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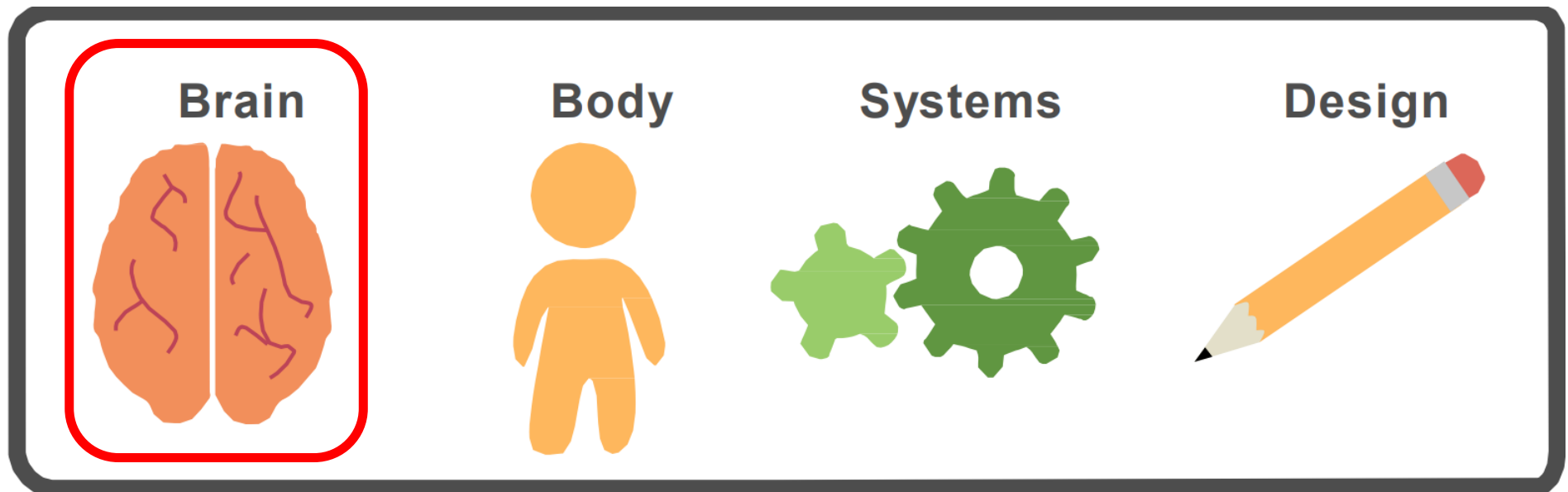
Ergonomists contribute to the design and evaluation of systems in order to make them compatible with the needs, abilities and limitations of people.*

Environment

People

Objects

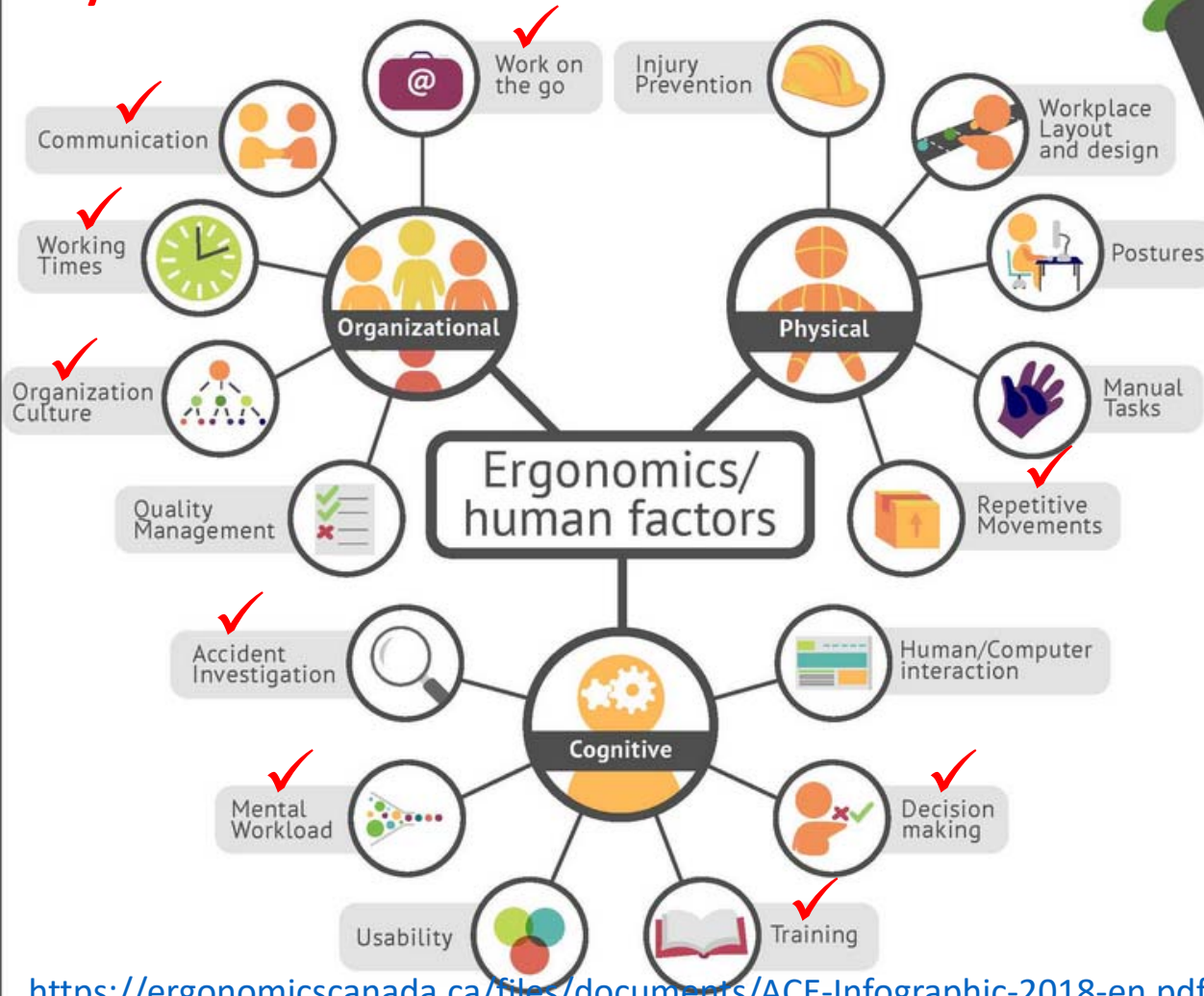# What's Ergonomics about anyway?

Examples of Ergonomics Domains and Applications

Psychosocial factors

Work on the go
Injury Prevention
Communication
Workplace Layout and design
Working Times
Postures
Organizational
Physical
Organization Culture
Manual Tasks
Quality Management
Ergonomics/ human factors
Repetitive Movements
Accident Investigation
Human/Computer interaction
Cognitive
Mental Workload
Decision making
Usability
Training

https://ergonomicscanada.ca/files/documents/ACE-Infographic-2018-en.pdf

StressAssess
Workplace Edition
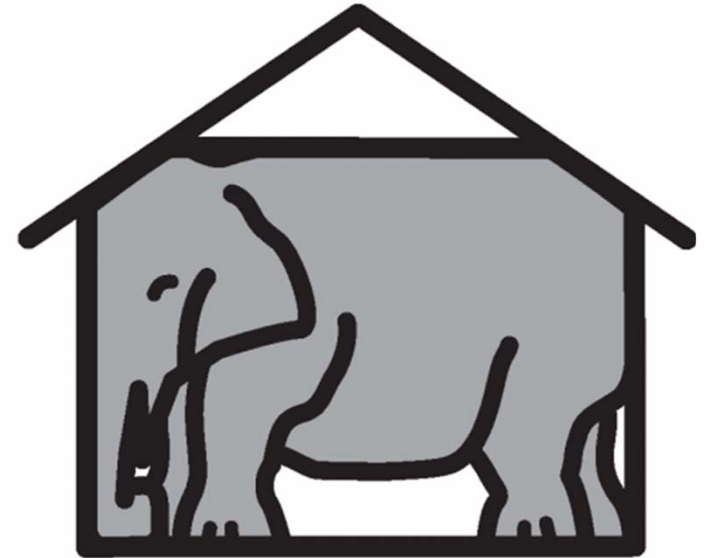
Workplace Stress:
The elephant in the room

- SPR Survey of Ontario JH&SC's (1980's)

- USW HS&E Conferences (list of top issues)

- Annalee Yassi et al. (2013) systematic literature review and "expert interviews"; concluded with 10 items that strengthen the effectiveness of the JH&SC:

   2) scope of the committee (i.e., including issues such as harassment and other mental health issues, not just safety issues);

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Workplace Edition

Recognized H&S hazards
(CSA Z1000):
(CSA Z45001:19):

- Safety hazards
- Chemical hazards
- Physical hazards (noise, lighting, radiation, etc.)
- Biological hazards
- Ergonomic hazards
- **Psychosocial hazards**

CSA Z45001:19
(ISO 45001:2018, MOD)
National Standard of Canada

CSA Z45001:19
Occupational health and safety management systems —
Requirements with guidance for use
(ISO 45001:2018, MOD)

Standards Council of Canada
Conseil canadien des normes

CSA Z45001:19 is actually:

#ISO45001

Preventing accidents and keeping people safe and healthy at work, find out how International Standards can help employers meet their responsibilities.

Powered by ISO

Occupational H&S Management Systems

https://www.iso.org/iso-45001-occupational-health-and-safety.html

StressAssess
Workplace Edition

ISO 45001:
Clause 6.1.2.1 Hazard identification

- Hazard identification should consider the different types of hazards in the workplace, including:
  - Physical (e.g. slips, trips and falls, entanglement, noise, vibration, harmful energy sources);
  - Chemical (e.g. inhalation, contact with or ingestion of chemicals);
  - Biological (e.g. contact with allergens or pathogens such as bacteria or viruses);
  - **Psychosocial (e.g. threat of physical violence, bullying or intimidation);**

StressAssess
Workplace Edition

ISO 45003: Psychological H&S at work: Guidelines for managing psychosocial risks

https://www.iso.org/standard/64283.html

ISO 45003:2021: 21 psychosocial factors:

1   Roles and expectations
2   Job control or autonomy
3   Job demands
4   Organizational change management
5   Remote and isolated work
6   Workload and work pace
7   Working hours and schedule
8   Job security and precarious work
9   Interpersonal relationships
10   Leadership

11   Organizational/workgroup culture
     11(a)   Recognition and reward
     11(b)   Career development
     11(c)   Support
12   Supervision
13   Civility and respect
14   Work/life balance
15   Violence at work
16   Harassment
17   Bullying and victimization
18   Work environment, equipment and hazardous tasks

https://www.iso.org/obp/ui/#iso:std:iso:45003:ed-1:v1:en

CSA Standard Z1003-13 (R2022)

CSA GROUP™

BNQ
Bureau de normalisation
du Québec

CAN/CSA-Z1003-13/BNQ 9700-803/2013
National Standard of Canada
(reaffirmed 2022)

Psychological health and safety in the workplace —

Prevention, promotion, and guidance
to staged implementation

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

Commissioned by the
Mental Health Commission of Canada

scc ccn

13 psychosocial factor + 1

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.)

StressAssess
Workplace Edition

Legislative context:

- legislation on **violence & harassment policy** (after a widely covered workplace murder)

- **PTSD** recognized as a work-related condition

- **chronic stress** recognized but only if work is the "predominant cause" (rarely happens) and not for personal conflicts or stress due to

- no legal requirements to perform **psychosocial risk assessment**

- recognition of mental health burden related to **pandemic** (but most are trying to bury that part of their recent experience)

- **voluntary** psychological H&S standard (CSA Z1003)

StressAssess
Workplace Edition

Chronic stress is a recognized work injury. So why does Ontario's WSIB reject more than 90% of claims?

Five years after a landmark shift to accept chronic stress injury claims, new data shows thousands have been denied.

By **Sara Mojtehedzadeh** Work and Wealth Investigative Reporter
Sat., May 6, 2023 | ⏱ 9 min. read

Why the WSIB says claims were denied

While the WSIB says it has engaged with advocates about work-related stress, it calls critics' focus on the predominant cause test "misplaced."

The board says the stricter legal standard has "little to no impact" on the eligibility of most claims it receives, and says most claims are denied for other reasons.

Workers can only make chronic stress claims under specific circumstances. They cannot make claims for stress caused by "employment" related decisions, including changes in productivity requirements, scheduling, disciplinary action or demotions. Workers also cannot make stress claims for "interpersonal conflict."

Those exclusions are set out in provincial legislation guiding the WSIB, and account for 63 per cent of denied chronic stress claims, Arnott said.

https://www.thestar.com/news/investigations/chronic-stress-is-a-recognized-work-injury-so-why-does-ontario-s-wsib-reject-more/article_ec151478-2ffa-5672-8b0c-7805a7cd94e2.html

StressAssess
Workplace Edition

There are legal requirements for psychosocial risk assessment in the EU …

- 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 and were largely ignored or only paid lip-service to

- About **10-15 years** EU members started passing very specific regulations requiring the measurement of psychosocial hazards and, some even so far as requiring the quantitative demonstration of the effect of interventions

- EU **2012** sponsored a coordinated enforcement "blitz" on psychosocial risk assessment

… also, in many South American countries

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Workplace Edition

Introductions ...

- worked in occupational hygiene since 1979 (just before the OHS Act)

- degrees in Chemical Engineering (BASc (1983) UW) and Health Research Methods (MSc (2005) McMaster)

- been using stress questions in surveys since 1991 (started with IAQ surveys)

- after the Plastimet fire (1997) worked with the Hamilton Firefighter Association to develop a medical surveillance program which included a survey which documented stressful events and working conditions

- working with the Mental Injuries Tool (MIT) group since 2009 to develop StressAssess survey (also collaborated with the CCOHS to build web site/app)

- active member of the Copenhagen Psychosocial Questionnaire (COPSOQ) International Network (responsible for Canadian national population reference data) https://www.copsoq-network.org/network-members/

- Assistant Professor (Part-time), Department of Clinical Epidemiology & Biostatistics, McMaster University (2007-2019)

Measuring Workplace Stress Among RSI Day Participants – 6 years later

John Oudyk MSc CIH ROH

Feb 22, 2024

Cost of Work-Related Mental Harm

- Martin Shain estimated in 2008 that **10-25%** of population mental health burden (**$51 billion**) is occupational

- Shain & Nassar (2009) noted that annually **$3-11 billion** of these costs to society and the workplace, **could be prevented by changes in the workplace**

Sources: Shain & Nassar (2009), "Stress at Work, Mental Injury and the Law in Canada: A Discussion Paper for the Mental Health Commission of Canada"

Problem: most employers don't see it (maybe in their S&A costs) and assume it to be part of the background – "the cost of doing business"

StressAssess
Workplace Edition

Occupational Health Clinics
for Ontario Workers

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

Welcome to
StressAssess

A survey of the psychosocial factors in your workplace

This survey is based on the Copenhagen Psychosocial Questionnaire (COPSOQ) and has been adapted to address concerns within the Canadian workplace.

MORE ABOUT

The Five Step Approach

1 LEARN
2 ORGANIZE
3 ASSESS
4 CHANGE
5 EVALUATE

StressAssess
Workplace Edition

Getting Started

(1) Learn

- ▼ Familiarize yourself with the basics
- ▼ Deepen your understanding
- ▼ Share your awareness
- ▼ Identify resources

FIVE STEP APPROACH

1 LEARN
2 ORGANIZE
3 ASSESS
4 ASSESS
5 CHANGE
EVALUATE

Familiarize yourself with the basics

Prevention Framework

prevention level	Intervention levels	
	individual	organizational
primary (1°) prevention (at the source)	coping and appraisal skills (resiliency)	changing the culture, climate, work structure & organization
secondary (2°) prevention (along the path)	wellness, relaxation techniques (mindfulness)	awareness, Mental Health 1st Aid, screening (surveys)
tertiary (3°) prevention (at the worker)	therapy, counselling, medication, support	EAP, WSIB/WSIAT recognition, Return to Work

StressAssess
Workplace Edition

CSA Standard Z1003-13 (R2022)

… replaced all instances of the word "**psychosocial**" with "**psychological**"

CAN/CSA-Z1003-13/BNQ 9700-803/2013
National Standard of Canada
(reaffirmed 2022)

Psychological health and safety in the workplace —
Prevention, promotion, and guidance to staged implementation

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

Commissioned by the
Mental Health Commission of Canada

Differing Perspectives:

Psychology

**focus on what's going on
between the ears**
- **individual only
("responsibiltisation")**

Psychosocial
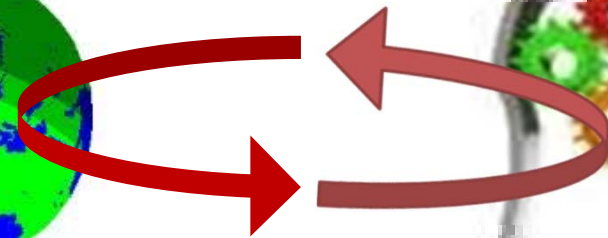
**focus on the interaction between the social
environment and the person**
- **individual and collective responsibilities**

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Workplace Edition

Getting Started

② Organize

- ▼ You can't do it alone
- ▼ Recognize the readiness for change in your workplace
- ▼ Raise awareness and commitment

You can't do it alone

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 single-handedly (if fact, if you try, you'll likely make things worse)

- **Everyone needs to be involved.**

How do we (try to) do it in a workplace?

1. Get buy-in (workers, (management), <u>establish steering committee</u>)

2. Recruit a coordinator/lead co-ordinator in each unit (knowledgeable and motivated)

3. Administer survey (define units, collect e-mail lists, Dilman's 5 contact <u>survey administration</u>, automated report production, identify top issues)

4. Begin <u>dialogue to improve</u> issues (focus groups discussing results, brainstorming ideas for improvement)

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Workplace Edition

Getting Started

③ Assess

- ▼ Select your tools – Be careful not to let them overtake the process
- ▼ Implement. Take the time and effort to do it carefully and to do it well.
- ▼ Consider the results and pick your key issues.

FIVE STEP APPROACH

Select your tools

soooooo....
how would you go about doing a psychosocial risk assessment?

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Workplace Edition

Psychological "Subjective" Measures:

- Perceptions/symptoms are the "gold standard" (DSM-5-TR)

- 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

http://www.dsm5.org/Pages/Default.aspx
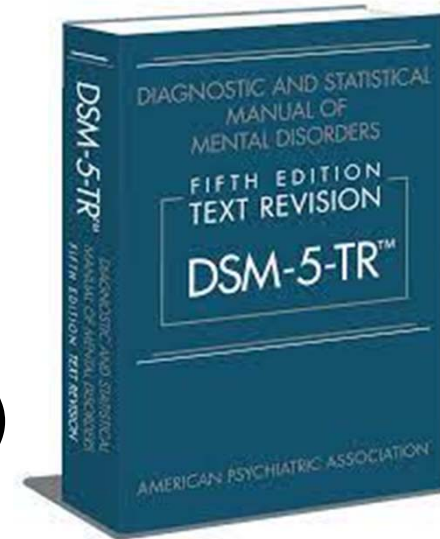
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Workplace Edition

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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Workplace Edition

Benefits of doing a group survey:

1. Give the participants a "**voice**"

2. Anonymity – redirects issues from being based on personality conflicts to **more objective & inclusive** basis

3. Just answering the questions raises the **awareness** of psychosocial issues to a higher level (it's educational)

4. Provides a "**vocabulary**" for dealing with psychosocial issues

5. If issues are addressed, **working conditions could improve** (a big "if"! – **don't do a survey if you don't really want to commit to responding to it!**)

StressAssess
Workplace Edition

COPSOQ | International Network

(COPSOQ III CORE version)

COPSOQ III

Guidelines and questionnaire

StressAssess
Workplace Edition

Safety and Health at Work

Original Article   https://www.sciencedirect.com/science/article/pii/S2093791118302725

The Third Version of the Copenhagen Psychosocial Questionnaire

Hermann Burr [1,*], Hanne Berthelsen [2], Salvador Moncada [3], Matthias Nübling [4], Emilie Dupret [5], Yucel Demiral [6], John Oudyk [7], Tage S. Kristensen [8], Clara Llorens [3,9], Albert Navarro [9,10], Hans-Joachim Lincke [4], Christine Bocéréan [5,11], Ceyda Sahan [6], Peter Smith [12,13,14], Anne Pohrt [15], on behalf of the international COPSOQ Network

[1] Division 3 Work and Health, Federal Institute of Occupational Safety and Health (BAuA), Berlin, Germany
[2] Center for Work Life and Evaluation Studies (CTA) and the Faculty of Odontology, Malmö University, Malmö, Sweden
[3] Union Institute of Work, Environment and Health (ISTAS), Barcelona, Spain
[4] Freiburg Research Centre for Occupational Sciences (FFAW), Freiburg, Germany
[5] Preventis, Paris, France
[6] Department of Public Health, Dokuz Eylul University, Izmir, Turkey
[7] Occupational Health Clinics for Ontario Workers (OHCOW), Hamilton, Canada
[8] Task-Consult, Gilleleje, Denmark
[9] Research Group on Psychosocial Risks, Organization of Work and Health (POWAH), Autonomous University of Barcelona, Barcelona, Spain
[10] Biostatistics Unit, Faculty of Medicine, Autonomous University of Barcelona, Barcelona, Spain
[11] Lorraine University, Nancy, France
[12] Institute for Work and Health (IWH), Toronto, ON, Canada
[13] Department of Epidemiology and Preventive Medicine, Monash University, Victoria, Australia
[14] Dalla Lana School of Public Health, University of Toronto, Toronto, ON, Canada
[15] Institut für Medizinische Psychologie, Charité-Universitätsmedizin Berlin, Berlin, Germany

Workplace Psychosocial Scales

from the COPSOQ III CORE survey & COPSOQ II Short

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 form work affected by job demands

Offensive behaviours:
sexual harassment; threats of violence; physical violence; bullying

COPSOQ International Network

StressAssess Workplace Edition

Mental Injury Tool (MIT) Group:

15 yrs!

- OHCOW had been measuring workplace stress as a part of IAQ investigations **since 1991** and with Firefighters **since 1997**

- 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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Workplace Edition

Additional Items & Scales

scales/items added by the Mental Injury Tool (MIT) group:

Work demands:
- unpaid hours/week
- work through breaks
- % time doing paperwork

Measures of employment precarity:
- full time/ not full time
- primary wage earner
- work for another employer
- job security

Job/employment factors:
- hours worked per week
- accommodation for outside responsibilities
- workplace has sufficient resources
- staffing levels are adequate

Personal/job demographics:
- seniority
- hours worked per week
- management status
- age category
- gender
- education
- job class/category
- shiftwork

Workplace culture/climate:
- accident investigation attitudes (look for cause, or to blame)
- violence & harassment policy effectiveness
- tolerance of behaviours harmful to mental health
- rating of psychological H&S

additional Offensive behaviours:
- discrimination
- vicarious offensive behaviours

Workplace environment and H&S concerns:
work station quality:
- thermal comfort
- air quality
- physical factors (noise & lighting)
- ergonomics

hazardous exposures/activities:
- dangerous chemicals
- biological
- radiation
- driving
- safety
- working alone

COPSOQ Health & Symptoms:
- self-rated health
- stress
- burnout
- sleeping troubles
- somatic symptoms
- cognitive symptoms

Cross-Canada Surveys:

- In conjunction with a recognized Canadian polling organization, an online survey was completed between February and March **2016,** in March **2019,** just recently in January & February **2023**.

- Selection criteria were **employed Canadians** working in a workplace with **5 or more employees**.

- Survey was made available in **English & French**

- **4113** respondents completed the survey in 2016, **4008** in 2019 and **4050** in 2023

- EKOS provided **weighting factors** to adjust the results to the monthly StatsCan Labour Force Survey so that they can be **considered representative** of the Canadian working population

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)

… published February 2019

RESEARCH ARTICLE

WILEY AMERICAN JOURNAL OF INDUSTRIAL MEDICINE

Dissecting the effect of workplace exposures on workers' rating of psychological health and safety

Avinash Ramkissoon MPH[1,2] ⓘ | Peter Smith PhD, MPH[1,2,3] | John Oudyk MSc, CIH, ROH[4]

[1]Epidemiology Division, Dalla Lana School of Public Health, Toronto, Ontario

[2]Institute for Work & Health, Toronto, Ontario

[3]Department of Epidemiology and Preventive Medicine, Monash University, Melbourne, Australia

[4]Occupational Health Clinics for Ontario Workers, Toronto, Ontario

Correspondence

Abstract

Objectives: To validate the factor structure of the Copenhagen Psychosocial Questionnaire (COPSOQ) in a North American population and dissect the associations between psychosocial factors and workplace psychological health and safety.

Methods: Confirmatory factor analysis and multivariate linear regression were used to determine the associations between COPSOQ dimensions and a global rating of workplace psychological health and safety. Models were stratified by sex, gender

S

Other papers published over the last few years:

- Shahidi, Gignac, Oudyk and Smith (2021) "**Assessing the Psychosocial Work Environment in Relation to Mental Health: A Comprehensive Approach**", *Annals of Work Exposures and Health* 65:418–431

- Shahidi, Smith, Oudyk and Gignac (2022) "**Longitudinal Reciprocal Relationships Between the Psychosocial Work Environment and Burnout**", *Journal of Occupational and Environmental Medicine* 64:226-235

- Smith, Oudyk, Cedillo, Inouye, Potter & Mustard (2022) "**The psychosocial work environment among educators during the COVID-19 pandemic**", *Occupational Medicine* 72:439-445.

StressAssess
Workplace Edition

... your results ...

Response Rate:

2024 RSI Day StressAssess Survey

An expanded version of the COPSOQ was provided via an online link to workers. Workers were asked to answer the survey questions and the Occupational Health Clinics for Ontario Workers (OHCOW) managed the data collection and analysis.

RESPONSE RATE

Start date	End date	Potential Participation	Declined Participation
2024-01-10	**2024-03-06**	**1000**	**4** WHY?

Reason	Selected
Not comfortable with Terms and Conditions	2
Prefer not to say	1

30.5%

305

completed
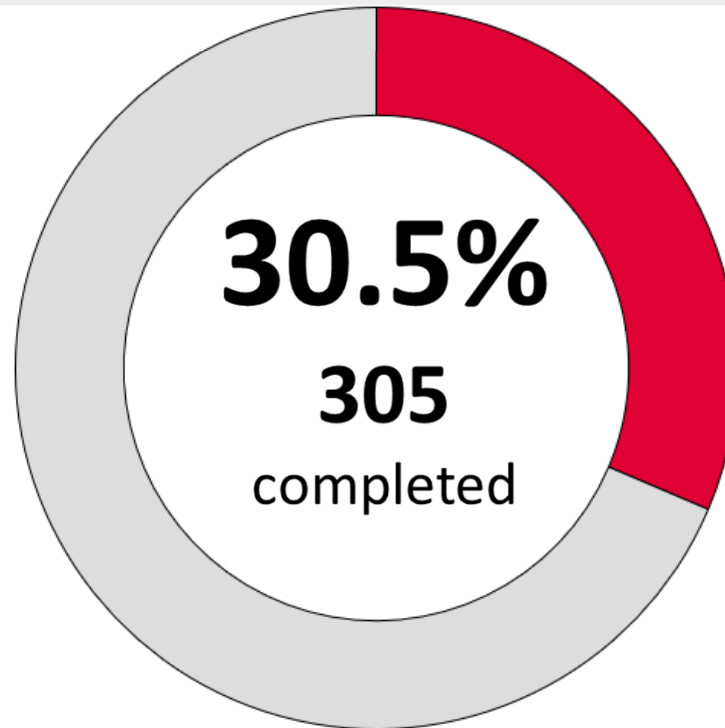
Response rate interpretation:

>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!

StressAssess
Workplace Edition

What does StressAssess compare your results with?

1. **Comparison to the Canadian average**: in conjunction with EKOS, a recognized Canadian polling organization, an online survey was completed in **March 2023** of **4050** employed Canadians working in workplaces with more than 5 employees (English & French) responded

2. **Internal comparison**: StressAssess constructs a **correlation matrix** which compares each of the psychosocial factors with the symptoms – the factors that have the strongest correlation are listed as the top factors

3. **Custom comparison between internal departments/groups/variables**: if requested we can do an internal comparison between departments – this comparison can also be extended to demographic variables (e.g. age, gender identity, job classification, etc.)

Comparison with Canadian Reference Population (2023):

Comparison with 2018 RSI Day:

Demands at Work
- quantitative demands
- work pace
- emotional demands

Work Organization & Job Contents

much worse	more than minimally important difference (-0.5 SD)
worse	< -5 points (threshold of meaningful difference)
same	not really different than the average
better	> 5 points (threshold of meaningful difference)
much better	more than minimally important difference (+0.5 SD)

- influence
- possibilities for development
- meaning of work
- commitment to the workplace

Interpersonal Relationships & Leadership
- predictability
- rewards (recognition)
- role clarity
- role conflicts
- quality of leadership
- social support from supervisor
- social support from colleagues

2018 RSI Day

Work-Individual Interface
- job insecurity
- job satisfaction
- work-life imbalance

Social Capital
- vertical trust
- justice & respect

← worsened

improved →

Comparison with Canadian Reference Population (2023):

General Health & Symptoms

Offensive behaviours:
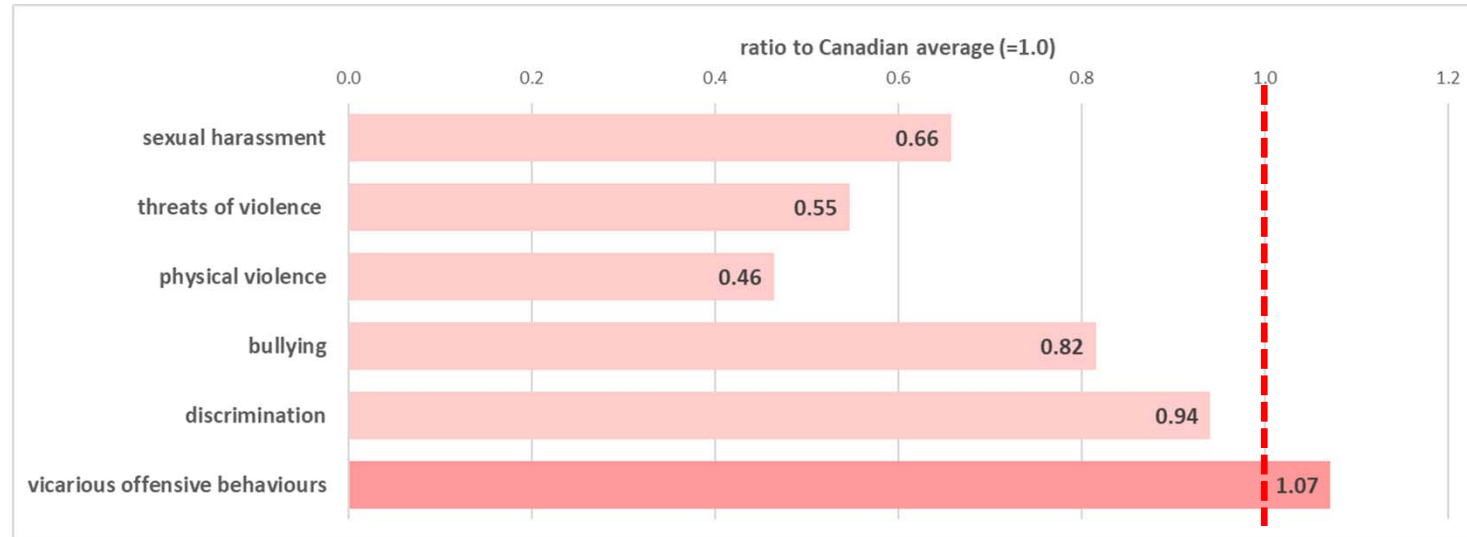
The following table provides the total symptoms scores for those respondents who experience offensive behaviours from a specified source in the past year. These are presented in contrast with the total symptoms scores for those who did NOT experience such offensive behaviours. The higher the number in the cell the higher the symptoms score.

	no experience (past year)	colleagues	manager/ superior	sub-ordinates	clients/ customers/ patients		all sources
sexual harassment	42	58	n/a	n/a	43		49
threats of violence	41	58	n/a	n/a	53		57
physical violence	42	n/a	n/a	none	48		51
bullying	40	56	57	48	54		56
discrimination	41	57	53	37	50		53
vicarious offensive behaviours	40	50	54	45	46		48

legend	
none = no behaviours reported	
< 5 points higher than no experience	
5-10 points higher	
10-15 points higher	
15+ points higher	

n/a = less than 3 occurrences, therefore censored

Comparison with 2018 RSI Day:

ratio to RSI Day 2018 average (=1.0)

Category	Ratio
sexual harassment	1.58
threats of violence	0.73
physical violence	1.15
bullying	0.65
discrimination	1.11
vicarious offensive behaviours	0.86

←improved | worsened→

Perceptions change over time:
➢ physical violence is the most "objective" of these behaviours (the anchor): has physical violence increased somewhat since 2018?
➢ has the perception of what is considered threats & bullying changed? (the "Trump effect")
➢ has the "Me Too" movement changed the perception of sexual harassment?

StressAssess
Workplace Edition

Additional questions (beyond COPSOQ)

workplace has enough resources

good job security

adequate staffing levels

accommodations for outside responsibilities

accident investigation focus

violence & harassment policy effectiveness

psychological HS climate

culture tolerates harmful behaviour

much worse	
worse	
same	
better	
much better	

workplace has enough resources

good job security

adequate staffing levels

accommodations for outside responsibilities

accident investigation focus

violence & harassment policy effectiveness

psychological HS climate

culture tolerates harmful behaviour

much worse	more than minimally important difference (-0.5 SD)
worse	< -5 points (threshold of meaningful difference)
same	not really different than the average
better	> 5 points (threshold of meaningful difference)
much better	more than minimally important difference (+0.5 SD)

StressAssess
Workplace Edition

Rating of psychological H&S climate:

workplace psychological H&S climate (2018)

53.3%
21.7%

1% supportive, 26% good, 27% fair, 9% neutral, 9% not so good, 7% poor, 6% toxic

workplace psychological H&S climate (2024)

51.7%
25.8%

0% supportive, 25% good, 26% fair, 8% neutral, 17% not so good, 5% poor, 5% toxic

2023 Canada: 74.5% on the positive end of the scale   **17.9%** on the negative side

StressAssess Workplace Edition

Organizational tolerance of behaviours harmful to mental health:

organizational culture tolerates behaviours harmful to mental health (2018)

- strongly disagree: 11%
- disagree: 28%
- neutral: 29%
- agree: 19%
- strongly agree: 13%
- 39.1%
- 31.8%

organizational culture tolerates behaviours harmful to mental health (2024)

- strongly disagree: 19%
- disagree: 29%
- neutral: 23%
- agree: 22%
- strongly agree: 7%
- 47.9%
- 29.4%
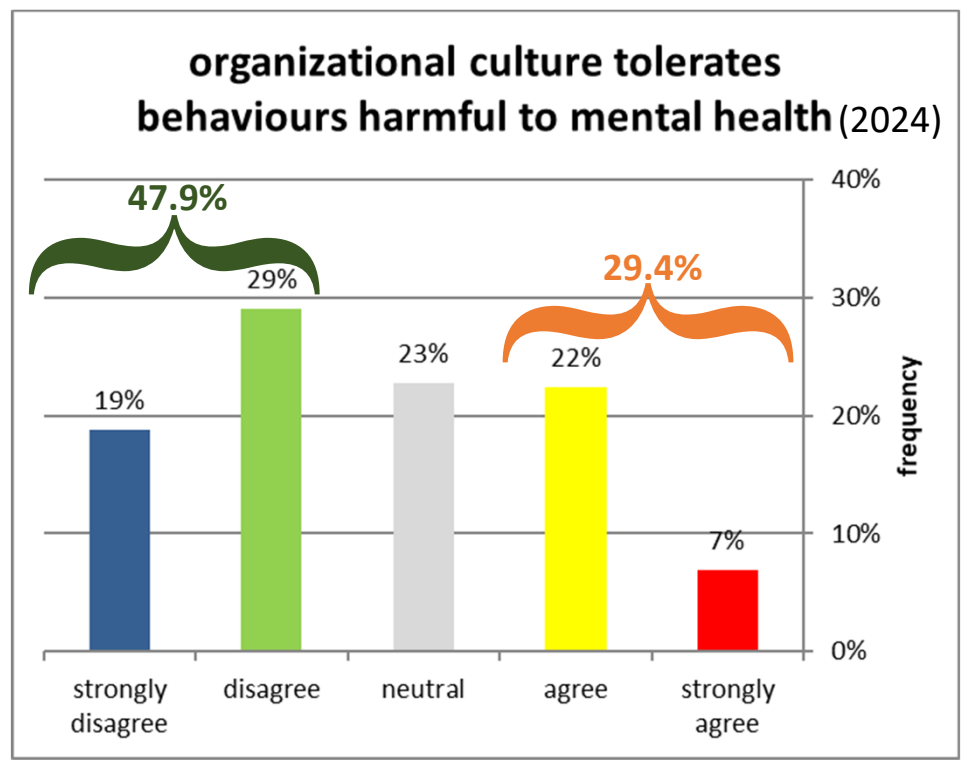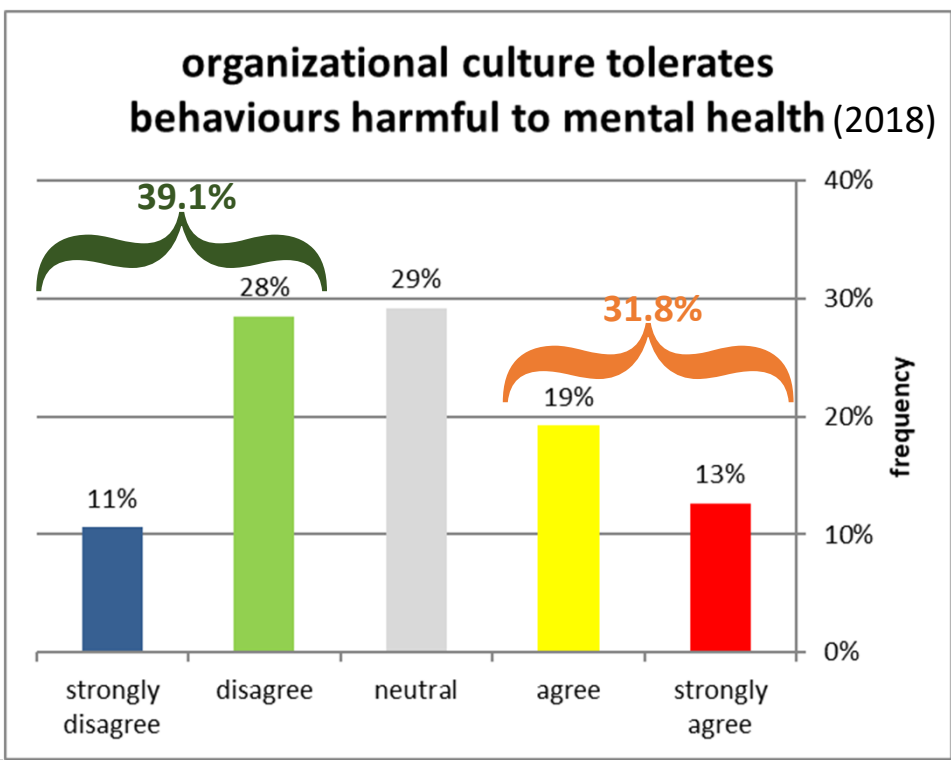
2023 Canada: **47.7%** on the positive end of the scale   **32.6%** on the negative side

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Workplace Edition

Workplace H&S/ Environment concerns

percentage respondents concerned or more

	concern	annoyed	interference
ergonomics	25%	8%	4%
thermal comfort	14%	8%	3%
physical factors	15%	5%	1%
biological hazards	15%	4%	1%
driving hazards	13%	4%	1%
air quality	11%	5%	2%
safety hazards	12%	2%	1%
work alone	12%	2%	1%
dangerous chemicals	7%	1%	1%
radiation	2%		

workplace concerns	% rating 3 or more	Canadian average	RR
ergonomics	39.5%	31.4%	1.3
thermal comfort	30.9%	33.1%	0.9
physical (noise, light)	27.6%	28.4%	1.0
air quality	26.5%	32.1%	0.8
biological hazards	23.2%	24.1%	1.0
driving hazards	15.9%	18.0%	0.9
working alone	8.6%	13.9%	0.6
safety hazards	5.9%	14.5%	0.4
radiation	4.6%	5.7%	0.8
dangerous chemicals	4.6%	9.5%	0.5

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What does StressAssess compare your results with?

1. **Comparison to the Canadian average**: in conjunction with EKOS, a recognized Canadian polling organization, an online survey was completed in **March 2023** of **4050** employed Canadians working in workplaces with more than 5 employees (English & French) responded

2. **Internal comparison**: StressAssess constructs a **correlation matrix** which compares each of the psychosocial factors with the symptoms – the factors that have the strongest correlation are listed as the top factors

3. **Custom comparison between internal departments/groups/variables**: if requested we can do an internal comparison between departments – this comparison can also be extended to demographic variables (e.g. age, gender identity, job classification, etc.)

	number of respondents included in analysis: 264	burnout	stress	sleep troubles	somatic symptoms	cognitive symptoms	all symptoms	engage-ment	job satisfaction	work-life imbalance	psychological HS climate
demands at work	quantitative demands	+0.32	+0.33	+0.27	+0.20	+0.22	+0.31	-0.19	-0.23	**+0.51**	-0.31
	work pace	+0.34	+0.37	+0.25	+0.29	+0.24	+0.35	-0.10	-0.13	**+0.50**	-0.24
	emotional demands	+0.32	+0.34	+0.23	+0.26	+0.23	+0.33	-0.19	-0.21	**+0.49**	-0.34
work organization & job contents	influence	-0.27	-0.28	-0.22	-0.26	-0.23	-0.32	+0.41	**+0.45**	-0.32	+0.44
	possibilities for development	-0.16	-0.17	-0.18	-0.12	-0.12	-0.20	+0.43	**+0.46**	-0.14	+0.31
	meaning of work	-0.20	-0.21	-0.15	-0.15	-0.18	-0.20	**+0.59**	**+0.57**	-0.20	+0.30
interpersnal relationships & leadership	predictability	-0.33	-0.35	-0.27	-0.26	-0.29	-0.36	**+0.61**	**+0.58**	-0.32	**+0.54**
	rewards (recognition)	-0.32	-0.35	-0.31	-0.28	-0.26	-0.38	**+0.57**	**+0.59**	-0.36	**+0.58**
	role clarity	-0.30	-0.35	-0.22	-0.24	-0.37	-0.37	**+0.53**	**+0.50**	-0.25	+0.45
	role conflicts	+0.41	**+0.46**	+0.34	+0.36	+0.37	**+0.47**	-0.36	-0.44	+0.42	**-0.54**
	quality of leadership	-0.29	-0.33	-0.30	-0.29	-0.26	-0.35	**+0.53**	**+0.57**	-0.38	**+0.53**
	social support from supervisor	-0.27	-0.30	-0.32	-0.30	-0.21	-0.35	+0.35	+0.41	-0.38	+0.41
	social support from colleagues	-0.21	-0.27	-0.25	-0.26	-0.16	-0.29	+0.32	+0.40	-0.21	+0.35
	job insecurity	+0.32	+0.34	+0.35	+0.29	+0.31	+0.40	-0.25	-0.38	+0.22	-0.37
social capital	vertical trust	-0.40	-0.36	-0.24	-0.30	-0.30	-0.40	**+0.52**	**+0.49**	-0.25	**+0.62**
	justice & respect	-0.37	-0.38	-0.27	-0.34	-0.28	-0.41	**+0.51**	**+0.53**	-0.33	**+0.58**

Top concerns:

psychosocial factors:	all symptoms	psychosocial factors:	engage-ment
role conflicts	+0.47	predictability	+0.61
* justice & respect	-0.41	* meaning of work	+0.59
job insecurity	+0.40	recognition	+0.57
* vertical trust	-0.40	quality of leadership	+0.53
recognition	-0.38	role clarity	+0.53
role clarity	-0.37	* vertical trust	+0.52
predictability	-0.36	* justice & respect	+0.51
quality of leadership	-0.35	possibilities for development	+0.43
work pace	+0.35	influence	+0.41
social support from supervisor	-0.35	role conflicts	-0.36
emotional demands	+0.33	social support from supervisor	+0.35
influence	-0.32	social support from colleagues	+0.32
quantitative demands	+0.31	job insecurity	-0.25
social support from colleagues	-0.29	quantitative demands	-0.19
* meaning of work	-0.20	emotional demands	-0.19
possibilities for development	-0.20	work pace	-0.10

What is the cost of addressing these issues?

Social Capital: combination of the **trust** between workers and management, and the **justice & respect** scales

- What is the cost to **increasing trust**?
- What is the cost to **improving justice & respect**?
- What are the benefits of **improving social capital**?

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from Rick Goggin's presentation:

Calculator Output: Payback Period

Time required for accrued benefits to equal cost of initial investment
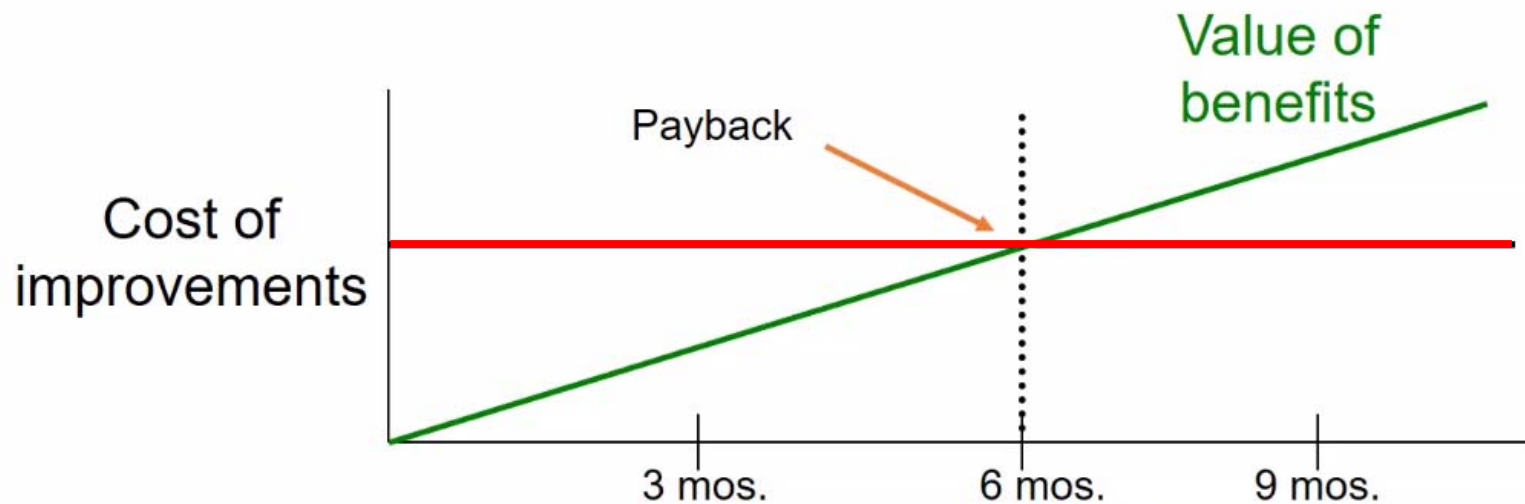
from Rick Goggin's presentation:

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Time required for accrued benefits to equal cost of initial investment

What does StressAssess compare your results with?

1. **Comparison to the Canadian average**: in conjunction with EKOS, a recognized Canadian polling organization, an online survey was completed in **March 2023** of **4050** employed Canadians working in workplaces with more than 5 employees (English & French) responded

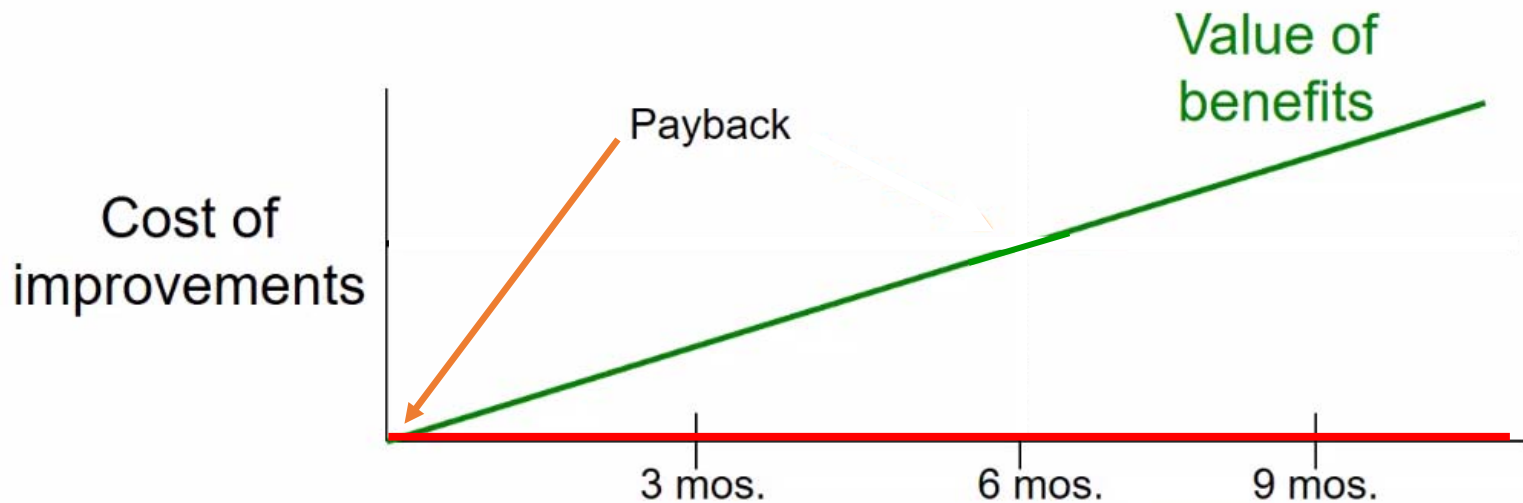2. **Internal comparison**: StressAssess constructs a **correlation matrix** which compares each of the psychosocial factors with the symptoms – the factors that have the strongest correlation are listed as the top factors

3. **Custom comparison between internal departments/groups/variables**: if requested we can do an internal comparison between departments – this comparison can also be extended to demographic variables (e.g. age, gender identity, job classification, etc.)

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Comparisons:

- We calculated the scores for different scales and questions and compared them by:
  - Gender identity
  - Age
  - Seniority
  - Departments
  - etc. …

difference in scores	
0 to <±3	no real difference
±3 to ±4.9	beginnings of a real difference
±5 to ±6.9	**beginnings of a real difference**
±≥7	**a meaningful difference**

- The tables can be interpreted by using the following scale:

COPSOQ scales & questions
offensive behaviours

better than Canadian average | EKOS 2019 | worse than Canadian average

none | less than the Canadian average | average | worse than Canadian average

significance of difference between two scores					
0	3	5	7	10	15

EKOS 2019		factors	RSI Day 2024	RSI Day 2018	
4008		n=	305	152	
45	**Demands at Work**	quantitative demands	50	50	-0.2
61		work pace	56	60	**-4.2**
46		emotional demands	51	51	-0.6
49	**Work Organization and Job Content**	influence	56	51	**+4.4**
70		possibilities for development	74	72	+2.3
70		meaning of work	77	74	**+3.0**
61		commitment to the workplace	64	64	-0.4
54	**Interpersonal Relations and Leadership**	predictability	52	54	-2.1
62		rewards (recognition)	65	63	+1.7
71		role clarity	66	67	-1.1
48		role conflicts	43	40	**+3.3**
56		quality of leadership	58	58	+0.5
67		social support from supervisor	73	72	+1.2
74		social support	76	76	+0.2

StressAssess
Workplace Edition

significance of difference between two scores					
0	3	5	7	10	15

EKOS		factors	RSI Day 2024	RSI Day 2018	
4008		n=	305	152	
32	Work-Individual Interface	job insecurity	26	28	-2.4
69		job satisfaction	72	71	+1.6
45		work-life conflict	45	43	+2.0
66	Social Capital	vertical trust	63	63	-0.1
59		justice & respect	57	58	-0.4
62	Health and Well-being	self-rated health	60	64	-3.9
52		burnout	55	52	+2.8
46		stress	48	44	+3.6
45		sleep troubles	41	43	-2.1
31		somatic symptoms	30	27	+2.8
36		cognitive symptoms	40	36	+3.8
12.9%	Offensive Behaviours	sexual harassment	6.3%	4.0%	+2.3%
16.9%		threats of violence	7.8%	10.7%	-2.9%
12.2%		physical violence	4.7%	4.1%	+0.6%
28.7%		bullying	18.7%	28.7%	-9.9%
18.2%		discrimination	15.0%	13.4%	+1.5%
37.5%		vicarious offensive behaviours	31.7%	36.9%	-5.2%

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Workplace Edition

Who answered the survey?

gender identity

Other, 0.7%

Male, 24.3%

Female, 75.1%
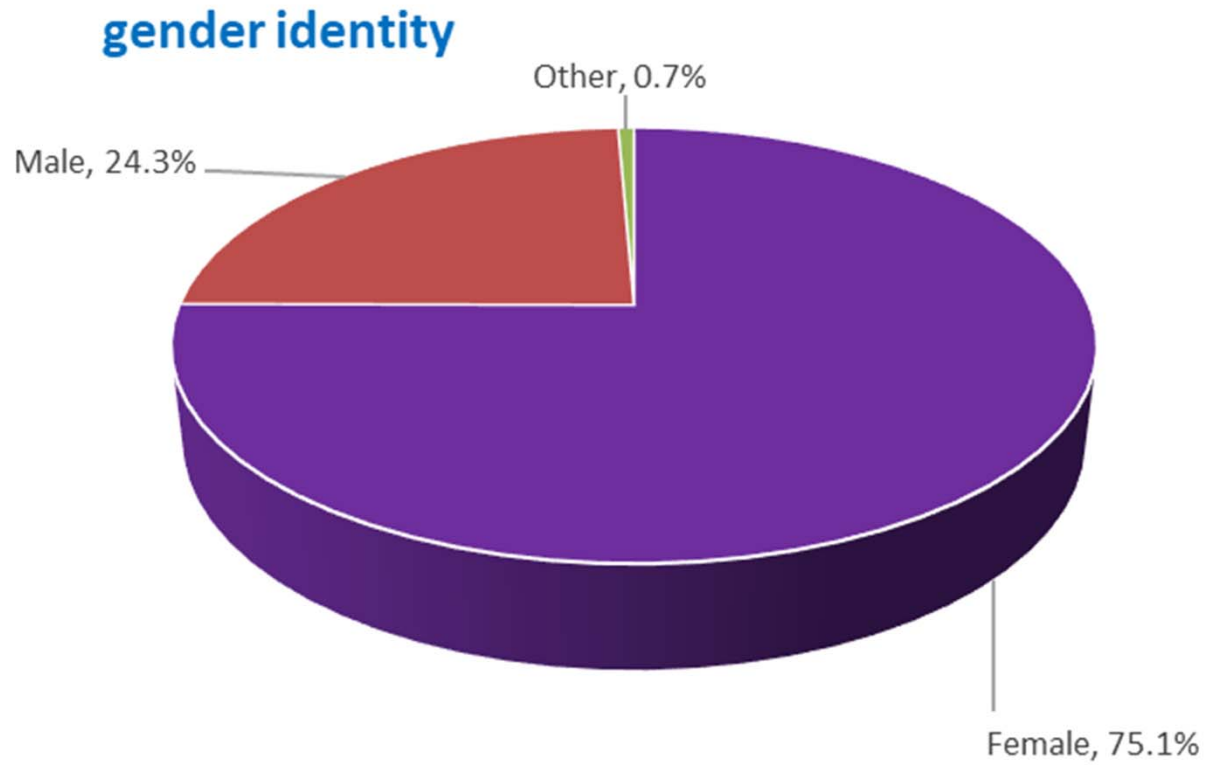
Are you considered to be part of the management at your workplace?

yes 43.1%

no 56.9%

other 0.0%

StressAssess
Workplace Edition

	significance of difference between two scores								
	0	3	5	7	10	15			

EKOS 2019		factors	female gender identity	male gender identity		considered part of mgmt	not considered part of mgmt	
4008		n=	226	73		131	173	
45	**Demands at Work**	quantitative demands	52	46	+5.4	52	49	+2.8
61		work pace	57	52	+4.9	59	54	+5.5
46		emotional demands	51	48	+3.1	51	50	+0.6
49	**Work Organization and Job Content**	influence	55	57	-1.2	61	52	+9.3
70		possibilities for development	75	72	+3.1	79	71	+8.4
70		meaning of work	77	75	+2.6	80	74	+5.9
61		commitment to the workplace	63	65	-1.7	69	59	+9.4
54	**Interpersonal Relations and Leadership**	predictability	51	56	-5.1	58	47	+11.2
62		rewards (recognition)	65	64	+1.1	71	60	+10.7
71		role clarity	66	67	-1.6	69	64	+4.6
48		role conflicts	43	43	+0.7	40	45	-4.8
56		quality of leadership	59	57	+2.4	61	56	+4.6
67		social support from supervisor	74	71	+3.4	72	74	-1.2
74		social support	76	76	+0.1	77	76	+1.0

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Workplace Edition

EKOS 2019		factors	female gender identity	male gender identity		considered part of mgmt	not considered part of mgmt	
4008		n=	226	73		131	173	
32	Work-Individual Interface	job insecurity	25	29	-4.5	24	28	-4.1
69		job satisfaction	73	71	+1.3	77	69	+7.1
45		work-life conflict	45	44	+1.2	46	44	+1.8
66	Social Capital	vertical trust	64	62	+1.7	69	59	+9.2
59		justice & respect	58	56	+1.2	63	53	+9.7
62	Health and Well-being	self-rated health	60	62	-2.5	63	58	+5.3
52		burnout	57	50	+7.2	53	57	-4.0
46		stress	50	41	+8.6	47	48	-1.5
45		sleep troubles	43	35	+7.5	38	43	-4.1
31		somatic symptoms	32	22	+9.3	28	31	-2.8
36		cognitive symptoms	42	33	+8.9	38	41	-3.3
12.9%	Offensive Behaviours	sexual harassment	7.1%	2.8%	+4.3%	6.2%	6.4%	-0.2%
16.9%		threats of violence	7.7%	8.7%	-1.0%	4.8%	9.5%	-4.8%
12.2%		physical violence	4.9%	4.3%	+0.6%	2.3%	6.5%	-4.1%
28.7%		bullying	19.3%	15.7%	+3.6%	14.7%	21.3%	-6.6%
18.2%		discrimination	12.5%	22.5%	-10.0%	10.9%	17.5%	-6.7%
37.5%		vicarious offensive behaviours	31.3%	34.3%	-3.0%	34.1%	29.4%	+4.7%

StressAssess
Workplace Edition

Who answered?

Economic Sectors:

Sector	%
Health care and social assistance	26.1%
Professional, scientific and technical services	14.9%
Manufacturing	11.6%
Public administration	10.6%
Educational services	9.6%
unable to find the right classification	6.3%
Mining, quarrying, and oil and gas extraction	4.6%
Construction	2.6%
Retail trade	2.6%
Transportation and warehousing	2.6%
Utilities	2.0%
Administrative and support, waste management and remediation services	2.0%
Other services (except public administration)	2.0%
Management of companies and enterprises	0.7%
Real estate and rental and leasing	0.7%
Finance and insurance	0.7%
Agriculture, forestry, fishing and hunting	0.7%
Accommodation and food services	0.0%
Information and cultural industries	0.0%
Arts, entertainment and recreation	0.0%
Wholesale trade	0.0%

73% (Health care and social assistance through Educational services)

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Workplace Edition

significance of difference between two scores

0	3	5	7	10	15

EKOS 2019		factors	Health care and social assistance	Professional, scientific and technical services	Manufacturing	Public administration	Educational services
4008		n=	79	45	35	32	29
45	**Demands at Work**	quantitative demands	52	48	53	51	47
61		work pace	59	51	56	54	58
46		emotional demands	60	40	45	53	50
49	**Work Organization and Job Content**	influence	55	68	60	47	53
70		possibilities for development	72	79	83	74	77
70		meaning of work	75	83	84	77	80
61		commitment to the workplace	65	73	63	62	61
54	**Interpersonal Relations and Leadership**	predictability	52	64	52	46	53
62		rewards (recognition)	63	75	70	62	64
71		role clarity	66	78	69	57	66
48		role conflicts	47	32	42	50	41
56		quality of leadership	60	69	59	54	60
67		social support from supervisor	75	79	77	71	79
74		social support	77	82	77	77	71

StressAssess
Workplace Edition

significance of difference between two scores

0	3	5	7	10	15

EKOS 2019		factors	Health care and social assistance	Professional, scientific and technical services	Manufacturing	Public administration	Educational services
4008		n=	79	45	35	32	29
32	Work-Individual Interface	job insecurity	26	15	25	34	30
69		job satisfaction	73	83	74	65	70
45		work-life conflict	47	38	45	46	40
66	Social Capital	vertical trust	63	72	62	57	64
59		justice & respect	55	69	60	51	58
62	Health and Well-being	self-rated health	60	62	61	59	61
52		burnout	55	49	56	59	52
46		stress	48	41	44	56	45
45		sleep troubles	39	36	33	43	42
31		somatic symptoms	30	24	22	32	30
36		cognitive symptoms	37	32	39	48	40
12.9%	Offensive Behaviours	sexual harassment	7.8%	0.0%	5.7%	6.5%	6.9%
16.9%		threats of violence	11.8%	4.5%	0.0%	6.5%	14.8%
12.2%		physical violence	6.6%	0.0%	0.0%	3.3%	13.8%
28.7%		bullying	22.1%	6.8%	20.0%	26.7%	13.8%
18.2%		discrimination	14.3%	6.7%	11.4%	25.8%	13.8%
37.5%		vicarious offensive behaviours	39.0%	11.4%	48.6%	22.6%	24.1%

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Workplace Edition

Summary of the comments:

ChatGPT Summary of the comments:

1. **Workload and Work-Life Balance:**

   - Many respondents express concerns about workload, feeling overworked, and struggling to maintain a healthy work-life balance.

   - Issues related to stress often stem from workload, long hours, and difficulty managing personal and professional responsibilities.

2. **Support and Accommodations:**

   - Employees value employer support, including accommodations for health issues, access to mental health services, and adherence to workplace safety regulations.

   - Unionized employees cite collective agreements and legal protections as valuable resources for securing accommodations and addressing workplace issues.

ChatGPT Summary of the comments:

3. **Management and Employee Relations:**

   - Challenges with management-employee relations include dissatisfaction with communication, perceived favoritism, and conflicts over rule enforcement.

   - Some respondents highlight tensions between management expectations and employee needs, particularly in enforcing policies and managing workload.

4. **Health Concerns and Accommodations:**

   - Chronic health issues, stress-related conditions, and personal factors outside of work contribute to overall well-being and productivity.

   - Accommodations for health issues, ergonomic concerns, and mental health support are essential for maintaining employee health and performance.

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ChatGPT Summary of the comments:

5. **Cultural and Organizational Challenges:**

   - Workplace culture impacts stress levels and job satisfaction, with some respondents experiencing toxicity, bullying, and inadequate support for well-being initiatives.

   - Organizational changes, such as restructuring and cultural transformation programs, can influence working conditions and employee morale.

6. **Personal and Professional Development:**

   - Respondents discuss personal growth, career aspirations, and the importance of professional fulfillment.

   - Despite challenges, some individuals find satisfaction in their work, value supportive colleagues and supervisors, and prioritize self-care strategies.

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ChatGPT Summary of the comments:

7. **Environmental and Operational Factors:**

   - External factors, such as travel requirements, physical work environments, and operational inefficiencies, contribute to stress and affect job performance.

   - Issues related to transparency, information sharing, and teamwork impact collaboration and productivity.

8. **Survey Feedback and Methodology:**

   - Some respondents provide feedback on survey design, relevance of questions, and concerns about bias or leading prompts.

   - Clarifications on the appropriateness of the survey for sole practitioners and suggestions for improvement are noted.

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Biased questions?

Currently collaborating a paper on **unpaid extra hours** of work. One perspective characterizes this as "**donated**" (a symbol of dedication), another perspective sees this as "**wage theft**".
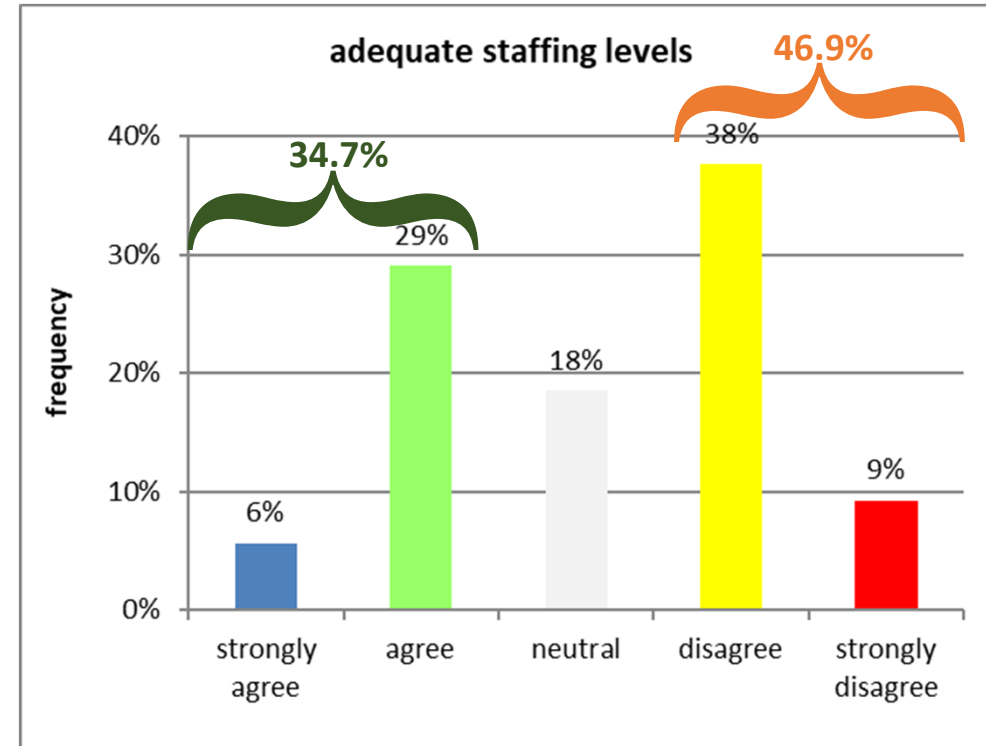
On average, …
how many hours per week do you get paid for?   **37.0** hrs/wk
how many extra hours without pay do you work?   **3.6** hrs/wk
how many minutes of your paid breaktime do you work?   **25** min/day

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Workplace Edition

EKOS 2019		factors	mgmt & 0 extra hrs	non-mgmt & 0 extra hrs	mgmt & 1-5 extra hrs	non-mgmt & 1-5 extra hrs	mgmt & 6+ extra hrs	non-mgmt & 6+ extra hrs
4008		n=	38	86	49	59	41	23
45	Demands at Work	quantitative demands	41	44	55	52	57	58
61		work pace	54	46	63	57	59	71
46		emotional demands	45	45	55	53	52	67
49	Work Organization and Job Content	influence	74	54	55	49	57	49
70		possibilities for development	87	69	78	75	74	72
70		meaning of work	86	70	77	79	78	80
61		commitment to the workplace	77	60	65	62	66	56
54	Interpersonal Relations and Leadership	predictability	67	49	54	47	56	43
62		rewards (recognition)	81	60	68	65	67	47
71		role clarity	77	64	66	65	65	62
48		role conflicts	32	42	44	47	43	53
56		quality of leadership	64	59	56	58	64	46
67		social support from supervisor	76	76	72	73	70	62
74		social support	82	76	76	77	74	73

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EKOS 2019		factors	mgmt & 0 extra hrs	non-mgmt & 0 extra hrs	mgmt & 1-5 extra hrs	non-mgmt & 1-5 extra hrs	mgmt & 6+ extra hrs	non-mgmt & 6+ extra hrs
4008		n=	38	86	49	59	41	23
32	**Work-Individual Interface**	job insecurity	17	26	29	29	22	31
69		job satisfaction	84	70	72	74	75	61
45		work-life conflict	39	35	49	48	49	70
66	**Social Capital**	vertical trust	73	60	66	62	67	50
59		justice & respect	69	55	58	56	63	39
62	**Health and Well-being**	self-rated health	70	57	57	61	63	55
52		burnout	46	55	58	56	53	69
46		stress	42	46	49	48	47	60
45		sleep troubles	32	37	41	45	41	58
31		somatic symptoms	28	29	30	29	25	40
36		cognitive symptoms	34	39	39	42	39	49
12.9%	**Offensive Behaviours**	sexual harassment	13.2%	2.4%	4.3%	8.5%	2.4%	13.0%
16.9%		threats of violence	2.6%	4.8%	2.1%	12.1%	10.5%	21.7%
12.2%		physical violence	2.6%	5.9%	2.2%	5.2%	2.4%	13.0%
28.7%		bullying	15.8%	16.7%	19.1%	17.2%	7.3%	43.5%
18.2%		discrimination	10.5%	12.9%	4.3%	15.3%	17.1%	34.8%
37.5%		vicarious offensive behaviours	31.6%	23.8%	44.7%	28.8%	22.0%	47.8%

StressAssess
Workplace Edition

When all you have is a <u>hammer</u>, all your problems look like <u>nails</u>:

Stigma reduction
Self-care
Healthy lifestyle (eat, sleep, exercise)
Coping skills
Mindfulness
Cognitive behavioural therapy (CBT)
Resiliency
Positive psychology
("adversity makes you stronger")

Psychological approach
focus on the individual, diverting attention from the organizational responsibilities

Prevention Framework: Biases

prevention level	intervention levels	
	individual	organizational
primary (1°) prevention (at the source)	coping and appraisal skills (resiliency)	changing the culture, climate, work structure & organization
secondary (2°) prevention (along the path)	wellness, relaxation techniques (mindfulness)	awareness, Mental Health 1st Aid, screening (surveys)
tertiary (3°) prevention (at the worker)	therapy, counselling, medication, support	EAP, WSIB/WSIAT recognition, Return to Work

StressAssess
Workplace Edition

Getting Started

④ Change

▼ Review advice and ideas, and figure out which ones fit with your workplace.

▼ Select the changes you will undergo.

▼ Implement. Take the time and effort to do it carefully and well.

FIVE STEP APPROACH

EVALUATE ① | LEARN | ② | ORGANIZE | ③ | ASSESS | ④ CHANGE | ⑤

Review advice and ideas

International Labour Organization (ILO) Stress Prevention Guidebook:

- checkpoint format

- lists specific hazards

- identifies prevention strategies

StressAssess
Workplace Edition

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)

StressAssess
Workplace Edition

Suggested response plan:

1. Town-hall meeting to **present results and collect initial reactions** (generally people need time to digest) – alternatively, the Committee could write up a **one-page summary** of the results for circulation

2. Follow-up **focus groups** where people can share reactions and **brainstorm solutions** (ensure the groups are small enough to allow for participation – may want to separate mgmt. from workers at this point) – the goal at this stage is to generate ideas (can use StessAssess factor ideas as "seed" ideas)

3. Provide a way to send in **anonymous suggestions** (email/suggestion box) in case people feel too shy or too vulnerable to contribute during focus groups

4. Committee collects all ideas and suggestions and **works them up into recommendations** (strategically selecting priority based not just on the survey results but also taking into account the unique realities within the workplace and the workplace power/decision making patterns/personalities)

5. Consult **resources along the way** (OHCOW cannot function as an organizational psychologist nor a facilitator but rather as a support providing advice/ideas or as a "sounding board")

6. Once recommendations are **implemented**, wait for a period of time (1-2 yrs?) before **assessing again**

StressAssess
Workplace Edition

![OHCOW logo] **OHCOW**
Occupational Health Clinics
for Ontario Workers Inc.

OCCUPATIONAL ˅   INJURY   ˅   WORKPLACE   WORKER   ˅
ILLNESS   PREVENTION   MENTAL HEALTH   PERSPECTIVE

NEWS & EVENTS ▾   APPS, TOOLS & CALCULATORS ▾   VIEW ALL RESOURCES

StressAssess Action Templates

https://www.ohcow.on.ca/posts/stressassess-action-templates/

If you are using StressAssess to run a psychosocial survey of your workplace you will want these templates! The StressAssess survey follow up needs to be planned, transparent and practiced. These MSWord templates, created by Terri Szymanski of the Ontario Public Service Employees Union (OPSEU), are based on her experiences helping several workplaces run the survey. They are easy to use and will help you plan your survey timeline, summarize your results, organize your recommendations and communicate them all to your staff.

Planning and Implementation Tool

Results and Recommendations

Recommendations Work Plan and Tracking Tool

Survey Result Synopsis

Getting Started

⑤ Evaluate

▼ Give it some time, avoid survey fatigue.

▼ Figure out what worked and what could be improved.

▼ Identify strengths, gaps, new questions....and then start the journey again.

FIVE STEP APPROACH

Let's do it all over again! ☺

Give it some time

mini-MIT

Occupational Health Clinics for Ontario Workers

Psychosocial Health and Safety

Preventing Mental Harm in the Workplace

Mental INJURY — TOOLS FOR ONTARIO WORKERS

COPSOQ INTERNATIONAL NETWORK

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) (the same as before?) to re-assess the situation; find out what seemed to work and what did we learn; identify strengths, gaps, new questions and start the cycle again

Not Enough Attention on Work

"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 & safety 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 concept being presented.

4

Learning from other workplaces:

Workplace Approaches and Solutions - **Algoma Family Services**

https://www.youtube.com/watch?v=Dtec2xqJL2s&list=PLVbf80Y8uEFMfQSgSTh4lbgIiIoamMY8b&index=8

Workplace Approaches and Solutions - Introduction to the **mini-MIT** including **Lucy's Story**

https://www.youtube.com/watch?v=pQzzRS47uf0&list=PLVbf80Y8uEFMfQSgSTh4lbgIiIoamMY8b&index=8

(**Lucy's Story starts at 32:53**)

Workplace Approaches and Solutions **CAMH** *(a description of their process to deal with **violence and harassment and racism**)* and Closing

https://www.youtube.com/watch?v=hhuV6NGIbqw&list=PLVbf80Y8uEFMfQSgSTh4lbgIiIoamMY8b&index=9

Workplace perspective where the survey has been administered on 3 occasions (*title incorrect – actually about the **role of the survey in sparking turbulent responses***)

https://www.youtube.com/watch?v=t3tN_x2WyeQ&list=PLVbf80Y8uEFMfQSgSTh4lbgIiIoamMY8b&index=13

Building on Successive Surveys: A Worthwhile Investment **IHSA** (*a workplace that has **done the survey 4 times***)

https://www.youtube.com/watch?v=BqRYAwqF1OE&list=PLVbf80Y8uEFP7HBAdUbWP7h1RDywkp7Vz&t=3s
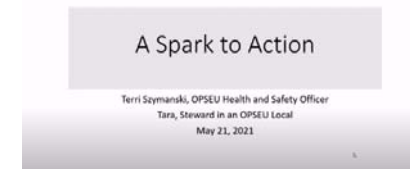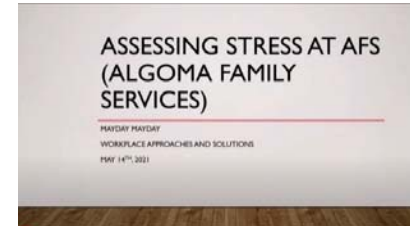
... questions? comments? ...

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