

Occupational Health Clinics for Ontario Workers  Centre de Santé des Travailleurs(ses) de l'Ontario



Welcome to
StressAssess

StressAssess

A survey of the psychosocial factors in your workplace



Workplace Stress and it's Prevention

 John Oudyk, MSc, CIH, ROH
Feb 28, 2018





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What is ergonomics/ human factors?

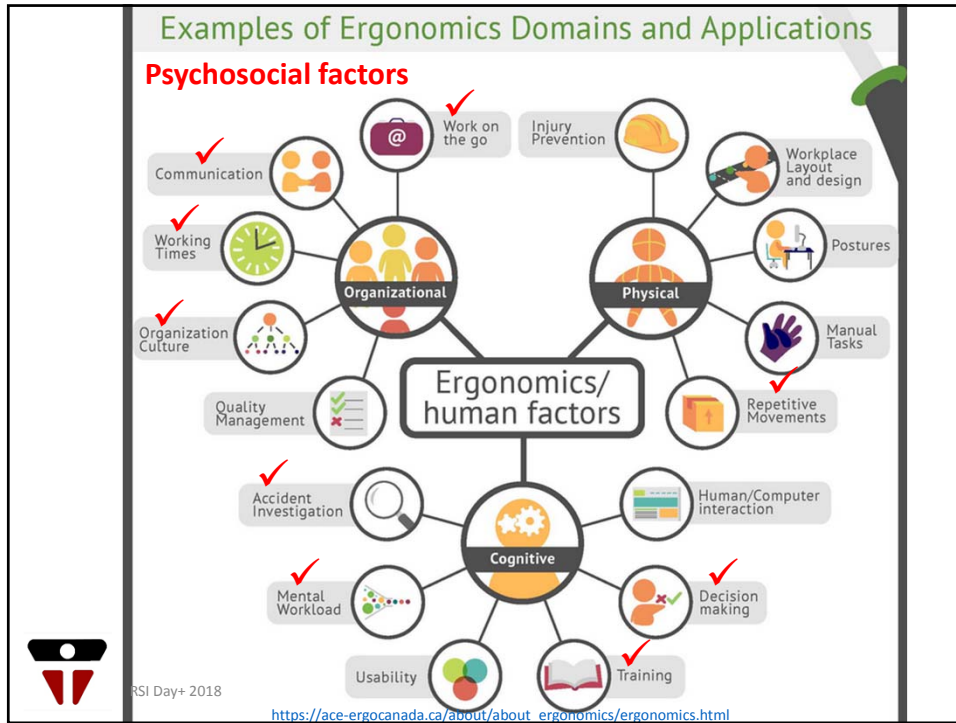
Ergonomics is the scientific discipline concerned with the **interactions between humans and other elements of a system** (environment, people and objects) **with the goal of optimizing human well being and overall system performance.**

Ergonomists contribute to the design and evaluation of systems in order to make them compatible with the needs, abilities and limitations of people.*



 https://ace-ergocanada.ca/about/about_ergonomics/ergonomics.html

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Chronic Mental Stress

- Policy 15-03-14 “Chronic Mental Stress (Accidents on or After January 1, 2018)”

1	2	3
Diagnostic Requirements	Injuring Process	Causation Standard
<i>DSM Diagnosis</i>	<i>Substantial Work-Related Stressor</i>	<i>Predominant Cause</i>

- Not to be confused with Policy 15-03-02 “Traumatic Mental Stress” which applies to an “acute reaction to sudden and unexpected traumatic event”

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Other Canadian Jurisdictions:

- BC and Québec have recognized chronic stress in their compensation and H&S legislation respectively
- Manitoba: purpose of Act: “the promotion and maintenance of the highest degree of physical, mental and social well-being of workers;” (Section 2(2)(a))
- Alberta’s recent Bill 30 states: ““health and safety” includes physical, psychological and social well-being” (Section 1(v))
- Federally, Bill C-65 (currently at 1st reading) states that its purpose “is to prevent accidents and physical or psychological injuries and illnesses arising out of, linked with or occurring in the course of employment” (Section 122.1)



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EU Directive 89/391/EEC



2. The employer shall implement the measures referred to in the first subparagraph of paragraph 1 on the basis of the following general principles of prevention:

(g) developing a coherent overall prevention policy which covers technology, *organization of work*, working conditions, *social relationships* and the influence of factors related to the working environment;

<http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:01989L0391-20081211:EN:NOT>



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EU Context



- European Framework Directive on Health and Safety at Work (89/391/EEC), which came into force on January 1st **1993** was interpreted as including psychosocial risks as a part of the workplace risk assessment
- European Parliament's Resolution A4-0050/99 (February 25, **1999**) specified the goals of workplace well-being to include psychosocial aspects
- These were generic requirements (i.e. "assess risks including psychosocial") without specific performance evaluations (similar to our current state of affairs with violence & harassment policies) and were largely ignored or only paid lip-service to
- Within the **last 5-10 years** EU members have been passing very specific regulations requirement the measurement of psychosocial hazards and some even so far as requiring the quantitative demonstration of the effect of interventions
- EU **2012** enforcement "blitz" on psychosocial risk assessment



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Australian Experience:



- "Work-related stress describes the physical, mental, emotional and behavioural reactions of employees who perceive that their work demands exceed their abilities and/or resources to cope and do their work."
- "Work-related mental injury resulting in psychological harm is the second most common cause of workers' compensation claims in Australia, after manual handling. It currently accounts for 11 per cent of workers' compensation claims in Victoria, and one of the leading causes is work-related stress."

<http://www.worksafe.vic.gov.au/safety-and-prevention/health-and-safety-topics/work-related-stress>



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Economic Burden:



- “10 to 25% of Canadian workplaces effectively mentally injurious – not good for the mental health of their employees” ... “leading cause of short-term disability and long term disability – it’s the biggest single reason people are off work for periods of time”
- “estimated at \$51-billion” ... “ up substantially over the past decade” (\$20-billion direct costs)

Speech of the Honourable Michael Kirby



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http://www.youtube.com/watch?v=5qfTFxOc6Xo&feature=player_embedded

Differing Perspectives:

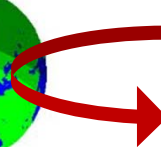


Psychology



focus on what’s going on
between the ears

Psychosocial



focus on the interaction between the
social environment and the person



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When all you have is a hammer, all your problems look like nails:

Resiliency
Coping skills
Cognitive behavioural therapy
Mindfulness



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Prevention Levels:

Prevention



Cure

<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)

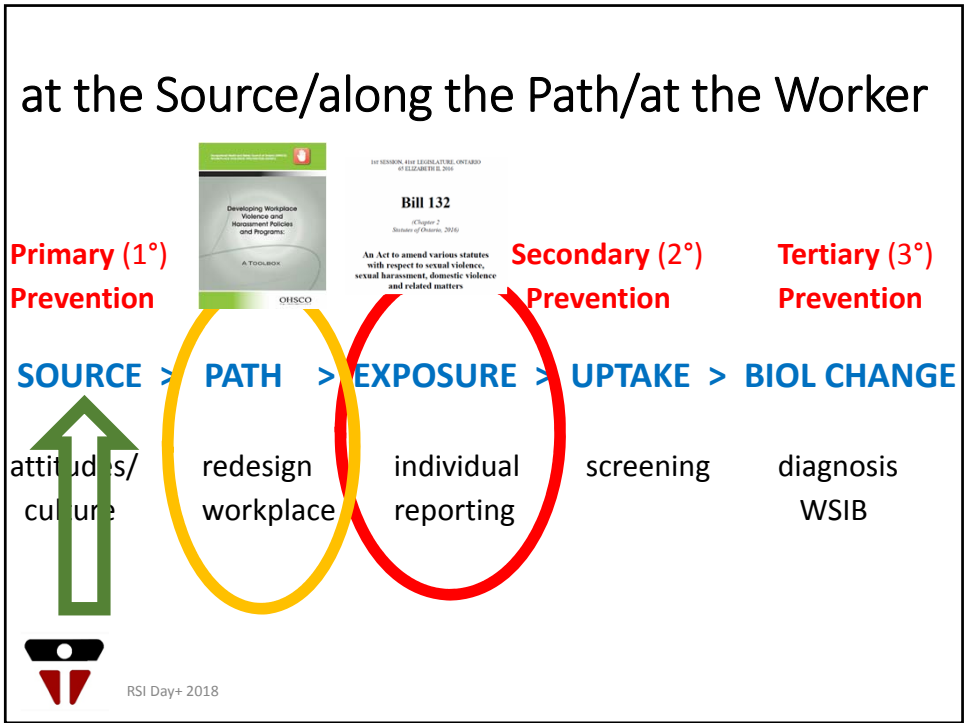
- educate people about symptoms and on coping skills – wellness programs, screening

Tertiary prevention (help those with problems)

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



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Prevention

	individual	organizational
prevention level	primary - coping and appraisal skills (resiliency)	primary - changing the culture, climate, work structure & organization
	secondary - wellness, relaxation techniques (mindfulness)	secondary - awareness, Mental Health 1 st Aid, screening (surveys)
	tertiary - therapy, counselling, medication, support	tertiary - EAP, return to work, WSIB recognition, accommodation

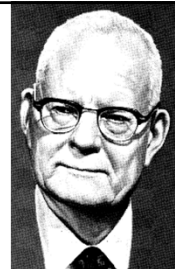
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sooooo....
How would you
go about
measuring
chronic stress?



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If you can't measure it ...



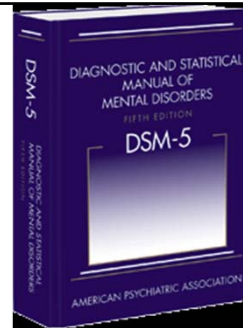
- Misquote from Deming
- Some of the most important things at work (in life) can't be measured (e.g. Valentine's)
- **Objective** and **Subjective** measures: objective bias (more scientific)



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Psychological “Subjective” Measures:

- Remember, perceptions/symptoms the “gold standard” (DSM-V)
- Diagnoses made on the basis of answers to a series of questions (some of which are observable by others; some not)
- Some questions don’t work directly (... are you depressed?) and thus need to be questioned indirectly



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<http://www.dsm5.org/Pages/Default.aspx>

DSM-5: Depression Screening (individual)

1.	Little interest or pleasure in doing things
2.	Feeling down, depressed, or hopeless
3.	Trouble falling or staying asleep, or sleeping too much
4.	Feeling tired or having little energy
5.	Poor appetite or overeating
6.	Feeling bad about yourself—or that you are a failure or have let yourself or your family down
7.	Trouble concentrating on things, such as reading the newspaper or watching television
8.	Moving or speaking so slowly that other people could have noticed? Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual
9.	Thoughts that you would be better off dead or of hurting yourself in some way



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<http://www.psychiatry.org/File%20Library/Practice/DSM/DSM-5/Level2DepressionAdult.pdf>

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).



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Copenhagen Psychosocial Questionnaire (COPSOQ II Short version)

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



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Workplace Psychosocial Factors

from the COPSOQ III CORE survey*

Work demands:

quantitative demands: not having enough time to get your work done

work pace: having to work at a high pace to get your work done

emotional demands: doing work that involves emotional issues

Work organization:

influence: having influence over the amount of work and how to do it

possibilities for development: able to learn new things, take initiative

meaning of work: feeling your work is important and meaningful

commitment: feeling your workplace makes a positive contribution

Work relationships:

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

colleague support*: your colleagues provide support & sense of community

role conflicts*: contradictory demands; having to do work inefficiently

Work values (Social Capital):

vertical trust: information from mgmt is trustworthy; mgmt trusts worker

justice & respect: conflicts resolved fairly, work distributed fairly

Job/employment factors:

insecure job*: being worried about needing to find another job

unstable job*: being worried about changes in working loads/tasks

job satisfaction: all things considered, being satisfied with work

work/life conflict: time/energy away from work affected by job demands

Offensive behaviours:

undesired sexual attention; threats of violence; physical violence; bullying

Does the MIT-COPSOQ Tool Meet the CSA standard?

- The standard cites 13 psychosocial factor + "Others identified by workers":

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
	Work/life balance	Psychological protection	Protection of physical safety	others identified by workers



(CAN/CSA-Z1003-13/BNQ 9700-803/2013 - Psychological health and safety in the workplace - Prevention, promotion, and guidance to staged implementation; page 8.)



The MIT-COPSOQ Scales & Items Classified by the CSA Z1003 Psychosocial Factors

CSA Z1003 Psychosocial Factors:	MIT-COPSOQ Scales & Items
a) psychological support;	Adequate accommodation EAP program effectiveness
b) organizational culture;	Psychological health & safety climate Culture tolerates behaviour that harms the mental health Accident investigation attitudes Sense of community at work Vertical trust Organizational justice
c) clear leadership and expectations;	Role clarity Role conflicts Quality of leadership
d) civility and respect;	Social support from colleagues Social support from supervisors
e) psychological job demands;	Emotional demands Illegitimate tasks
f) growth and development;	Possibilities for development
g) recognition and reward;	Recognition
h) involvement and influence;	Influence at work
i) workload management;	Quantitative demands Work pace Predictability
j) engagement;	Meaning of work Commitment to the workplace
k) work/life balance;	Work life conflict Double presence (having to be at work and home at the same time)

l) psychological protection from violence, bullying, and harassment;	Violence & harassment policy effectiveness Undesired sexual attention Threats of violence Physical violence Bullying Discrimination Vicarious offensive behaviours
m) protection of physical safety; and	Radiation exposures Driving hazards Biological hazards Dangerous chemicals Workstation ergonomics Physical factors (noise & lighting) Thermal comfort Air quality Safety hazards Working alone
n) other chronic stressors as identified by workers.	Work for another employer Hours of work (shiftwork) Work through breaks Unpaid work % of time on paperwork (incidental to a more important task) Employment conditions (full time/part time/casual/temp agency/etc.) Workplace has enough resources Job security Adequate staffing levels
health outcomes	self-rated health burnout & stress symptoms sleep trouble symptoms cognitive & somatic symptoms
	MIT items in blue font; COPSOQ scales in green font

Progress to Date

- Evaluated 134 workplaces (almost 10,000 surveys) and 9 conferences (just over 1500 surveys)
- 4100+ respondents to a cross-Canada poll (2016)
- Total of just over 15,000 survey responses to date
- 6 workplaces have done repeat surveys
- 50+ workplaces (2000+ surveys) and the cross-Canada poll have used the new COPSOQ III questions



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Results of Cross-Canada poll:



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economic sector	undesired sexual attention	In the Danish population: 2.9%
Agriculture, Forestry, Fishing, Hunting	8%	
Mining	12%	
Utilities	9%	
Construction	10%	
Manufacturing	7%	
Wholesale Trade	15%	
Transportation and Warehousing	11%	
Information, Information Technology	16%	
Finance and Insurance, Real Estate Rental and Leasing	9%	
Administrative Support & Waste Mgmt/Remed Services	19%	
Educational Services	8%	
Health Care and Social Assistance	16%	
Arts, Entertainment and Recreation	15%	
Accommodation and Food Services	20%	
Public Administration	12%	
Retail Trade	21%	
Professional, Scientific and Technical Services	8%	
Other Services (Not including Public Administration)	12%	

economic sector	physical violence	In the Danish population: 3.9%
Agriculture, Forestry, Fishing, Hunting	6%	
Mining	11%	
Utilities	9%	
Construction	6%	
Manufacturing	6%	
Wholesale Trade	13%	
Transportation and Warehousing	7%	
Information, Information Technology	8%	
Finance and Insurance, Real Estate Rental and Leasing	4%	
Administrative Support & Waste Mgmt/Remed Services	11%	
Educational Services	15%	
Health Care and Social Assistance	22%	
Arts, Entertainment and Recreation	6%	
Accommodation and Food Services	4%	
Public Administration	11%	
Retail Trade	9%	
Professional, Scientific and Technical Services	2%	
Other Services (Not including Public Administration)	5%	

economic sector	bullying	In the Danish population: 8.3%
Agriculture, Forestry, Fishing, Hunting	21%	
Mining	46%	
Utilities	25%	
Construction	27%	
Manufacturing	29%	
Wholesale Trade	32%	
Transportation and Warehousing	31%	
Information, Information Technology	27%	
Finance and Insurance, Real Estate Rental and Leasing	21%	
Administrative Support & Waste Mgmt/Remed Services	30%	
Educational Services	33%	
Health Care and Social Assistance	36%	
Arts, Entertainment and Recreation	29%	
Accommodation and Food Services	35%	
Public Administration	35%	
Retail Trade	31%	
Professional, Scientific and Technical Services	26%	
Other Services (Not including Public Administration)	32%	

Results of Reliability & Validation Studies

with the help of Peter Smith from the IWH:

- ✓ Face validity
- ✓ Content validity
- ✓ Test-retest reliability
- ✓ Internal consistency (Cronbach's α , ICC)
- ✓ Confirmatory factor analysis
- ✓ Discriminant and convergent validity (correlations)



... to be submitted for publication in early 2018 with 6 other countries



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>
- CCOHS webinar (October 21, 2014)
http://www.ccohs.ca/products/webinars/workplace_stress/
- Online survey administration web app www.StressAssess.ca



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Welcome to StressAssess

A survey of the psychosocial factors
in your workplace



Based on the Copenhagen Psychosocial Questionnaire (COPSOQ) and customized to address concerns within the Canadian workplace.

Occupational Health Clinics
for Ontario Workers




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



Choose from two versions



Personal
Edition




Workplace
Edition

Occupational Health Clinics for Ontario Workers / Centres de santé des travailleurs (ses) de l'Ontario

CCOHS

Getting Started
The Five Step Approach



1 LEARN
2 ORGANIZE
3 ASSESS
4 CHANGE
5 EVALUATE

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CCOHS

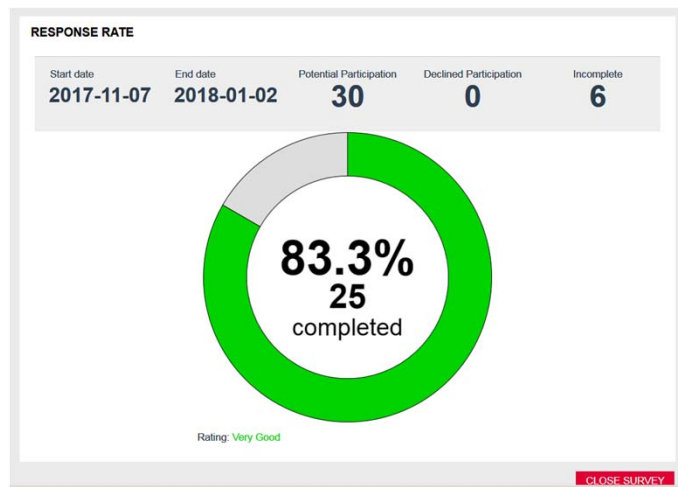
The Wizard

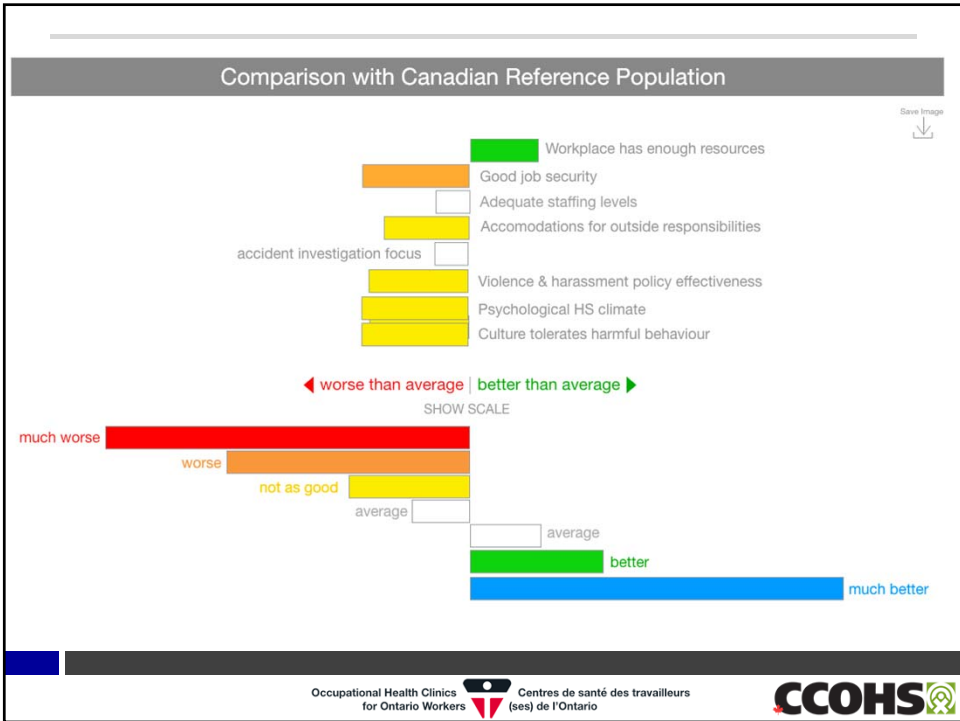
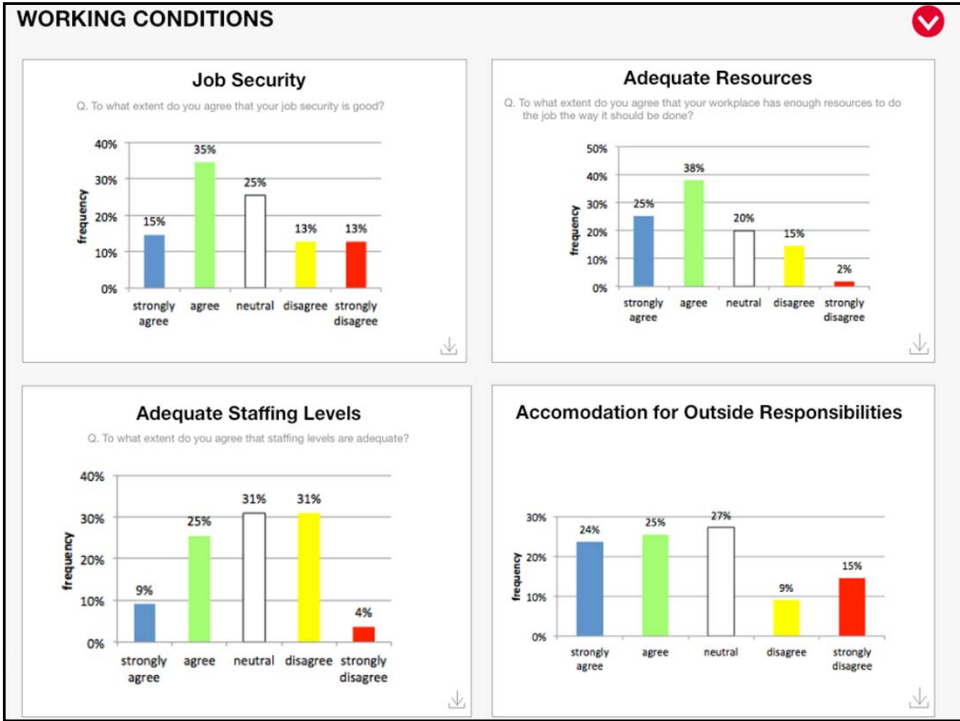
A **web-based wizard** steps you through the process to administer your survey:

- > PREPARE
 - > ANNOUNCE
 - > CREATE
 - > BUILD
- > LAUNCH
- > DEPLOY
 - > REMIND
 - > MONITOR
 - > EVALUATE

These steps appear once a survey launches

Monitor Progress ...





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.



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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!



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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.



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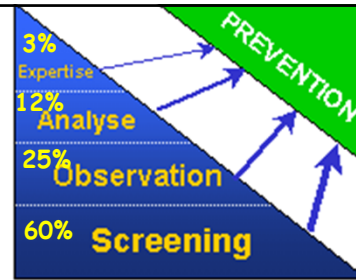
Finding Solutions to Your Problems ...

- Pick a psychosocial risk factors you'd like to address (top issue/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 ...”



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SOBANE who's qualified?



Screening: is when workers identify hazards based on their first hand experience

OBservation: is qualitatively organized investigations using checklists

ANalysis: is the quantitative evaluation traditionally associated with H&S professionals

Expertise: is the outside help that is needed to solve a particularly difficult problem



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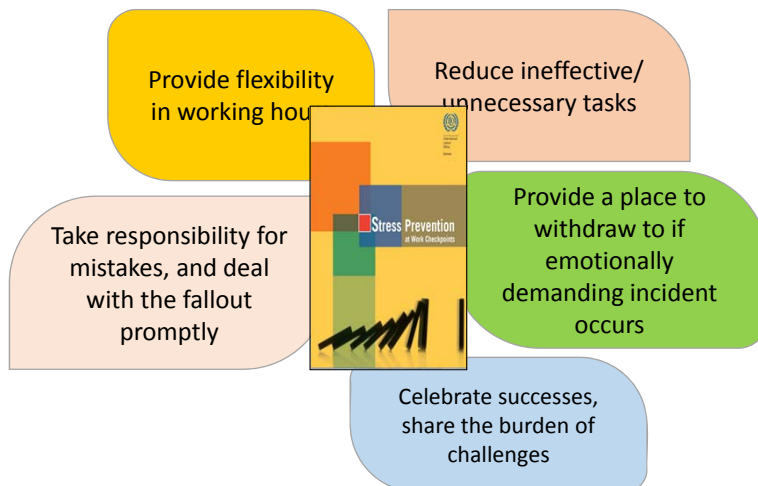
Effecting Change:

- Some changes are easy and obvious (especially from hind sight) – more efficient ways of organizing work; more flexibility i.e. creative problem solving (using your imagination to think differently)
- Some changes are difficult – changing attitudes, personalities, respect, relationships, climate, culture, tolerance/intolerance, inclusivity
- Structures, organization, culture can encourage some attitudes/behaviours and discourage others – the trick is to design/influence such that undesirable attitudes are discouraged and preferred attitudes are supported (easier than trying to change people)



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Ideas to Help Address Issues:



Source: Stress Prevention at Work Checkpoints – International Labour Organisation

http://www.ilo.org/wcmsp5/groups/public/@dgreports/@dcomm/@publ/documents/publication/wcms_168053.pdf

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. ...



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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



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The “Soft Guidelines” of COPSOQ

1. **Never start a survey of the psychosocial work environment unless there is a clear intention of taking action if indicated.**
2. **Answering the questionnaire is voluntary, but a response rate below 60% is unsatisfactory and a sign of poor psychological climate at the workplace.**
3. **All respondents are anonymous.** If scores are calculated for groups of less than 15 persons all group members should give their consent.
4. All employees have the right to see and discuss the results.
5. Management as well as supervisors and workers should participate and be committed during the whole process.



TS Kristensen, “The “Soft Guidelines” of NIOH, Copenhagen. How to go from survey to action.”, The Eighth International Congress of Behavioral Medicine. Mainz, Germany. August, 2004.

The “Soft Guidelines” of COPSOQ

6. It is important to distinguish between basic conditions of work that are “part of the job” and factors that could be changed. Do not try to change what cannot be changed and do not accept what should be changed.
7. There are no standard solutions to the problems. Solutions should be developed locally and integrated in the other activities of the organization aiming at increased productivity and better quality.
8. If interventions are made, it is a good idea to repeat the survey after 1-2 years in order to see if the intended improvements have occurred.
9. Many workplaces will benefit from surveys with regular intervals as part of the overall concept of the “learning organization” and the “development” work.
10. The survey results should be seen as a tool for dialogue and development – not as a “report card”.



TS Kristensen, “The “Soft Guidelines” of NIOH, Copenhagen. How to go from survey to action.”, The Eighth International Congress of Behavioral Medicine. Mainz, Germany. August, 2004.

Are You Ready to Do It? Stages of Change

- **Pre-contemplation (Not Ready)** – “what problem? That’s just the way things are in this line of work – always has been, always will.”
- **Contemplation (Getting Ready)** – “maybe things could change but I don’t know if I’m prepared to change? It is easier though, just going along with things the way they are, but maybe ...??”
- **Preparation (Ready)** – “things could be better and I think it’s worth the effort to try – let’s get together and figure out how to do something about this ...”
- **Action** – “we’re going to make the following changes and hope things will improve – I’m glad we’re finally doing something about this!”
- **Maintenance** – “so, we’ve made the changes, they might need a bit of tweaking, but I think this is going to work out in the long run”



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CSA Key Drivers + (carrots and sticks):



1. Costs/Savings (\$51 billion)
2. Risk (do you want to read about your workplace in the newspaper?)
3. Legal liability (Katherine 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)



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Thank you!

... any questions, comments, etc., ...

(let us know if we can help ...)



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