



Occupational Health Clinics  
for Ontario Workers

**Psychosocial Health and Safety**

# Preventing Mental Harm in the Workplace



**COPSOQ**  
INTERNATIONAL NETWORK

# Introduction

Unhealthy stress, harassment and violence are a modern-day workplace plague created by working conditions that do not take into account the health of workers.

The impact of these conditions is widely recognized and documented in media, research, and government documents. With all this attention however, in Canada, there has been only limited response, providing some relief for individuals. Compensation for redress and protection is important because it addresses the needs of the victims. Prevention is now necessary to reduce the numbers of victims and improve the work environment.

Workers and managers, especially those concerned about health and safety at work, need a strategy that moves them away from fault and blame disputes to focus on the conditions of work that create the problem. We need a common language to describe the problems, a reliable tool to measure them, and a broad commitment to change or contribute to conditions to reduce unhealthy stress, harassment and violence.

This guide provides information that can help you and others concerned about mental health, as well as unhealthy stress, harassment and violence at work, walk a pathway towards a safer, healthier work environment.

Throughout the guide we use the word **we** as well as **you**. We, the authors of this guide, are worker health and safety advocates. We have been dealing with these issues too. We are activists, researchers, and technical experts. We work in conjunction with the Occupational Health Clinics for Ontario Workers (OHCOW) who provided the technical expertise upon which we rely. We have actual workplace experience and are dedicated to improving conditions of work. You can find out more about us by visiting [www.ohcow.on.ca](http://www.ohcow.on.ca) and look for Mental Injury Toolkit (MIT).

This guide was developed FOR workers (you) BY workers, because there are no laws or 'how-to' manuals in Canada that focus on preventing the health effects caused by workplace stressors. While the cost and illness burden of mental health in the workplace has gained attention in Canada, the pace of change is slow.

## Workplaces need tools now.

The aim of this guide is NOT to diagnose the worker, the aim is to **diagnose the workplace**; to encourage and support workplaces to make the changes necessary to prevent negative impacts on the mental and physical health of workers. It is only through collaborative action, that we can hope to create psychologically safe and healthy workplaces where everyone can thrive.

## Who is this guide for?

This guide is designed for workers and managers who are interested in assessing psychosocial hazards in the workplace. When there is a difficulty in the workplace it is easy to personalize the issue (e.g. "that's John's problem, he's just like that!") rather than take an overall perspective of the challenge.

It was also designed to help joint health and safety committees and representatives identify issues in an anonymous way (not associated with personalities) and provide terminology to help better define the concern. Resources are provided throughout this guide to give you some ideas on how to address identified concerns.



**We're trying to make it easier for you  
to do something about  
psychological health and safety  
in the workplace.**

## Why is this guide necessary?

Over 4000 Canadians were surveyed in 2016 and 2019 about the psychosocial conditions at work in a poll commissioned by OHCOW and carried out by EKOS.\* The results provide one of the first ever snapshots of these conditions in Canadian workplaces. The good news is that 45% of respondents rated the psychological health and safety climate in their workplaces as *supportive* or *good*. The bad news is that based on this representative survey we estimate that 10% of Canadian workers would rate their workplaces as having a *poor* or *toxic* climate.

When workers in Denmark filled out the same survey, just over 8% of them indicated that they had been bullied in their workplace in the last year; for Canadians answering the same question it was 29% – almost four times more frequently than the Danish workers.

Statistics seldom tell you the human story. This is just one of the directly quoted comments from the survey which mention the impacts of bullying:

*"I am deeply disappointing how the [Employer] handled bullying situation when my three male colleagues ganged up on me and exposed me to non-stop attacks that lasted for about six months, which brought me to almost complete emotional and mental breakdown."*

*"My last supervisor, the one I had for two years, he was a sociopathic bully. He made me cry in front of him, can you imagine a 40 year old cop being brought to tears over mistreatment?"*

\*EKOS National COPSQ Survey 2016, 2019.

## How do I use this guide?

We have used the survey in more than 150 workplaces and 11 conferences and have learned a lot (sometimes the hard way) about how to use this tool in the workplace. The first step we learned is to orientate ourselves. **Learning** the different approaches and terminology is a good place to start. Next, **organize**. This can't be done alone. While the **assessment** often gets the most attention, what to do with the results is critical. Once you've made **changes**, it makes sense to **evaluate** if they really worked. These five steps are outlined in more detail in the following pages.

## Proactive vs. Reactive

Many violence and harassment policies are designed to respond to complaints only, making this a reactive approach. If victims are reluctant to report, then nothing happens. A preventative (or proactive) approach would instead address the underlying organization and culture of the workplace that allows such offensive behaviours to occur. The MIT tools (StressAssess survey) will identify offensive behaviours anonymously, rather than waiting until the behaviours are so intense as to pressure the victim to identify themselves by lodging an official report.

## Why the Copenhagen Psychosocial Questionnaire (COPSOQ)?

Research into stress in the workplace has developed over the years. Originally the focus was on the **person-environmental** fit. One of the next models was the **job demands and control model** of job strain which was later modified to include support – the theory being that job strain occurs when workers experience high demands but low control over how the work was done. Support can reduce stress, but a lack of support aggravates the effects of job strain. Another model that was introduced was the **effort-reward imbalance** model, which suggests that stress occurs when efforts outweigh the rewards.

The **organizational justice model** suggests that stress comes from unjust work relationships or situations. The **job demands-resources model** distinguishes between various types of demands and contrasts them with the resources available to workers – again if the demands exceed the resources, workers are found to be in a stressful situation.

A valuable aspect of the **COPSOQ tool** is that it incorporates elements from all these models. After piloting the surveys at numerous conferences, additional questions were added by the MIT group to cover missing stressors.

## Workplace Psychosocial Factors from the COPSOQ III CORE survey



### DEMANDS AT WORK

**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 and JOB CONTENTS

**Influence at work:** 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



### INTERPERSONAL RELATIONSHIPS and LEADERSHIP

**Predictability:** being kept well informed, having enough information

**Recognition:** being appreciated and treated fairly

**Role clarity:** knowing what is expected and having clear objectives

**Quality of Leadership:** supervisor has planning skills and values your job satisfaction

**Supervisor support:** your supervisor listens and helps

**Colleague support:** your colleagues provide support and sense of community

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



### WORK VALUES (Social Capital)

**Vertical trust:** information from management is trustworthy, management trusts workers

**Justice and respect:** conflicts resolved fairly, work distributed fairly



### WORK/INDIVIDUAL INTERFACE

**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

**Commitment:** feeling your workplace makes a positive contribution



### OFFENSIVE BEHAVIOURS

Sexual harassment; threats of violence; physical violence; bullying

# Five Step Approach



1. **LEARN** – Familiarize yourself with the basics; deepen your understanding; share your awareness; identify resources
2. **ORGANIZE** – You can't do it alone; get support/buy-in; establish a working group
3. **ASSESS** – Select tool(s); implement, do it carefully and well; consider the results and pick your key issues
4. **CHANGE** – Consider advice/ideas and figure out which ones fit with your workplace; select the changes you want to try and sell them to your supports; implement, do it carefully and well
5. **EVALUATE** – Give it some time, then use tool(s) to re-assess the situation; find out what worked and what was learned; identify strengths, gaps, new questions, and start the cycle again

## Change the Focus

“most stress management interventions tend to occur at the level of the individual ... efforts to address the needs of the individual are less likely to succeed over time if stressful conditions in the workplace remain unaltered.”

S. Cottrell, Occupational stress and job satisfaction in mental health nursing: focused interventions through evidence-based assessment, (2001) Journal of Psychiatric and Mental Health Nursing 8:157-164

## Real Life



### Lucy's Story Community Nursing Agency

In 2012 a community nursing organization with approximately 110 employees, in a medium-sized city in Ontario, found itself embarking on a journey to improve worker mental health and psychological health and safety.

The nurses were experiencing high work demands (reduced limit of 30 minutes maximum per patient, including driving time), working at a fast pace (and chastised if too slow), threats of discipline (two employees fired), micro-monitoring (call in at start and end of every patient visit), experiencing driving hazards (weather and extensive traffic), forced overtime most days (11 hours became common rather than the normal 7), mandatory rather than negotiated holiday work, multi-level bullying and harassment, and increased pressure to report and blame each other for errors or omissions.

The agency was experiencing nurse resignations (some even before orientation completion), difficulty in recruiting, increased absenteeism, substantive overtime payout, and negative workplace culture. Lucy was the local union president in the workplace.



### Stephen's Story Small Non-profit

Stephen's workplace is a small non-profit (27 people at the time of the survey) that is dedicated to providing social, mental and healthcare supports for people living on the street. They operate out of a downtown storefront in a large metropolitan city. Stephen is the Worker Representative on the Joint Health and Safety Committee (JHSC). He takes his position very seriously and his employer is very supportive.

During a health and safety (H&S) orientation session, a new worker joining the organization pointed out to Stephen that there was no content in the H&S program dealing with psychosocial hazards.

Note: These two stories continue throughout the guide to help support the concepts being presented.





# Step 1: Learn

Familiarize yourself with the basics • deepen your understanding • share your awareness • identify resources

## Perspective

Canada approaches mental health from the biomedical perspective, which focuses on the psychology – what’s going on between the ears within a person. The focus is on how individuals affect their environment. Approaching mental health from a biomedical perspective often results in interventions designed to support individuals.

**Individual supports are necessary** but not always sufficient. Canada’s *psychological* approach contrasts with Europe’s *psychosocial* approach which recognizes the role the environment plays in a person’s mental health. A successful approach includes supports to the individual as well as identification and addressing of organizational factors that cause mental distress.

**Personal improvement helps**, but it doesn’t solve the problem, when the person continues to deal with the same workload and/or unsupportive work environment. These things need to change too. The organization needs to step up to the plate. That’s the difference between the two models.



## Prevention

**“An ounce of prevention is worth a pound of cure”**

Prevention is a continuum of strategies from best to least protective. All are important but without primary prevention the rest will ultimately be unsuccessful.

**Primary prevention** – directs the intervention at a source of the problem

**Secondary prevention** – detects early signs of harm, indicating a need to address the source (Lost time claims, absenteeism)

**Tertiary prevention** – provides help once the person is harmed (counseling, medication, EAP, return to work programs)

**A comprehensive approach to mental health in the workplace must include all levels of prevention. Interventions must be organizational and individual. The most effective way to address workplace stress is at the source – primary prevention at the organizational level.**

Prevention Level	INDIVIDUAL	GROUP (department/shift/team)	ORGANIZATIONAL
Primary	coping and appraisal skills (resiliency), self-awareness	same as organizational but more informal	changing the culture, climate, work structure, and organization
Secondary	wellness, relaxation techniques (mindfulness)	same as organizational but with personal interactions	awareness, Mental Health First Aid, screening (surveys)
Tertiary	cognitive behavioural therapy, counselling, medication, support	same as organizational but with more personal supports	Employee Assistance Program (EAP), WSIB/ WSIAT recognition, Return to Work

## Proactive vs. Reactive Missed Chances

On November 12, 2005, Nurse Lori Dupont was murdered while working in a Windsor hospital by a doctor with whom she had previously been involved. For several months after the relationship ended the anesthetist stalked, intimidated and harassed Lori. Both Lori and her colleagues reported the harassment to hospital supervision, but only minor accommodations were offered, and the system still failed her. This tragic death reinforces the weakness of relying on complaint-based interventions, especially in cases of sexual harassment where many victims are reluctant to draw attention to themselves, or otherwise cause a fuss.

*“Expert witness Dr. Peter Jaffe testified at the inquest that there were “84 missed opportunities” for preventative intervention [by the employer] as the harassment towards Ms. Dupont escalated in gravity and frequency.”*

*“During the inquest into Lori Dupont’s case, we learned she repeatedly shunned help or attention to her situation. While it is apparent the government sought, with these amendments and Code, to expeditiously protect sexual harassment victims, this legislation may instead be conducive to an opposite effect, isolating workers from well-established supports and placing too much onus on them to independently drive and trust someone else’s process.”*

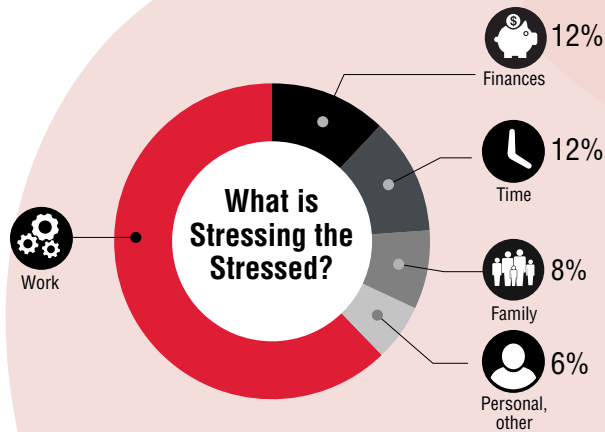
Source: Ontario Nurses’ Association submission to the Ministry of Labour – *On Code of Practice and Workplace Violence and Harassment: Understanding the Law Guideline, Drafts Consultation* (June 2016)

## Step 1: Learn *[continued]*

Workplace stress is a confusing term because it does not differentiate between cause and effect. To clarify the confusion, psychosocial hazards are referred to as the cause, and mental distress is referred to as the effect. Workers experience health effects that may or may not result in a diagnosis.

Stress comes from home and work but often work stress is out of the worker's control and remains unaddressed. Add to that workplace interventions (e.g. work accommodations) are often triggered only after the person is diagnosed. That's too late. Workplaces must identify and address organizational factors that cause mental distress.

### We spend most of our time at work, 2/3rds of our stress is work-related



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

Susan Crompton (Stats Canada, 2011)

## Canadian Standards Association (CSA) Psychological Health and Safety in the Workplace – Prevention Standard

The impetus for a voluntary Canadian standard on psychological health and safety came from the Mental Health Commission of Canada, the Canadian federal government, the Canada Life Assurance Company, and Bell Canada. The federal government had been shown that absenteeism was a significant drain on the Canadian economy. When they looked at the major contributor to absenteeism, it turned out to be stress-related conditions. The Canada Life Assurance Company already knew



this. Being a provider of sickness and accident (S&A) insurance, they realized one of the biggest single contributors to S&A claims was stress-related absence. Thus, there were sound economic reasons for getting absenteeism, due to stress, under control. Under the auspices of the CSA a committee was established and in January 2013 CSA standard Z1003-13 “Psychological health and safety in the workplace – Prevention, promotion, and guidance to staged implementation” was

### StressAssess scales map onto and exceed the 13 factors



#### Lucy's Story *[continued]*

The workers at Lucy's workplace were at the end of their ropes. Workers knew firsthand what the effects of stress were: exhaustion, exasperation, feeling helpless, frustrated, and angry but not knowing what could be done about it. Some workers talked about using energy drinks to get enough stamina to finish the day. Some had gone off on stress leave, some had resigned – it was just too much to handle; others however suffered through, taking a toll on their health, and on their family and social lives. Everyone was working and suffering on their own until Lucy and her executive engaged the union to develop a strategy.



#### Stephen's Story *[continued]*

After it had been brought to Stephen's attention that there was no content in the program dealing with psychosocial hazards, Stephen and his fellow committee members looked for materials online to help assess workplace psychosocial hazards. They found the Copenhagen Psychosocial Questionnaire (COPSOQ) and downloaded a copy. They considered distributing it but then wondered how they would interpret the results.

The COPSOQ website listed contacts for each country that uses the survey – so they contacted the Canadian name on the list and asked OHCOW for help.



## Step 2: Organize

**Don't try to go it alone: The CSA Standard points out that making the workplace psychologically safe requires full participation. We cannot solve someone else's stress problems by ourselves. Everyone needs to be involved.**



### Different Approaches

We have seen three basic approaches to workplace stress among the workplaces we've engaged: **learning**, **progressive**, and **crisis**. Most workplaces can be characterized as being in the learning stage, wanting to know more. Based on OHCOW's experience, our strategy is most effective in workplaces which are either progressive in their approach to health and safety (looking at psychosocial risks as a part of their strategy for protecting worker well-being), or, in *toxic* workplaces (where things have to change or something/someone will break).



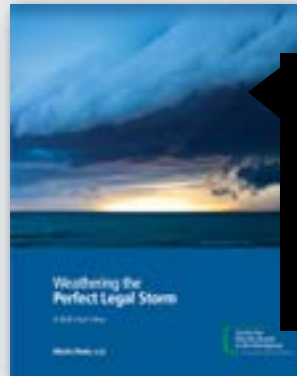
### Motivations

There are many reasons to address stress in the workplace. The most obvious from an employer's perspective are the costs of not addressing it. Not only do absences due to stress cost the Canadian economy \$51 billion, the cost in human suffering and grief is staggering (research suggests that 76% of bullied workers suffer from post traumatic stress disorder (PTSD)). Uncontrolled stressors can damage the organization's reputation – *do you want to read negative headlines about your workplace in the newspaper?* Researchers Martin Shain and Katherine Lippel have documented the increasing due diligence that various courts and tribunals have imposed on employers. On the positive side, if a workplace has its sources of stress under control, it becomes an attractive place to work – allowing for greater worker retention and recruitment. It is also a distinguishing mark of excellence and sustainability.

### What Motivates Your Workplace: Carrots or Sticks?



The series entitled *Mental Health at Work...From Defining to Solving the Problem* is published by the Chair in Occupational Health and Safety Management at Université Laval, Québec, Canada – these booklets do a fine job of laying out the business case for dealing with workplace mental health (even though they date back to 2005 or so).



As far back as 2010 and again in this 2014 revision, *Weathering the Perfect Legal Storm*, criminologist Dr. Martin Shain highlighted seven areas of law where employers were held liable for damage to the psychological health and safety of their workers.

### CSA Standard Key Drivers

#### Risk Management

- avoid adverse events (do you want to read about your workplace in the newspaper?)
- lower legal liabilities (Martin Shain's work)

#### Cost Effectiveness

- reduce the reported \$51B mental health burden to the Canadian economy
- sickness, accident, and compensations costs (chronic mental stress is compensable in many jurisdictions)
- prevent productivity losses

#### Recruitment and Retention

- a workplace which manages psychosocial factors is a "good place to work"

#### Excellence and Sustainability

- managing psychosocial factors is a hallmark of a progressive workplace culture

### Non-CSA Standard Key Drivers

#### Reduce Human Suffering

- dealing with psychosocial factors addressing the associated violence, abuse, mental injuries, and physical and mental pain

#### Moral

- it's the right thing to do – "law is the conscience of those who have none" (James Ham, 1983 IAPA Conference)

## Are You Ready? Stages of Readiness



### Pre-contemplation (Not ready)

What problem? That's just the way things are in this line of work – always has been, always will be.



### Contemplation (Getting Ready)

Maybe things could change but I don't know if I'm prepared to change? It's 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 (Moving Forward)

We're going to make the following changes and hope things will improve – I'm glad we're finally doing something about this!



### Maintenance (On-going)

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.



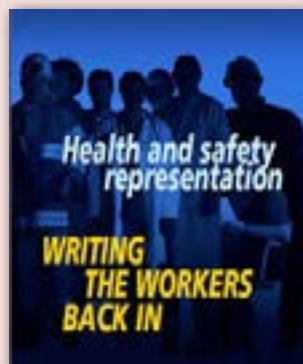
### Lucy's Story [continued]

At first, Lucy disagreed with using a survey, feeling that it would delay a solution when the problems were so obvious and severe. However, ultimately she realized that a survey would turn what could be dismissed as *unconnected individual anecdotes* into usable data to help spur a change.

Lucy planned to use the survey data to provide the evidence to back up the grievances and harassment complaints filed by 46 of her members.

Things were so bad that they *had to break before they got fixed*. Given the hostile situation Lucy took it for granted that the employer would not go along with the idea of doing a survey. So Lucy formed a steering committee and worked with her union to administer the survey to her members confidentially and outside of working hours.

The process was a learning experience – it gave the workplace a new vocabulary to name their issues and deal with them more objectively (avoiding being bogged down by personality issues). The anonymous nature of the survey allowed everyone (not just the “squeaky wheels”) to be heard without the danger of becoming a target. Acting as a collective group, they overcame their individual fears and participated towards the outcome.



### ***What is the most effective way for worker health and safety representatives to play their role?***

Check out the Labour/OHCOW/ Academic Research Collaboration (LOARC) booklet *Writing the Workers Back In*



### Stephen's Story [continued]

After having connected with OHCOW, they learned how survey administration had been made easy by using an online questionnaire administration service. OHCOW also explained the origin of the additional questions which were included as a result of pilot testing and development work done by OHCOW and the MIT group. Management and union both supported Stephen and the Committee's proposal to do the survey among the staff.

The JHSC was impressed with how easy it was to administer the survey and how quickly a report was generated. They also liked the fact that they could select the various demographic questions to fit their situation and that they were able to add a question about having adequate support after experiencing a crisis. OHCOW also seemed to have a lot of experience in administering the survey in different workplaces which gave the JHSC confidence in their service (it was also free of charge). Having an outside organization handle the data and produce the report also provided confidential, independent support. As a result, the JHSC (management and worker reps) agreed to use OHCOW's services to administer the survey.





## Step 3: Assess

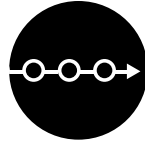
As important as finding the right tool, is planning to ensure a successful survey.  
Some of the key elements of a successful survey are:



Aim for 80% participation



Plan your follow-up *prior* to doing the survey



Set a timeline for planned action to carry out the recommendation



Keep people engaged and informed throughout the survey process

The Dillman Tailored Design Method (TDM) – A Surefire Way to Get High Survey Return Rates

A summary of Dillman's approach to maximizing survey responses:

- 1. Lay the groundwork** – assemble a working group and get endorsement from workplace parties respected by the group you are surveying.
- 2. (Pre-survey) Announcements** – send out an announcement that includes these endorsements 1-2 weeks before launch of the survey.
- 3. Distribute Survey** – Launch the survey, with some fanfare if appropriate and if it will help with buy-in.
- 4. First Reminder** – 1-2 weeks after launch, with thanks to those who have already completed the survey.
- 5. Second Reminder** – (3-4 weeks)...if response rate is still low (<66%) consider a stronger intervention – emphasize importance of participation.
- 6. Final Notice** – 6 weeks, announce closing date, reminder of importance,
- 7. Close/Next Steps** – 8 weeks out, send a final notice that you will be closing the survey and announce target date to present results.

While there are other workplace stress surveys, we recommend StressAssess:

## StressAssess.ca



Developed *for* workers *by* workers StressAssess is designed to diagnose the workplace not the worker

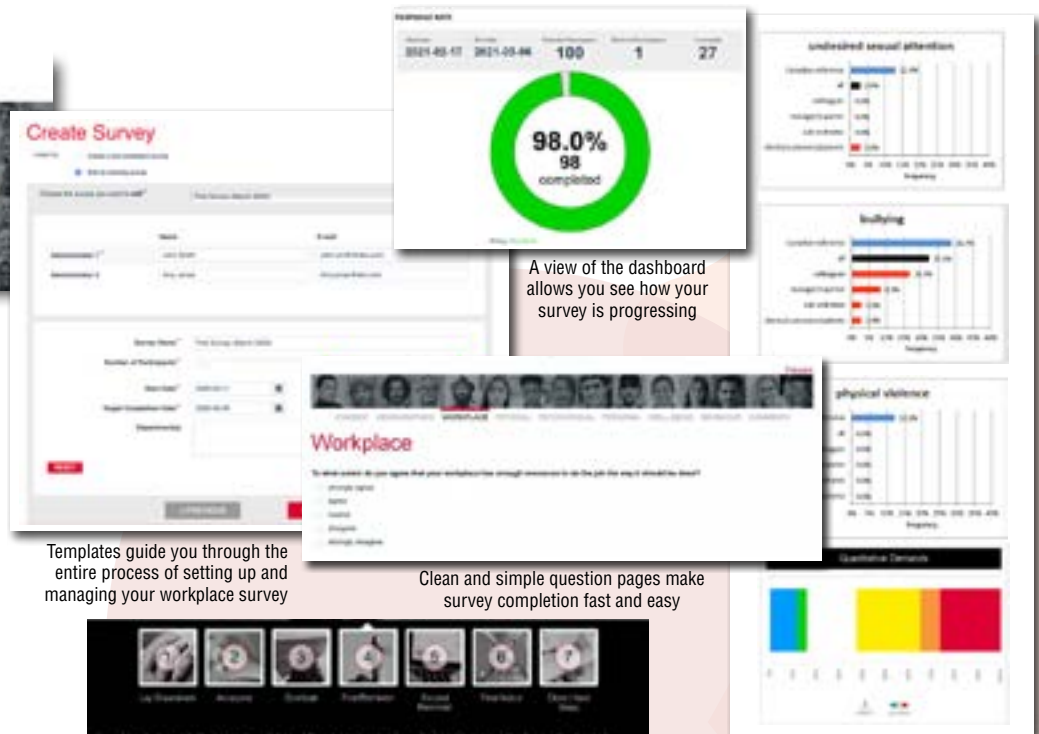
OHCOV worked with the Canadian Centre for Occupational Health and Safety (CCOHS), to create StressAssess.

StressAssess.ca is the complete online survey tool designed for workers and managers who are interested in assessing psychosocial hazards in the workplace, to **anonymously**, **collectively**, and **confidently** identify issues.

Upon completion of the survey, resources are provided to give the workplace ideas on how to address identified concerns.



**StressAssess** is a free, evidence-based online survey tool designed to assist workplaces in identifying psychosocial hazards that can lead to stress and mental injury, providing suggestions and pathways to address them, thus preventing harm. It is simple to use, fosters a team approach, and includes a Wizard to support preparation, implementation and subsequent problem solving.



Templates guide you through the entire process of setting up and managing your workplace survey

Clean and simple question pages make survey completion fast and easy



A timeline of actions and communications is provided as a guidance within the survey wizard.

Survey results are provided using colour coded bar graphs for easy interpretation

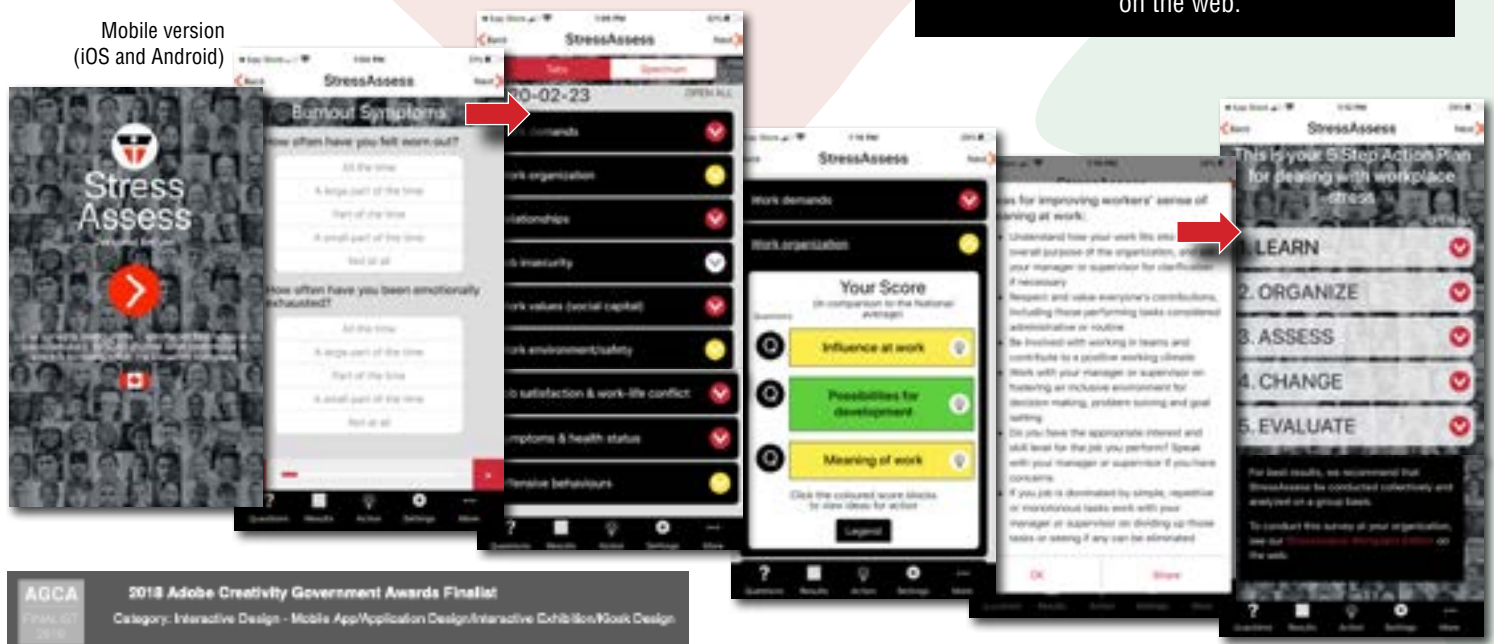
**Reducing stress and promoting workplace mental health is good business on many levels.**

*Did you know...there is also an app for that?*

The app version of **StressAssess** is designed to raise awareness of the online, web-based version. The app allows users to evaluate and monitor their own workplace stress levels and offers suggestions that individuals can apply to help improve their stress in the workplace.

For best results, we recommend that StressAssess be conducted collectively and analyzed on a group basis.

To conduct this survey at your organization,  
see our [StressAssess Workplace Edition](#)  
on the web.





### Lucy's Story *[continued]*

Lucy worked with her steering committee to finalize content and conduct the survey. They met people in coffee shops and at their homes and collected the surveys once completed. Lucy got back over 80% of the surveys she handed out. Later she tried to administer the survey over the phone to those who couldn't be reached any other way – however, during the analysis the results gathered over the phone were found to have been influenced by the person asking the questions, therefore, they were excluded from the others who had filled out the surveys in paper on their own. Results showed that the top three issues were work demands, bullying and harassment, and emotional demands. Driving hazards was also a major concern. In spite of how bad things were, one thing that stood out was the huge commitment the staff still had for their organization and the work they did. Lucy organized brainstorming sessions with the nurses to share survey results and to collect ideas to move forward. Lucy, the nurses, the union, and the joint health and safety committee requested and got a meeting with upper management to present survey results. The workers had been heard. After the meeting, the corporation adopted leaders with a more collaborative style and engaged Lucy's local in a process that could lead to positive change.



### Stephen's Story *[continued]*

The survey was launched at the end of May and after three weeks 74% of the 27 eligible workers had responded. While not quite the 80% response rate they were hoping for, it was still a very respectable level of engagement from the group. The results showed some of the strengths such as commitment to the workplace, meaning of work, quality of leadership, and possibilities for development. However, some challenges were also identified such as; emotional demands, offensive behaviours, and trust of management. Some of these challenges were to be expected given the type of work the organization is engaged in, but some of these challenges pertained to internal relationships. The correlation heat map indicated that the top issues associated with the participant's symptom experience were vicarious offensive behaviours (particularly bullying), lack of trust of management, emotional demands, and thermal discomfort.

	LUCY's WORKPLACE	2016 EKOS	STEPHEN's WORKPLACE	LEGEND
<b>Demands at Work</b>				
quantitative demands	65	42	48	better
work pace	87	60	71	a bit better
emotional demands	68	47	72	same (average)
<b>Work Organization and Job Contents</b>				a bit worse
influence	38	47	38	worse
possibilities for development	64	67	64	
meaning of work	85	70	85	
<b>Interpersonal Relationships, Leaders and Leadership</b>				
predictability	33	52	65	
rewards (recognition)	28	59	71	
role clarity	55	70	77	
quality of leadership	21	52	73	
social support from supervisor	30	66	78	
<b>Work/Individual Interface</b>				
job satisfaction	43	70	77	
work-life imbalance	73	46	43	
commitment to the workplace	48	61	78	
<b>Work Values (Social Capital)</b>				
trust of management	21	63	67	
justice and respect	19	57	59	
<b>Health and Symptoms</b>				
self-rated health	47	61	58	
burnout	75	50	57	
stress	68	45	52	
sleep troubles	61	44	39	
somatic symptoms	47	28	26	
cognitive symptoms	49	34	35	
<b>Offensive Behaviours</b>				
undesired sexual attention	19.4%	11.9%	60.0%	
threats of violence	33.8%	16.6%	68.4%	
physical violence	21.1%	10.4%	35.0%	
bullying	29.2%	31.1%	45.0%	
discrimination	46.5%	19.1%	25.0%	
vicarious offensive behaviours	n/a	41.1%	85.0%	

**Having the right survey, that asked relevant workplace questions, was key to obtaining these results. If a survey doesn't ask about the burning issues in a group, other surveys for consideration include:**

#### People at Work

Online web-app to administer questionnaire and resources to respond to results  
[www.peopleatwork.gov.au/](http://www.peopleatwork.gov.au/)

#### UK HSE Management Standards Indicator Tool

[www.hse.gov.uk/stress/standards/step2/surveys.htm](http://www.hse.gov.uk/stress/standards/step2/surveys.htm)

#### Irish Work Positive<sup>CI</sup>

Online adaption of HSE survey with functionality to allow user to create a survey for the workplace  
[www.workpositive.ie/](http://www.workpositive.ie/)

#### Guarding Minds @ Work

[www.guardingmindsatwork.ca/](http://www.guardingmindsatwork.ca/)





## Step 4: Change

### There is no single recipe for change

**Every workplace is different. Workers and managers are the experts in their workplace.**

**Change has to be designed by the people in the workplace to fit that workplace.**

OHCOW has helped management and workers in over 150 workplaces use the StressAssess survey to evaluate psychosocial hazards and develop strategies to reduce them. Generally workplaces fit into one of three categories:

**The Best** – established group problem solving capabilities; desire to make the workplace better; excellent response rates; follow-up requested

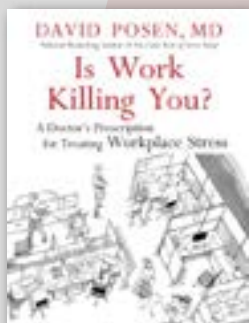
**The Worst** – in crisis mode; an anonymous, objective survey can skirt personality issues; often gets a good response rate; provides a *vocabulary* to help name and deal with issues

**The Rest** – more of a curiosity (e.g. I wonder what my blood pressure is?); if you'll measure it for me – I'm interested in knowing; not really motivated to act on results, but growing in the education process

## Resources



The **International Labour Organization** *Stress Prevention at Work Checkpoints* provides tips on how a variety of psychosocial hazards may be addressed.



**Dr. David Posen's** book *Is Work Killing You* explains how organizations need to step up and prevent psychosocial hazards that exist in work environments.



**Healthy Minds at Work** from **CCOHS** features a collection of online resources aimed at providing workplaces with assistance in developing strategies to promote mental health at work as well as effectively handle existing mental health issues.

A national social enterprise, **Mental Health Works** provides person-centered, evidence-based, and solutions- focused workplace mental health training to both employers and employees in organizations across Canada.



The **Mental Health Commission of Canada** has many resources (including guides for employers) to assist in addressing psychosocial hazards and create a psychologically safe workplace.



A portion of the **Workplace Safety and Prevention Services (WSPS)** website is devoted to the topic of Workplace Mental Health and provides links to valuable resources on the topic.



**ThinkMentalHealth.ca** is a joint effort from Ontario Health and Safety System Partners to provide business owners with the resources needed to better understand and prevent mental health problems.



### TERRI'S TEMPLATES

**Follow up has to be planned, transparent and practiced.**

As health and safety staff for Ontario Public Service Employees Union (OPSEU), Terri has helped several workplaces use StressAssess. Based on these experiences she developed the following Action Templates to guide the all-important follow up.

[Planning and Implementation Tool](#)

[Survey Results Synopsis](#)

[Results and Recommendations](#)

[Recommendations Work Plan and Tracking Tool](#)

NOTE: These Action Templates are provided as downloadable MSWord documents for ease-of-use.



# Top Three Issues

and ideas for change



## Role Conflicts

### Avoiding role conflicts:

- Encourage a collaborative, accountable, and open work environment as opposed to a competitive workplace climate
- Emphasize management's commitment to promptly resolving role conflicts
- Avoid complexity when possible
- Regularly review task descriptions and responsibilities to identify possible conflicts
- Ensure workers have sufficient resources to do their work in compliance with professional, ethical, and quality standards
- Identify and eliminate inefficient and redundant tasks
- Ask workers for their input on how to make their tasks more efficient and productive



## Emotional Demands

### Managing emotionally challenging work:

- Set specific work objectives and outcome goals that define success and when work is considered good enough
- Encourage feedback, discussions, and support from peers and supervisors
- Consider having a place for privacy and withdrawal after intense emotional encounters
- Provide education and training appropriate for servicing customers, patients, and clients with special needs
- Ensure breaks are taken and encourage workers to leave the building at lunch
- Establish critical response and debriefing procedures
- Establish communication procedures between shifts and between persons with responsibility for the same customer, patient, or client



## Job Insecurity

### Increasing job security:

- Increase the possibility of stable employment with adequate wages and benefits
- Emphasize and demonstrate the partnership and commitment between workers and the organization
- Reduce or eliminate temporary employment positions
- Provide flexibility and accommodations for workers to deal with outside responsibilities
- Ensure workers are aware of their legal rights and protections and that these are respected



### Lucy's Story *[continued]*

At the JHSC meeting, Lucy and the union convinced management that the nurses were dedicated and that changes were needed to reduce stress and increase efficiency. A path was set for change:

The organization changed leadership and adopted a collaborative style.

The organization of work changed from a city-wide to a zone-based dispatching system.

Nurses selected a zone to work in which minimized the travel time and the exposure to challenging traffic/weather conditions.

Reduced travel equated to more time in the day, and patients were not limited to the strict 30 minutes. This reduced forced overtime.

Management aimed to eliminate all overtime and hired additional nurses for the shortages. Nurses were less exhausted and frustrated.

Bullying and harassment decreased.

Management agreed to work with the JHSC to find good health and safety solutions and pledged to build a respectful workplace culture.



### Stephen's Story *[continued]*

While some of the top issues seemed more straight-forward (such as ventilation and thermal discomfort – although they can also be tricky to resolve), others issues were challenging (lack of trust in management). Both the management and the workers were committed to addressing the top three issues indicated by the survey (vicarious offensive behaviours (particularly bullying), lack of trust of management, and emotional demands).

While the organization already had a harassment and discrimination policy, the concerns about vicarious offensive behaviours prompted a revision of the policy. Staff also participated in a workshop covering these issues.

While the vertical trust concerns seemed daunting, management retained the services of a facilitator who consulted with staff individually and collectively. She produced a report with specific recommendations. An internal committee was established and developed a response called "Working Together Differently". This resulted in a breaking down of internal barriers between staff, leadership, and the Board of Directors.

Communication paths were opened and there was more consideration of staff input in policy and decision-making. Stephen noted that he could feel a "culture shift" in the way the organization functioned and made decisions. There was a much more collaborative, less hierarchical climate in the workplace.



## Step 5: Evaluate

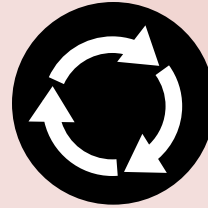
### Look (and measure) for signs of improvement

- Have days off for stress declined? • Is there less absenteeism or fewer grievances?
- Redo the survey to see if results have improved



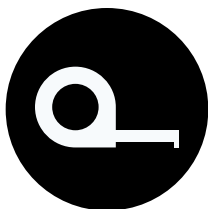
#### Allow some time for the changes to take effect.

Be careful to avoid survey fatigue by asking workers for their feedback a second time too soon after the initial survey.



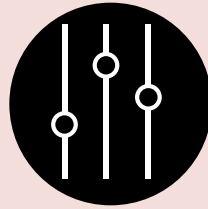
#### Use tools to re-assess the situation.

These tools can be the same ones used before, or you may find you need different tools, depending on what you want to measure.



#### Measure the differences before and after implementing changes.

Determine if your objectives were met. (i.e. Have your stress leave, absenteeism, and grievance rates decreased?)



#### Make adjustments from lessons learned, and continue to regularly survey the workplace and evaluate your efforts.

## Determine the Long Term Objectives



#### Aspire to be better than average

Canadian average is not that impressive (compared to Danish experience).



#### Continual improvement (organizational development)

On-going continual improvement process, not something you fix and then move on; this is a journey – sustainability becomes part of your culture.



#### Social Determinant

Creating psychologically safe workplaces has positive effects for society as a whole. Healthier people create healthier communities with less drain on the health care system because people are better able to support themselves and those around them.



### Lucy's Story – Conclusion

Anecdotally, the workplace is doing much better, and people are not going off on sick leave or quitting like they were before. One year after the survey, the workers said that “the air is different”. “Of course, there are always areas where we disagree, but at least we can talk to move forward,” says Lucy.

## Workplace Cultures Evolve and Change Over Time

The journey doesn't end at Step 5. Return to Step 1 and incorporate lessons learned for ongoing improvement to your organization's overall mental health, safety, and well-being.



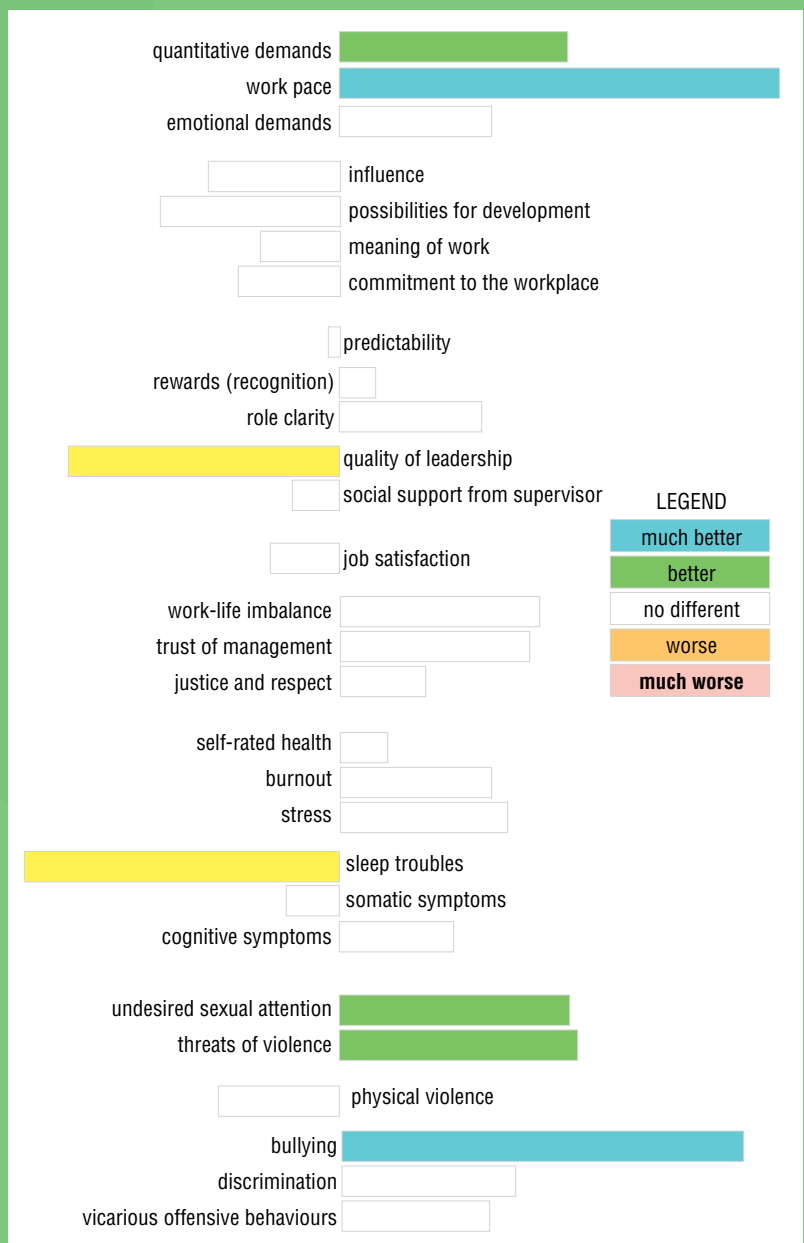
“It's an on-going process”



### Stephen's Story – Conclusion

The JHSC were quite curious to find out whether all the efforts to address the three main concerns identified by the survey resulted in some positive changes. While anecdotally they could “feel” that there had been a shift in the culture of the organization, they thought the time was ripe to see if it could actually be measured by repeating the survey.

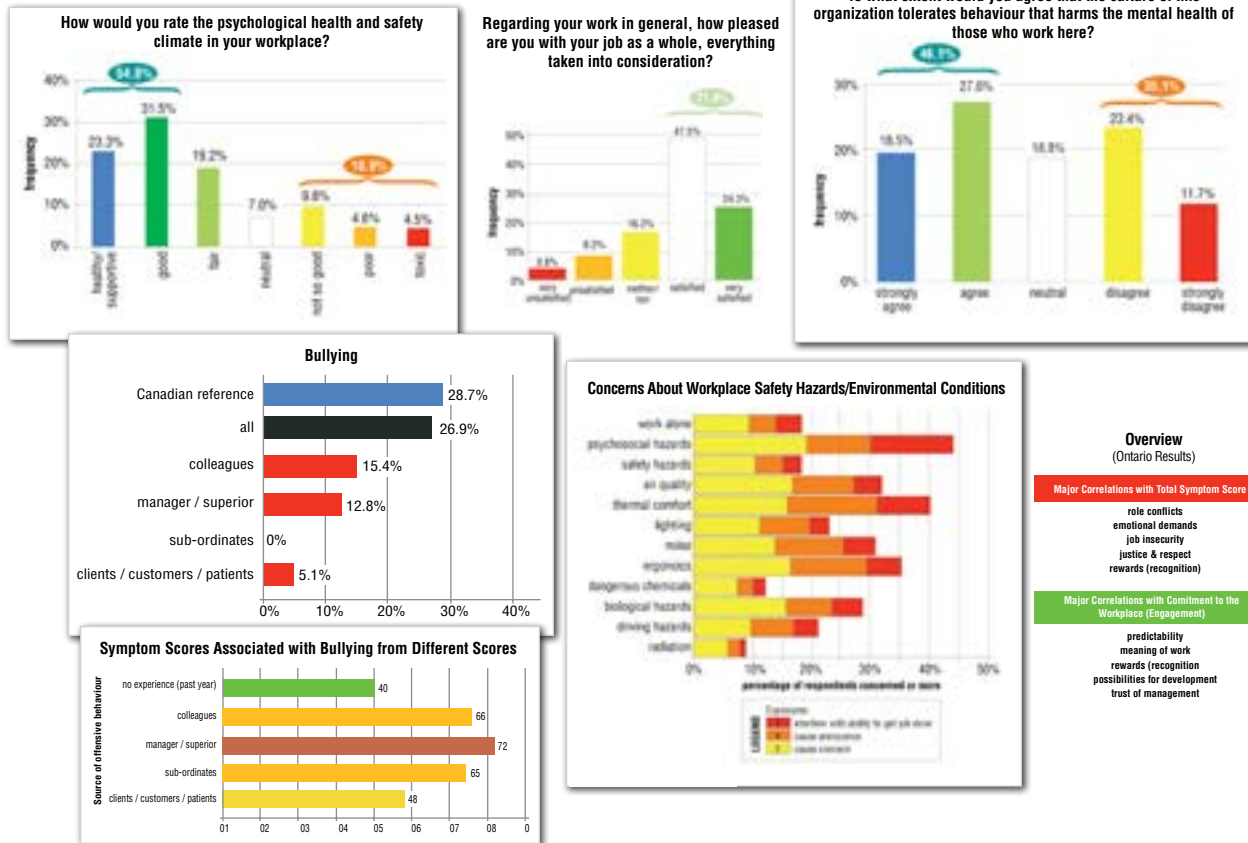
The repeat survey (below) showed improvements in vertical trust, a decrease in offensive behaviour reports and a decrease in emotional demands. A new issue however, came to focus: inadequate staffing and workplace resources to do the work the way it should be done – so this is what they are working on now.





## Canadian Survey Results 2019

### Where does your organization fit in?



The graphs above represent a summary of the results from the 2019 EKOS/OHCOW survey of Workplace Psychosocial Conditions in Canadian workplaces.



### What is happening in other parts of the world?

#### European and Australian Experience with Legislation and Compensation

In the **European Union (EU)** there have been legislated requirements to perform psychosocial risk assessments since the early 1990's. More recently some European countries have required all employers to quantitatively measure psychosocial risk hazards. Additionally, at least nine countries in the EU recognize burnout as an occupational condition and the World Health Organization has listed it as a health condition.

**Australia** recognizes work-related stress conditions as being compensable. "7,200 Australians are compensated for work-related mental health conditions, equating to around 6% of workers' compensation claims, and approximately \$543 million is paid in workers' compensation for work-related mental health conditions."

Source: <https://www.safeworkaustralia.gov.au/topic/mental-health>

## Take action now – before it's too late

For more information:



E-mail: [stressassess@ohcow.on.ca](mailto:stressassess@ohcow.on.ca)

1-877-817-0336