



Occupational Health
Clinics for Ontario
Workers Inc.

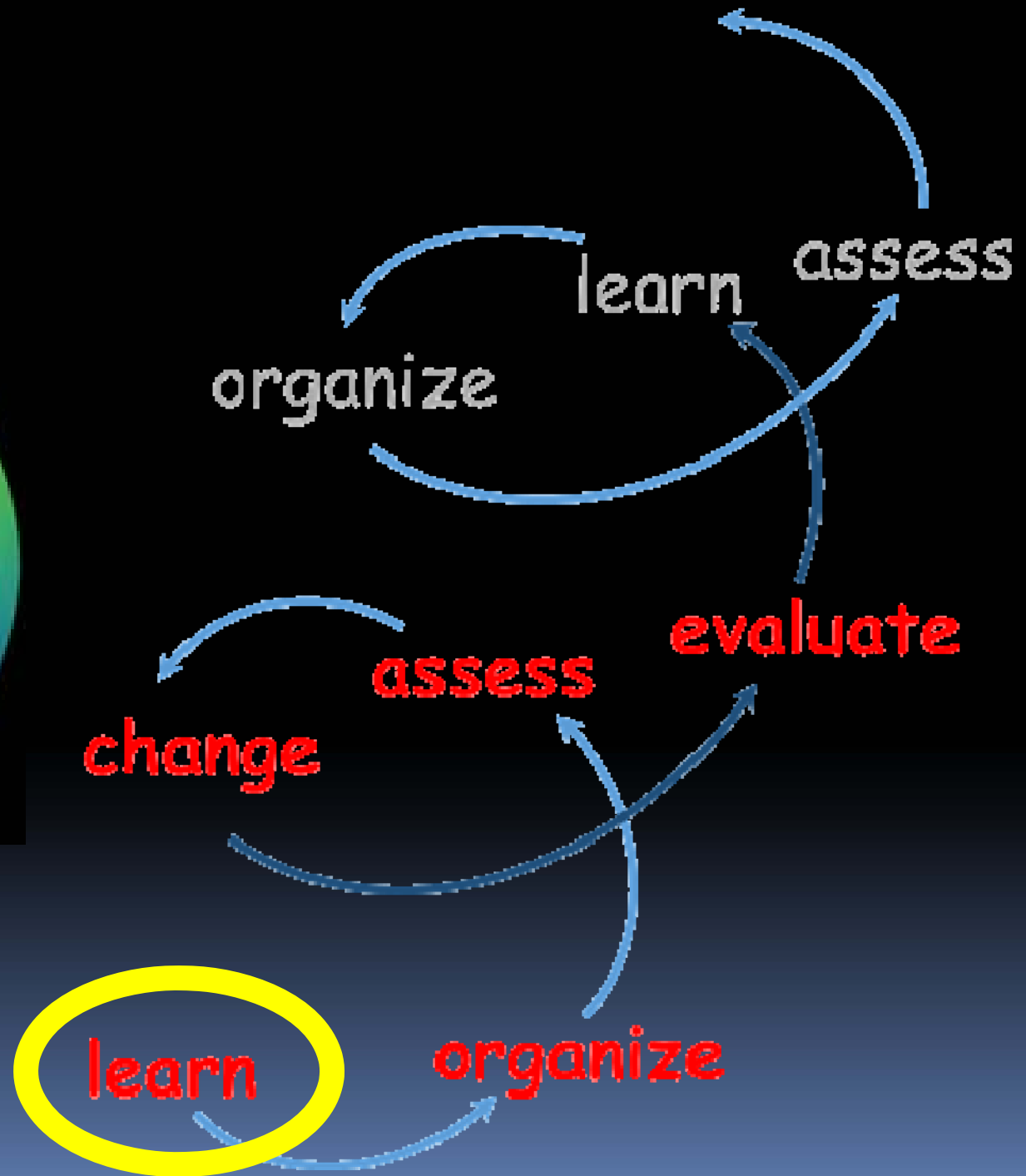


PREPARING FOR A WORKPLACE SURVEY

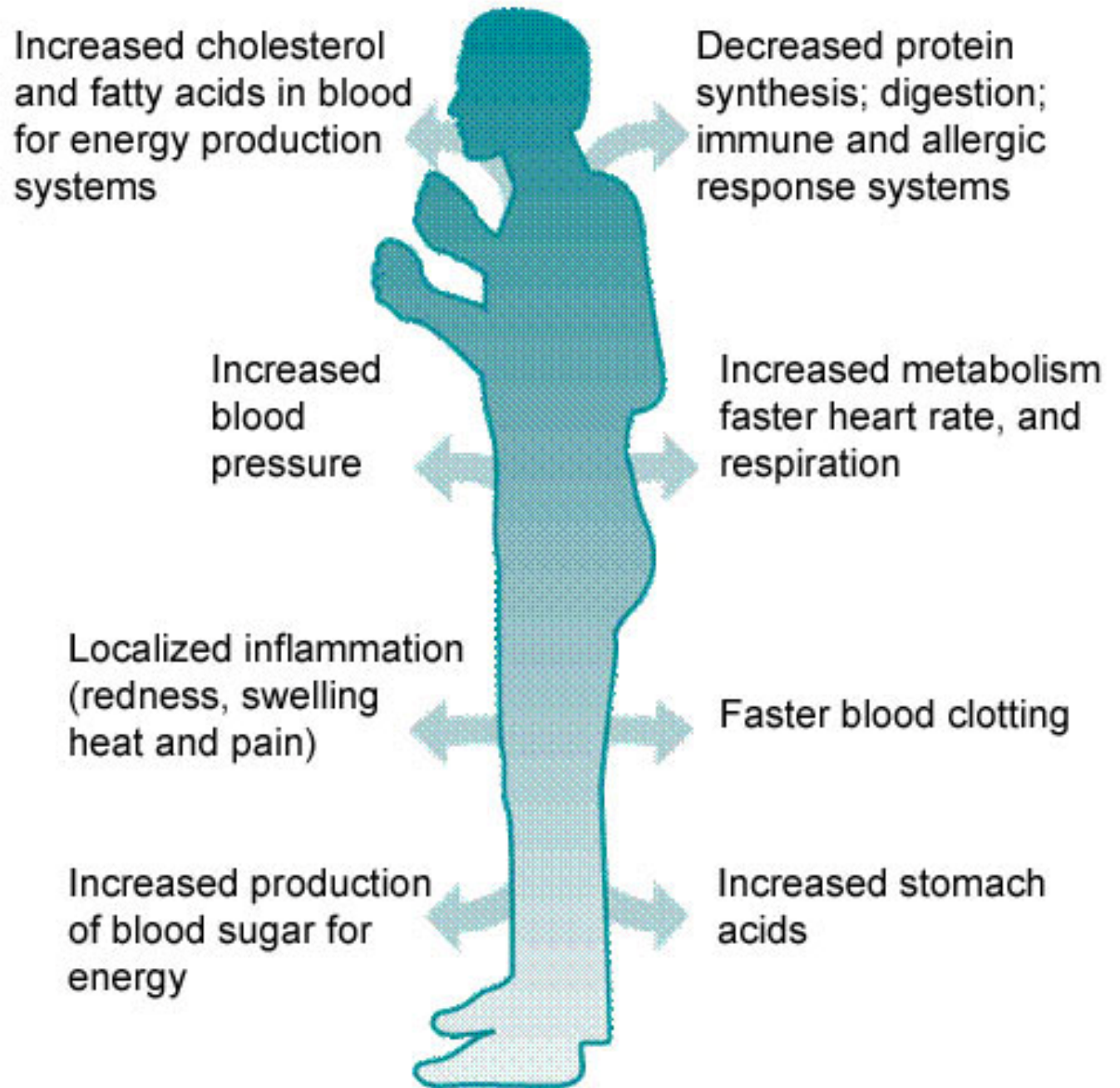
John Oudyk & Tracey Feener-Snow

May 27, 2017

Overview:



the "Fight or Flight" stress reaction



Mayo Clinic: "Chronic stress puts your health at risk"

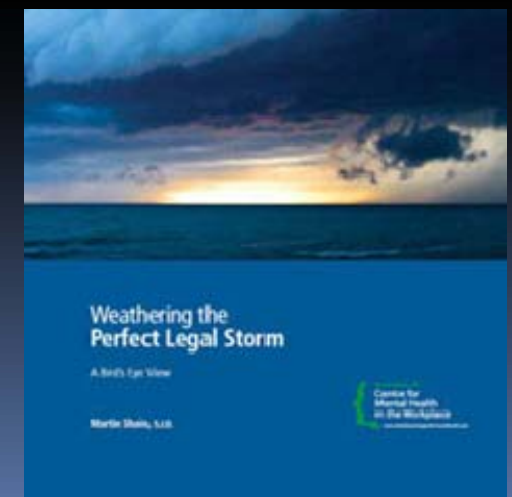
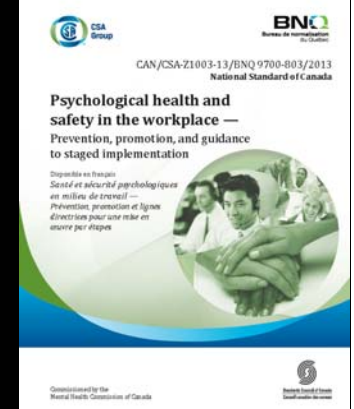
"The long-term activation of the stress-response system — and the subsequent overexposure to cortisol and other stress hormones — can disrupt almost all your body's processes. This puts you at increased risk of numerous health problems, including:

- anxiety
- depression
- digestive problems
- heart disease
- sleep problems
- weight gain
- memory and concentration impairment"

<http://www.mayoclinic.org/healthy-lifestyle/stress-management/in-depth/stress/art-20046037?pg=1>

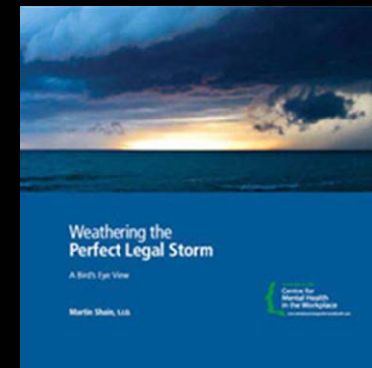
The big picture:

- with \$51 billion lost due to workplace stress, isn't the business case obvious? (Great West Life, federal & provincial governments, Bell Canada, all think so)
- the CSA std Z1003-13 Psychological health and safety in the workplace
 - 30,000 downloads, but
"download doesn't mean uptake"
- [Weathering the ...]
Perfect Legal Storm
(Shain, 2010, [2014])



Tracking the Perfect Legal Storm (Shain, 2010, [Weathering the ..., 2014])

- Labour relations law
- Employment standards
- Human rights legislation
- Law of torts (negligence)
- OH&S law (violence & harassment)
- Workers' compensation changes (BC & Ont WSIAT)
- Awards up 700% over that last 5 years



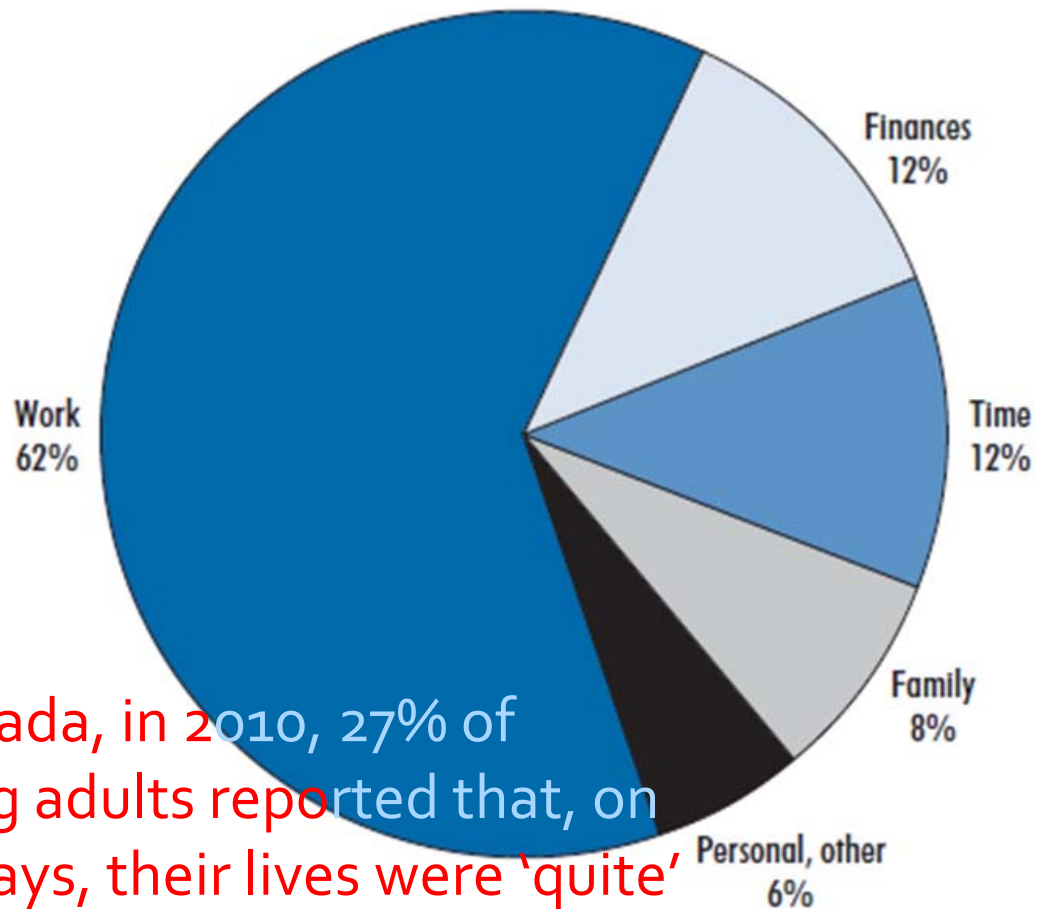
... legal opinion (22/10/2013) that CSA standard sets the legal criteria for a psychologically safe system of work
... no specific legislation ...

<http://www.mentalhealthcommission.ca/English/node/506?terminal=30>

“What’s stressing the stressed? Main sources of stress among workers” by Susan Crompton (Stats Can) 2011

Chart 2 Work is the main source of stress for 6 in 10 highly stressed workers

percentage of highly stressed employed population aged 20 to 64



“In Canada, in 2010, 27% of working adults reported that, on most days, their lives were ‘quite’ or ‘extremely stressful.’”

Source: Statistics Canada, General Social Survey, 2010.

<http://www.statcan.gc.ca/pub/11-008-x/2011002/article/11562-eng.pdf>

the new CSA Standard Z1003-13



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*

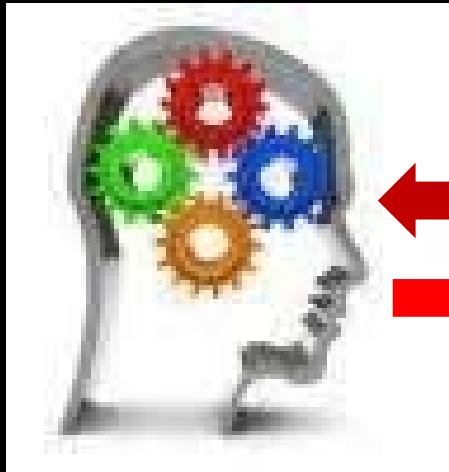


http://shop.csa.ca/en/canada/occupational-health-and-safety-management/canca-z1003-13bnq-9700-8032013/invt/z10032013/?utm_source=redirect&utm_medium=vanity&utm_content=folder&utm_campaign=z1003

Commissioned by the
Mental Health Commission of Canada



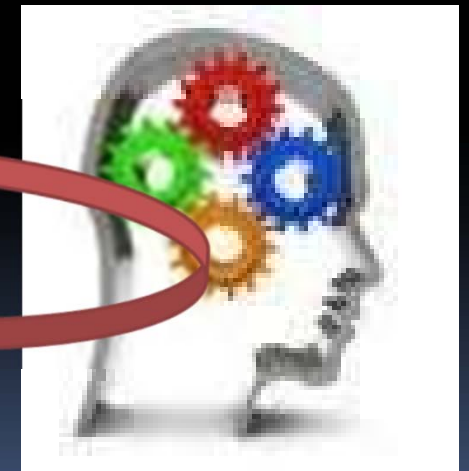
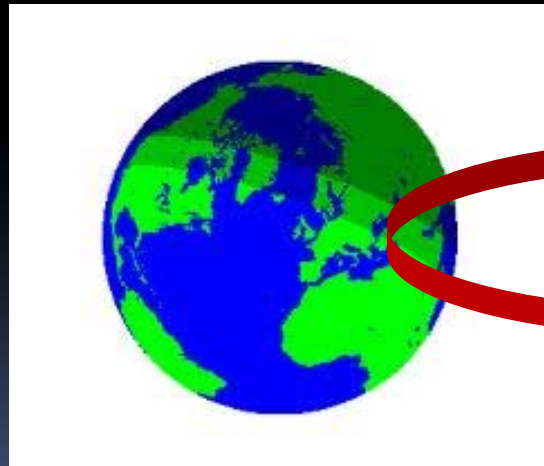
Differing Perspectives:



Psychology

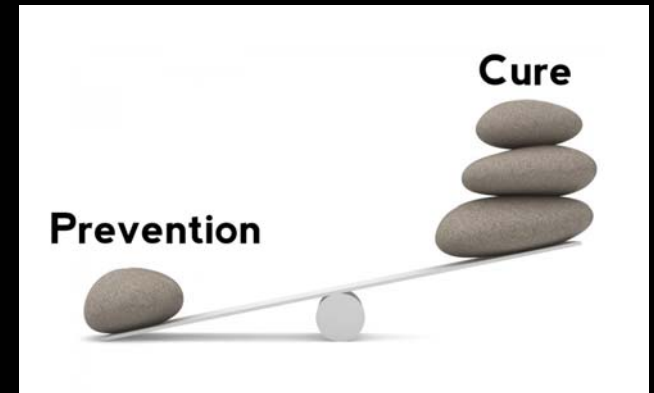
focus on what's going on
between the ears

Psychosocial



focus on the interaction between the
social environment and the person

Prevention levels:



<http://www.pvisoftware.com/blog/prevention-is-better-than-cure/>

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 those with problems)

- get good treatment, compensation recognition, return to work support – EAP, therapy

Prevention

| | individual | organization |
|-------------------------|--|--|
| prevention level | primary - coping and appraisal skills | primary – changing the workplace |
| | secondary - wellness, relaxation techniques (mindfulness) | secondary - awareness, screening (MH 1 st aid) |
| | tertiary - therapy, counselling, medication, support | tertiary - Employee Assistance Programs (EAP), Return to Work |

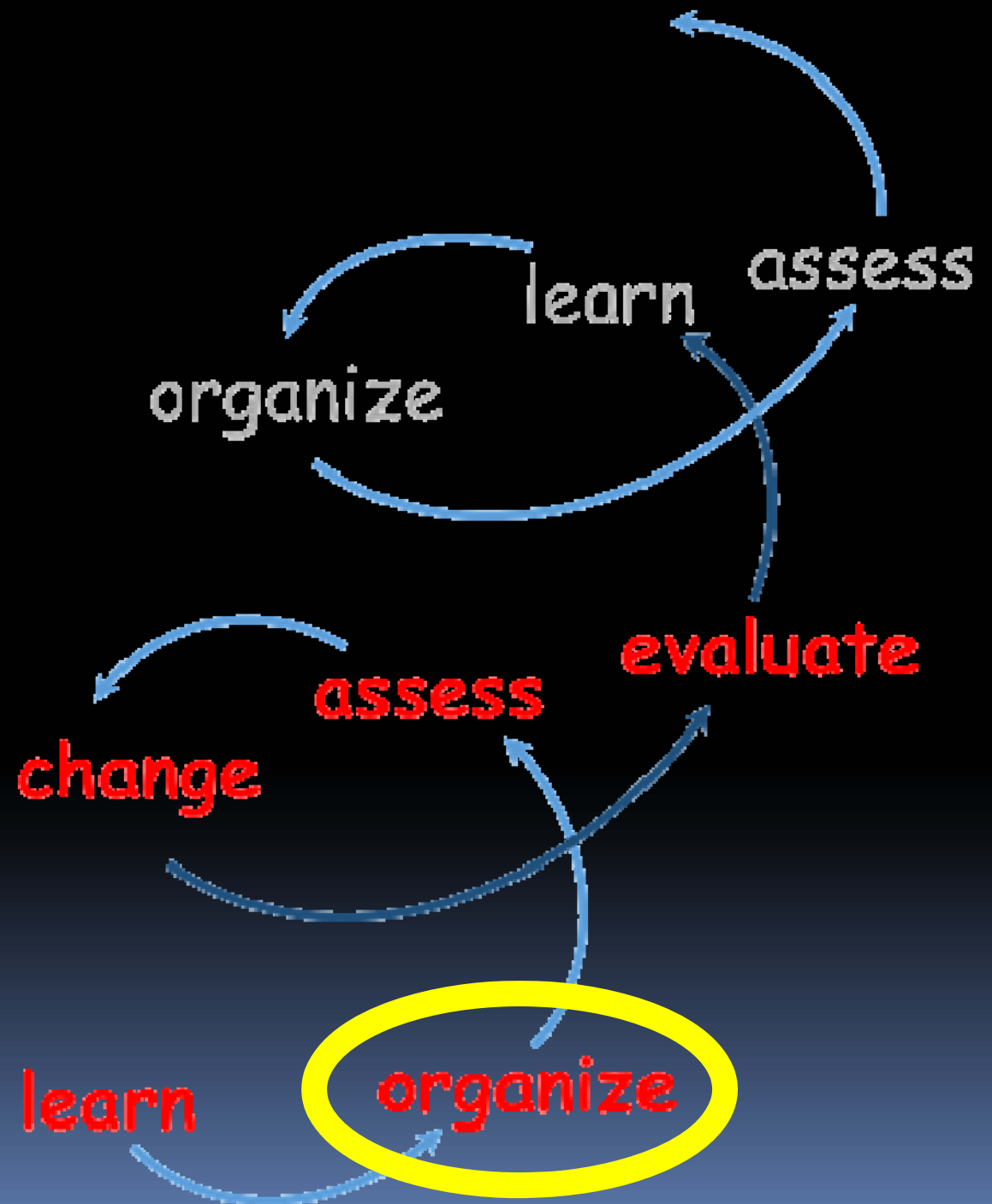
Primary
Prevention

Wellness
programs,
awareness
training

Employee
Assistance
Program

Accommodate
the worker
(RTW)

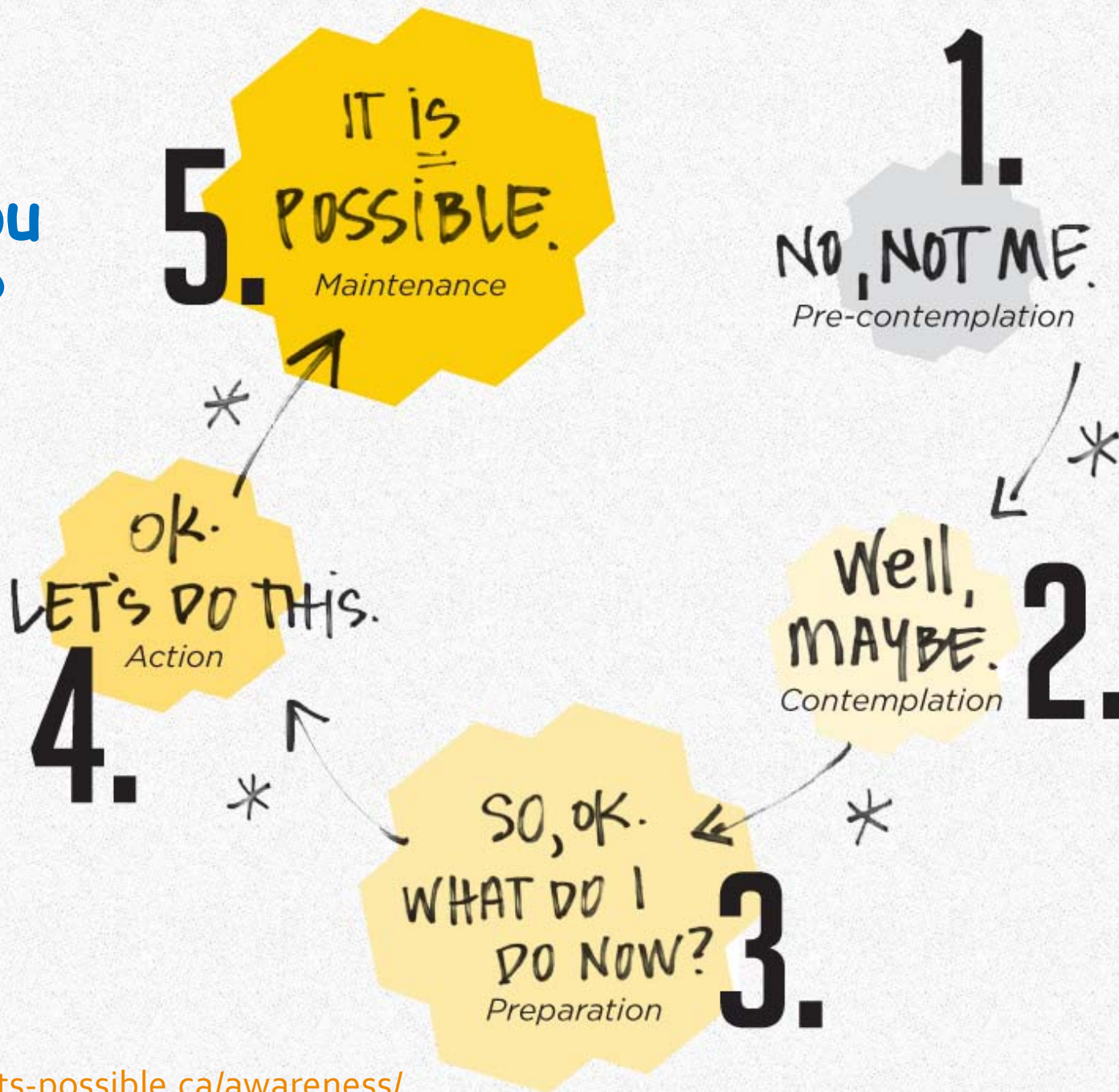
Overview:



Organize the workplace

- Set up a steering committee with good representation (JHSC?)
- Get commitment to respect and respond to process
- Get endorsements (JHSC, wellness committee?, union, management, other respected leaders/committees)
- Prepare for receiving the results - what will be the game plan and the time frame?

Are you ready?

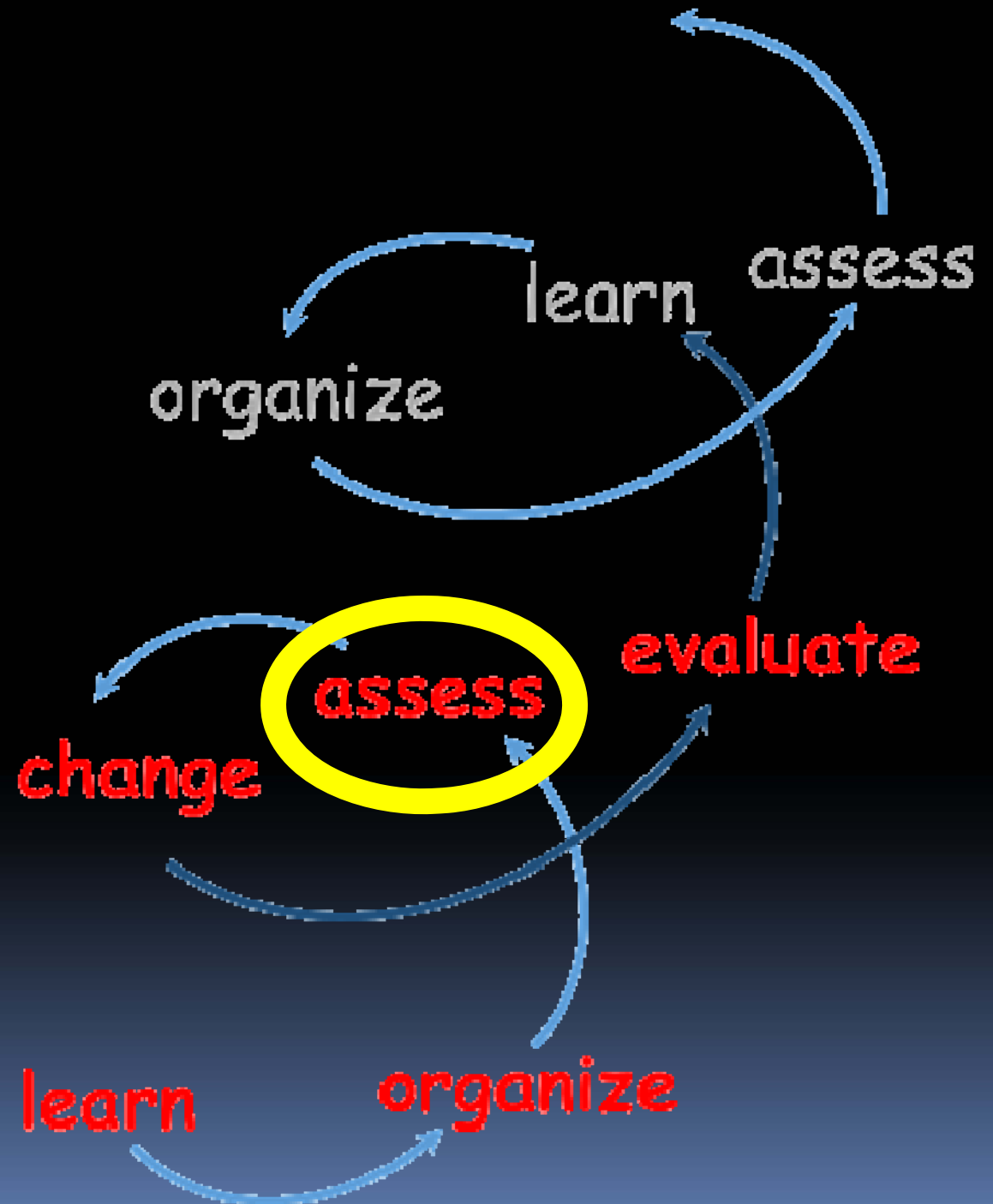


Motivation (sticks and carrots):



1. Costs (\$51 billion)
2. Risk (do you want to read about your workplace in the newspaper?)
3. Legal liability (Kathrine Lippel & Martin Shain's work)
4. Worker retention and recruitment (good place to work)
5. Excellence and sustainability
6. The right thing to do - "law is the conscience of those who have none"
(James Ham, 1983 IAPA Conference)

Overview:



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 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, JCO, GM@W, SOBANE and others ...

COPSOQ



Copenhagen Psychosocial Questionnaire (COPSOQ II - short version)

<http://www.arbejdsmiljoforskning.dk/Sp%C3%B8rgeskemaer/Psykisk%20arbejdsmilj%C3%B8.aspx?lang=en>

COPSOQ Psychosocial Hazards:

PSYCHOSOCIAL HAZARDS: THE TERM USED TO REFER TO WORKPLACE FACTORS THAT HAVE THE POTENTIAL TO CAUSE PSYCHOLOGICAL OR PHYSICAL HARM IF NOT ADEQUATELY ELIMINATED OR CONTROLLED.

Demands

- Quantitative demands— not having enough time
- Work pace— having to work at a high pace
- Emotional demands— work that involves emotional investment

Work Organization

- Influence— having influence over your work
- Possibilities of development— able to learn new things, take initiative
- Meaning of work— feeling that your work is important and meaningful

- Commitment— feeling that your workplace makes a positive contribution

Relationship

- Predictability— being kept well informed, having enough information
- Recognition— being appreciated and treated fairly
- Role clarity— knowing what is expected and having clear objectives
- Leadership— supervisor has planning skills, values your job satisfaction
- Supervisor support— your supervisor listens and helps

Work Values

- Trust— information from management is trustworthy; management trusts workers
- Justice and respect— conflicts resolved fairly, work distributed fairly

Work/Life Balance

- job satisfaction
- Work/life conflict

Offensive Behaviours

- Undesired sexual attention, threats of violence, physical violence, bullying, harassment, and discrimination

Kristensen, T. S. et al. 2005. *Scandinavian Journal of Work and Environmental Health* 31(6), 438-49.

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

COPSOQ III content changes

New items moved/added to CORE (formerly SHORT) version:

- role conflict (“illegitimate task”)
 - Do you sometimes have to do things which ought to have been done in a different way?
 - Do you sometimes have to do things which seem to be unnecessary? – actually from MIDDLE version
- social support from colleagues
- sense of community at work
- insecurity over employment
- insecurity over working conditions
- “double presence”
 - Are there times when you need to be at work and at home at the same time?

MIT Tools:

- Website <http://www.ohcow.on.ca/mental-injury-toolkit.html>
- Guide
- Survey (often use Survey Monkey)
- You-Tube videos
- Posters, cards
- [training materials]*
- [mini-MIT: shortened guide for workplaces]*
- App <http://www.ohcow.on.ca/measure-workplace-stress.html>
- Webinar
http://www.ccohs.ca/products/webinars/workplace_stress/
- [Online survey administration]*



Try it out ...

- Self-scoring paper version
... or ...

... try it on
our app ...

- In partnership with the CCOHS, we've created an app that allows you to do the survey and have your own personal score

<http://www.ohcow.on.ca/measure-workplace-stress.html>



Based on the
Copenhagen Psychosocial Questionnaire
(COPSOQ II)



This app built and maintained by
CCOHS
Canadian Centre for Occupational Health and Safety



Workplace Stress

RESULTS OPEN ALL

Work Demands

Work Organization

Relationship

| | SCORE |
|----------------------------|-------|
| Predictability | |
| Appreciation & Recognition | |
| Role Clarity | |
| Quality of Leadership | |
| Supervisor Social Support | |

Legend

Work Values

Environment/Safety

Job Satisfaction & Work-Life Balance

Overall Health & Symptoms

Home Results Action Plan Share More

Colour-coded tabs for each topic section display your questionnaire results

Go back to the question(s) by clicking on the text link

Get "Ideas for Action" by clicking on the

Workplace Stress

RESULTS OPEN ALL

Role Clarity

Ideas - Improving Role Clarity

Share Close

Share the "Ideas for Action"

a good work description must include clearly defined tasks, responsibilities, effort required and goals to be achieved. It should also identify the immediate supervisor, support available to the worker and working conditions (schedule, travel, etc.).

in developing a work description, particular attention should be paid to task conflicts (e.g., quality vs. quantity).

responsibilities should be re... also when working conditions change.

to be more effective and better correspond to the actual requirements of work, workers' training should be customized to meet the requirements association with specific tasks and responsibilities.

a good work description will also provide information about what the other members of the work team do, which encourages teamwork.

a specific work description is important, but it should also incorporate some flexibility to allow for changes in work methods or work organization.

Overall Health & Symptoms

Home Results Action Plan Share More

Select a few and implement

ACTION PLAN

OPEN ALL

LEARN

- familiarize yourself with the basics
- deepen your understanding, share your awareness
- identify resources

Follow these steps to initiate change in your workplace

ORGANIZE

- you can't do it alone, get support/buy-in, establish a working group
- recognize the readiness for change in your workplace
- raise awareness & commitment, this is a process not a quick fix

ASSESS

CHANGE

EVALUATE

Contact OHCOW to learn more about a customized workplace assessment.



Home



Results



Action Plan



Share



More



How do we do it?

1. Get buy-in (union, employer, establish steering committee)
2. Recruit a coordinator/champion in each unit (knowledgeable in workplace stress)
3. Administer survey (define units, collect e-mail lists, Dilman's 5 contact survey administration, spreadsheet report production, identify issues)
4. Begin dialogue to improve issues

Survey administration:

- Usually you only have one chance to do it right
- Get endorsements
- Prepare people
- Provide time and space
- Aim for 80% response rate (get at least 60%)
- Have a timeline on what you're going to do after the survey (so people know what to expect and when)

Collecting responses



- Send URL link to participants who fill out survey online (7-20 minutes)
- Response confidential; downloaded only by Clinic - raw data not shared

Sept 2013 MIT Questionnaire

Exit this survey

5. questions are about your psychosocial work environment

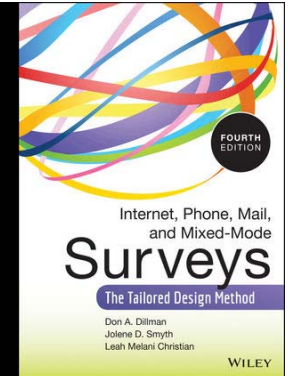


The following questions are about your psychosocial work environment. Please choose the answer that fits best to each of the questions.

36. Do you get behind with your work?

- always often sometimes seldom never/hardly ever

Don Dilman's approach to maximizing survey response:



Lay the groundwork - get endorsements/buy-in; set up steering committee; define relationships to JH&SC, union, employer involvement; sort out logistics (who's in charge of what, confidentiality, when do we report results, what do we do next - long term objectives)

- 1) Pre-survey announcement (1-2 weeks prior) with endorsements
- 2) Distribute survey - fanfare?; provide time, space, incentives?
- 3) 1-2 weeks later send out reminder
- 4) After another 1-2 weeks send a 2nd reminder.
 - if response rate is poor (<66%) you may have to consider a stronger intervention (i.e. start "nagging" people directly)
- 5) After a reasonable period of time (and depending on response rate) set a closing date and send out a final notice with an urgent message.

Response interpretation:

>80% If the response rate is 80% or more, then you can be confident that the results in this report are representative of the whole group

67-80% A response rate between 67-80% is reasonable but not as strong as over 80%; there is a bit of uncertainty about representativeness.

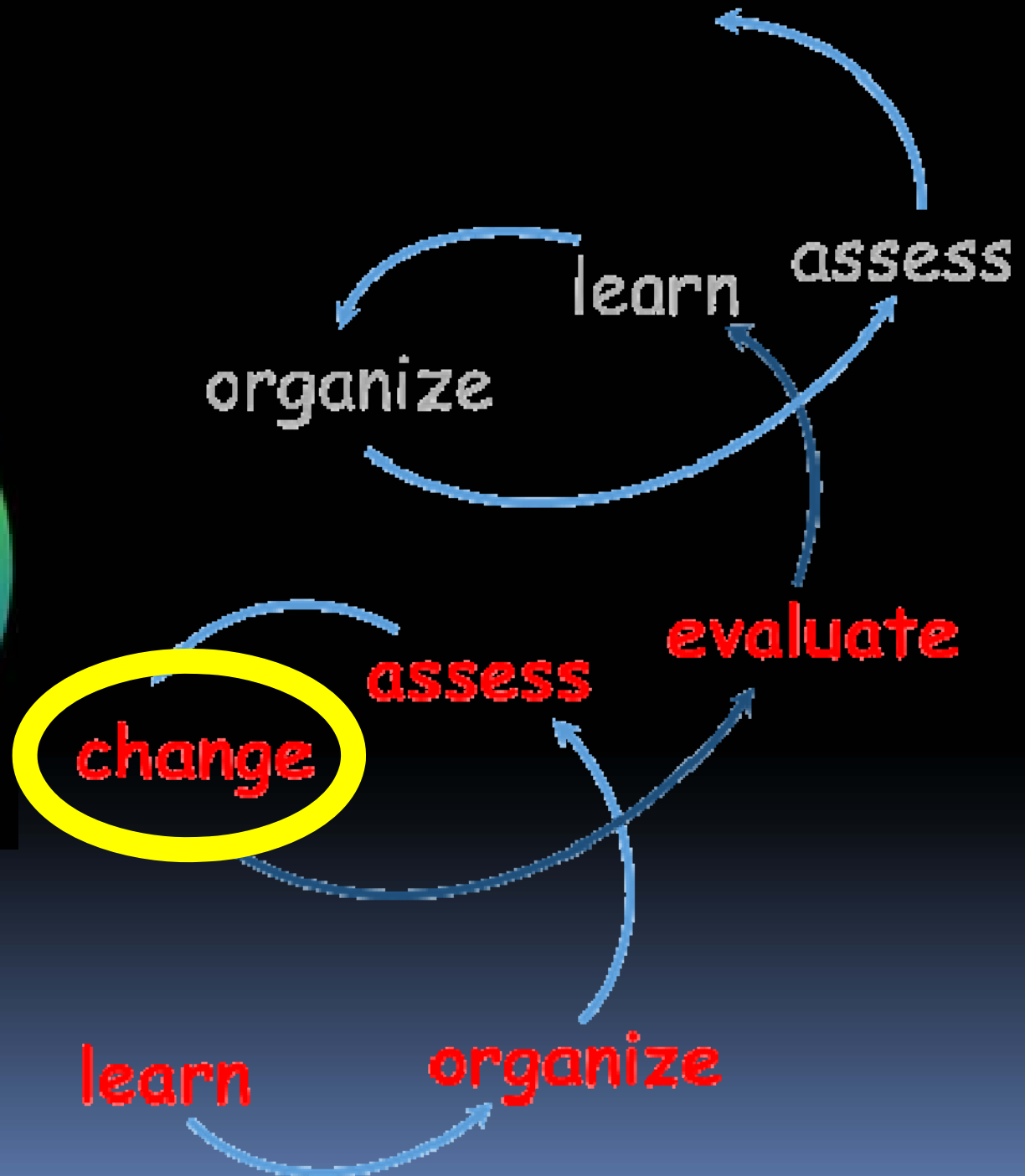
50-66% A response rate between from 50-66% suggests there may be issues among those who did not respond or else the survey was not administered well. At this level of response, we cannot rule out the possibility that, if those who did not participate had been included, the results would be different.

<50% 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. However, if you identify issues and resolve them for <50% of your people the others will probably also benefit!

Sample size:

- **For less than 15 responses** the results are very uncertain - this number of responses is really too small to analyze for correlations
- **Between 16-30 responses** we can calculate correlations but a fair number of these correlations may be the result of random effects, thus we need to observe the overall patterns rather than focus on individual associations
- **Between 31-50 responses**, we still have some random "statistical noise" but the individual associations are approaching a significant degree of confidence
- With **more than 50 responses** we can be confident that each association is statistically significant, although even in these circumstances one in 20 associations could be due to chance.

Overview:

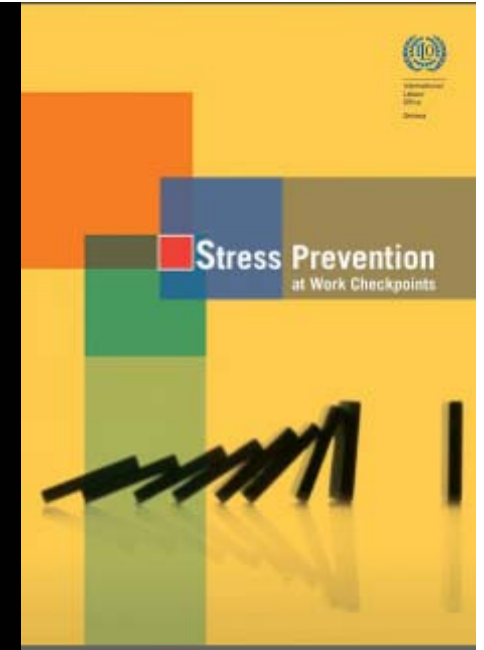


Finding solutions to your problems ...

- List the top risk factors associated with symptoms (or pick the “low hanging fruit”)
- 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 ...”

International Labour Organization (ILO) Stress Prevention Guidebook:

- checkpoint format
- lists specific hazards
- identifies prevention strategies



http://www.ilo.org/global/publications/books/forthcoming-publications/WCMS_168053/lang--en/index.htm

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. ...

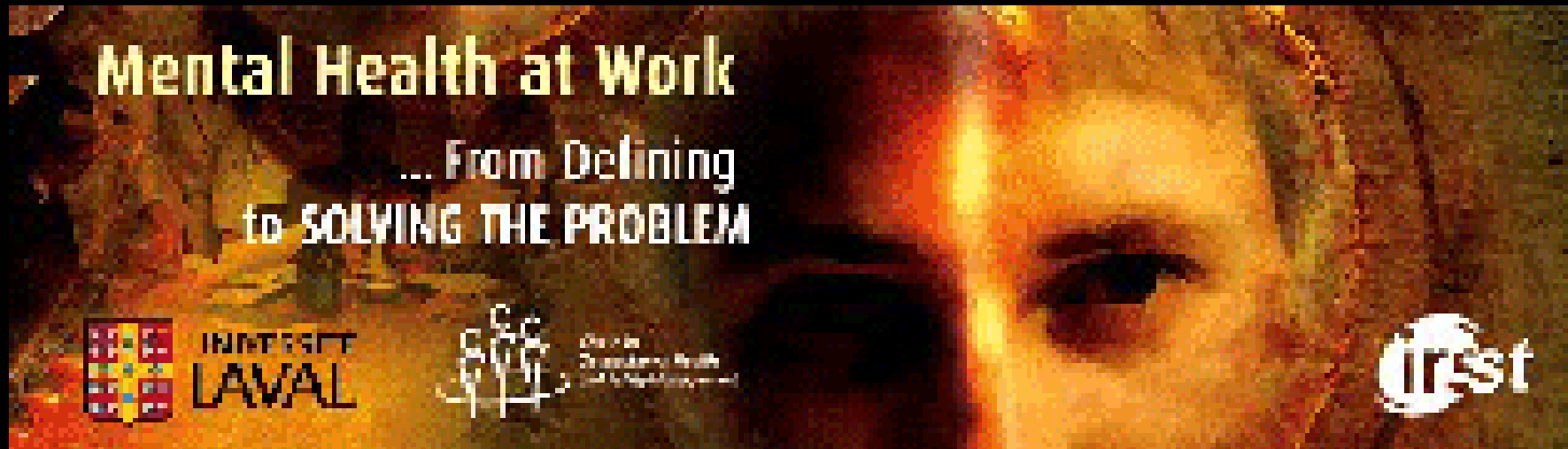
e.g. Hospital Guidance tool

- 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.ohcow.on.ca/edit/files/events/mayday_mayday_may_3rd_2017/eu_2012_-_guidance_tool_for_hospitals2.pdf

Laval Business group (business case)



BOOKLET 1

Scope of the Problem
HOW WORKPLACE STRESS IS SURGING

BOOKLET 2

What Causes the Problem?
The Sources of WORKPLACE STRESS

BOOKLET 3

Solving the Problem
Preventing Stress IN THE WORKPLACE

- <http://www.irsst.qc.ca/media/documents/pubirsst/R-427-1.pdf>
- <http://www.irsst.qc.ca/media/documents/pubirsst/R-427-2.pdf>
- <http://www.irsst.qc.ca/media/documents/pubirsst/R-427-3.pdf>



Canadian Centre for Occupational Health and Safety  Centre canadien d'hygiène et de sécurité au travail

Taking Action on Workplace Stress

John Oudyk, Occupational Hygienist
Occupational Health Clinics for Ontario Workers (OHCOW)



Occupational
Health Clinics
for Ontario
Workers

Centre de santé
des travailleurs
et travailleuses
de l'Ontario





Occupational
Health Clinics
for Ontario
Workers Inc.

Centres de
santé des
travailleurs (ses)
de l'Ontario Inc.

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<http://www.ohcow.on.ca/mental-injury-toolkit.html>



Mental Injury Toolkit

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.

Click on [Measure Workplace Stress App](#) to access download information for a smartphone App that lets you answer the MIT questionnaire and measure your level of stress.

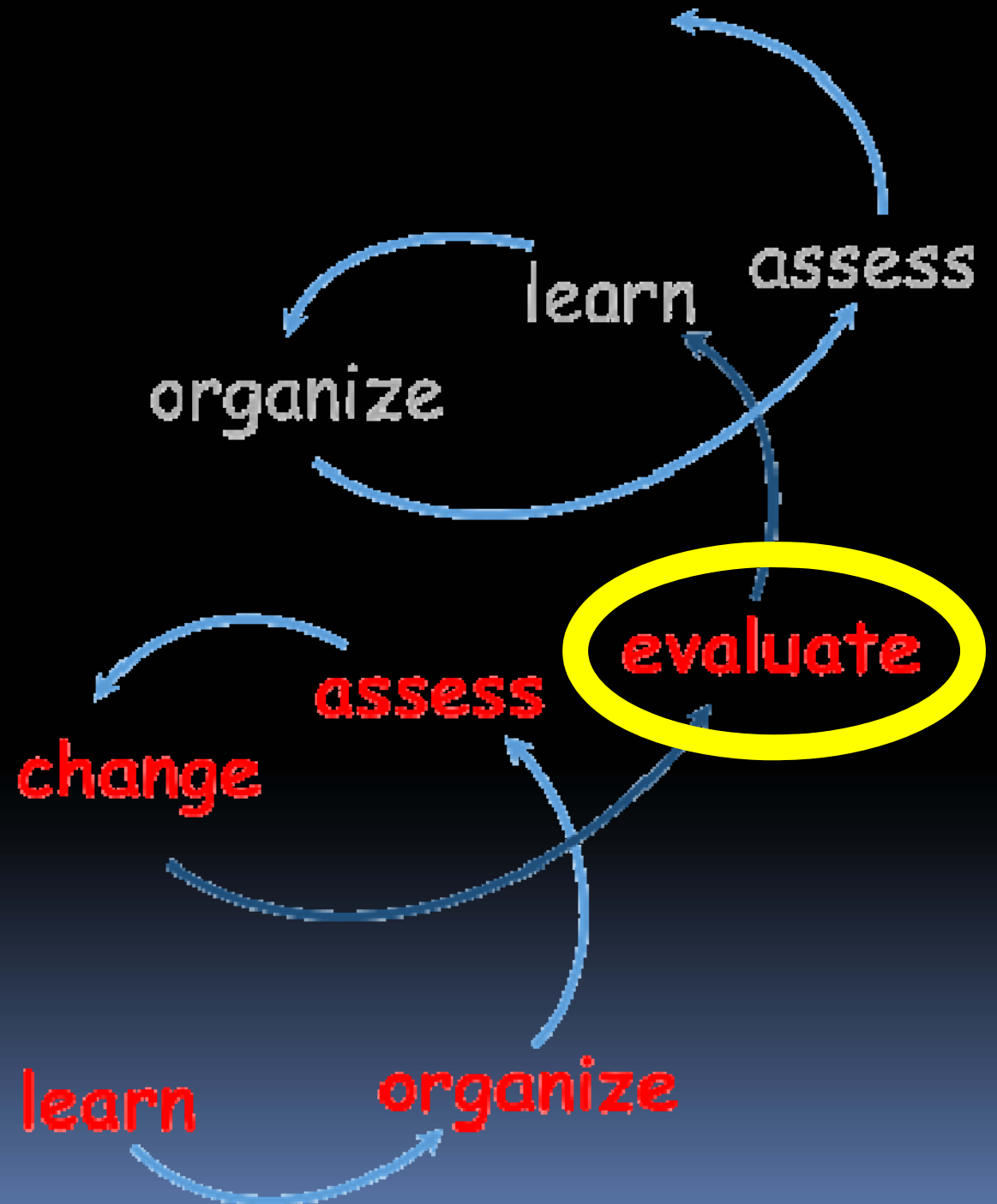
Note: Click headings for content.

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.

Overview:



Evaluation:

- Wait for changes to stabilize (6 months to 1 year) and repeat survey to find out whether things have really changed.



Thank you!

... any questions/comments? ...