus to workplaces to establish, support, and enhance PSWs on an ongoing basis is the [first step] toward achieving the goal of mental health disability prevention in Nova Scotia workplaces.” Thus, these research data results identify communication as a driving factor of social change in organizations.

Emily also recognized this communication for change can be accomplished through a supportive work environment, supportive workplace policies, programs, and procedures, and attentive leadership, specifically through an occupational health and safety teams within an organization, noting that occupational health and safety should communicate...facts about managing mental health proactively to broadcast shared data with respect to mental health relevant to their own workplace and to their industry group, to bring attention to safety & health policies and practices being developed/practices within their organization/industry and remove stigma associated with mental health issues by promoting use of confidential third party Employee Assistance Program.

Throughout these responses, discourse and communication were perceived as the primary facilitators of social change within organizations.

**Mental Health Education**

Beth, Emily, John, and Doug noted, in some way, the need for workplace mental health education. To code the theme of mental health education, I identified three main areas in the research participant responses to determine the theme within the resources: community-based understanding of mental health, organizational based understanding of mental health, and any responses that specifically mentioned education or training. Figure 7 outlines the subthemes
identified in this section on organizational discourse/communication: a current lack of mental health knowledge, social change around the treatment of mental health, intentional reduction of stigma, different approaches for community, individual, and organizational education, and supportive workplace environments with disability prevention.

**Figure 7**: Subthemes that emerged within the data theme of mental health education

Currently, there is a lack of mental health knowledge. Beth noted that there is a perceived “basic lack of understanding or mental health issues” (and Doug perceived that there is “little awareness of how…day to day challenges can contribute to an illness”).

To address this, education would help propel social change to address social stigma, and what Beth identified as necessary, facilitating “better understanding of what it is like to experience a mental health issue”. This idea is echoed in other participants’ responses, with Emily noting that “[a]lthough mental health conditions may be perceived as ‘invisible conditions’ they are nonetheless as real and valid as visible physical conditions that warrant
attention, treatment and accommodation.”, and Doug stating that “[e]veryone in society needs to be educated, non-judgemental, and fair with individuals with any type of limitation or restriction.” These results consistently link education to increased understanding of disability, especially mental health disability.

Two research participants identified supportive workplace environments as pivotal to provide organizational education on mental health and mental health disability. Emily drew particular attention to the ways in which education can be implemented within the workplace: workplace education programs. They recognized that education on mental health in the workplace can be executed through the employer, and “regular and timely employee training and education for workplace safety and health matters is the obligation of the employer.”, wherein “[w]orkers are responsible to participate in training and education for workplace safety and health as provided by employers, and apply their training in a responsible and reasonable manner.” Similarly, Doug noted that “education of policy implementation [and] strategies should be mandatory for all individuals within an organization.”

More common responses under the theme of education acknowledged different approaches to community, individual, and organizational health, and these responses included a clear recognition of the benefits that would result from improved workplace understanding of mental health issues within the workplace. John recognized “clear reasons for this such as reduced absenteeism, increased productivity which helps to contain costs around skyrocketing disability claims.” Another participant, Emily, noted that we have a clear and compelling opportunity to improve the lives of Nova Scotians affected by mental health challenges (short term and long term), and their families,
employers and communities by intentionally raising their awareness of the human and economic cost of mental health issues arising out of and in the course of work-related activity, and/or the failure of workplaces to adequately support workers who suffer from mental health issues regardless of work or non-work causality.

This participant linked workplaces to mental health, whether they were the cause of mental health disability and impairment or environments that can support mental health disability and impairment, recognizing workplaces as environments that can affect impairment.

Ultimately, the majority of research participants identified the need for increased education on mental health as an essential element of PSWs and mental health disability prevention.

**Policies, Procedures, and Programs**

During the coding process, policies, procedures and programs developed as a consistent theme in the research data. Since all three of these elements represent the ways in which organizations address their role in mental health, they were joined together to create a deeper meaning of how organizations should and can implement plans to address mental health in the workplace. Policies, procedures, and programs were addressed in four of the participant responses, noting how important these were for the development of PSWs. Policies or procedures are identified as proactive workplace implemented policies and procedures to govern how the workplace addresses mental health, whereas programs are the actual practical programs that address and support workplace policies or procedures. Of note, John specifically addressed the MHCC standard for PSWs: “[i]t is the general consensus…that they [MHCC Psychological Workplace Standards] will become part of the NS Occupational Health & Safety Act at some
point” as an official governing standard. Figure 8 demonstrates the main subtheme findings under the policies, procedures, and programs: supportive workplace environments, community and organization driven development, and attentive leadership.

Participants perceived the need for workplace policies and procedures to support workplace mental health as a supportive workplace environment. Emily identified that workplaces are responsible for providing policies and procedures that support workplace mental health: “[w]orkplace mental health is expected to be supported in workplaces through employer policies and practices that address and bring attention to topics such as Respectful Workplace Expectations & Behaviours, Zero Tolerance for Workplace Violence and Bullying.” Similarly, and Doug noted that “[e]mployers need to develop policies and strategies that address people skills management, expected behaviour in the workplace, conflict management [and] health education (psychological and physical).”

Figure 8: Subthemes that emerged within the data theme of Policies, Procedures, and Programs
In discussing programs, John brought up the importance of programs reflecting a community/organization, having the change be driven out of the specific community/organization: “workplace mental health programs will likely vary from community to community depending on the culture of the organization, the availability of support services in the various communities as well as the engagement of the leadership”, tying programs to their specific contexts.

John also addressed how policies, procedures and programs provide a supportive workplace within their provincial organization, recognizing the types of programs used in their workplace, which were diverse by nature:

- primary features in our workplace include, focus group engagement surveys, separate education sessions for managers as well as employees, promotional campaigns throughout the year, self-assessment tools, in-house peer support, community engagement (participating as presenters in conferences to encourage other employers) and providing resources materials made available to all employees.

When addressing how these policies, procedures and programs exist within Nova Scotia, Sheila noted that “there seems to be a buy in for many employers in the recognition…that you must spend money in order to save money. In other words, taking the time and using resources to set up and establish the required framework and programming to assist employees with their personal issues, will eventually serve to promote greater resiliency, and loyalty to the employer, ultimately generating efficiencies and greater productivity.” Sheila noted that an “ER [employer] has to establish internal programs such as Health Services to provide assistance and resources to EEs [employees]”. 
Though Beth identified that “[mental health] is usually considered to be a function of HR rather than a manager’s responsibility”, the participants identified an organizational leadership role is starting to happen in Nova Scotian communities, especially with more employers supporting EAPs/EFAPs to help improve the mental health of their employees, as identified by a few participants: Sheila noted that “many employers are providing confidential third party Employee Assistance Program accessible at no charge for the employee”; and Emily noted that more Nova Scotian workplaces are “offering EAPs that offer access to confidential services to assist with issues causing or contributing to mental health issues, or aspects of life disruption owing to mental health difficulties.”

In accordance with the leadership observed by Sheila and Emily, John identified their employer as an example of an organization that is taking leadership in the mental health of its employees. John noted that their workplace is taking this leadership role, supporting their employees through a safety culture that supports mental health, empowering their employees to address mental health in the workplace: “we are working towards providing employees with tools to help them with their resiliency skills so that they may remain well at home and at work.” Also, they identified that their organization is “working towards establishing strong links between our robust safety culture and our mental health strategy.”

This research data perceives a primary feature necessary to create more PSWs in Nova Scotia for the prevention of mental health disability is developing and implementing policies, procedures, and programs.
Urban/Rural Access to Resources

One of the most prevalent themes that emerged through the interviews was a recognition of the distinct Nova Scotian cultures; specifically, the difference between urban and rural communities within Nova Scotia and their access to resources. In determining responses that fell under urban and rural access to resources, I included responses that specifically identified resources within their responses. This was noted by all participants as an important cultural factor for PSWs. Figure 9 outlines the subtheme identified in this section on urban/rural access to resources in Nova Scotia: less access to resources in rural Nova Scotia.

Figure 9: The subtheme that emerged within the data theme of Urban/Rural Access to Resources

One of the primary differences that emerged in the data was the differences between urban and rural communities in Nova Scotia; specifically, rural communities having less access to resources: Beth noted that rural communities have “limited access to resources”; Sheila noted that “rural communities [have] less resources” and “scarce opportunities”; Emily particularly identified that there are “[f]ewer or no resources in some regional communities for early recognition and treatment to enable persons with mental health challenges to overcome or cope in order to function to their fullest potential in their community”; John noted “the availability of support services in the various communities” affects workplace mental health programs; and
Doug noted “individuals may have better access to services in major centres vs. rural and isolated communities.”

This urban/rural access to service is a specific feature of Nova Scotia that was identified during this process. While participants didn’t expand on this feature within specific communities, there was consistent perception of this as a distinct factor in workplace mental health from community to community.

**Employment Industries and Job Mobility**

In Nova Scotia, two participants identified that the availability of employment industries and associated job mobility as specific potential factors affecting the mental health of workplaces and employees. When coding data, I identified responses in this category based on whether they specifically mentioned the type of work within the province or the ability to move between jobs. Figure 10 outlines the subthemes identified in this section on Nova Scotia employment industries and job mobility: urban concentration of skilled labour, low levels of job mobility between workplaces, and fewer large employers and more small businesses.
Figure 10: Subthemes that emerged within the data theme of employment industries and job mobility

The difference between the rural and urban populations in Nova Scotia is the difference in the labour forces were identified by Sheila. Sheila recognized that there is an “urban concentration of skilled labour…”, and that rural communities [with] labour intensive male dominated career areas (forestry, fishing, agriculture) traditionally have fewer ER sponsored support programs with a larger group of self-employed persons, [and] EEs [employees] are less likely to discuss their issues or find helpful resources due to fear of job loss, lost opportunity, or a “tough guy” mentality.

Low levels of job mobility between workplaces emerged as a factor that was clearly identified by Sheila as a feature of Nova Scotian workplaces was that employees in NS are facing “financial constraints, [and] reduced flexibility for job change…”, meaning that with less flexibility to change jobs, individuals may have poor “job fit” and/or have poor job performance,
but they have little opportunity to seek out alternative employment that would fit their personal needs. This may result in mental health issues: when people are not satisfied, fulfilled or challenged in their workplace, they may be more susceptible to mental health issues. Sheila also identified that it was important to note the

[d]ivision of labour with females working in traditional roles such as nursing, teaching, home making, is now changing throughout the workforce, in many ways placing more pressure on the “household” to have each member (spouse/partners) perform work in the workplace and at home, reducing the work/life balance further, and breaking down resiliency.

Emily presented an interesting picture of Nova Scotia, perceiving that Nova Scotia is seeing fewer large employers and greater proportions of smaller businesses. This results in “less choice and less opportunities for accommodation for persons dealing with mental health seeking to remain in the work force.” However, Emily suggested that within these smaller businesses, there may also be more flexible options “for persons with mental health challenges to be accommodated with a meaningful role in their work force by their family.” Therefore, this is a shifting landscape within Nova Scotia, but not necessarily one that is negatively affecting mental health in the workplace, depending on the nature of the small business.

**Nova Scotian Attitudes/Behaviours**

One of the primary features emerging from the perception responses that affect mental health in NS workplaces is cultural attitudes and behaviours, identified by four participants. In the research process, attitudes and behaviours were identified in responses that addressed NS specific stigmatization, exclusion, limitations, or cultural nuances. Figure 11 outlines the
subthemes identified in this section on Nova Scotian attitudes and behaviours: “traditional”
cultural view of mental health, general lack of mental health knowledge, rural communities and
industries being less likely to address mental health, and trust and privacy issues.

Figure 11: Subthemes that emerged within the data theme of Nova Scotian attitudes and
behaviours

From the data emerged the subtheme of a “traditional” cultural view toward mental
health in Nova Scotia. Beth, who has worked in various locations in and outside of the province
over the years, described Nova Scotia as having a “[t]raditional (as in not open-minded) social
attitude”, noting that “being a fairly traditional culture, mental health issue[s] still represent a
challenge for the majority of the communities here.” Beth felt that this can translate into “a
tendency to treat individual[s] with mental health issues in ‘patriarchal’ ways...telling them what
is good for them, rather than aiming to increase their autonomy.” Another participant, Sheila,
also identified NS as having a fairly traditional culture, noting that NS has a “traditionally less
diverse workforce with stereotypes regarding a need for assistance. i.e.: carpenters or fisherman
don’t take time off to ‘feel better’ from an emotional/mental standpoint.” Though Emily and
Doug did not specifically comment on a traditional culture, they presented their observations
which would align with this idea of NS having a traditional culture, noting “[t]here continues to
be a significant amount of opinion that a person with behaviour issues just needs ‘a kick in the
butt’ for it to resolve.” (Doug) and “[t]he current state of Nova Scotia cultures is rather oblivious
to the notion of intentionally nurturing PSWs because of a ‘state of denial’ or ‘look-the-other-
way’ attitude when it comes to acknowledging the extent of mental health challenges, nor
recognizing the value of our workplaces as being a safe environment by which Nova Scotians
can recognize and seek supportive avenues to proactively deal with mental health issues”
(Emily).

Within Nova Scotia, Emily perceived a lack of mental health knowledge in the province,
conveying that “[s]ocially, mental health issues are generally not readily disclosed in the
workplaces in order to avoid stigma/discrimination the worker may experience, to the extent of
loss of employment.” Emily also noted that “Nova Scotia cultures are in an ‘emerging’ state
when it comes to comfortably recognizing and meeting the challenges of mental health issues,
and acknowledging that mental health issues affect many more Nova Scotians than we care to
quantify.” Similarly, Beth perceived that NS needs to “de-stigmatize mental health issues” and
that there is “a lack of comfort dealing with them [mental health issues]”, and Doug noted that
“[s]tigma still remains as the primary factor that impacts workplace and societal mental health in
NS.”
Doug recognized that rural community industries are less likely to address mental health, specifically discussing the difference in regional attitudes and behaviours, outlining that there are cultural nuances within some of the smaller and more remote communities…some of these groups still don’t recognize mental health illness as real and that all negative behaviour remains of one’s own control or is solely blamed upon the ‘mean or bad employer’ causing ‘stress or nerve issues’.

Sheila also identified workplace trends as factors affecting workplace mental health behaviours, noting “[w]orkplaces and home life are too busy and fast paced now due to immediate response/answers desired from clients.” Sheila continued by outlining how increased technology and mobile 24/7 access “seldom allow for a true disconnect from work and responsibility…” Nonetheless, there seems to be some movement toward social change with employees, with Sheila also identifying that “although traditionally, EEs [employees] have been inclined not to disclose mental health issues for fear of losing jobs or opportunities, there is a greater acceptance by EEs [employees] to miss time to take care of their mental health needs.”

Emily furthered this discussion, noting the difference in labour forces may also result in different levels of trust that mental health information may be kept private given the size of the community and potential lack of anonymity, noting that “[c]ommunity norms for privacy may be less than urban norms, hence more persons with mental health challenges may be reluctant to seek assistance.”

Of note, Emily commented on the future of PSWs in NS, expressing that “[a]s these themes [workplace programs] begin to ‘live’ in more workplace cultures, the more people will
modify their behaviours and expectations to transform workplaces that intentionally support mental health.”

**Results Conclusion**

The results of these research interviews presented features consistent with the literature review and features that were unique to Nova Scotian cultures, which will be discussed in the “Discussion” section of this research. The results of the research interviews revealed some features consistent with the literature and some features that were unique to Nova Scotian workplaces. Across the themes that were consistent between the literature and research results, there were some subthemes that emerged, which should be considered for the practical implementation of psychologically safe workplaces. These features are illustrated in Figure 12 through different shapes that highlight the interconnection between themes and subthemes identified throughout the results section.

Figure 12 outlines the subthemes that continued to emerge throughout the themes including intentional reduction of stigma, attentive leadership, social change, and supportive work environments. These elements emerged throughout the four themes, highlighting their importance to the delivery of successful psychologically safe workplaces. These subthemes would suggest goals that each organization should have for development and implementation of psychologically safe workplaces, and these elements should be communicated to organizations as important for the success of the themes of supportive organizational culture/environment; improved discourse/communication; mental health education; and policies, programs, and procedures.
Figure 12: Themes and subthemes that emerged within general features of psychologically safe workplaces as identified by the research results

The features that were unique to Nova Scotian workplaces and these research results had no consistent subthemes. Figure 13 outlines the unique factors that were identified through the research results as key elements of Nova Scotian culture that could affect psychologically safe
workplaces. These elements will be discussed in further detail in the “Discussion” section of the research, but the main features that emerged throughout the results section are illustrated in Figure 13. These research results that were unique presented the generation of “buy-in” as the fundamental way that Nova Scotian cultures affect the communication of PSWs for the prevention of mental health disability. Within this, there were multiple Nova Scotian cultural factors identified by the research participants that would impact the generation of “buy-in”, and these factors need to be considered for this social change to happen.

While some themes identified throughout the research interviews were more prevalent than others, all themes were perceived by multiple research participants. With little thematic conflict in the data, and the differences identified between responses being approaches to address the themes, and this research data had internal data saturation, a feature necessary for qualitative research studies. Additionally, the interconnections between some of the data results demonstrate the importance of both the themes and subthemes in establishing PSWs.
Figure 13: Themes and subthemes that emerged within unique features of Nova Scotian workplaces as identified by the research results.
Chapter Five: Discussion

This specific study focused on in what ways Nova Scotian cultures impact the communication of PSWs for the prevention of mental health disability. The study collated interviews that asked questions about mental health in the workplace within Nova Scotia from the perspectives of disability management professionals who have considerable insight into how the regional cultures within Nova Scotia may impact building a PSW. The research interviews were conducted in an attempt to bridge the gap that exists between multiple theories, practices, and regional cultural contexts: providing a discursive space to discuss communication practices that reflect the specific regional cultures in Nova Scotia. The goal of the study was for organizations to embrace the concepts presented in this research, develop an increased understanding of the need for PSWs and reflect on how the regional considerations for Nova Scotia can be incorporated into PSW building practices within their organizations.

In this section, I explore the consistent elements between the literature and research results: (a) a supportive organizational environment/culture; (b) improved discourse/communication; (c) improved mental health education; and (d) supportive policies, procedures, and programs. This overview will establish the elements that can be incorporated from the literature when communicating psychologically safe workplaces in Nova Scotia.

Consistent Elements between the Literature and Research Results

The PSW, disability management, statistics, social models of disability theories, and research results all confirm elements that are necessary for PSWs, as outlined in the MHCC’s National Standard of Canada for Psychological Health and Safety in the Workplace (The Standard). These elements include: a supportive organizational culture/environment, improved
discourse and communication in workplaces, mental health education, and supportive policies, procedures, and programs. Improved organizational culture ownership; discourse and communication; policies, programs and procedures; and mental health education are all necessary in order to reduce stigmatization, improve psychological safety within the workplace, and improve the economic benefits of psychologically safe workplaces for organizations. The results of this study joined a general consensus that organizational change towards more PSWs happens through organizational environment/culture. These research results reflect that organizations provide an environment that affects the mental health of employees, which is a key feature of the social models of disability. To improve organizational environments, this research concludes, based on the literature, statistics and research results, that improved organizational discourse and communication, as well as mental health education will help reduce stigma within organizations, ultimately improving the psychological safety in Nova Scotian workplaces. In order to ensure effective communication/discourse and mental health education, the literature and research results would suggest social change towards clear policies, procedures and programs, which are delivered by supportive leadership within an organization. These factors are considered important for addressing the current lack of understanding of mental health, as outlined through the national statistics in Canada presented in the literature review.

As I have established the consistent elements between the literature review and the research results, I will now specifically address each of these consistent elements and how they can help with the communication of PSWs in Nova Scotian communities.

**Organizational environment/culture.** Social models of disability ascertain that organizations play a role in the health of their environments through any limitations that are
socially constructed through the workplace environment. Similarly, PSW best practice documents and disability management programs encourage workplaces to take ownership in the health of their employees. Thus, organizations are responsible for providing supportive workplace cultures and environments that support the mental health of their employees, which can be accomplished through supportive leadership, policies, procedures, and programs, and improved communication and education between all levels within an organization. This element was confirmed as necessary in the research interviews, which perceived organizations as responsible for promoting an organizational culture of good mental health within Nova Scotian cultural contexts. Through this, the literature and research results both suggest that cultural change is necessary for organizations to move toward PSWs that accomplish organizational social change.

Through a social models of disability lens, we can understand that Nova Scotian organizations are environments and contexts that affect the impairment of individual’s with medical conditions. Thus, we must understand those specified contexts in order to communicate with organizations, who are products of their cultural environments. Just as you would not start communicating medical information in a complex way to a patient with a grade four level of education, you can not start communicating PSWs without understanding the context and background of who you are communicating with.

While the literature reviewed suggests that organizational change needs to shift in most organizations to become more PSWs, how to actually encourage this shift is an element of each piece of literature that is limited. Social change literature, organizational change literature, and social models of disability theory help to provide the theory needed for further understanding of
how to communicate the best practices and practical models. Part of this will also be encouraging contextual understanding beyond the workplace so that organizations can truly reflect their employees, who are not free from their social contexts. The research results suggest more practical ways to communicate for change towards PSWs rather than just discussing the implementation of PSWs as presented through best practice documents.

I propose that when you are moving towards change, you want to get a sense of the current organizational culture – but you will also want to correlate this to the greater cultural contexts in order to recognize what areas need to be changed, and what kinds of policies procedures and programs need to be developed to help affect that change. This is an element where the current recommendations from the MHCC standard can be limiting in assuming that organizational cultures will be transparent and open with their employers. However, toxic work environments exist, and they will potentially have distrust, which may result in skewed results that may not truly reflect their organizational culture; yet, these organizations may potentially need more workplace consideration of mental health than an organization that is more open to change.

The literature reviewed, statistics, and research results support that organizations need to change towards PSWs through promoting social change by developing a positive workplace environment/organizational culture, which can be led by the organization.

**Improved discourse/communication.** The PSWs best practices presented in the literature review require improved organizational discourse and communication through: (a) development of health promotion initiatives; (b) program design; (c) clear implementation processes; (d) resource availability and accessibility; (e) continual program evaluation and
adjustments; (f) strong leadership; (g) recognition and embracement of change of organizational culture; and (h) participation from all levels within the organization (CCOHS, 2012; Dextras-Gauthier, Marchand, & Haines III, 2012; MHCC, 2012; Rash, Harder, & Wagner, 2014:).

Aspects (a) to (e) are fundamentally supported through communicating organizational policies and procedures, whereas aspects (f) to (h) are fundamentally supported through communicating strong leadership. The research results from this study supported the need for improved communication and discourse, identifying the need for communication to affect social change.

Disability management program design is consistent with the elements presented in the MHCC and CCOHS best practices, with Dyck (2013) noting that an Integrated Disability Management Program (IDMP) requires a supportive workplace structure. Additionally, Dyck (2013) presents that IDMP programs also promote clear leadership, roles, and responsibilities to improve communication that gives, as Emily noted, “impetus to workplaces to establish, support, and enhance PSWs on an ongoing basis is the [first step] toward achieving the goal of mental health disability prevention in Nova Scotia workplaces.”

The consistent element between the two levels of support presented above is communication. Communication is considered to be the first step of social change, according to the cycle of social change by Jensen and Wagoner (2012). In this stage, different social actors have different normative ideals and through the process of communicating social change, new norms emerge (Jensen & Wagoner, 2012). Thus, the hope would be for that communicating the importance of policies, procedures, and programs in the workplace and the importance of strong leadership, new norms will emerge that can help develop further communication within organizations for the formation of new social norms that accept the idea of PSWs. Without this
communication stage, new norms will not emerge as a whole, and organizations will not be able to move further towards PSWs through a workplace implementation process. Improved discourse and communication is necessary for social change in the workplace.

**Mental health education.** Mental health is a significant problem nationally, presented through the statistics in the literature review, and while individual attitudes may differ from region to region, the need to reduce stigma through mental health education is reflected across literature and the interviews conducted in this research study. In particular, the statistics in the literature review paint a portrait of workplace, national, provincial, and regional contexts that reflect mental health and the workplace. Without educating individuals on how mental health exists within these contexts, we are less likely to achieve social change because organizations will be less likely to “buy-in” without a complete understanding of how this can affect their workplace. Mental health education is a suggestion in PSWs and literature recommendations; however, the research primarily addresses community-based education and employee-based education, ignoring the need for employer education. The exception would be disability management IDMP programs, which recognize that you need to sell disability management programs to employers, specifically senior leadership or organizational teams: recognizing that gathering supportive disability data is necessary prior to organizations accepting recommendations, or “buying-in” to a program (Dyck, 2009). Similarly, the research results primarily focused on the community-based and employee-based need for education, they suggested employer education, yet the results suggested a larger link between community-based education and organizationally-based education.
The MHCC PSW standard is an implementation guide considered the national standard that should govern PSWs in Canada. It proposes that you enhance mental health knowledge and improve education as part of health promotion, which is the third step in a six step process within the MHCC (2012) PSW standard; however, this doesn’t account for the need to provide education to the employers first. A limitation for education is that the entire MHCC PSW standard relies on the assumption that employers already accept change and want to improve the mental health of their employees, evident in it being considered an implementation strategy; however, Jensen and Wagner (2012) would suggest that communication is more important before implementation can take place. While this standard does include a disclaimer that indicates that readers should determine whether it is effective in their situation, which would acknowledge that it may not be universal, it can still be said that as a document it assumes this acceptance of organizational cultural change. While many employers may want the workplace benefits that this provides, clearly outlined in IDMP and disability management programs, if they are not provided with this information about why it matters to them in their context, these MHCC recommendations will not affect change alone. Nonetheless, the need for some level of education is consistently presented through the literature and research reviewed, and although employer education is less often identified, the consistent recognition of a need for increased mental health education is a key factor in achieving and propelling social change.

**Policies, programs, and procedures.** The literature and the research results from interviews recommend workplace policies, procedures and programs to support workplace health. To promote workplace mental health policies, procedures, and programs, MHCC developed a national standard for PSWs. This standard, and other literature, all recommend that
policies, procedures, and programs are developed through organizations, noting that these elements should develop out of the organizational culture. This was confirmed by the research interview results, which suggested that different communities and organizations would have different ways to address mental health within their organization. The consistent elements between the literature and the research results were the need for these elements or policies, procedures and programs; commitment from leadership to develop these elements; and for these to be born out of the organizational culture. The literature, especially the MHCC workplace standard, and research results consistently recommend that these follow the MHCC standard for creating PSWs, but develop each policy, program, or procedure internally in order to reflect the organizational culture; however, if you are trying to change an organizational culture, this recommendation can be limiting. The MHCC provides a solid standard for some situations, but it should be used as a benchmark, rather than a policy, that organizations can follow in developing their internal policies and programs. Then, organizations can use this in conjunction with their own regional contexts to avoid a “one-size-fits all” approach to organizational environments.

**Summary of Consistent Elements between the Literature Review and Research Results**

The research results had some consistencies with the reviewed literature, theories, and statistics. The primary similarities and intersections of all data reviewed in this research study was the need for a supportive organizational culture, improved discourse/communication, improved mental health education, and supportive policies, procedures, and programs. All of these elements confirm social models of disabilities theories, which would suggest that the organization has a role to play in the health, and mental health, of their employees. Reviewing this literature has established that this theoretical perspective addresses many of the reviewed
contextual statistics on mental health in the workplace and recommendations for psychologically safe workplaces presented in the literature review. Thus, social models of disability theories can be blended with practical implementation practices to deepen understanding of the role of the workplace in supporting employee mental health.

Though there are consistent elements between all the literature, statistics, and research results, each of these elements can be strengthened in practical implementation with a deeper contextual understanding. Since I have now established the consistent elements that are required for PSWs, based on the literature, statistics, and research results, I will now evaluate the research question to determine in what ways Nova Scotian cultures may uniquely impact the communication of PSWs for the prevention of mental health disability.

**Unique Elements of Nova Scotian Culture**

As I explored key informant perceptions of NS cultures and factors affecting the mental health of NS, I found that participants identified the urban/rural divide, job industry and mobility, and attitudes and perceptions as important to the mental health of Nova Scotians. Relating this to the reviewed statistics and literature, I have established that individuals are not free from their regional cultural contexts, so these insights into Nova Scotian mental health are key in understanding how organizations function and perceive mental health in the workplace. In order to effectively communicate with Nova Scotian organizations, these contexts must be recognized and respected to generate “buy-in” to PSWs.

The MHCC PSW standard document, which is held as the national standard, should be evaluated in relation to cultural contexts in order to determine if it effectively addresses. Through understanding cultural contexts, we can critically examine the MHCC PSW standard document.
While the purpose of the MHCC document is to provide a standard for creating PSWs rather than providing a single way to implement a PSW, it still presents a “one-size-fits all” strategic approach to communicating and developing PSWs. To address this “one-size-fits all” strategic approach to communication and development of PSWs, after reviewing the literature and interview research results, this research suggests that communicating a different approach to employers that reflect cultural contexts will encourage employers to “buy-in” to the concept of PSWs. This should appeal to organizations more, recognizing that they exist within a greater cultural context, which means that they will more likely feel that their unique organizational culture is understood, appealing to their cultural contexts. In turn, this “buy-in” will help employers consider and strengthen the development of policies, programs, and procedures that reflect cultural contexts as well as organizational contexts. Understanding the mental health statistics, perceptions, cultural features and normative trends will help organizations understand the current factors that may reflect employees, allowing employers to reduce the impact that the organization has on the individual as established by social models of disability, which should see positive impacts on the business as a whole.

The rural/urban divide, discussions of job mobility, types of industries, and regional attitudes and behaviours are unique factors identified during interviews that were not identified in the literature as important cultural considerations for communicating PSW practices or mental health disability prevention. However, these factors reflect the statistics and elements reviewed on Nova Scotia health care systems and labour cultures, which showed significant differences between regional Nova Scotian mental health and employment when compared to the national averages (Statistics Canada, 2014a; Statistics Canada, 2013b; Statistics Canada, 2014b).
Rural and urban access to resources. The research results established consistent identification of rural and urban access to resources as pertinent to PSWs and mental health disability prevention. This aligns with the literature review that established Nova Scotia as having different socioeconomic factors than Canada as a whole, with significantly higher mental health issues than the rest of Canada, low levels of unemployment, and a high urban-rural income gap, despite strong statistics within the major urban region of Halifax (HANS, 2012). Since PSWs will be communicated within various contexts, within Canada and also within the province, contexts can not be ignored; thus, the urban and rural communities and their access to resources within a province must be explored to determine if they would impact the communication of PSWs for the prevention of mental health disability.

Participants in the research study acknowledged significant differences between urban and rural communities in Nova Scotia, particularly the difference between the Halifax region and the rest of the province, most significantly, the different levels of access to resources, as identified by each research participant. This difference between urban and rural access to resources are consistent with some of the research from in the literature review, especially the HANS (2013) report that presented a significant difference between urban and rural Nova Scotian health. Though there are multiple factors that presented as differences in rural and urban Nova Scotia, this section specifically looks at how the physical location of an organization and their access to resources can affect the communication of PSWs. Later sections will evaluate how these communities may shape and affect individual and organizational beliefs.

The disability management key informants from this study perceived a difference between rural and urban Nova Scotia, especially in relation to resource access. This research
recognized the difference between rural and urban communities in Nova Scotia, yet there was no real research results about specific rural communities within Nova Scotia, but rather a generalized presentation of urban vs. rural life within Nova Scotia. This could potentially reflect the fact that while in Canada, 19% of the national population is considered “rural”, in Nova Scotia, 36% of the provincial population is considered “rural” (making it a more significant issue in Nova Scotia when compared to Canada as a whole) (Literacy Nova Scotia, 2013). This high rural population means that the research participants may have identified a larger need to address rural communities because of its significance within the province.

The research participant results suggest access to resources is a significant factor in communicating PSWs, which is supported by the provincial and urban vs. rural portraits of Nova Scotia as presented in the literature review under HANS’s 2013 report. Despite this, significant research does not exist on access to the spectrum of mental health resources within the province. Out of this research, further research discussions could continue to challenge whether there are significant differences in the access to mental health services between urban and rural Nova Scotia, different rural communities, or different areas in the urban communities. For example, industries or small businesses within poorer communities within the Halifax region may have different perceptions and communication expectations because of their socioeconomic landscape than organizations that function within more affluent parts of the city.

The MHCC standard recommends that businesses find extra resources in community-based initiatives to help provide resource access to employee’s for improving their mental health (CSA Group, BNQ & MHCC, 2013, p.34-36), yet in reviewing the research results from interviews and the health access landscape in Nova Scotian rural areas, as presented in the
literature review, we can see how employers can not actually rely on community-based initiatives in Nova Scotia, especially due to a lack of resources.

When communicating PSWs to Nova Scotian communities, PSWs should consider the socioeconomic culture, specifically access to resources, as it can affect whether an organization can address mental health with their employees or rely on community-based resources to supplement their employee’s mental health. Different communities may be facing different challenges based on their employee’s potential access to resources. Not only should we consider the differences between Nova Scotia and Canada when communicating PSWs, we should also consider how different urban and rural communities may function and address their mental health based on their access to health resources. In Nova Scotia, Halifax has a high employment rate with more access to medical resources, as presented in the literature review (Statistics Canada, 2013a). Additionally, Haligonians have greater access to community-based resources (HANS, 2012). Halifax-based organizations may be able to address employee mental health in a more effective way, not only by providing more resources internally, but also by being able to access mental health resources in the community to supplement any internal mental health programs, including the ability to refer to mental health treatment resources within the community to encourage employees to address their mental health through treatment. In comparison, rural Nova Scotian communities have less access to resources, which was a clear theme that developed through the HANS 2013 report and research interviews. Thus, the mental health of employees in more rural communities may be affected by a number of issues, but one of the issues related directly to their location is the access to community-based care. With rural Nova Scotia having less access to resources as presented by the research participants, rural Nova
Scotian businesses need a distinctive and unique approach to PSWs, one that is not outlined in the MHCC standard document.

This research proposes that a new approach to employee mental health within smaller organizations and communities with less access to resources, like rural Nova Scotian communities, should develop. This research would support a new approach that should specifically address how employees can improve their mental health status when there are limited resources available to them within their community. This new approach should anticipate organizations that may not have the ability to provide large-scale mental health services within the organization. Because a lack of resources was specifically brought up in every research participant’s response, communicating PSWs will require innovative approaches to address this concern. One potential way to address this could be through more internet-based programs that would transcend physical location of resources. While face-to-face programs are often preferred, in areas with limited access to programs, online-based resources may provide a supplement that is preferable to the alternative of limited resources that the research participants perceived to exist currently in NS. Future research could explore whether this would be a viable alternative to improve organizational mental health. While MHCC does provide a number of online-based programs, these are geared towards the same individuals as the MHCC standard. This research would suggest that further research could also provide a more significant review of what specific resources are available in different communities to determine how mental health community-based initiatives may compare with other health initiatives.

This research revealed that there is a perceived lack of specific resources within rural Nova Scotia, and a confirmed significant lack of public health resources in the literature review.
To develop PSWs within Nova Scotian rural communities with limited resources, organizations may have to take a larger role in the mental health of their employees in order to achieve the benefits of PSWs, reducing mental health disability in the workplace. The literature reviewed confirmed that there is less access to medical public-based resources in rural communities, yet it did not significantly investigate privately-based resources that can improve the mental health of the community, which would include psychological services. This research would suggest that further investigation could determine if there are significant differences between public health resources and private health resource access within the province, especially mental health, and research could specifically address how feasible it would be to rely on private health resources, especially given socioeconomic statuses within rural communities. This future research could fill in the current gaps in data available within Nova Scotia as presented throughout this research study.

**Employment industries and job mobility.** The research results presented Nova Scotia as having distinct issues with the types of employment industries within the province, directly affecting whether an organization has the internal resources, or has the potential for internal resources, to address the mental health of their employees. The effects of attitudes and behaviours will be discussed in the following section. This section will focus on how employment industries and job mobility affect the communication of PSWs within Nova Scotian communities.

The PSW standard developed by MHCC is considered the national standard for psychological safety in Canada. In Annex D, the MHCC PSW standard document outlines that small enterprises may not be able to fully comply with the standard (CSA Group, BNQ &
MHCC, 2013, p.35); small enterprise would represent the vast majority of Nova Scotian businesses. This standard is not sufficient in addressing small business that exists in Nova Scotia, so small business in Nova Scotian communities are not able to see feasible options for PSWs through MHCC’s PSW standard because it does not reflect the province’s cultural context. To clarify why this matters in Nova Scotia, in 2010, 97.4% of businesses in the province were small businesses with fewer than 50 employees, and these businesses employed 28.9% of total workers within the province (DeMarco, 2010). This is so significant that the Canadian Federation of Independent Business (CFIB) refers to small businesses collectively as “Nova Scotia’s largest employer” (Canadian Federation of Independent Business, 2015). Of note, Industry Canada (2013) defines small business as businesses with less than 100 employees, while the CFIB defines small business as businesses with less than 50 employees, so the numbers of “small” business within Nova Scotia may be higher than 97.4%. This research considers the population of an organization to be a significant factor in determining PSWs as fewer numbers of people may mean fewer organizational resources and organizationally-based solutions to attend the mental health of employees. Of note, 34.1% of small businesses in Nova Scotia exist in rural areas and 65.9% exist within the urban centres of Nova Scotia, establishing this as a significant factor for both urban and rural populations in Nova Scotia. Organizations with under 50 employees, 97.4% of Nova Scotian organizations, are more likely to reject this standard than bigger businesses, and there will not be “buy-in” based on the standard’s limitations within their cultural contexts.

MHCC’s recommendations to address small business were community-based. However, based on a review of Nova Scotian communities through the statistics, reports and research data,
and as presented in the previous section, community-based preventative initiatives can not be relied on to supplement workplace standards because of a lack of resources, with only 2% of provincial health funding going toward community-based health promotion initiatives (Canadian Institute for Health Information, 2006). The MHCC reflects some of these small business conditions in other areas of their work, including webinars for small businesses, implementation guides, surveys, tools, and other recommendations in FAQ pages, and even includes case study examples for small businesses within the annex of the Standard Document (MHCC, 2015), which is commendable; however, they have not found a way to integrate the generation of “buy-in” directly with the PSW standard document, with many of their examples assuming that employers are accepting of change. Thus, Nova Scotian communities are less likely to engage in PSW practices as they are less likely to “buy-in” to the concept of PSWs because they do not directly speak to the types of industry within Nova Scotian communities, making these standard recommendations infeasible.

MHCC has presented a national standard that uses a one-size-fits-all strategic approach, which is, as recognized by MHCC, geared more toward larger based business environments, as discussed above. I argue that it is also geared more towards office based work environments, where employers and employees have a close working relationship on a day-to-day basis, allowing them to easily recognize changes in organizational and individual behaviour and develop a clear organizational culture within their office-based environment. However, rural and smaller-businesses within NS may not have this luxury, and generating “buy-in” will require a different approach and strategy that reflects their specific workplace contexts.
MHCC’s standard might seem too complex for small employers in Nova Scotia. Nova Scotian industries and employers are often small organizations, and the amount of work that is outlined by MHCC may seem too daunting, reflected in the responses of research participants who noted few large employers and significant differences between rural and urban populations within Nova Scotia. This “one-size-fits all” approach is not going to appeal to a number of Nova Scotian organizations by its design. My research suggests that recommendations should be developed that cater to small and non-office-based businesses, which would simplify the process, engaging smaller organizations in a way that they will understand how PSWs are communicable, feasible, and attainable.

In context, if we look at Nova Scotia, and Nova Scotian small and rural businesses, we can begin to see how communicating these best practices may not be effective in creating social change. If this standard is communicated to, for example, small NS fishing workplaces, this is not likely to generate any social change; how is this large-based business practice going to make sense to their business, which does not function in an office based environment and where employers are rarely working in direct connection with their employees? Likely, the employers in these contexts will dismiss any current arguments for PSWs based on its lack of insight and understanding of how they do business, which reflects their regional cultures. Thus, social change in small and rural Nova Scotian businesses will require different approaches and strategies.

The research also revealed a perceived lack of with job mobility within the province, making it difficult for individuals to transfer between labour, which can ultimately impact their mental health if they are underemployed or working in jobs that may not be a good “job fit”.
Though this was a less-commonly identified theme in the research, the results suggest that, given the consistency with which it was presented, this is an area for future discussion. CCOHS does attempt to address different business needs, noting that it is beneficial for employers to include mental health into a business model, adhering to legislative requirements, and acknowledging that there is no one “right way” to create a mentally healthy workplace (CCOHS, 2012); however, it does not acknowledge that organizations are influenced by their contexts or that context plays a pivotal role in how organizations “buy-in” to a concept. So, it does not identify how different businesses may be facing different challenges based on those contexts, such as job mobility. These challenges mean that communicating PSWs may require providing education to employers about building trust and better relationships with employees before the employees may accept messages presented by the organization. Being aware of a workforce’s skills and education within a workforce will aid in identifying whether there are individuals who are underemployed within an organization, or who perceive a lack of “job fit”.

As is, employers may feel that they do not need to address the mental health issues because they know employees are less likely to leave with low levels of external job mobility, and they may make cost benefit decisions based solely on short term output costs of developing proactive workplace initiatives to improve organizational culture; however, clearly communicating through proper employer education on how this job satisfaction and “job fit” can negatively affect their workplaces in Nova Scotia may help generate “buy-in” within Nova Scotia community organizations. Organizations should be made aware of how this lack of job mobility may have a negative impact on the mental health of their employees, affecting their production levels. Though their employees may never be fully satisfied with their work, the
employer can certainly develop an organizational culture that can improve “job fit” and create higher levels of workplace productivity, which will improve the “bottom-line” of the organization.

Job mobility directly affects communicating PSWs in Nova Scotia cultural contexts because it affects issues directly facing an organization. Addressing these issues becomes increasingly necessary in areas, like Nova Scotian communities, with low levels of job mobility. Employers need to be more aware of how job mobility within the province may affect its workplace, especially workplace mental health. This research would suggest that there is a direct relationship between job mobility and workplace mental health, yet this is an area that is understudied in research, with most of the research focusing on internal job mobility and how mental health affects job mobility rather than the other way around; further research should be conducted to determine if the relationship between external job mobility and its potential effects on workplace mental health presented through this research would be consistent with future research findings. Understanding that individuals in areas with low job mobility may not be as happy with their positions as individuals in places with high levels of job mobility will be a pivotal feature that should be communicated to Nova Scotian workplaces as a potential significant factor affecting workplace mental health.

An important aspect of job mobility is understanding “job fit”, which will affect the mental health of employees, especially in places with low external job mobility. This is because low external job mobility means that employees who are unsatisfied are less likely to leave a workplace, but may have negative feelings toward the workplace, which will continue to increase the longer they are unsatisfied with the workplace. In these areas with low external job
mobility, like Nova Scotia, “job fit” becomes more important. The good news for improving mental health is that “job fit” based on skills and education is considered less important than “job fit” with an organizational culture; Furnham (2005) outlines that the ideal “job fit” is a “congruence between the norms and values of the organization and those of the person” (p. 116). Therefore, organizations may have the potential to address the lack of job mobility of their employees by addressing and creating a positive workplace culture that reflects their organizational and cultural contexts, or the socially expected norms and values, which will allow for more employees to have organizational culture “job fit” (Furnham, 2005).

John Morse (1975) conducted a study of the effect of congruence between personality and organization, and the findings were that those in “congruent” jobs felt more competent as employees, meaning that positive cultural fit can positively affect employee’s perceptions of the workplace and “job fit”, resulting in higher levels of workplace mental health and lower instances of mental health disability because of a more PSW. This extends to a study in 2005 by Kristof-Brown who reported that employees who fit within an organizational culture have greater job satisfaction, greater connection to the workplace, higher job retention, and increased work productivity. This correlates to PSWs, which see the same results. Thus, this culture and organizational “job fit” can directly lead to more PSWs given the correlated results. Further studies across various countries, with some elements reviewed in the literature review of Harder et al. (2014), have also identified a relationship between this cultural fit and mental and physical health; if someone feels that they fit within an organizational culture, they are more likely to exhibit signs of positive mental health, with lower levels of depression, anxiety, and other potential mental health disability symptoms (Schofield, 2013). Organizational cultures that
create respectful workplaces are related to greater job satisfaction, a more positive attitude, improved moral, greater collaboration, improved workplace relationships and reductions in sick leave and turnover, allowing employees to enjoy their workplace environment (CCOHS, 2012). Thus, positive organizational cultures can be PSWs by reflecting their contexts.

To address this job mobility issue, this research suggests that employers should take the responsibility for the workplace mental health as suggested by the social models of disability and overviewed in the previous organizational culture section of the “Discussion”. They should strive to create a supportive workplace that recognizes the skills and talents of its employees in order to support them despite any underemployment, and it should work on training, development, and organizational culture to try and address poor “job fit” issues as much as possible, empowering employees to feel a sense of purpose with their work (Schofield, 2013). While there may be issues with the education, training, and experience elements of “job fit” or underemployment, it would be most effective to create a workplace that promotes a positive organizational culture, which is more likely to improve workplace mental health and related economic benefits, retain employees, and address employee mental health, reducing the negative side effects of poor “job fit”.

Addressing job mobility and mental health will include educating employers in order to generate further “buy-in” to PSWs, including education. While it was discussed in previous sections that education was considered important across the literature and research results, educating employers directly was less common than community-based education and employee education.
In relation to job mobility and industry, educating employers will include providing them with information that will help generate “buy-in”. So, in Nova Scotia, it is important to educate employers that poor job mobility will become less of a negative influence if employees are culturally connected to their employer, regardless of fit based on education, training, or experience, because there will be cultural “job fit”. Improved organizational culture can positively affect how individuals perceive their “job fit”, which has the potential to positively affect the organization’s bottom line; this improved organizational culture can positively affect the mental health of employees. This link between individuals’ health and the organizational culture would reflect social models of disability theories that support the organizational environment as having an impact on disability, noting that the organizational culture has a role in how employees perceive their work. What this tells us is that job mobility is a distinctive limiting factor to employers in Nova Scotia; however, communicating to increase awareness of this issue allows organizations to recognize the direct relationship between a lack of job mobility, job satisfaction, and mental health, allowing employers to address these issues within their workplace to reduce the external limiting factor of job mobility.

**Attitudes and behaviours in NS.** Attitudes and behaviours within NS were elements from the research results that were a unique factor that may affect the communication of PSWs in Nova Scotia. Throughout the research data, it was evident that there is a “traditional” culture in NS, which is resistant to changes about mental health. Thus, without showing organizations in NS regions how PSWs will help, they are not likely to accept the words of an outsider given this “traditional” cultural view, especially if there is no attempt to understand their culture. As discussed, PSWs and literature, especially the MHCC standard, fundamentally assume that
organizations want to change. While there is consensus amongst the literature and interview research data that you need to generate “buy-in”, what this looks like is not as clearly outlined, especially in PSW best practices. Cultural “buy-in” to PSWs is going to be influenced by cultural attitudes and behaviours about mental health and PSWs. The literature, PSW best practice document assumes that employers want to change and are willing to listen to the general reasons for change, but it doesn’t appeal to or recommend strategies to help develop why individual organizations within different contexts, who may be resistant to change, should change. Certainly, there are elements presented that indicate it is better for business, providing a few examples and statistics, but it does not provide a specific persuasive case as to why employers should employ PSWs within specific organizations and communities. This persuasion is necessary when communicating with a culture resistant to change like the portrait of Nova Scotian culture presented in the research results. Though it was perceived that NS may have increased “buy-in” for general organizational change to accept more of a role in the health of their employees, the other research results discussing a traditional culture in the province when it comes to mental health, which would indicate that there might be a lack of education around mental health resulting in less “buy-in” for mental health preventative programs than physical health prevention programs. Noting that workplaces see economic improvements is effective, but noting how much this affects business and how this is necessary in context is a much more persuasive argument to organizations that will more likely affect cultural attitudes and behaviours.

Within Nova Scotia, based on the distinct attitudes and behaviours towards mental health as perceived by research participants, specific connection between PSWs and economic benefits
for organizations acknowledging their specific contexts will be more effective than a one-size-fits all approach that fails to recognize the distinct features of different organizations. One research participant even identified that policies, procedures, and programs will likely vary from community to community within Nova Scotia, which would indicate that a one-size-fits all approach, like the MHCC PSW Standard, would not fit within each community in Nova Scotia (John). Reflecting on the reviewed literature, this would confirm the findings from the HANS 2013 report, which cautioned against a “one-size-fits all” approach to health care in Nova Scotia, except this finding would translate this caution into workplace PSW policies, procedures, and programs as well. Addressing this through a social models of disability lens, there is a need to improve the understanding of how organizations can play a role in the mental health of their employees to achieve these benefits. Thus, using the social models of disability theories in conjunction with other NS literature and statistics and the research results from this study, this “one-size-fits all” approach to PSWs would be considered a major limitation of the MHCC PSW standard as it assumes that organizations will exhibit behaviour that accepts this approach regardless of their cultural contexts. Yet, this research’s results would suggest these cultural contexts directly affect acceptance, which should influence the communication of PSWs to Nova Scotian community organizations.

Cultural contexts play multiple factors in workplace mental health, including the levels of trust and behaviours towards mental health programs within communities, which came out of the discussion in the literature review about behaviours and attitudes. To demonstrate the potential distrust in rural communities that was perceived in the research results, consider an individual in a small rural community in Nova Scotia that works with mental health and addictions.
Potentially, they may be less likely to access resources to deal with their own mental health or addictions issues because they will not have as much anonymity within their community as individuals within urban areas. If there are only a couple of regional community resources, how are they going to avoid running into potential clients in a mental health or addictions office? Despite the best intentions of any health care practitioner, it would be difficult to provide high levels of anonymity within these communities. The attitudes and behaviours of these communities reflect their understanding of their own cultural contexts, and without persuasive elements to change attitudes and behaviours, they will continue to resist change toward more PSWs that help de-stigmatize mental health disability.

CCOHS does a more effective job than MHCC at recognizing the complexities of communicating psychological safety in the workplace, outlining the conditions that need to be considered when including mental health into the workplace, and outlining that organizations can play a role in the mental health of their employees. Nonetheless, these CCOHS recommendations still require an organization to already accept the potential for change. CCOHS and MHCC both provide a general guide on elements to consider in the workplace for developing PSWs, but it still relies too heavily on employers accepting CCOHS or MHCC as trusted information resources. This assumes that the “word” of CCOHS that PSWs will help an organization will be enough persuasion, rather than truly showing them how it will help. With organizations, the more you anticipate your audience in your communication, the more persuasive you will be.

**Summary of Unique Nova Scotian Cultural Effects**

This research has confirmed unique elements from the research interviews that are aspects of Nova Scotian workplaces that may affect communicating psychological safe
workplaces in the province: urban and rural access to resources; job industries and job mobility in NS; and cultural attitudes and behaviours in Nova Scotia. These aspects will directly affect communication because they affect how organizations will “buy-in” to the idea of PSWs and accept of social change.

In communicating PSWs, we need to consider the contexts for our communication and these unique factors on Nova Scotian cultures. Communication is the first step toward social change, outlined by the Jensen and Wagner (2012) social change model name and Emily. Without effective communication to workplaces, the recommendations for workplaces to implement a PWS will not be effective. This is not to discredit the value of these regulations and outlines, such as the MHCC PSW standard, but rather to strengthen our understanding that we need different strategies to gain acceptance of these ideas in different contexts first before change will happen. Thus, we need to understand Nova Scotian cultural contexts of organizations before change towards PSWs can be accepted and employers “buy-in” in the province.
Chapter Six: Conclusion

Summary of Findings, Implications and Recommendations

The literature reviewed, theories, regional cultural contexts, and interviews allowed this research to establish cultural considerations for communicating PSWs in Nova Scotia. In finding the similar findings between theory and practice, this research has provided considerations for best practices that reflect cultural contexts. Dyck (2009) suggests that it can be necessary to “sell” preventative disability programs, or the concept of PSWs, to senior leadership or organizational teams. This “sell” recommendation recognizes that gathering supportive disability data is necessary prior to organizations accepting recommendations, or “buying-in” to a program. Since organizations exist in cultural contexts, prior to establishing organizational processes, an understanding of regional cultures will help serve as a contextual benchmark for evaluating PSWs in Nova Scotia. This research found similarities between the reviewed literature, theories, cultural contexts, and interview results. The consistent elements for communicating PSWs were: a supportive organizational culture, improved discourse and communication in workplaces; improved mental health education; and supportive policies, procedures, and programs. However, this research found that communicating in Nova Scotia for the purpose of generating “buy-in” to PSWs and social change in workplaces is directly affected by cultural contexts specific to particular regions across Nova Scotia; specifically, rural and urban access to resources, job industries and job mobility in Nova Scotia, and attitudes and behaviours about mental health in Nova Scotia. Without these elements, psychologically safe workplaces will not be accepted by Nova Scotian organizations, resulting in a missed opportunity to help prevent mental health disability in the workplace.
Based on the extensive literature review and data collected through research interviews, this research suggests that there are three primary ways in which Nova Scotian cultures may uniquely impact the communication of PSWs for the prevention of mental health disability: (a) urban and rural NS differences in access to resources; (b) job industry and job mobility within NS; and (c) attitudes and behaviours of Nova Scotians. While these cultural contexts may not be the sole determinants affecting communication, they emerged from this research as significant considerations that should affect how PSWs are communicated for organizations to “buy-in” to the idea of PSWs in Nova Scotia. These results would indicate that leaders and organizations need to consider their cultural contexts and their audiences when communicating so that they reflect these cultures in their communication and content. Thus, leaders and organizations should ensure they have a cultural context understanding of mental health in their communities to understand how their organization may respond to psychologically safe workplaces, adjusting their communication practices to reflect the organization. Organizations that do not fit in the standard, and reflect their own regional cultures, require different communication to ensure that psychologically safe workplace practices reflect the function of their specific organization. The leaders within organizations should accept that their employees are influenced by their cultural contexts, understanding in what ways this culture affects PSWs will help them “buy-in” to the benefits of implementing PSWs. These areas emerged as significant cultural factors that would affect communicating, yet cultural contexts in Nova Scotia continue to go understudied in the academia and literature, which limits organizational understanding of knowledge of Nova Scotian cultures and mental health. The results of this research will help further research into Nova Scotian culture and the communication of PSWs and mental health disability improve
overall understanding of the cultural contexts in Nova Scotia and their impact on communication of best practices.

The statistics and literature reviewed in the literature review section of this research statistical review (See Chapter 2: Workplace, National, Provincial, and Regional Contexts) suggested that there was limited research data on mental health within Nova Scotia and Nova Scotian workplaces. Before conducting this research, I could not conclude whether this lack of data would affect the communication of PSWS that prevent mental health disability within Nova Scotian. Through the research results, I confirmed that, based on the perception of disability manager key informants, Nova Scotia has unique organizations and socioeconomic factors. Rural and urban access to resources, job industry and job mobility, and attitudes and behaviours all influence mental health and can impact organizations and the communication of PSWs within the province. I propose that based on the results from the interviews conducted in this study, further research needs to happen into Nova Scotian organizations and mental health factors in order to determine if this research’s findings would correlate with further data and research that explores these contexts. This would lead to research that can find statistically significant factors that affect the communication of PSWs in Nova Scotian communities.

Study Limitations

The research results presented specific limitations in exploring the cultural contexts for PSWs in Nova Scotia. One of the primary limitations is that the research results presented in this study only identified differences between urban and rural communities, not specific communities within the province. This research is limited in that it generalized urban and rural population experiences, which may not reflect cultural differences within communities, who may have their
own beliefs, attitudes, behaviours, and perceptions about mental health. Thus, there may be other elements of specific communities that are not reflected in this research. Specifically, there are a number of First Nations reserves and Acadian communities within Nova Scotia who may face different limitations due to other socioeconomic factors, including language and resource access. Additionally, Nova Scotia has a high university population, approximately 45,000 students in 2014 (Universities Canada, 2014) compared to a total provincial population of approximately 942,700 in 2014 (which might not even reflect all the student studying in the province) (Statistics Canada, 2014c). Students may present with different mental health issues, and these research results can not be generalized to learning environments as there are different roles, relationships, and responsibilities in those environments. These communities should be investigated in future research to determine how communicating PSWs may be affected by these specific cultural contexts in each community. Since regional census data on mental health does not differentiate between the permanent full-time workforces, contractual workforce, part-time workforce, or learning environments, it is difficult to generalize the statistics to each of these populations outlined in these limitations; however, the statistics do provide insight into mental health within Nova Scotian urban and rural communities, regardless of the primary affected population. Thus, future research should aim to address the mental health within specific communities and organizations in the same way that this research has focused on Nova Scotian urban and rural populations within a national context in order to ensure that communication reflects the cultural contexts of communities.

**Limitations from research design.** The goal of this research was not to develop research that generalizes the experience of Nova Scotian culture to individual organizations, but rather, to
provide deepened understanding of the Nova Scotian cultural contexts that impact how Nova Scotians express their perceptions of mental health in the workplace. This research is limited to the presented definitions of disability, mental health, and PSWs; other definitions are outside the scope of this research. This research is also limited in scope to the perception of the key informants, disability managers, who are able to provide informed perceptions and information but still do not represent multiple stakeholder perspectives. While disability managers are key informants, they do not have the direct experiences of each stakeholder in workplace mental health. Though this research acknowledged this as a limitation of the study from conception, this research considered that given the lack of data, key informants would be able to provide the most general insight into Nova Scotian workplaces, acknowledging that the insights provided by disability managers effectively present information that can help open up a discursive space for communicating PSWs in Nova Scotia.

This research is also limited in scope as it is not a universally applicable beyond Nova Scotian communities; however, the findings can lead to further exploration in other communities to consider similar aspects of culture that affect regional acceptance and implementation of PSWs. The method lacks generalizability in results, but allows for deeper understanding for how to consider culture in the implementation of other programs. It is not generalizable because different participants may yield different results in other areas; thus, the research design and results should be used as a basis for further research and considerations rather than absolute findings. Additionally, this scope is limited to studying one group of individuals who will be key informants.
This research was further limited by the number of participants who participated in this study. Though the results did reveal data saturation in the responses, which is a key feature of a successful qualitative research study, this research can not conclusively measure whether a larger population of participants would yield the same results, though these results would reflect larger populations than the sample size because of their unique knowledge as key informants. Also, the number of participants may be a limitation as with so few participants it is difficult to determine whether this is occupational bias or consistent responses that reveal redundancy. This study was designed to interview approximately ten research participants, yet despite wide distribution, the research was unable to recruit significant amount of individuals. Still, nine participants expressed their interest by February 15, 2015, agreeing to participate in the study; yet, despite multiple attempts to follow up with agreed participants, only five participants successfully responded. Also, most participants (3/5) did not meet the original March 15, 2015 deadline. In designing this study, I attempted to limit the amount of participation necessary, but based on some of the responses I received, time was a significant limiting factor in participation. Nonparticipating individuals contacted me to note that they simply did not have the time to commit to a one hour interview for this research, despite potential interest. This is a limitation of studying disability management perceptions, as I have identified limited time and availability as a common feature of disability management employment, at least within Nova Scotia. In researching mental health in Nova Scotia, researchers may have difficulty accessing appropriate data. This also may reflect the state of health in the workplace in Nova Scotia as these disability managers have such intense job responsibilities that their time is spread thin. The limiting factors of this study should be
considered by future researchers as a limiting factor in their design, and incentives may help improve future participation in this type of research.

Despite minimal participation from disability managers, this research generated interest from individuals with an interest in mental health within Nova Scotia, including individuals with mental health disabilities and their caregivers, educators, program developers, and community outreach workers; however, while these individuals would have their own unique knowledge and insights on mental health within the community, their participation was outside the scope of this research study. Despite this, it is significant to note that there was interest within the community for this type of research, which, based on the results of his study, would suggest a different research population on the same issues would yield more research participants.

Another defining limitation of participation within this study was expressed concerns from disability managers who felt that their employer would not approve of their participation within this research. The design, asking questions about perceptions based on experience as a whole, prevented them from having to disclose any confidential or personal information; yet, for some individuals, this concern was considered too high a risk to partake in the research study. This is a limiting factor for a research study that deals with information that others may consider to be highly controversial, and the potential participants wanted to protect their employment, their workplace, and their clientele, which was respected throughout the recruitment process. Though the anonymity was ensured, these participants still felt that this research could pose a potential risk to their employment. This limitation may also reflect some of the research results, which discuss the traditional culture and attitudes and behaviours that might consider this
research to be about a “taboo” subject, which could be controversial and potentially compromising to professional development.

**Recommendations for Future Research**

In order to develop effective practices for multiple organizations, contexts need to be explored, understood and appreciated as pivotal factors in the acceptance of PSWs. I propose that to best analyze employee perceptions, the regional cultural context is pivotal. While the presented workplace and disability management effective practices provide strong theoretical recommendations, it is important to blend theory and practice, and to test whether these recommendations are consistent and effective in addressing the mental health discourse in NS. Thus, my recommendations for future research will reflect the unique aspects of regional cultures. Though other areas can be researched, some of which have been discussed throughout the discussion, I am recommending research that will expand knowledge of cultural contexts and their effect on communicating PSWs.

In reviewing the available literature, organizational culture is significantly studied in academia; however, there is limited research on how cultures can have an impact on organizations. This study developed and explained the assumption that cultures affect organizations because individuals are not free from their cultural environments; yet, this could not be confirmed through extensive current peer-reviewed research. Therefore, more research on how cultures can affect organizations will help to establish how communication is impacted by cultural contexts.

To conduct this research, further studies can explore the attitudes and perceptions of employers surrounding PSWs, specifically researching different industries and communities in
the province. This will provide further insight into regional cultural contexts. Other research that will be pertinent to understanding how to communicate PSWs can aid in understanding where not only organizations are but where the employees are in terms of accepting PSWs in the province.

After information is collected and studied about regional cultures and establishing the cultural contexts, researchers can poll employee perceptions both in the province as a whole and in organizations. These employee perceptions can be measured against cultural considerations to determine where they intersect; thereby, establishing cultural factors that are important to employee mental health in Nova Scotia. Any identified differences in organizations could indicate potential disconnect between the employers, employees and cultural contexts that can be an area that is further investigated in an organizational context if it arises.

The research results from the study’s interviews suggest three main areas in Nova Scotian cultures that should be explored for further research and confirmation of the results found in this study: urban vs. rural access to resources in Nova Scotia, job industries and job mobility in Nova Scotia, and attitudes and behaviours in Nova Scotia – though there could be additional cultural factors not identified by this study. My recommendations for further study would be to primarily research these three elements, which will provide a deeper context for understanding Nova Scotian cultures. This should include both provincial research and regional research of these elements. Then, future research can correlate any future findings to this study.

Lastly, though this research intends to find more detailed information about Nova Scotian regional contexts for PSWs and prevention of mental health disability, I recommend that other provinces/territories can use this research and its results to design similar context reviews of their
respective province/territory. This has the potential to help in improving contextually appropriate approaches to communicating PSWs, and it will help to determine if the findings of this research correlate to mental health in their regional communities, particularly with regards to small versus large industries or urban versus rural populations.

Specific recommendations for communicating PSWs to Nova Scotian organizations include the development of fact sheets, perhaps both for urban and rural communities, or potentially specific communities that would provide an overview on Nova Scotian statistics on mental health and the workplace, Nova Scotian culture, and socio-economic factors affecting Nova Scotian communities. These fact sheets can serve as a persuasive tool/resource that caters to specific contexts and helps to generate “buy-in” from Nova Scotian organizations. Though this is a recommendation of this research, it was not developed as this research study identifies the need for more information and data to become available before this type of resource could be established and effective.

Furthermore, once these facts are established, and there are more resources available to customize PSW standards to regional and small business communities, training and educational sessions that specifically communicate PSWs to Nova Scotian communities can be developed and implemented. These sessions would be particularly important in rural communities, who appear less likely to “buy-in” to the MHCC standard. These sessions can be conducted in-person, or online training resources can be developed, though this would be less ideal as it can be more difficult to interact online, especially for individuals with low levels of technological literacy. Yet, using new technologies to improve access to mental health resources would be a viable
supplement for some communities in Nova Scotia, like rural communities, with less access to resources.

Finally, this research recommends further practical research. This research strengthens the need for disability management consultants to help Nova Scotian organizations reflect their cultures in workplace policies, programs and practices. These consultants would be an important factor in establishing stronger culturally-sensitive communication of all stakeholders, generating “buy-in” through culturally-sensitive recommendations reflecting communication with the entire organization, and propelling social change toward psychologically safe workplaces in Nova Scotia. Disability management consultants are unique individuals with a strong set of skills in the development, implementation, and evaluation of workplace health programs (Dyck, 2013). Consultants would be able to take a look at the bigger picture, looking at the organization, how the organization fits in a larger culture, and how the organization can move toward a more psychologically safe workplace as a result. Through the use of consultants, communication processes can be further established, propelling social change through implementation of psychologically safe workplaces. Disability management consultants can ensure proper communication processes that reflect regional cultures are established before implementation of psychologically safe workplaces; thereby, leading to more successful programs which would result in more psychological safety in the workplace in accordance with Jensen and Wagoner’s (2012) cycle of social change.

As third-party individuals outside of an organization, consultants can establish an objective plan for communication and implementation of psychologically safe workplaces, providing a safe, trusting, confidential space for all stakeholders in an organization to express
their experiences with workplace mental health. To establish this communication, consultants can implement communication channels in organizations such as action-based research with focus groups from each level in an organization that allows solutions to reflect all stakeholders, with continuous communication and reflection of ongoing research findings. Through this type of research, disability management consultants can generate “buy-in” by providing a listening ear to all employees/employers and empowering them to be part of the solution. These communication channels will help gain understanding of the cultural factors affecting psychologically safe workplaces from the perspective of all stakeholders. Then, consultants have the necessary skills to assess the presented results against any cultural context research that exists in the region; thereby, determining if there are any culturally significant factors that affect the recommended psychologically safe workplace standard.

This process, based on the results from this research, will lead to more effective recommendations that have undergone in-depth analysis of the cultural factors affecting workplace mental health in Nova Scotian, reflecting cultures in policies, programs, and procedures in regional organizations. Through this consultancy process, this research suggests that establishing strong communication processes before implementation will affect and strengthen culturally sensitive policies and procedures in Nova Scotian organizations. While baseline policies and procedures can be established and recommended to organizations by consultants, and the national standard can be used as a benchmark, through communication with relevant stakeholders, and more culturally reflective research, policies and programs should be flexible to reflect the cultures that affect stakeholders in an organization. As reviewed throughout
this research, more organizational “buy-in” will exist with stronger levels of communication that can provide culturally-sensitive recommendations to Nova Scotian organizations.
References


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Appendix A: Letter of Invitation – Interview – Email

Dear Prospective Participants,

I would like to invite you to be part of my research project. You have been identified as a potential research participant based on your professional experiences as a disability manager in Nova Scotia. This project is part of the requirement for a Master of Professional Communications at Royal Roads University. My name is Erin and my credentials with Royal Roads University can be established by contacting Dr. Jennifer Walinga, Associate Professor, School of Communication and culture [xxx.xxx.xxxx ext. xxxx or xxxx@xxxx.xxx].

Objective
The working title of this research project is “Communicating psychologically safe workplaces in Nova Scotia: The impact of Nova Scotian cultures on the prevention of mental health disability”. The objective of this research project is to explore in what ways Nova Scotian cultures impact the communication of psychologically safe workplaces for the prevention of mental health disability.

Research Participants
Your name was chosen as a prospective participant as you are a member of the Disability Management community within Nova Scotia. Your expertise in disability management, experience with workplace mental health in Nova Scotia, and knowledge sharing can add valuable insight into this research.

Research Distribution
In addition to submitting my final report to Royal Roads University in partial fulfillment for a Master of Arts in Professional Communication, I will also be sharing my research findings with research participants.

Please note that this thesis will be published in the Canada Portal of Library and Archives Canada, and ProQuest/UMI, and may be used in conference presentations and/or journal articles.

Participants will receive a copy of the thesis abstract, and may receive an electronic copy of the outcomes, recommendations, or complete thesis upon request to the main researcher, Erin Ryan.

Methods
This research project will consist of an online one-on-one interview that is foreseen to require no more than one hour of your time. The questions will be focused on your experiences and perceptions of mental health in the workplace within Nova Scotia. Questions will involve topics on psychologically safe workplaces, mental health in the workplace practices, and communication with Nova Scotian workplaces. The anticipated timeline for this research project is January 2015 to April 2015, with final research analysis and findings completed by July 2015.
Data Storage
Information will be conducted and recorded online via email or face-to-face via audio recordings and, where appropriate, summarized in an anonymous format in the body of the final report. Confidentiality and privacy will be observed through guaranteeing all reported data is free of any identifiable information, and at no time will any specific comments be attributed to any individual unless your specific agreement has been obtained beforehand. All documentation will be kept strictly confidential. Any electronic data will be secured through encryption and hard copy data will be secured via locked drawers.

Raw data will be kept for two years post graduation and then destroyed.

Conflicts of Interest and Risks
There is minimal risk in this research project, and there are no anticipated conflicts of interest.

Timeline
The anticipated timeline for this research project is January 2015 to April 2015, with final research analysis and findings completed by July 2015. Initial interviews will be completed by March 15, 2015. Any follow-up research will be completed by April 15, 2015.

Right to Withdraw
You are not compelled to participate in this research project. If you do choose to participate, you are free to withdraw at any time before March 15, 2015 without prejudice, at which time data will be anonymized for analysis and, as such, the data can not be extracted from the data sample. Similarly, if you choose not to participate in this research project, this information will also be maintained in confidence.

Please feel free to contact me at any time should you have additional questions regarding the project and its outcomes.

If you, or anyone else you know who would be an appropriate research participant, would like to participate in my research project, please respond no later than February 15, 2015 by contacting me at:

Name: Erin Ryan
Email: xxxx@xxxxx.xxx
Telephone: xxx.xxx.xxx

Sincerely,
Erin Ryan, MAPC candidate, BA, DMWPC
Appendix B: Email Interview

Dear Prospective Participants,

Thank you for agreeing to participate in this research project. As a reminder, this research project is part of the requirement for a Master of Arts in Professional Communication at Royal Roads University. My credentials with Royal Roads University can be established by calling Dr. Jennifer Walinga, [xxx.xxx.xxxx ext. xxxx or xxxx@xxxx.xxx].

Objective
The working title of this research project is “Communicating psychologically safe workplaces in Nova Scotia: The impact of Nova Scotian cultures on the prevention of mental health disability”. The objective of this research project is to explore in what ways Nova Scotian cultures impact the communication of psychologically safe workplaces for the prevention of mental health disability.

Confidentiality and Privacy
Confidentiality and privacy will be observed through guaranteeing all reported data is free of any identifiable information, and at no time will any specific comments be attributed to any individual unless your specific agreement has been obtained beforehand. All documentation will be kept strictly confidential. Any electronic data will be secured through encryption and hard copy data will be secured via locked drawers.

Conflicts of interest and risks
There is minimal risk in this research project, and there are no anticipated conflicts of interest.

Research Distribution
You will receive a copy of the thesis abstract, and may receive an electronic copy of the outcomes, recommendations, or complete thesis upon request to the main researcher, Erin Ryan.

Interview process
Below you will find interview questions that are estimated to require no more than one hour of your time. There are 6 primary questions that require your response, with additional questions that will provide information for the purpose of identifying future data collection and analysis. Please feel free to answer the questions below as you deem appropriate based on your expertise, experiences, and perspectives. You are free to answer only those questions that you feel comfortable or qualified to respond to. You will have an opportunity to identify your willingness to participate in follow-up interviews at the end of the interview.

Right to Withdraw
You are not compelled to participate in this research project. If you do choose to participate, you are free to withdraw at any time before March 15, 2015 without prejudice, at which time data will be anonymized for analysis and, as such, the data can not be extracted from the data sample.
Similarly, if you choose not to participate in this research project, this information will also be maintained in confidence.

**Timeline**
The anticipated timeline for this research project is January 2015 to April 2015, with final research analysis and findings completed by July 2015.

Please complete the attached initial interview by March 15, 2015.

Any follow-up interviews will be completed by April 15, 2015.

Please feel free to contact me at any time should you have additional questions regarding the project and its outcomes:

Name: Erin Ryan
Email: xxxx@xxxxx.xxx
Telephone: xxx.xxx.xxx

Sincerely,

Erin Ryan, MAPC candidate, BA, DMWPC

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**Interview questions**

**Background**
1. Which of the below best describes your workplace?
   - [ ] Insurance
   - [ ] Human Resources
   - [ ] Government or Crown Corporation

2. How long have you been working in disability management related positions in Nova Scotia?

**Primary Interview Questions**
(Note: All questions should be answered based on your expertise, experiences, and perspectives)

1. What are the roles and responsibilities of each stakeholder in workplace mental health within Nova Scotia?

2. What are the primary features of workplace mental health in Nova Scotian workplaces?

3. Discuss any unique factors that specifically impact workplace mental health in Nova Scotian regional communities.

4. How are psychologically safe workplaces and mental health disability prevention strategies related?
5. In what ways do Nova Scotian cultures impact the communication of psychologically
safe workplaces for the prevention of mental health disability?

Future Research Participation
1. Would you be willing to participate in any follow-up interviews that may arise out of
your responses?
Appendix C: Letter of Informed Consent – Interview

My name is Erin Ryan, and this research project is part of the requirement for a Master of Arts in Professional Communication at Royal Roads University. My credentials with Royal Roads University can be established by contacting Dr. Jennifer Walinga, Associate Professor, School of Communication and culture [xxx.xxx.xxxx ext. xxxx or xxxx@xxxx.xxx].

This document constitutes an agreement to participate in my research project.

Objective
The working title of this research project is “Communicating psychologically safe workplaces in Nova Scotia: The impact of Nova Scotian cultures on the prevention of mental health disability”. The objective of this research project is to explore in what ways Nova Scotian cultures impact the communication of psychologically safe workplaces for the prevention of mental health disability.

Methods
This research project will consist of an online one-on-one interview that is foreseen to require no more than one hour of your time. The questions will be focused on your experiences and perceptions of mental health in the workplace within Nova Scotia. Questions will involve topics on psychologically safe workplaces, mental health in the workplace practices, and communication with Nova Scotian workplaces. The anticipated timeline for this research project is January 2015 to April 2015, with final research analysis and findings completed by July 2015.

Research Distribution
In addition to submitting my final report to Royal Roads University in partial fulfillment for a Master of Arts in Professional Communication, I will also be sharing my research findings with research participants.

Please note that this thesis will be published in the Canada Portal of Library and Archives Canada, and ProQuest/UMI, and may be used in conference presentations and/or journal articles.

Participants will receive a copy of the thesis abstract, and may receive an electronic copy of the outcomes, recommendations, or complete thesis upon request to the main researcher, Erin Ryan.

Data Storage
Information will be recorded online through email and a computer database or face-to-face via an audio format and, where appropriate, summarized in anonymous format in the body of the final report. Email will be housed on a US based server, Google G...
Confidentiality and Privacy
Confidentiality and privacy will be observed through guaranteeing all reported data is free of any identifiable information, and at no time will any specific comments be attributed to any individual unless your specific agreement has been obtained beforehand. All documentation will be kept strictly confidential. Any electronic data will be secured through encryption and hard copy data will be secured via lock.

Raw data will be kept for two years post graduation and then destroyed. Information pertaining to participants who have withdrawn will be destroyed.

Conflicts of Interest and Risk
There is minimal risk in this research project, and there are no anticipated conflicts of interest.

Timeline
The anticipated timeline for this research project is January 2015 to April 2015, with final research analysis and findings completed by July 2015. Initial interviews will be completed by March 15, 2015. Any follow-up research will be completed by April 15, 2015.

Right to Withdraw
You are not compelled to participate in this research project. If you do choose to participate, you are free to withdraw at any time before March 15, 2015 without prejudice, at which time data will be anonymized for analysis and, as such, the data can not be extracted from the data sample. Similarly, if you choose not to participate in this research project, this information will also be maintained in confidence.

By signing this letter, you give free and informed consent to participate in this project.

Name: (Please Print): __________________________________________________
Signed: _____________________________________________________________
Date: _______________________________________________________________