



Action on Workplace Stress:

Mental Injury Prevention Tools for Ontario Workers

PART 2 – “Workplace Stress”: Assumptions, Terminology, and Approaches



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

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.

These tools are not clinical diagnostic tools. They are not meant to diagnose medical or psychological conditions or to be used by a physician to these ends. These tools are designed to identify problems that may exist within the workplace and provide possible avenues to address them.

This resource kit and tools are provided with a focus on the Ontario jurisdiction – workers in other provinces or in federally regulated workplaces should refer to their own legal framework.

PART 2 – “Workplace Stress”: Assumptions, Terminology, and Approaches

When a person suffers from “workplace stress,” what does that mean? There are so many assumptions, words, and approaches used to describe this phenomenon that we need to provide more information about what we mean when we talk about this issue, and what approach we are using to consider it.

Terminology

When people use the term “workplace stress,” it is not clear whether they are referring to the **cause** of the stress or the **effect** of the stress on the individual. When we use this term in this resource, we are referring to the factors that cause the stress. Because of this confusion between cause and effect, it is important to distinguish between psychosocial hazards (the cause) and mental distress (the effect):

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. Note that another term that workers may have heard used for this phenomenon is “workplace stressors.”

Mental distress: the term used to refer to the worker’s reaction, which when harmful to the worker is often referred to as “workplace stress” or “toxic stress.” This reaction can be a medically diagnosed mental health condition, undiagnosed symptoms and/or discomfort or upset, or negative upset that aggravates dormant mental or physical injuries or illnesses. We can refer to effects on “a worker’s mental and physical health” as mental distress.

Note that other definitions and descriptions of these terms exist however we will be using these definitions consistently throughout this document.

Other terms workers may come across:

Burnout: this is an outcome; a state of physical, emotional, and mental exhaustion that results from long-term involvement in work situations that are emotionally demanding (Schaufeli & Greenglass, 2001).

Work-related stress: the term is used to describe the response people may have when presented with work demands and pressures that are not matched to their knowledge and abilities and which challenge their ability to cope (Leka, Griffiths, & Cox, 2004).

Assumptions

One of the main assumptions we need to debunk is that mental distress comes only from home or is just a product of the individual. This myth leads to the perception that mental distress is

carried into the workplace from outside and that the workplace is left to deal with its effects. Yes, we recognize that mental distress can come from both work and home. But not all people suffering from mental distress or illnesses walk into the workplace that way. Workers may enter the workplace in full control of their mental distress and then work factors may cause effects that never would have occurred otherwise. Therefore, “accommodating” the condition or providing tools to deal with mental distress may simply not be enough. While those approaches are important, work factors need to be examined and addressed to truly make a difference.

The mental distress that we are talking about in this resource kit differs from normal emotional bursts that people may experience — either positive or negative — that we encounter that are dealt with and disappear — like losing your keys or other short-term anxieties or bursts of energy. Rather, the mental distress that we are discussing and advocating for workers to take action to prevent is seen as unpleasant by the worker, is either present for long periods of time or recurs regularly, and is imposed on the worker where the worker has no control over the situation. For example, negative mental distress can occur when there is a poor match between workplace demands and a worker’s degree of control over the way the work is organized or performed. In this case the poor match is the hazard which needs to be controlled.

Negative mental distress can also be caused by harassment or violence in the workplace. Most often the worker has no control over the source of harassment or violence. Workers can be distressed by awareness, witnessing or being victims of harassment or violence. Feelings of discomfort and unease can often develop into an unwillingness to enter the workplace. And the fact is that workers generally have little control over who they work alongside, who the boss is, how much support they receive, the size and nature of the work group or whether the group dynamics are positive or negative. In an environment such as this, coping skills are challenged at the outset.

Yes, the truth is, workplace psychosocial hazards (such as work overload, lack of recognition and rewards, unreasonable or unmanageable deadlines, short-staffing situations, difficult working relationships, pressure for early return to work of injured workers, lack of support from supervisors and colleagues, bullying and harassment, job insecurity, emotional aspects of work) can distress individuals in the workplace causing devastating effects that have potentially permanent consequences. When an individual struggles with work pressures, burdens, or worries large enough or long enough to overcome their coping skills he or she will experience mental distress. This tool kit is focused on identifying and preventing workplace factors that may cause, contribute to, or worsen workers’ health outcomes.

Approaches to psychosocial hazards

How we frame the problem can affect the type of solutions we might consider. For example, if we view workplace stressors as being a factor of the individual, we look for the tools and information in regards to individuals. If we view stressors as being a factor of other things, including the organization of work, we might focus on areas other than just the individual. There are three broad approaches to psychosocial hazards that can be characterized: those focused on the person, the behaviour, or the environment.

- a) **Person:** When the “psychosocial hazard resulting in mental distress problem” or “the problem” is dealt with focusing on a person’s individual psychological make-up and coping skills, the approach focuses on the individual’s ability to deal with existing (and not changed) workplace factors using coping strategies (relaxation techniques) and how they appraise the situation. It tends to assume the environment as a back drop for the situation and does not emphasize changes to the structures or organization of the workplace.
- b) **Behaviour:** When “the problem” is dealt with through behaviour, the approach focuses on individual effort and reward. This approach focuses on balancing the individual’s efforts with appropriate recognition (rewards). Individual effort and reward is similar to behaviour-based approaches where the environment is simply considered as a stimulus for positive or negative reinforcement of behaviour.
- c) **Environment:** When “the problem” is dealt with through the work environment, then job demands and organizational structure become the focus. A focus on the workplace environment is the preferred approach used in this worker resource kit, “Action on Workplace Stress: Mental Injury Prevention Tools for Ontario Workers.” Through this kit we focus on the prevention of psychosocial hazards which may cause, contribute to, or worsen a worker’s mental distress.

Ideally, a comprehensive approach to psychosocial hazards would deal with all three aspects (person, behaviour, and environment). However, for workers active in workplace health and safety, targeting changes to the environment is more appropriate for making positive change than targeting personality and behaviour. This resource kit focuses on what aspects of the organization might be contributing, causing, or worsening the worker’s condition. This is not to say that other programs are not useful and needed, such as wellness programs to encourage workers’ health both inside and outside of work, or work/life programs that help workers manage the dual areas in their lives, or counselling programs to help workers manage. All are important but this tool kit will focus on the work environment itself.

We experience stress from work and home in varying degrees. That we may typically experience “a stew” of stressors (or causes) does not absolve the employer from trying to discover what causes or contributes to stress in the workplace and then trying to prevent it. Work impacts our stress level regardless of its state. Work can aggravate dormant conditions. Work can also cause mental distress in people who previously had no other mental conditions.

In fact, it is good to not only eliminate psychosocial hazards as causes but according to the World Health Organization (2012), gaining recognition and respect at work is a fundamental human need:

“Being respected and appreciated by significant others is one of the most fundamental human needs. Consequently, people go to great pain to gain acceptance and approval. Recent research in the domain of occupational health psychology shows that many occasions of experiencing mental distress are linked

to being offended — for instance, by being offended or ridiculed, by social exclusion, by social conflict, by illegitimate tasks. Such experiences of being treated in an unfair manner constitute an “Offence to Self,” and this may have quite far reaching consequences in terms of health and well-being. Conversely, being appreciated is one of the most important factors that increases motivation and satisfaction as well as health and well-being” (para. 12).

It is no wonder psychosocial hazards are harmful to people as they reflect the very opposite of respect and appreciation. In light of this information, health and safety activists need to focus on eliminating or controlling the negative psychosocial factors that exist in our workplaces. By doing so we will eliminate mental distress by removing the causes.

Three levels to prevent psychosocial hazards:

As with all workplace hazards, we need to identify, assess and control the hazard. We need to approach psychosocial hazards like any other workplace health and safety hazard. This means we need to control psychosocial hazards in order to eliminate the resulting mental distress suffered by workers.

Most of us have seen or heard of employer strategies such as wellness programs or Employee Assistance Programs (EAP) that are aimed at helping workers with mental distress. For example, wellness programs provide important reminders to workers to follow proper nutrition, to quit smoking, and to exercise regularly as a few examples, but we can see that these things do not address any psychosocial hazards that might be affecting our negative health outcomes. These are important strategies to support workers, but any strategy must also address the psychosocial hazard that caused or aggravated the mental distress. Likewise, while providing accommodation for mental health conditions is compulsory for employers and can help workers, it is an individual approach that does not examine the workplace as a whole to identify and address workplace factors that may be impacting workers in general. As workers, we must ensure that employers provide as many supports as possible, but we must make sure that employers also identify and address workplace factors before workers get sick.

There are three levels of prevention available to deal with workers mental distress:

Primary prevention addresses the cause/source of the problem — the workplace factors that increase the risk of mental and physical harm (burnout, depression, anxiety, social isolation, violence, bullying and harassment, psychosocial-related health symptoms, musculoskeletal conditions, psychosocial-related disturbances of the gastrointestinal and cardiovascular system, etc.). For example, giving workers more control over their day is an example of primary prevention. Primary prevention is the only level of prevention that addresses the workplace factors that may be contributing to a worker’s negative health outcome. It is the approach that this tool kit focuses on.

Secondary prevention focuses on how workers respond to psychosocial hazards before they are diagnosed with a serious condition — this includes screening for exposures to psychosocial risk factors and early symptoms related to those exposures. Secondary prevention also includes interventions which improve workers’

understanding of the effects of psychosocial hazards and training in ways to minimize the impact (“stress management” techniques). For example, training supervisors and workers to recognize signs of mental distress is an example of secondary prevention. While secondary prevention is important, this level does not address the source or cause of the distress, so it must occur along with primary prevention measures.

Tertiary prevention focuses on helping workers who are already suffering — it addresses the needs of workers who have sustained mental and stress-related physiological illnesses, by minimizing the impact of the disease (appropriate treatment) and facilitating their return to work. This includes bringing recognition to the role workplace factors play in the development of these various health conditions. For example, providing EAP programs for workers is an example of tertiary prevention. Tertiary prevention is important for workers suffering negative health outcomes, but it does not address the factors that caused or contributed to the condition in the first place.

Therefore, while all three levels of prevention are important, it is our experience that not enough attention is being paid to primary prevention — that is — addressing the psychosocial hazards at their source to prevent negative impacts on workers’ health. Finding out which psychosocial factors are causing workers mental distress, and working together in the workplace to improve these conditions is absolutely essential and will make a difference. That is what this resource kit is all about.