



Canadian Campus
Wellbeing Survey

Bien-être sur les
campus canadiens

Development of the Canadian Campus Wellbeing Survey (CCWS) for Employees

Technical Report Series

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Introduction

The Canadian Campus Wellbeing Survey (CCWS) aims to equip post-secondary institutions (PSIs) with the data they need to inform policies and practices to support health and wellbeing. The CCWS for students includes validated and reliable measures of mental health, and multiple risk and protective factors including school connectedness, social and emotional skills, academic performance, safety, sleep, exercise, food security and substance use (Faulkner et al., 2019; Weatherson et al., 2019). As of July 2021, over 50 PSIs from across Canada have deployed the CCWS for students.

The Okanagan Charter (*Okanagan Charter: An International Charter for Health Promoting Universities and Colleges*, 2015) calls on higher education to embed health into everyday operations, business practices and academic mandates, as well as to lead health promotion action and collaboration. Based on the success of the CCWS for students and growing interest among Canadian institutions in implementing a whole-campus approach to wellbeing, there were requests for an employee version of the CCWS to be created. This report gives an overview of how the CCWS for employees was developed.

Methods

The main objectives for developing the CCWS for employees were to have measures that are applicable to employees at post-secondary institutions, informative for staff using the survey results, and comparable to the student version. A core principal guiding the development was maintaining the content of the employee version to be as consistent with the student version as possible. This allowed the employee survey to build on the previous work that developed the CCWS for students because the selected wellbeing indicators (e.g., psychological distress) and their associated measures (e.g., Kessler Psychological Distress Scale; Kessler et al., 2002) are relevant and appropriate across the adult lifespan. This offers the advantage of having comparable measures for both surveys, and therefore comparable results, and means that the work to identify priority areas and find appropriate measures that are valid and reliable was largely transferrable from the student version.

An implementation team at the University of British Columbia was formed to prepare for the pilot deployment. This team collaborated with the CCWS team to review survey content and deployment methods, and was composed of specialists from health promotion and wellbeing, human resources (HR), planning and institutional research, and communication. In addition to the implementation team, HR and workplace health and wellbeing representatives from at least three other PSIs, as well as the Student Health and Wellness Community of Practice of CACUSS were invited to give feedback on the survey content.

The first step was to review the survey content and methods for administration to determine which were applicable to employees. This was done by the CCWS team, implementation team, and colleagues from other PSIs. The implementation team also explored communication and distribution options for sharing the survey with employees. After finalizing the survey content, communication strategy, and survey administration methods, the survey was piloted at UBC. The process concluded with feedback from the implementation team about the data collected and methods used. Final changes to the employee survey and administration methods were made based on this feedback.

Review of Survey Content and Methods for Administration

The CCWS for students was created based on feedback from stakeholders about priority areas and the best measures to assess them while keeping the survey under 20 minutes to complete (Faulkner et al., 2019). The CCWS team reviewed the student survey content, identifying measures that were not relevant to employees, or that required modification to be applicable. These changes and the remaining survey content were then reviewed by the implementation team and colleagues from other PSIs, as well as the Student Health and Wellness Community of Practice of CACUSS Community of Practice. A summary of changes is available in Appendix A. The implementation team was also mindful that the CCWS is a health and wellbeing survey, not a workplace satisfaction survey.

In general, references to “students” were changed to “employees”. The term employee was chosen because it included both staff and faculty working for the PSI. The other key changes to the survey were to remove the Academic Achievement module, and to make the substance use and suicidal ideation modules optional. Having optional modules allows PSIs to determine if the modules are relevant to their needs. For example, there may not be interest in some topics, the questions may be considered too sensitive for a PSI to ask its employees, or the modules may not be included if the data collected would not be actionable at the PSI. Having optional modules means that comparison data for these questions may not be available for the Tableau dashboard as they are no longer part of the core survey. At least three PSIs in the comparison group would need to include the same optional modules in order for comparison data to be available.

Due to ongoing COVID-19 pandemic and changes to work situations (e.g., working remotely, or a hybrid of on-campus and remotely), questions were phrased to be applicable regardless of where employees work. For example, a ‘Not applicable’ option for on-campus safety.

The core modules in the CCWS for employees are workplace experience, mental health assets, mental health deficits, health service utilization/health seeking, physical health/health behaviours, food security, and demographics. Optional core modules are suicidal ideation and substance use (alcohol, cannabis, tobacco). Please visit www.ccws-becc.ca to view the employee survey content. An overview of measures included in the CCWS is available in the student survey development technical report (Weatherson et al., 2019).

Survey administration was modified by removing the cohort file, which includes institutional data for each participant. In the student survey the cohort file includes information such as year of study, international or domestic student status, and faculty/school/program. Collecting these data allows for comparison between invited participants and respondents (e.g., are the data representative of who was invited?), offers some non-self-report data, and shortens the survey response time for students. This file was removed in the employee survey because providing similar information would require accessing employment file data for each invited participant, which would be difficult and raise privacy concerns. Instead, additional demographic questions were included in the core survey, with institutions able to add institution-specific responses to three of the questions (employment category, primary work location, and employment group). Participating PSIs are responsible for reviewing the survey content to ensure that it follows provincial and institutional policies and guidelines.

Without the cohort file, the CCWS for employees is anonymous and can be administered using a generic survey link, rather than requiring individualized survey links like the student survey. The

advantage of this approach is that the generic survey link can be distributed broadly in employee newsletters and responses are anonymous. However, care must be taken so that it is only accessible to those that the PSI would like to invite to complete it. For example, it should not be posted on a public website or on social media. Additionally, if a participating PSI provides incentives for participation, respondents will only be eligible if they provide contact information so that they can be identified to receive the incentive. This will be included as the last question in the core survey, and any respondents interested in being entered will be directed to a separate survey to submit their email address so that their responses will not be connected to their CCWS survey data.

Pilot Survey

Timeline

The implementation team began meeting in October 2020, aiming to deploy the survey in May 2021. After reviewing the survey content, the survey team solicited additional institution-specific questions from various on-campus units. These questions were incorporated into the dissemination strategy.

One of the first steps when taking part in the CCWS is to determine if the Institution's Research Ethics Board (REB) requires an application to approve the project, or if it is eligible for an exemption. The REB application for the CCWS for students was able to be amended to also include the employee survey, which made the process more efficient than beginning a new application.

Survey Administration

The employee survey was administered using the infrastructure that was already developed for the CCWS for students. For example, the UBC Survey Tool, provisioned by Qualtrics, was used to deploy the survey. The pilot survey was available for 23 days, in line with the student version practice being open for at least three weeks.

The generic survey link allowed invitations and reminders to take part to be distributed using broadcast emails and newsletters, rather than emails specific to each employee. Vice-Presidents and unit leads, including those who were asked to be signatories on the recruitment emails, were informed of the survey and its importance. Having these signatories on communication showed endorsement from leaders at the PSI. This collaborative, distributed model of communications was chosen to target different populations and departments.

The communication plan aimed to create awareness of the CCWS and why the PSI encouraged participation, to educate employees on the positive impact their participation could have, and to encourage participation. It also centered on the survey not being "owned" by the pilot PSI since it was administered by an external group (the 'CCWS' unit).

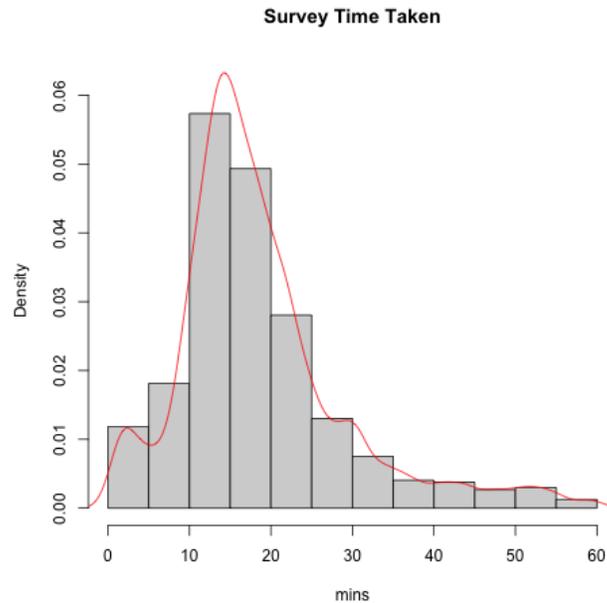
Results

Mean time to complete the CCWS for employees was 20.0 minutes after excluding times greater than 60 minutes (see Figure 1). This included time to complete the core survey, food security module with the 18-item measure, and optional substance use module, as well as five institution-specific questions.

The overall response rate for the employee survey was 12.9% (n = 2298), including responses from faculty, staff, post-doctoral fellows, and unspecified roles. The response rate was higher for staff

(13.4%; n = 1535) than faculty (6.7%; n = 421). However, since the survey invitation was sent through e-newsletters, these response rates were calculated using the total number of faculty and staff at the post-secondary institution, not the number who were sent the e-newsletters or the number who were aware of the survey invitation.

Figure 1. Response time for the employee survey (excluding times >60 minutes).



The overall trend in response rates for individual questions was as expected, with responses decreasing slightly as the survey progressed (from n = 2280 for the first question to n = 1982 for the last question). There were two questions with a slightly lower response rate based on this pattern. These were gender (“What is your gender identity”; n = 1966) and sexual orientation (“do you identify as...”; n = 1950). Recognizing that these questions may be sensitive, both of them included an option to respond “I prefer not to answer” but, as demonstrated by these results, some respondents may prefer to skip the questions entirely.

Feedback from Pilot Deployment

Keys to Success

Forming a strong implementation team with the right experience was key for getting the necessary approvals and selecting informative modules and institution-specific questions. This included amending the existing REB application to streamline the process, creating a communication plan and toolkit that was used by both HR and wellbeing unit staff, and allocating resources to implement the toolkit across appropriate channels. Additionally, meeting with multiple stakeholders to identify and address concerns was key to obtaining approval for participation. A proposal was created that included considerations from the implementation team (e.g., how the CCWS for employees would benefit UBC and how it aligned with strategic plans), and responses to concerns (e.g., privacy, alignment with other

surveys, dissemination strategies). Addressing these concerns and questions helped to overcome barriers that may have otherwise prevented participation in the pilot.

Institution-specific questions allowed for assessing the link between wellbeing measures and strategic plans at the institution. Questions that included more general terms (e.g., referring to “wellness services” rather than specific wellness services) were less useful than questions with more specific phrasing.

Substance use questions were included after adjusting framing to include the purpose for asking them, in addition to a reminder that responses are confidential. The updated description for the module became “The following questions will ask about your experience with alcohol and cannabis use. Your responses will help us understand baseline substance use rates for employees, and in turn will inform policies and programs related to alcohol, tobacco, and cannabis at your institution. All the information that you provide will remain strictly confidential.” These questions had a high response rate and, as a result, the adjusted framing will continue to be included for the employee survey.

Considerations for Future Deployments

The response rate was lower than comparable surveys for employees at the pilot PSI, however, socialization of the survey as it is deployed on a 2- or 3-year schedule may help to increase the response rate over time. To improve it in future deployments PSIs can develop strong communications roll-out and communication support from PSI leadership, and consider data collection timing. The pilot was conducted in May when employees might have been fatigued from the Winter term and completing other surveys conducted around the same time. A data collection timeframe during the academic year (e.g., November) could be considered for future implementations. Additionally, the survey was conducted during the COVID-19 pandemic and, based on student survey data, response rates to surveys were typically lower than in previous years according to anecdotal reports from members of the implementation team and collaborating HR/workplace health and wellbeing representatives.

The CCWS data distribution was compared with the institutional HR system’s headcount for March 31, 2021 to determine representation. Women and management and professional staff, were over-represented, while post-doctoral fellows were under-represented. Future deployments of the survey could consider how to better encourage underrepresented groups to participate. This includes having a strong uptake from all leadership to amplify the tailored invitations to different units, and targeted outreach to typically underrepresented groups. In order to assess whether the response data are representative of the employee population at the PSI, having data from other sources, such as number of staff, number of faculty, gender of employees, and number of employees in each employment group, is key. The survey does not include items on unit/department, meaning that data cannot be interpreted or disseminated at this level. This is done to reduce participant concerns with being identified and in order to promote higher response rates.

The generic survey link that allowed for more general emails (as opposed to targeted emails with individual survey links that are used with the student version) would be used again as it helped to maintain respondent anonymity and for employees to feel more comfortable responding to health-related questions. The generic survey link will be used in future deployments and this is reflected in the mail-out methods described in the Technical Documentation for the employee survey.

The pilot PSI found that the data were useful, along with student data, to inform health promotion and wellbeing priorities and to track progress. Triangulating the data with results from other

large surveys, such as the Canadian Community Health Survey by Statistics Canada, may also be useful when interpreting the results. Modules and measures that aligned with the PSI's strategic plan were particularly useful. After participating PSIs receive the deliverables, resources will be needed to use the data. PSIs may need a data analyst to help with the analysis and interpretation of the case-level data, and staff who are using the Tableau dashboards may benefit from time to orient themselves to the tool.

One demographic question (What is your employment category?) had less than 10 respondents for certain response options. As a result, these response options were obscured by the CCWS data analyst to maintain the anonymity of those respondents. PSIs participating in the employee survey should consider how to bucket the response options they select so that participants are both willing to respond to the question, and the data are useful. This will impact the PSI's ability to filter the data based on all response options (e.g., on the Tableau dashboard). Obscuring small cell identifiers is more likely if there are more response options and a small sample.

Discussion

The main objectives for developing the CCWS for employees were to have measures that are applicable to employees at post-secondary institutions, informative for staff using the survey results, and comparable to the student version. These were achieved by modifying the student survey content so that it was both applicable to employees while remaining similar to the student survey. The pilot PSI found the data informative, and Tableau dashboards were developed that will help to visualize the whole campus data for comparable measures (e.g., showing both student and employee data for flourishing).

It was necessary to remove the cohort file for privacy and practical reasons. This helps to make the survey anonymous, which may encourage employees to take part, but the tradeoff is that there are some limitations to understanding the representativeness of the data. For example, it is not possible to compare respondent and invitee profiles as can be done with the student survey. When deciding whether to take part in the CCWS for employees, PSIs should consider whether they have any data that they could use to compare their results to. This could be information such as how many faculty and staff members there are, how many at each campus (if applicable), and any demographic information that will inform whether the sample of respondents is representative of the population of employees at the PSI.

To help assess response rates and representativeness of the data, the Technical Documentation describes two mail-out methods. Both involve identifying which employees to invite to participate in the survey. Although the generic survey link will be anonymous, this process of identifying who to invite will give participating institutions an idea of the population (e.g., total number of employees invited), which will allow for more accurate response rate calculations. When identifying who to invite, the participating institution can also take note of how many from each employment group, or other characteristics if data are available, providing a better understanding of whether the response data was representative of those invited to participate.

Conclusion

The CCWS is now available for PSIs to deploy to assess the health and wellbeing of their employees. It is an anonymous, confidential, and voluntary 20-minute survey that primarily includes

validated and reliable measures in line with existing national population level surveys (e.g., Canadian Health Measures Survey). In order to effectively monitor and enhance our understanding of employee health, population-level interventions are needed; however, there is currently no coordinated system to collect the necessary health data on employees of Canadian post-secondary institutions. By participating in the CCWS, PSIs can be better equipped to support students and employees, and increase capacity to link research with policy and practices on campuses and beyond. The customizable modules offer flexibility for varying needs and interest.

Participating in the CCWS for employees offers benefits such as a centralized data collection and analysis support team, access to case-level data and Tableau dashboards, ability to include up to five institution-specific questions, creation of a research dataset that researchers or public health agencies can apply to access, standardized health and wellbeing indicators for post-secondary employees and students, and aggregated comparison data from at least three other de-identified post-secondary institutions.

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Appendix A - Differences between CCWS for students and employees

Table 1. Summary of changes made to the student survey to create the employee survey

Module/question	Change
General	Changed “student” to “employee” throughout survey. E.g., “At “At my institution, I feel that students’ employees’ mental and emotional wellbeing is a priority”
“Student Experience” module	Changed to “Workplace Experience” module
Academic Achievement	Removed module because it was not applicable.
Mental Health Assets	Addition of item “Your development of some reliable ways to deal with the personal stress of challenging events at work” to the question matrix assessing resilience and global physical and mental health.
Mental Health Deficits	The sources of perceived stress and extent of impact on academic progress items were changed to a sources of stress question from the 2016 Canadian Community Health Survey (Statistics Canada, 2018). “Thinking about stress in your day-to-day life, what would you say is the most important thing contributing to feelings of stress you may have: <ul style="list-style-type: none"> • Workload • Financial concerns • Family • Housing concerns • Time pressures/not enough time • Health • Other – specify”
Health Service Utilization	<ul style="list-style-type: none"> • In order to broaden the scope of potential Employee Assistance Programs being referenced, and to capture that employer-provided services are usually to compensate employees for the services they seek on or off campus, health service, questions were changed from referencing on-campus vs. off-campus resources to health services available to employees through their employer vs. not through their employer. E.g., “campus-based resources” changed to “provided through my employer”. • A “not applicable” option was added to some resources since they may not be provided to all employees at all institutions. • Removed “I feel comfortable seeking support for mental health issues online.” • Removed “Do you use campus health services for your primary care (such as routine check-ups with a doctor)?” because not all PSIs have primary care services available to employees. • Added level of agreement item for “My employer offers services or benefits that adequately address my mental health.” • Added level of agreement item for “My employer offers services or benefits that adequately address my mental health.”
Physical Health/Health Behaviours	Removed “Within the last 12 months, have you participated in organized sports at any of the following levels? Select all that apply.”

Sexual health module	Removed as considered intrusive.
Substance use modules	<ul style="list-style-type: none"> • Removed Other Drugs and Stimulants questions because they were not expected to be as relevant for employees. • Remaining substance use modules (alcohol, cannabis, and tobacco) are optional modules for employees.
Food Security	<ul style="list-style-type: none"> • The 18-item food security measure has been included in the core employee survey because it has better sensitivity when participants have children, without adding extra time for the majority of participants. As of the writing of this report, the 18-item version of the food security module remains optional for the student survey.
Demographics	<p>Removed:</p> <ul style="list-style-type: none"> • Are you currently living in the province/territory (e.g. Ontario; Alberta) where your institution is located? • Is your living situation different than planned as a result of the COVID-19 pandemic? • Average grade to date (cumulative) • Are you currently or were you over the last month in a co-op placement, practicum, residency, or study abroad term? <p>Added:</p> <ul style="list-style-type: none"> • Do you have elder care responsibilities? • How many children under the age of 18 live in your household? • Questions specific to employees/faculty because no cohort file is collected <ul style="list-style-type: none"> ○ Faculty, staff, or post-doctoral fellow ○ Employment category ○ Primary work location ○ Work arrangement (e.g., remote, onsite, or hybrid) ○ Time worked at institution ○ Full- or part-time ○ Ongoing position ○ Have faculty or staff reporting to them ○ Employment group (staff only) <p>Modified:</p> <ul style="list-style-type: none"> • Changed age in years to ranges (e.g., 26-30 years old) • Questions on ethnicity were changed to ancestry, identity as a racialized person, and identity as an Indigenous person based on recommendations from the UBC Equity and Inclusion Office. These questions may continue to evolve. • Changed response options for “Where do you currently live?” <ul style="list-style-type: none"> ○ Removed university or college residence, other on-campus housing, off-campus with family (e.g., parents, spouse, children), off-campus alone, off-campus with friends or roommates ○ Added: On-campus housing, off-campus – rental property, off campus – owned property • Replaced “What is the average number of hours you work per week during the school year (paid employment only)?” with an item to assess level of agreement with the statement “I am able to reasonably balance my work and personal life.”

	<ul style="list-style-type: none">• Highest education obtained: Changed from parents/guardians to “What is the highest level of formal education that <u>you</u> have obtained?”
Additional modules and questions	<ul style="list-style-type: none">• PSIs have the option to add up to 5 institution-specific questions<ul style="list-style-type: none">○ For more information, please review the Technical Documentation