Occupational Health Clinics for Ontario Workers Inc.

OSSTF/FEESO
ONTARIO SECONDARY SCHOOL
TEACHERS' FEDERATION

PREVENTION
Mental INJURY
TOOLS FOR ONTARIO WORKERS

OSSTF Lunch and Learn, Brock University

RESULTS OF STRESS SURVEY

John Oudyk MSc
Occupational Hygienist

June 3, 2014

Outline

1. Background
2. Methods (questionnaire)
3. Prevention background
4. Response rate
5. Results (frequencies)
6. Results (correlations)
7. Top issues
8. What next?

Brackground:

- November 21st 2013 Lunch & Learn "Measuring Workplace Stress"
- Survey Monkey e-mail link sent to 230 members of OSSTF D-35 Brock University Support Staff on March 3rd 2014
- Last response received April 30th 2014
- Report containing results sent May 21st 2014

Mental Injuries Tool (MIT) Group:

- The Mental Injuries Tool group was established in 2009 out of a stakeholder sub-committee of worker representatives and the Occupational Health Clinics for Ontario Workers who were charged with "supporting worker representatives in taking action on prevention and workers' compensation".

- This sub-committee held a workshop in 2010 to select projects which could be developed jointly to address common concerns. The topic which received the most interest was mental injuries (workplace psychosocial risk factors; recognition & compensation for mental injuries).

MIT group - who's involved:

- Laura Lozanski, CAUT
- Terri Aversa, OPSEU
- Sari Sairanen, Keith McMillan UNIFOR
- David Chezzi, Andréane Chénier, CUPE
- Nancy Johnson, Erna Bujna, ONA
- Valence Young, ETFO
- Gerry LeBlanc, Sylvia Boyce, USW
- Janice Klenot, UFCW 175/633
- Jane Ste. Marie, John Watson, OSSTF
- Kathy Yamich, Workers United Union
- Charlene Theodore, OECTA
- Tom Parkin, Workers Health and Safety Centre (WHSC)
- Sophia Berolo, University of Waterloo
- Ashley McCulloch, Carleton University
- Andy King, LOARC (**L**abour, OHCOW, **A**cademic **R**esearch **C**ollaboration)
- Maryth Yachnin, IAVGO
- Alec Farquhar, Kristen Lindsay, OWA
- Syed Naqvi, Brenda Mallat, Curtis VanderGriendt, Ted Haines, Mark Parent, Andre Gauvin, John Oudyk (OHCOW)

MIT Group Reviewed Available Tools

- Looked at theories of jobs stress:
  - Job Demand – Control model (Karasek)
  - Effort – Reward Imbalance model (Siegrist)
  - Transaction Process model (Lazarus & Folkman)
  - Organisational Justice (Kivimäki et al)
- Looked at survey instruments and tried them out – compared experiences
  - UK-HSE, JCQ, GM@W, SOBANE and others …

COPSOQ

Copenhagen **P**sycho**so**cial **Q**uestionnaire

(COPSOQ II – short version)

COPSOQ factors:

Demands
- Quantitative demands
- Work pace
- Emotional demands

Work Organization
- Influence
- Possibilities for development
- Meaning of work
- Commitment to the workplace

Work Values
- Trust regarding management
- Justice and respect

Work Relationship
- Predictability
- Recognition
- Role clarity
- Quality of leadership
- Social support from supervisor

Work-Life Balance
- Job satisfaction
- Work-family conflict

Offensive Behaviours
- Undesired sexual attention
- Threats of violence
- Physical violence
- Bullying

COPSOQ health measures:

- Self-rated overall health status
- Burnout
- Stress
- Sleeping troubles
- Somatic stress symptoms
- Cognitive stress symptoms

Physical safety factors:

- safety hazards
- workstation ergonomics
- physical factors (noise, lighting)
- thermal comfort
- air quality
- dangerous chemicals
- biological hazards
- radiation (ionizing and non-ionizing)
- driving hazards
- working alone

Other additions:

- two more offensive behaviours:
  - "discrimination" (undefined – ask respondent for definition)
  - "vicarious offensive behaviours" (ask respondent to identify all)

- a global question rating the psychological health & safety climate

- questions about behaviour based safety attitudes

What we are <u>not</u> trying to do:

- We intentionally left out questions about depressive symptoms and psychological morbidity – avoid dangers of "diagnosing"/labeling individuals

- not trying to create a report-card – rather an opportunity for dialogue (by "objectifying" issues – depersonalize)

- not including non-occupational causes of stress (if there are symptoms that aren't associated with occupational risk factors, then by default they're non-occupational) – not trying to diagnose or address non-occupational issues

- the survey is not focussed on assessing individual coping skills ("resilience", wellness), nor, mental illness supports (WSIB recognition, EAP, RTW, etc.) – these may be part of the solution (a response to survey results); rather, the survey is primarily focussed on identifying root causes

LEVELS OF PREVENTION

✓ **Primary**

✓ **Secondary**

✓ **Tertiary**

Prevention levels:

Primary prevention (at the source)
- job design, organizational adaptations, flexibility – collective agreement, H&S Committee, management policy/program

Secondary prevention (early detection)
- educate people about symptoms and on coping skills – wellness programs, screening

Tertiary prevention (help the victims)
- get good treatment, compensation recognition, return to work support – EAP, therapy

Prevention

	individual	organization
prevention level	**primary** - coping and appraisal skills	**primary** -
	secondary - wellness, relaxation techniques (mindfulness)	**secondary** - awareness, screening (surveys)
	tertiary - therapy, counselling, medication, support	**tertiary** - Employee Assistance Programs (EAP), Return to Work

Response Rate:

- 94 accesses, 73 responses sufficient to include in full analysis
- 73/230 is a response rate of **32%**
- A response rate of less than 50% means that either the administration of the survey was not done properly or that a large proportion of the group being surveyed did not have confidence in the process. Any results of the survey can only be considered as reflecting those who participated not the group as a whole. This can present a serious problem in interpreting the results.
- Mind you, if you can solve the problems for 32% of your membership, it probably will benefit the other 68% who didn't fully respond
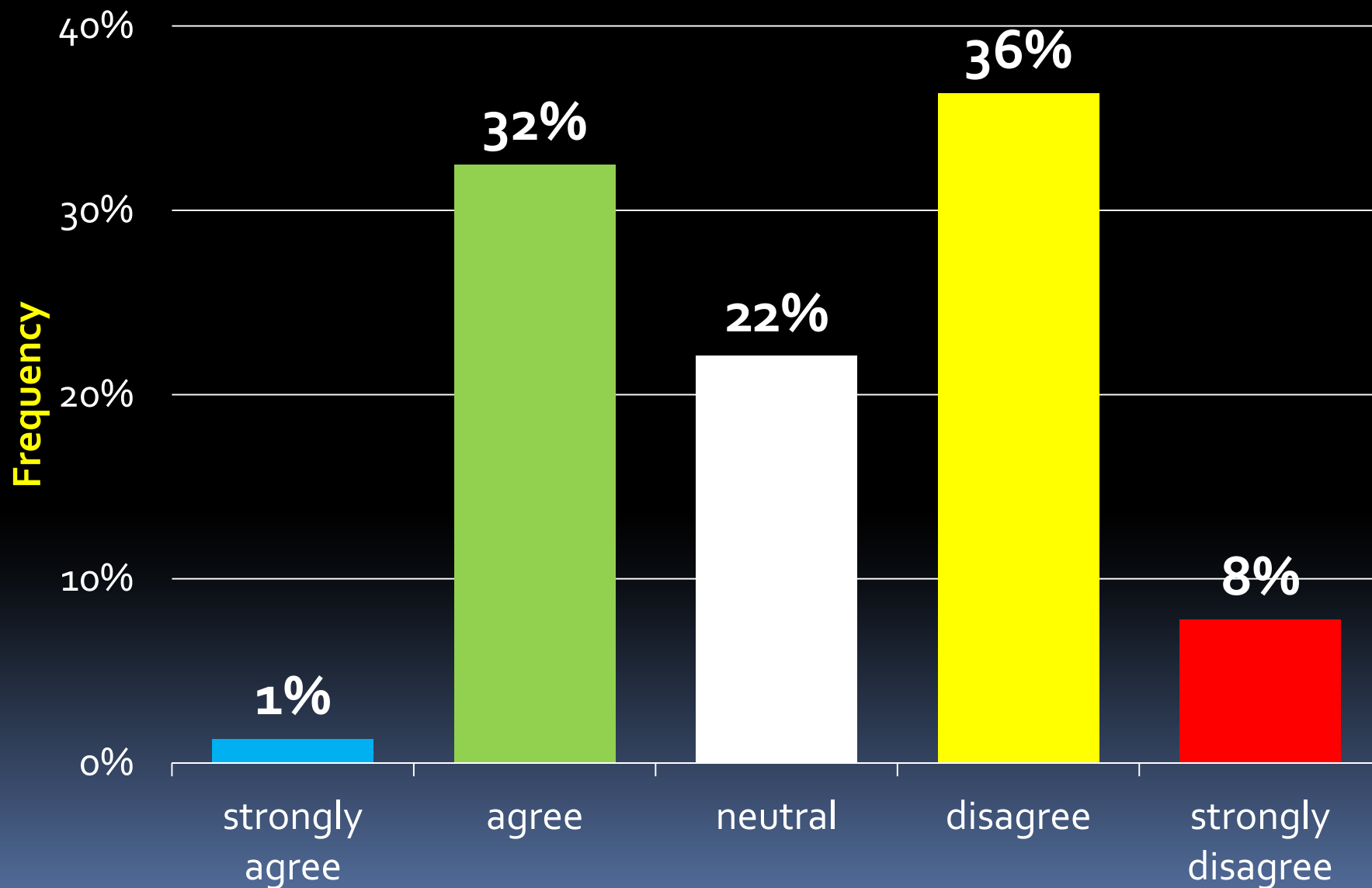
Who responded:

- 92% female; 8% male
- 42% from academics; 37% student services; 21% other (administrative, library, research, entertainment)
- 86% permanent full time; 7% permanent part-time; 8% other
- Average 33.4 hrs/week (1-40 hrs/wk)
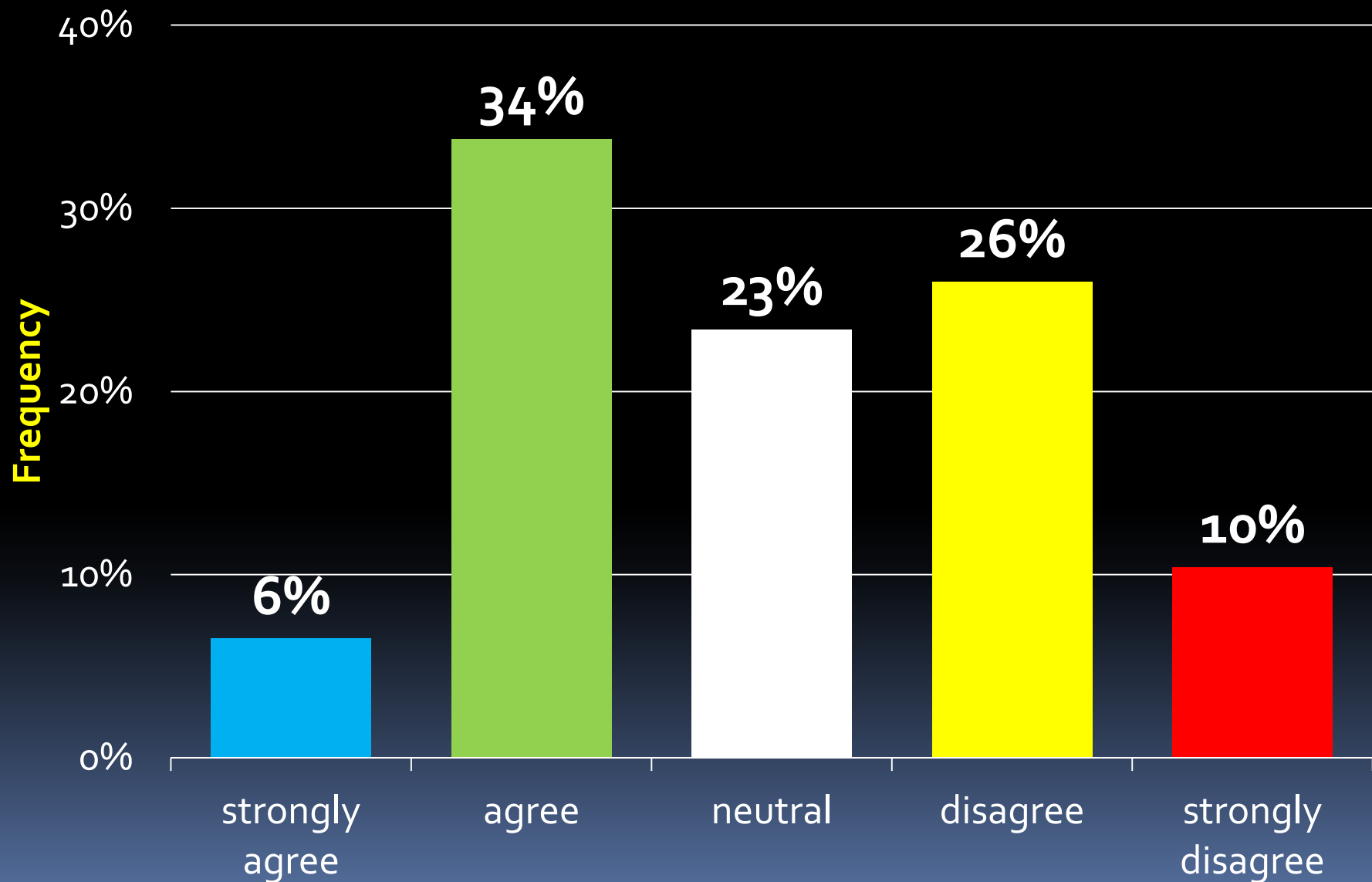- Seniority average 11.5 yrs (1-43 yrs)
- 91% on regular daytime schedule
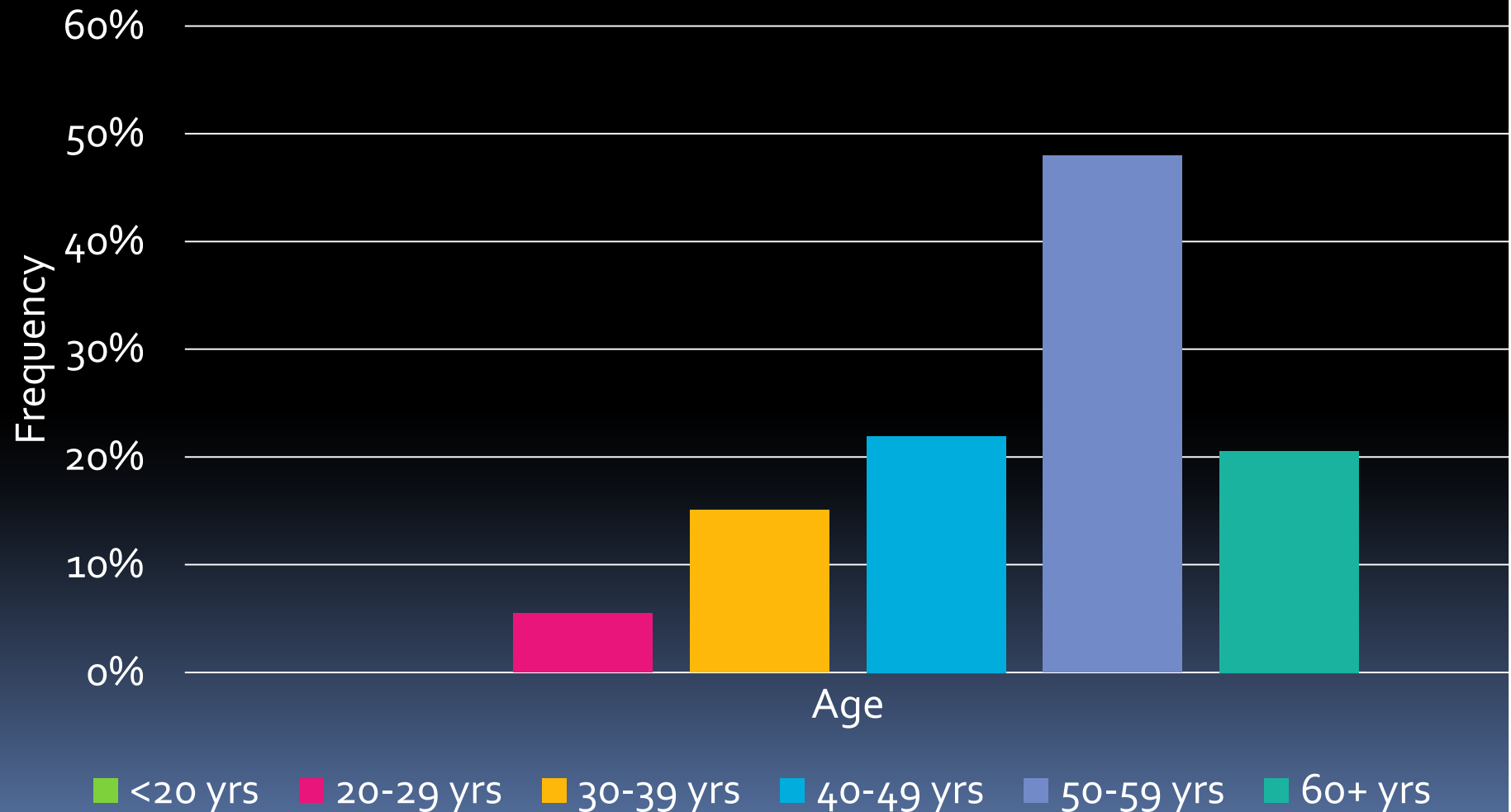
adequate resources

good job security
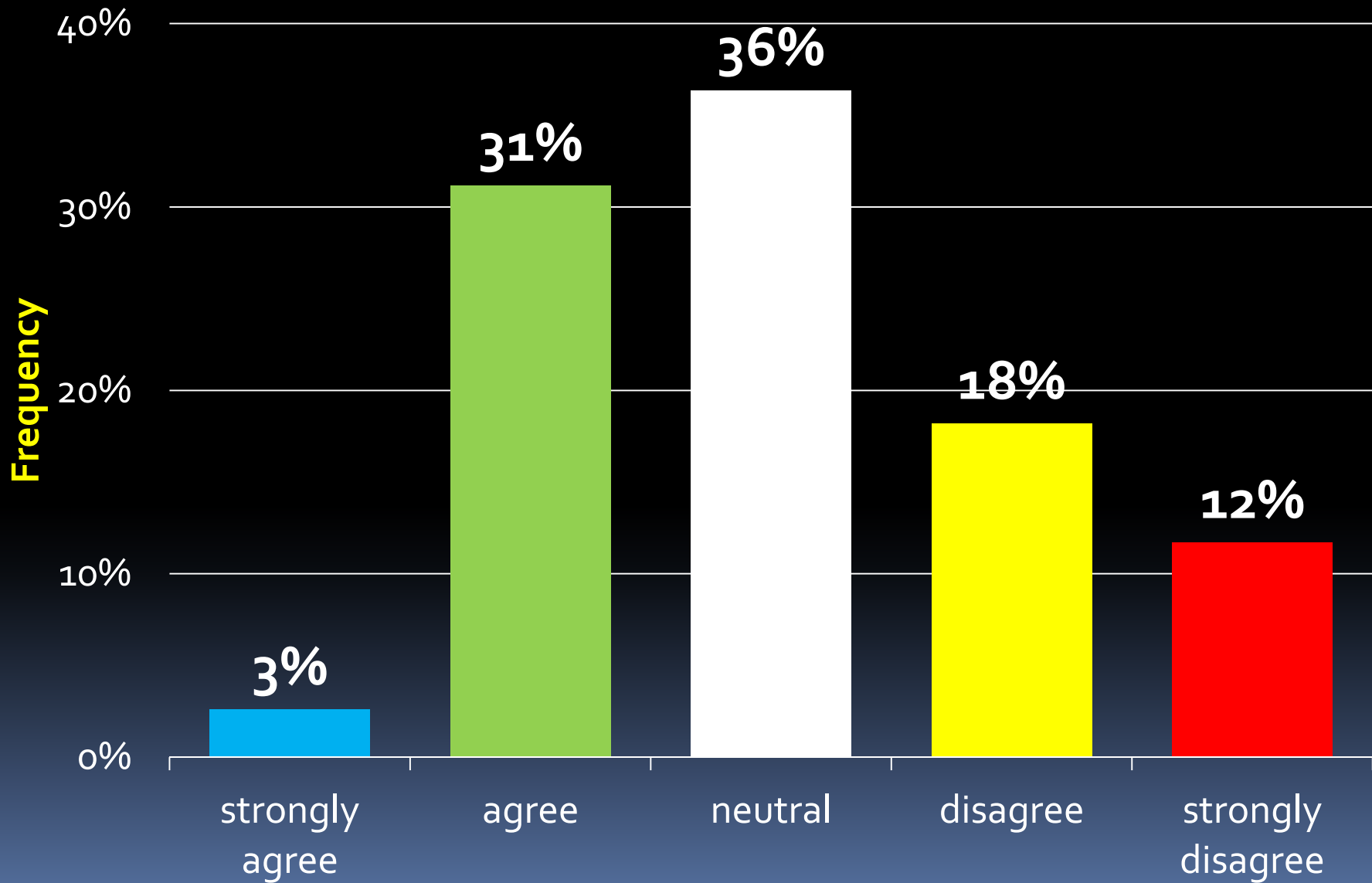

Bar chart titled "good job security" showing Frequency on the y-axis (0% to 40%):
- strongly agree: 3%
- agree: 31%
- neutral: 36%
- disagree: 18%
- strongly disagree: 12%

approach to accident investigation

psychological H&S climate
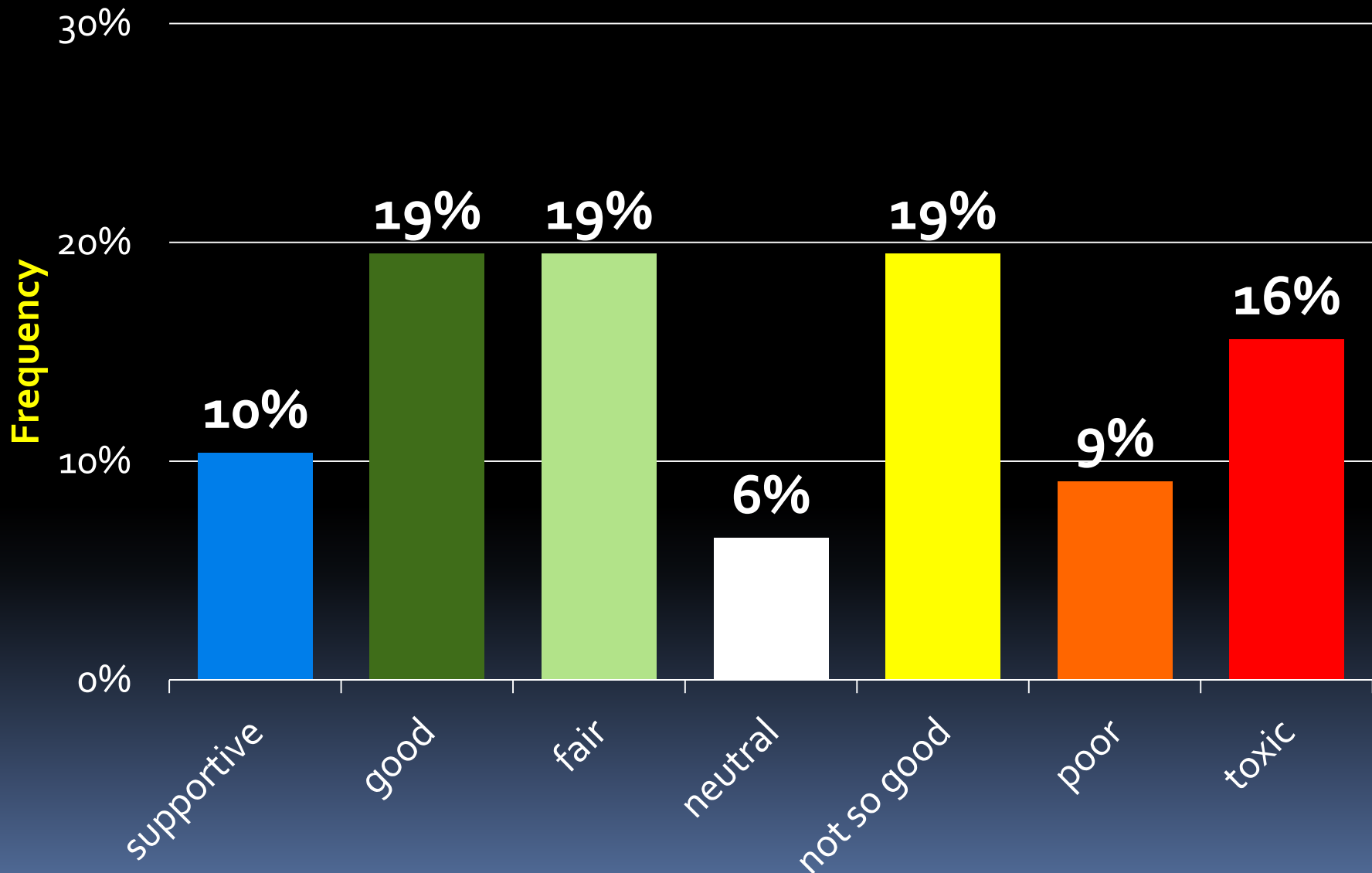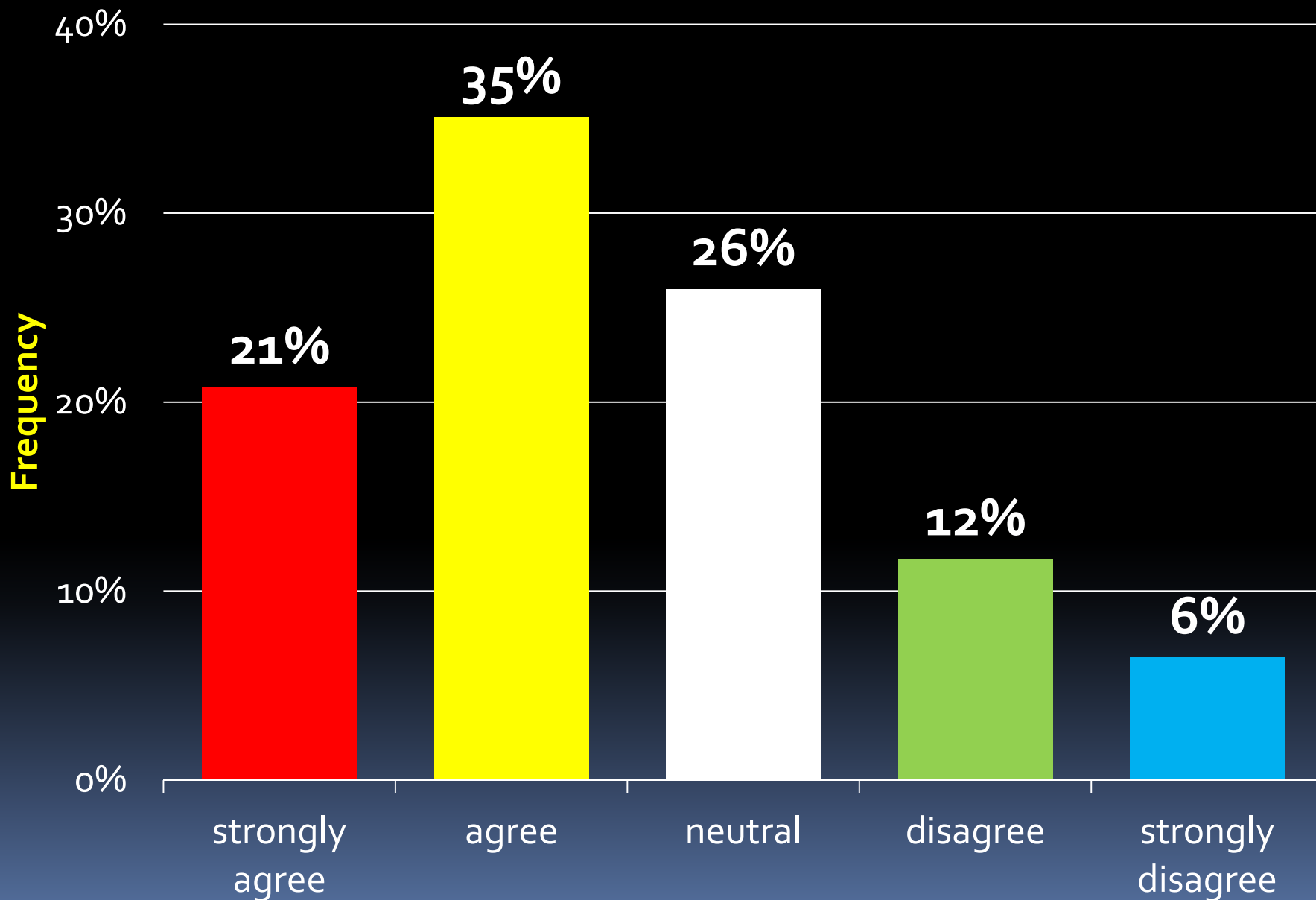
accommodations for home responsibilities
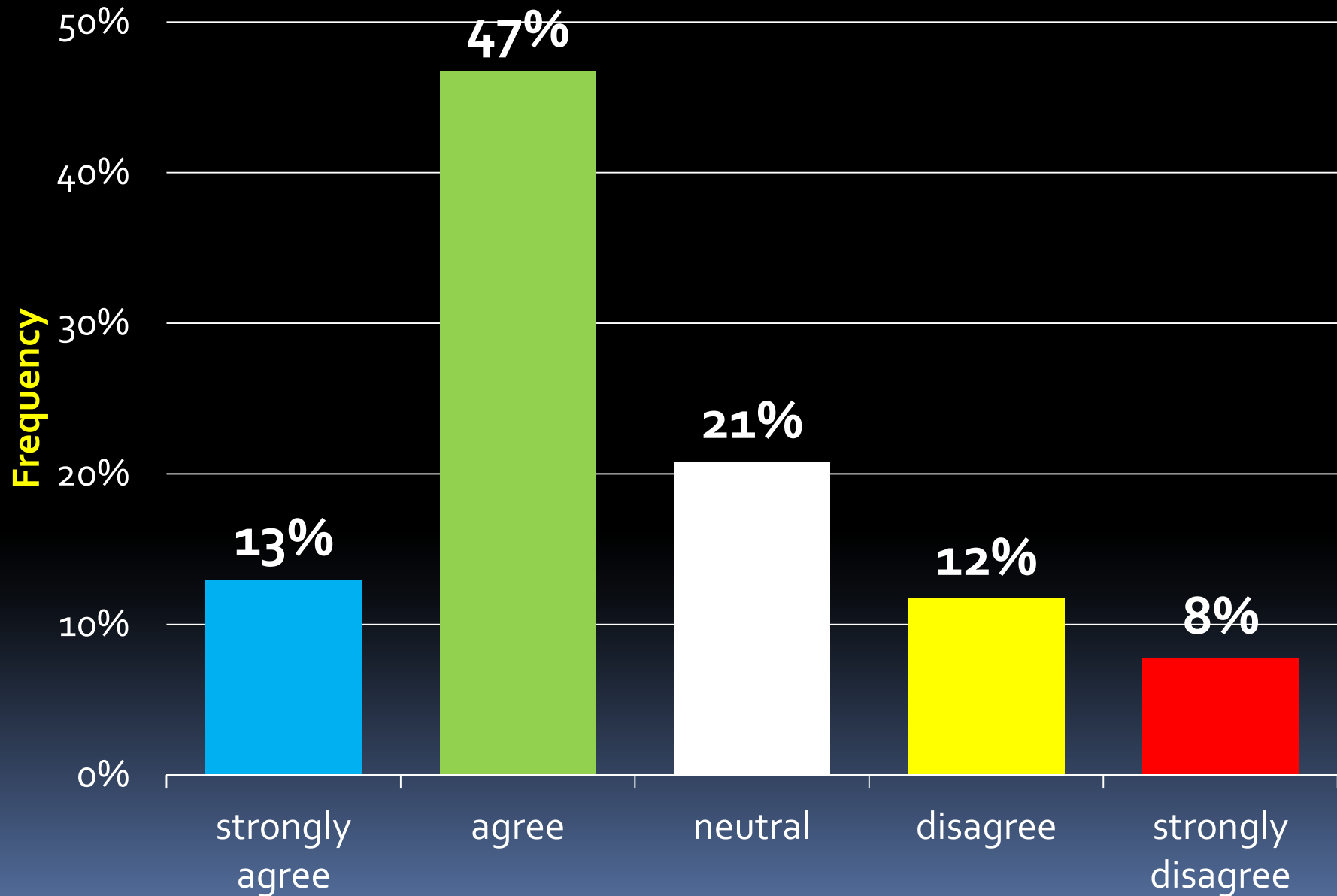
Violence & Harassment Policy effectiveness

Frequency

- strongly agree: 0%
- agree: 16%
- neutral: 38%
- disagree: 13%
- strongly disagree: 33%
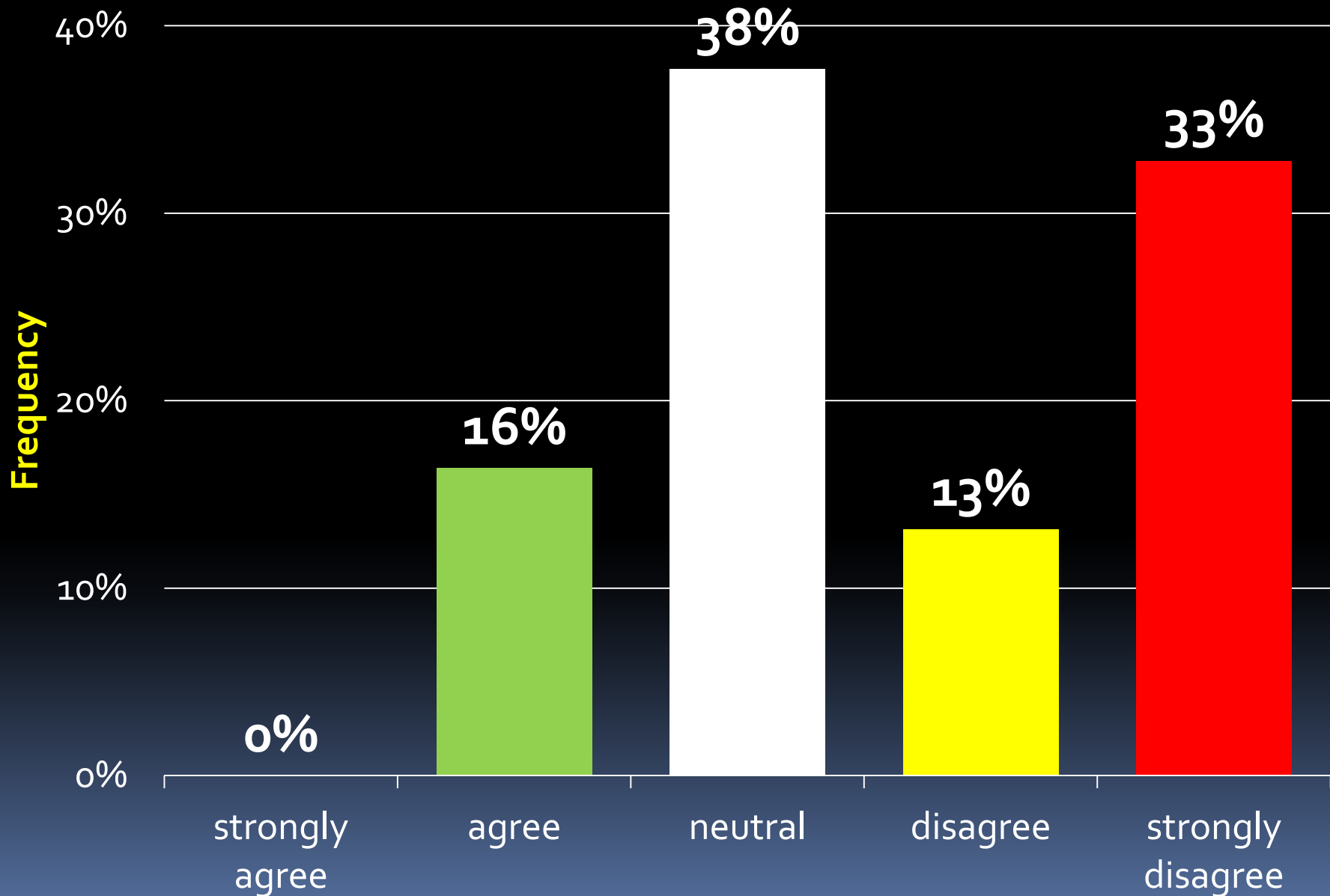
Ratings of workplace hazards
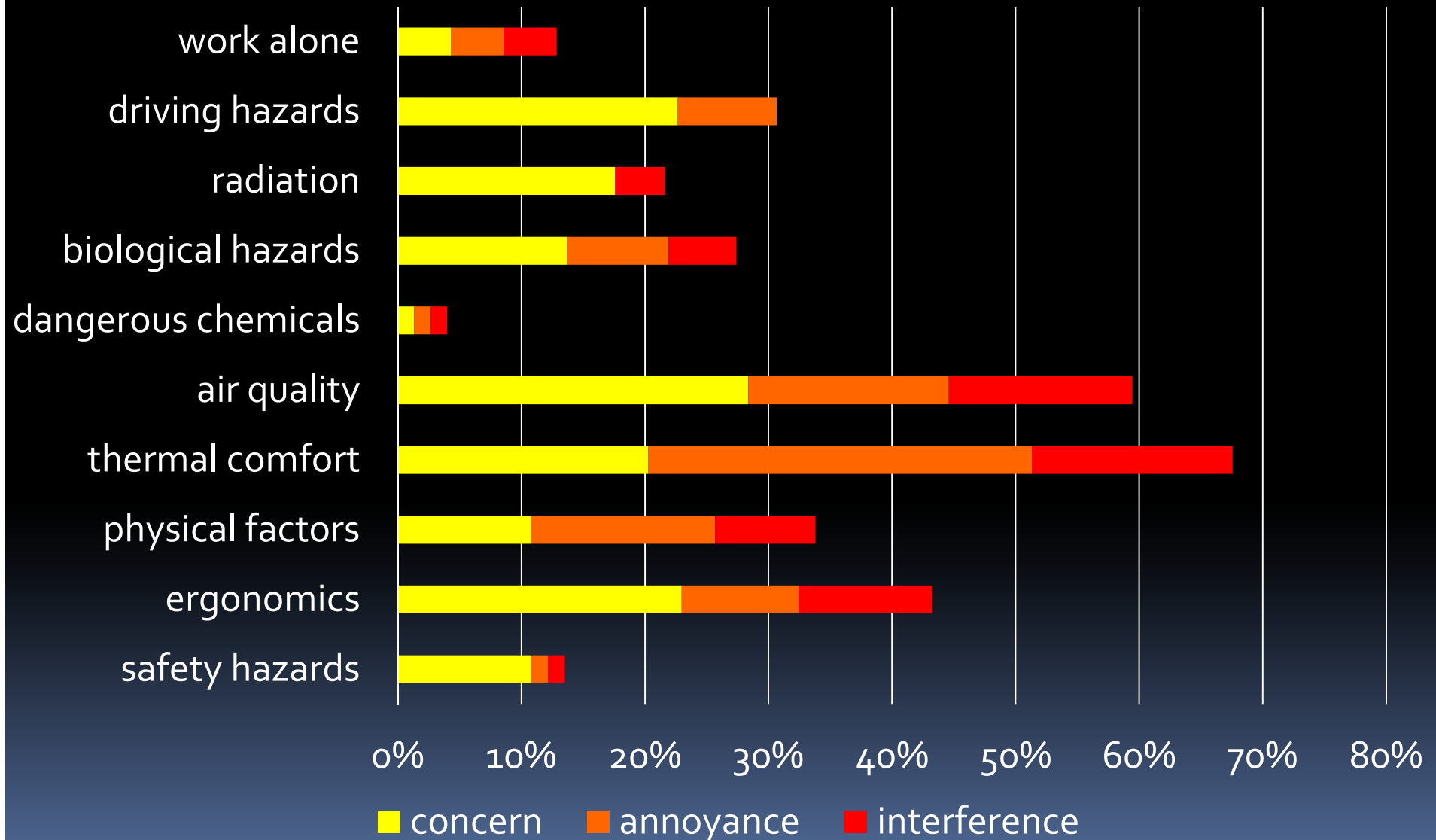
Statistical associations with symptoms

statistical associations	burnout	stress	sleep troubles	somatic symptoms	cognitive symptoms		all symptoms
safety hazards		░	░	░			░
ergonomics		░					
physical factors	▓	▓		░	░		░
thermal comfort		░		░			░
air quality	░	░					░
dangerous chemicals							
biological hazards							
radiation							
driving hazards							
working alone	▓	▓		▓	░		░

Comparison with Danish Population

DEMANDS	your results	Danish Reference data
quantitative demands	3.3	3.3
work pace	5.3	4.7
emotional demands	3.8	3.3

WORK ORGANIZATION

influence	3.0	4.1
possibilities for development	4.5	5.0
meaning of work	5.2	6.0
commitment to the workplace	4.9	4.8

RELATIONSHIP

predictability	3.6	4.6
rewards (recognition)	4.0	5.2
role clarity	5.3	5.7
quality of leadership	4.0	4.5
social support from supervisor	4.7	5.6

WORK VALUES

trust of mgmt	4.0	5.4
justice & respect	3.4	4.8

Comparison with Danish Population

OFFENSIVE BEHAVIOURS

undesired sexual attention	4.3%	2.9%
threats of violence	4.3%	7.8%
physical violence	2.9%	3.9%
bullying	47.1%	8.3%
discrimination	29.0%	n/a
vicarious offensive behaviours	44.9%	n/a

JOB ATTRIBUTES

job satisfaction	1.8	2.1
work-life imbalance	2.5	2.1

HEALTH

self-rated health	2.4	2.6

SYMPTOMS

burnout	8.4	5.5
stress	7.7	4.3
sleep troubles	7.3	3.4
somatic symptoms	5.1	2.8
cognitive symptoms	6.4	2.8

Statistical associations with symptoms

		burnout	stress	sleep troubles	somatic symptoms	cognitive symptoms		all symptoms
demands	quantitative demands	yellow	yellow	pale	yellow			yellow
	work pace	yellow	yellow	pale	yellow			yellow
	emotional demands	orange	orange	yellow	orange	yellow		orange
work organization	influence	yellow	yellow	pale				pale
	possibilities for development							
	meaning of work							
	commitment to the workplace	yellow	yellow	pale	pale	pale		pale
relationships	predictability	yellow	yellow	pale	pale	yellow		yellow
	rewards (recognition)	orange	orange	pale	pale			yellow
	role clarity	yellow	yellow					yellow
	quality of leadership	yellow	yellow					
	social support from supervisor	yellow	yellow	pale	pale			pale
work value	trust of mgmt	yellow	yellow		pale			pale
	justice & respect	orange	yellow		yellow			yellow

Statistical associations with symptoms

	burnout	stress	sleep troubles	somatic symptoms	cognitive symptoms		all symptoms
bullying							
discrimination							
vicarious offensive behaviours							

		burnout	stress	sleep troubles	somatic symptoms	cognitive symptoms		all symptoms
bullying	colleagues							
	manager/superior							
	clients/customers/patients							
discrimination	colleagues							
	manager/superior							
vicarious offensive behaviours	colleagues							
	manager/superior							
	clients/customers/patients							

Top 5 issues by correlations:

1. Bullying
2. Emotional demands
3. Psychological H&S climate
4. Staffing levels
5. Approach to accident investigation

Regression analysis

Model tested:

Symptoms =   14 COPSOQ factors

      +   3 offensive behaviours

      +   demographics (age, sex)

      +   ratings (staffing, BBS, psychological H&S climate)

Regression results:

symptoms =   5.2 * bullying (0.42*)

+   5.3 * staffing levels (0.35)

+   2.0 * quantitative demands (0.24)

-     1.9 * role clarity (-0.21)

+   19.6

* = (standardized coefficients)

$R^2_{(adj)}$ = 62.4%   (n = 59)

(this model explains 62% of the variation in the symptom responses)

Top 4 issues:

Bullying
Staffing levels
Quantitative demands
Role clarity

Regression results:

Work-life imbalance

$$= \quad 0.6 * \text{quantitative demands } (0.64*)$$
$$+ \quad 0.6 * \text{vicarious offensive}$$
$$\text{behaviours } (0.40)$$
$$+ \quad 1.4 * \text{bullying (colleagues) } (0.28)$$
$$- \quad 0.3$$

* = (standardized coefficients)

$R^2_{(adj)} = 57.4\%$ (n = 66)

(this model explains 62% of the variation in the symptom responses)

Regression results:

Job satisfaction

$\quad$ = $\quad$ 0.17 * commitment to the
$\qquad\qquad\qquad\qquad$ workplace (0.50*)

$\quad$ + $\quad$ 0.11 * recognition (0.35)

$\quad$ - $\quad$ 0.20 * discrimination (-0.28)

$\quad$ - $\quad$ 0.10 * staffing levels (-0.15)

$\quad$ + $\quad$ 1.07

$\qquad\qquad\qquad\qquad$ * = (standardized coefficients)

$R^2_{(adj)}$ = 69.4% $\quad$ (n = 65)

(this model explains 62% of the variation in the symptom responses)

Are You Ready to Do It?
Stages of Change

- **Pre-contemplation (Not Ready)** - People are not intending to take action in the foreseeable future, and can be unaware that their situation is problematic

- **Contemplation (Getting Ready)** - People are beginning to recognize that their situation is problematic, and start to look at the pros and cons of remaining in the current situation

- **Preparation (Ready)** - People are intending to take action in the immediate future, and may begin taking small steps toward change

- **Action** – People have made specific overt modifications in modifying their problem situation or in acquiring more positive behaviours/conditions

- **Maintenance** – People have been able to sustain action for a while and are working to consolidate the improved situation

modified from: http://en.wikipedia.org/wiki/Transtheoretical_Model

Mary Deacon, Chair, Bell Mental Health Initiative (Oct 24/13*)

- A lot of organizations have the attitude that they can't go down this road because it leaves the organization vulnerable to criticism.

- They have to accept that this is a journey – need to admit the organization is not perfect – we will make progress but also will make mistakes & learn.

* Rotman School of Business - 7th Annual Mental Health in the Workplace Forum (Oct 24/2013)

5 Steps:

1. Recognize that the workplace psychosocial environment can be improved and co-ordinate support/commitment (workers, employer, establish steering committee)
2. Define the issues (using some tool to guide you - checklist, questionnaire, etc.)
3. Devise a plan to make the change you decide on
4. Do it – make the changes
5. Then evaluate (checklist, survey) to see how it went, then, back to step 2 …

Finding solutions to your problems ...

- List the top risk factors associated with symptoms

- Refer to resources (plenty online) and don't be afraid to ask for help

- Best not to work alone but with a representative steering committee

- "let the conversation begin ..."

the new CSA Standard Z1003-13

CSA Group

BNQ Bureau de normalisation du Québec

CAN/CSA-Z1003-13/BNQ 9700-803/2013
National Standard of Canada

Psychological health and safety in the workplace —

Prevention, promotion, and guidance to staged implementation

Disponible en français
Santé et sécurité psychologiques en milieu de travail —
Prévention, promotion et lignes directrices pour une mise en œuvre par étapes

Commissioned by the
Mental Health Commission of Canada

Standards Council of Canada
Conseil canadien des normes

Vision

A workplace that promotes workers' psychological well-being and allows no harm to workers mental health...

Key Drivers

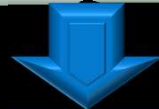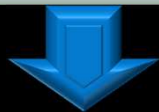| Risk Management	Cost Effectiveness	Recruitment & Retention	Excellence & sustainability

Strategic pillars

Prevention (1°)	Promotion (2°)	Resolution (3°)

Psychological & social support	Organizational culture	Clear leadership & expectations	Civility and respect	Psychological demands
Growth and development	Recognition and reward	Involvement and influence	Workload management	Engagement
	Balance	Psychological protection	Protection of physical safety	
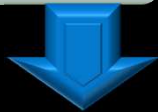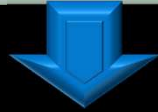
International Labour Organization (ILO) Stress Prevention Guidebook:

- checkpoint format
- lists specific hazards
- identifies prevention strategies

ILO Checkpoint example

CHECKPOINT 6

- Adjust the total **workload (quantitative demands)** taking into account the number and capacity of workers.

HOW

1. Assess individual and team workloads through observation and discussion with workers to determine whether change is necessary and feasible.

2. Reduce unnecessary tasks such as control operations, writing reports, filling in forms or registration work.

3. …

ARBETSMILJÖ VERKET

http://www.av.se/SLIC2012/

0 produkter 0,00 kr

Anpassa | Teckenspråk | Lättläst | Webbkarta | Translate

SÖK

Arbetsmiljöarbete

För dig som är...

Aktuellt

Interaktiva utbildningar

Lag och rätt

Inspektion

Om oss

Publikationer

Statistik

Pressrum

Temasidor

Frågor och svar

Arbetsmiljöcertifierade

Blanketter

Checklistor

Diarieförda ärenden

Arkiv

Länkar

Other Languages

Startsida

🔊 Lyssna

PSYCHOSOCIAL RISK ASSESSMENTS

Campaign on psychosocial risks at work in 2012

A joint inspection campaign on psychosocial risks will take place in the EU-Member States during 2012. The campaign documents are presented on this website in all EU languages.

Background

The Committee of Senior Labour Inspectors (SLIC) agreed in May 2010 to develop a campaign on psychosocial risks for delivery in 2012. Sweden was to lead the project of planning the campaign with assistance of a Working Group. The aim of the project is "Development of an inspection toolkit for targeted interventions on occupational health and safety

Self-evaluation tool for employers

PSYCHOSOCIAL RISK ASSESSMENTS

The idea of this interactive Self-evaluation tool is to help the employers to investigate and assess the psychosocial risks at work.

To the self-evalution in:
- English
- Swedish

Country Reports

PSYCHOSOCIAL RISK ASSESSMENTS

- Country report I (Eng)
- Country report II (Eng)

- Instructions (Eng)

e.g. Hospital Guidance tool

- ## High **emotional demands** prevention activities:
  - Feedback, coaching and acknowledgement from colleagues and managers
  - Specific objectives for work (when is the work result good enough/success criteria?)
  - Consensus and practice with regard to care and treatment
  - Overlap/transfer for shift changes
  - Possibility of withdrawing (a place for privacy)

extracted from: http://www.av.se/dokument/inenglish/European_Work/Slic%202012/English_7.pdf

MHCC

PH&S – An Action Guide for Employers

Guarding Minds @ Work

http://www.guardingmindsatwork.ca/info/index

Works Well - CMHA

- New booklet/interactive website: <u>Workplace Mental Health Promotion: A How-To Guide</u> (2010)
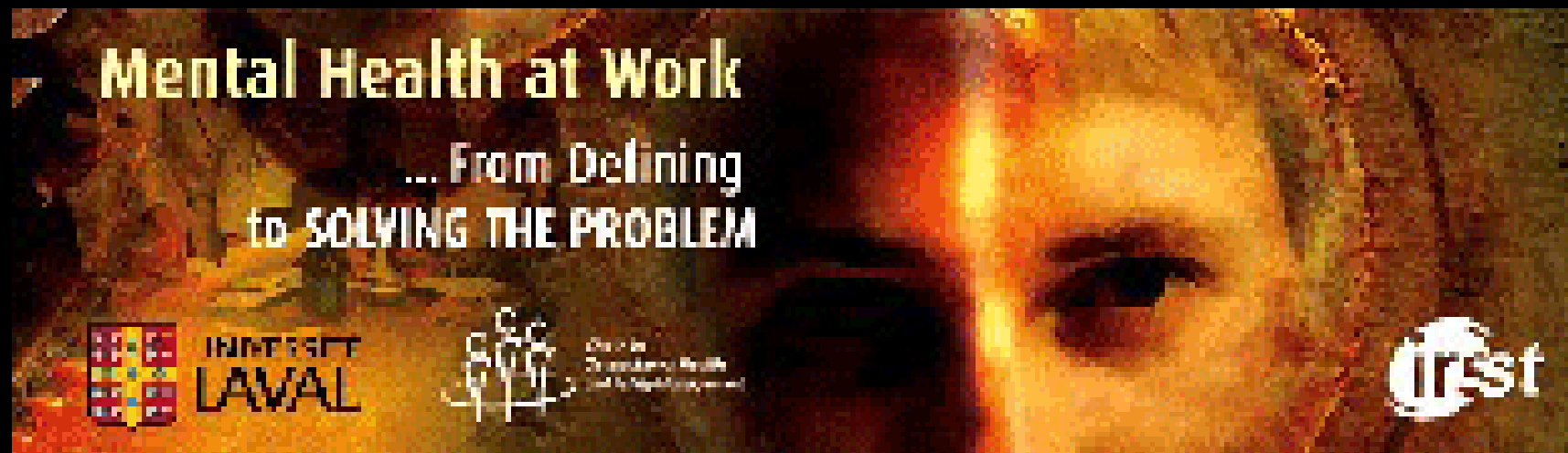
    http://wmhp.cmhaontario.ca/

- two sections:
    - core concepts & issues
    - comprehensive workplace health promotion

CMHA plan:

Workplace Program Management

Internal Project Management

Components
- Participation
- Time
- Money / Resources
- Data-gathering
- Decision-making

Element 1	Element 2	Element 3	Element 4	Element 5	Element 6	Element 7	Element 8
Obtain Management Support	Establish Healthy Workplace Committee	Conduct Situational Assessment	Develop Healthy Workplace Plan	Develop Program & Evaluation Plan	Obtain Management Support	Implement Plan	Generate Evaluation Report
Components • Business Case	**Components** • Strategic Recruitment • Terms of Reference • Leadership	**Components** • Environmental Scan • Needs & Risk Assessment • Organizational Change Survey	**Components** • Vision • Mission • Values • Goals • Strategies • Key Audiences • Sustanability	**Components** • Objectives • Programs/ Activities ▪ awareness ▪ education & skill building ▪ supportive environments ▪ policies • Indicators • Evaluation • Methodology • Resources • Timeline • Responsibilities	**Components** • Plans • Presentation • Evidence	**Components** • Communica-tion & Marketing • Capacity Building • Events • Interpersonal Activities • Monitoring • Conduct Evaluation ▪ process ▪ outcome ▪ impact ▪ economic	**Components** • Key Result Areas • Indicators • Results • Implications • Recommenda-tions

Implement   Evaluation

http://wmhp.cmhaontario.ca/wordpress/wp-content/uploads/2010/03/WMHP-Guide-Final1.pdf

Laval Business group
(business case)

Occupational Health Clinics for Ontario Workers

Centre de Santé des Travailleurs(ses) de l'Ontario

Toll Free: 1-877-817-0336

About Us   Services   Resources   Clinics   Referrals   Links

A A

MIT

MENTAL INJURY TOOLKIT

PRESENTATIONS FROM LAUNCH EVENT

MIT VIDEO SERIES

PREVENTION

Mental **INJURY**

TOOLS FOR ONTARIO WORKERS

Action on Workplace Stress

A Worker's Guide to Addressing Workplace Causes of Mental Distress

http://www.ohcow.on.ca/mit

Action on Workplace Stress

This guide and resource kit will provide workers a basic understanding and a place to start to learn about workplace stress and what to do about it. The guide gives definitions, common causes of mental distress, legal frameworks (focusing on Ontario), possible actions to take, and resources available. It is an introduction and action guide created by workers for workers.

Latest Updates: Click on **MIT Video Series** to get links to all available Videos.

Note: Click headings for content.

Introduction: Worker Call to Action

Part 1 — Why Should We Care?

Workers and employers are busy enough, so why should anyone take action to deal with either the causes of or effects of workplace stress? Well, workers care because workplace factors can cause, contribute to, or worsen our mental distress, which may affect our physical or mental health. Employers care because they want their workers to be well, because when workers are not well the business is affected.

Thank you!
... any questions?