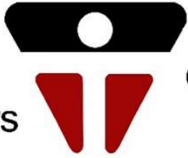


Occupational
Health Clinics
for Ontario Workers



Centre de Santé
des Travailleurs(ses)
de l'Ontario



Voice of experience: 15 years; 15 insights on workplace survey support



May 8, 2025

Outline:

1. Value of partners
2. Theoretical framework – different theories, different surveys
3. Vocabulary – words, words, words
4. Mental health vs psychosocial; different levels of prevention
5. Face validity – pilot studies, extra questions
6. Value of reference data
7. Help from IWH & COPSQ International Network
8. Presenting results; data visualization
9. Response rate (Dillman method)
10. Length of survey
11. Pandemic – expand to include mental health indicators
12. Qualitative analysis of comments AI
13. Not just the survey
14. Not everything can be measured
15. OHCOW, COPSQ International Network, and co-worker supports



1. Value of partners (you can't do it alone) ...





Mental Injury Tool (MIT) Group:

- 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).

15 yrs!



MIT group - Who's involved:

- Laura Lozanski, CAUT
- **Terri Szymanski**, Brendan Kilcline, OPSEU
- **Nick DeCarlo**, Sari Sairanen, CAW (Unifor)
- David Chezzi, Andréane Chénier, Blaine Morin, CUPE
- Keith McMillan, CEP
- Nancy Johnson, Erna Bujna, ONA
- Valence Young, ETFO
- Robert Mason, USW
- Janice Klenot, Michele Miller, UFCW 175/633
- Jane Ste. Marie, John Watson, OSSTF
- Kathy Yamich, Workers United Union
- Alec Farquhar, Margaret Keys, OWA
- Tom Parkin, WHSC
- Sophia Berolo, University of Waterloo
- Ashley McCulloch, Carleton University
- Jenna Novess, Brock University
- **Andy King**, USW, LOARC (Labour, OHCOW, Academic Research Collaboration)
- Maryth Yachnin, IAVGO
- Syed Naqvi, Alex Cohen, Ivan Bauer, Curtis VanderGriendt, Ted Haines, Mark Parent, John Oudyk (OHCOW)



2. Theoretical framework – different theories, different surveys ...





History:



- In **February 2011** members of the **Mental Injuries Tool (MIT)** working group attended a workshop which reviewed the **theories** behind common psychosocial measurement tools.
- Filled out surveys, reviewed theories/perspectives, discussed implications, opportunities for change – **Andy King** connected us with **Salvador Moncada** (Spain) - felt affinity for **ISTAS** – a Spanish labour-academic collaboration (like LOARC)
- Based on these deliberations, the group decided to administer the **Copenhagen Psychosocial Questionnaire (COPSOQ)** and agreed to pilot test the survey at upcoming union conferences – asked **Tage Kristensen** for permission.
- **piloted** at 3 union conferences (n=472) and among union members of 21 social services agencies (n=2199) – plenty of suggestions of missed items which were added (tried wherever possible to find established questions)
- tools/website launched **October 2012**



Occupational Health Clinics
for Ontario Workers Inc.

Mental Injury Tool Group Workshop:
Can we measure workplace stress for compensation and prevention purposes?

John Oudyk
Occupational Hygienist
February 1, 2011



COPSOQ

International Network

(COPSOQ III CORE version)

COPSOQ III

Guidelines and questionnaire

<https://www.copsoq-network.org/assets/Uploads/COPSOQ-network-guidelines-an-questionnaire-COPSOQ-III-180821.pdf>



9th

International COPSOQ Workshop

Hamilton,
Canada, 2023

including remote participants



2025 Workshop in Sweden in 10 days

3. Words, words, words; vocabulary ...



words, words, words, ...



Stress: both the exposure (risk factor) and the health effect (outcome) – “good” stress (“eustress”) and “bad” stress (“distress”)

Psychological: having to do with what goes on between the ears (mental life – cognition, emotions, motivations)

Psychosocial: having to do with the interaction between the social and the psychological

Mental Health: “Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community.” (WHO 2022)



Whatever language (model/theory) you choose will constrain your vocabulary!

5 simple ways to end the stigma and start a conversation

stigma & vulnerability



LANGUAGE MATTERS



EDUCATE YOURSELF



BE KIND



LISTEN AND ASK



TALK ABOUT IT



Your words matter

The words you use can make all the difference. Words can help, but they can also hurt. What would you choose?

- | | |
|----------|--------------------------------|
| ✗ Schizo | ✓ Person with schizophrenia |
| ✗ Crazy | ✓ Person with a mental illness |

<https://letstalk.bell.ca/en/>

4. Mental health vs psychosocial – different levels: individual, organizational ...



Differing Perspectives:

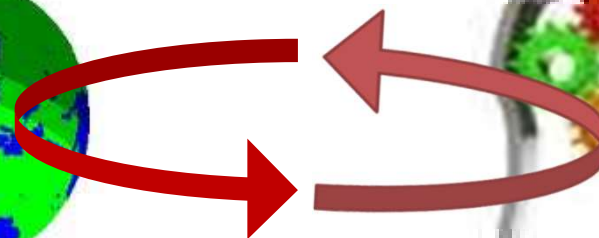


Psychology



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

Psychosocial



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



Terri's Tic-Tac-Toe Table



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



Cottrell, S. "Occupational stress and job satisfaction in mental health nursing: focused interventions through evidence-based assessment." *Journal of psychiatric and mental health nursing* 8(2):157-164 (2001).

Cottrell attributes contents of the table as an adaption from:
 Schaufeli W. & Enzmann D. (1998) The Burnout Companion to Study and Practice. A Critical Analysis
 Taylor & Francis, London.



Table 4
 Matrix of organizational stress management interventions

	Primary Stress reduction	Secondary Stress management	Tertiary Stress treatment
Individual (Individual perspective)	Personal stress profile feedback Time management Career consultation Assertiveness Communication skills Psycho-education	Healthy lifestyle Reflection Clinical supervision Mentorship Buddy' systems Relaxation Home/work interface Support mapping Biofeedback Imagery	Counselling Psychotherapy Occupational health interventions Physical wellness: diet, exercise, addictions Lifestyle work
Group (Team perspective)	Team building Team role analysis Boundary clarification	Group development, diagnosis and intervention Clinical team supervision Dependency/skill mix Workload analysis and review	Therapeutic remedial team work Work group role negotiation
Organization (Systems perspective)	IPR PDR Job descriptions and Role clarification Participation and empowerment schemes	Workload management Mission clarification Risk analysis and management Employee participation	Therapeutic consultancy Re-organization Organizational transformation programmes Employee Assistance Programmes (EAP) Process re-design Cultural change work, e.g. combating 'presenteeism'

<https://onlinelibrary.wiley.com/doi/epdf/10.1046/j.1365-2850.2001.00373.x>

Cottrell, S. "Occupational stress and job satisfaction in mental health nursing: focused interventions through evidence-based assessment." *Journal of psychiatric and mental health nursing* 8(2):157-164 (2001).

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Group (Team perspective)	Team Team Bound		team work motiation
Organization (Systems perspective)	IPR PDR Job descriptions and Role clarification Participation and empowerment schemes	Mission clarification Risk analysis and management Employee participation	Re-organization Organizational transformation programmes Employee Assistance Programmes (EAP) Process re-design Cultural change work, e.g. combating 'presenteeism'

“... 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.” (p. 160)

Hierarchy of Controls

Most
effective



Least
effective

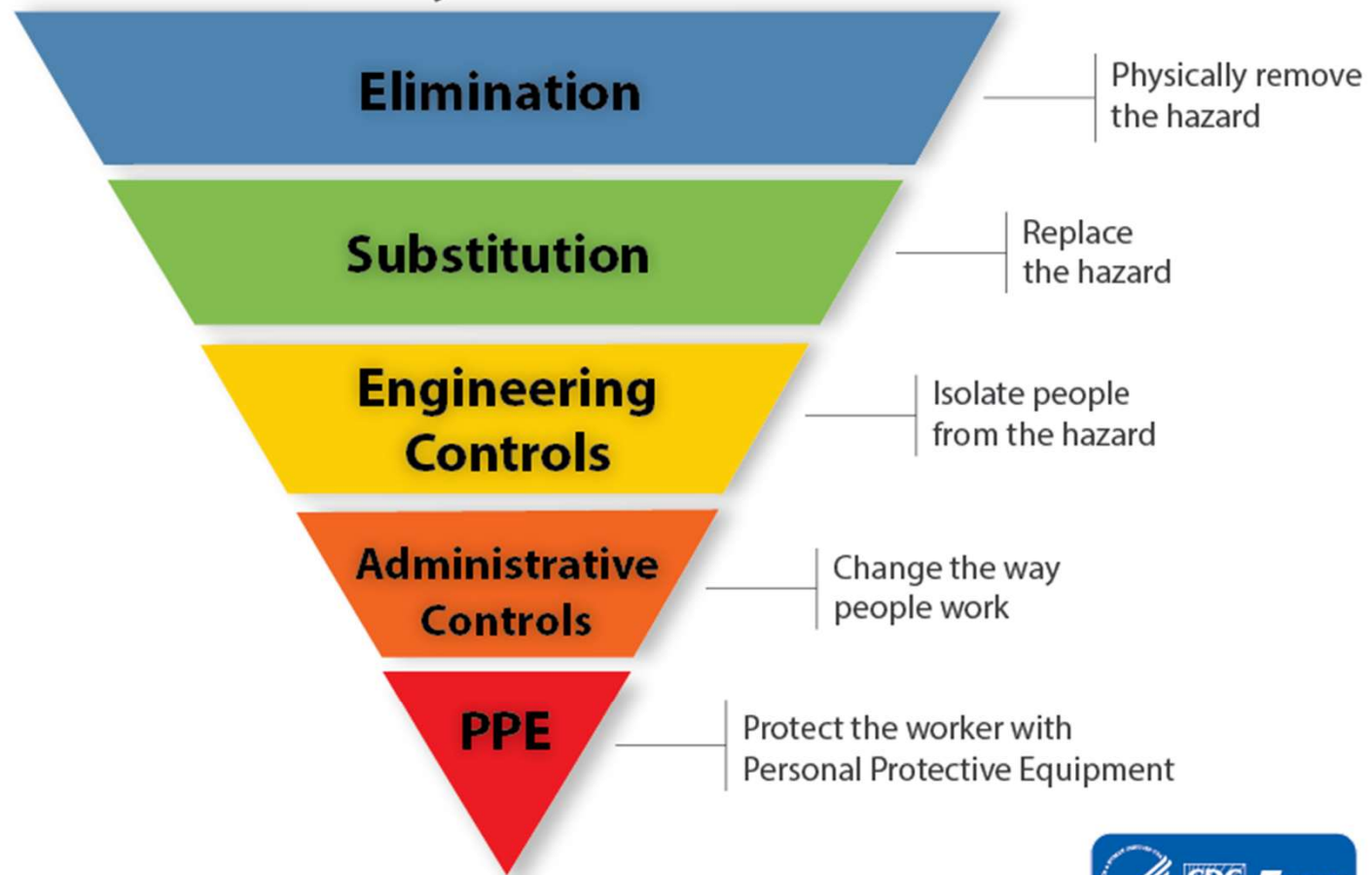
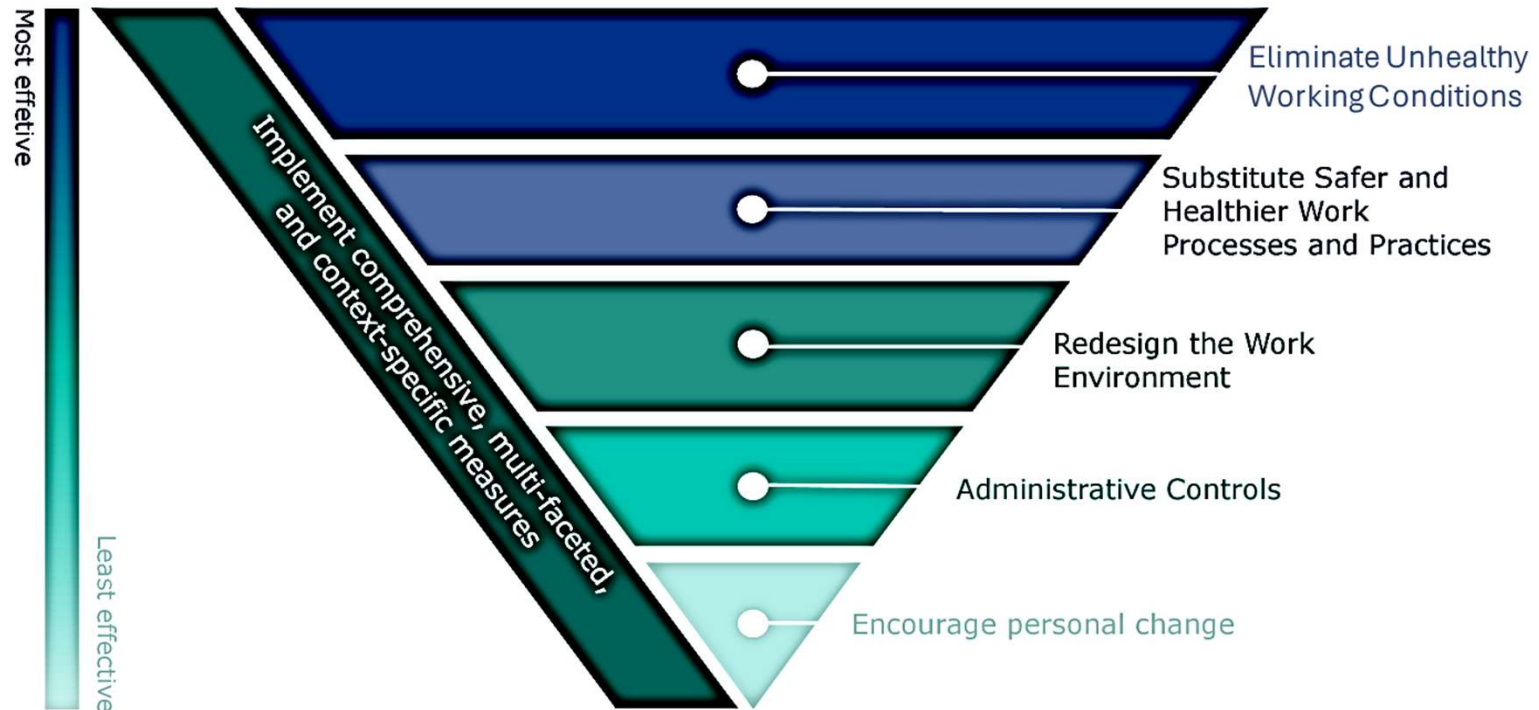


Image by NIOSH



The Psychosocial Hierarchy of Controls



Kjærgaard et al (2024) <https://onlinelibrary.wiley.com/doi/full/10.1002/ajim.23694>



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

Stigma reduction

Self-care

Coping skills

Mindfulness

CBT

Resiliency

("adversity makes you stronger")



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

Stigma reduction

Self-care

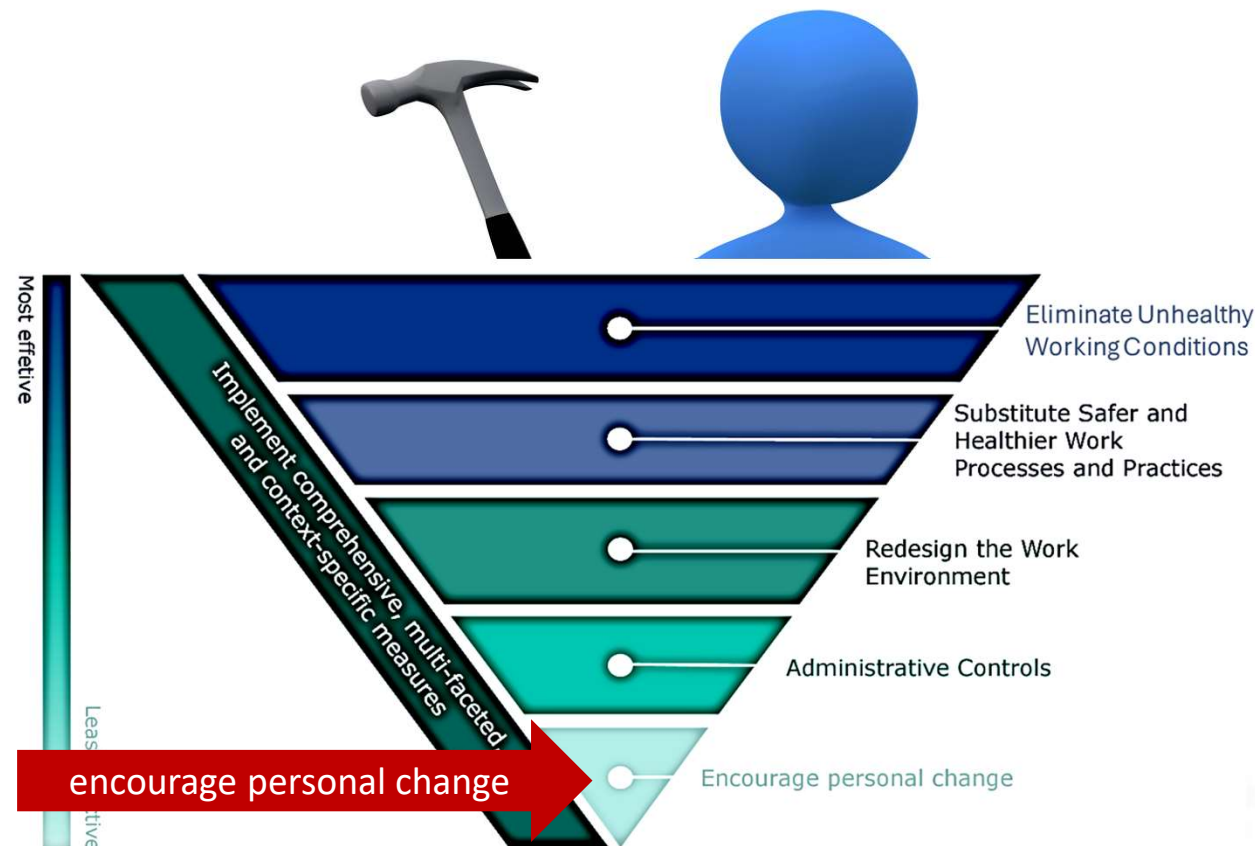
Coping skills

Mindfulness

CBT

Resiliency

("adversity makes you stronger")



5. Face validity – pilot studies, extra questions ...



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

COPSOQ
International Network

Work values (Social Capital):

vertical trust: information from mgmt is trustworthy; mgmt trusts worker
justice & respect: conflicts resolved fairly, work distributed fairly

Job/employment factors:

insecure job: being worried about needing to find another job
unstable job: being worried about changes in working loads/tasks
job satisfaction: all things considered, being satisfied with work
work/life conflict: time/energy away from work affected by job demands

Offensive behaviours:

sexual harassment; threats of violence; physical violence; bullying

Pilot administrations 2011-2012



USW HS&E Conference, Vancouver, April 2011
(210 attendees) 159 responses (76%)



OPSEU BPS Conference, Toronto, June 2011
(180 attendees) 153 respondents (85%)



CAW Women's Conference, Port Elgin, August 2011 (160 attendees) 160 respondents (100%)

- Based on these trials we agreed that the **COPSOQ** was the tool to use, but added some additional questions as per the feedback



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
- burnout
- sleeping troubles
- somatic symptoms
- cognitive symptoms
- anxiety/depression screening



6. Value of reference data (EKOS surveys) ...





Reference Data for 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



Health & Well-being by Economic Sectors:

	n=	self-rated health	burnout	sleep troubles	somatic symptoms	cognitive symptoms
Administrative and Support and Waste Management and Remediation Services	41	61	55	51	37	45
Accommodation and Food Services	94	57	55	46	28	39
Health Care and Social Assistance	470	60	54	45	29	37
Educational Services	462	60	55	46	29	34
Public Administration	354	59	50	46	28	39
Retail Trade	236	58	51	44	28	35
Finance and Insurance, Real Estate Rental and Leasing	218	60	50	45	28	36
Arts, Entertainment and Recreation	111	61	50	46	28	35
Other Services (Not including Public Administration)	89	63	48	43	31	37
Construction	188	60	51	44	27	33
Professional, Scientific and Technical Services	312	60	49	42	27	37
Information, Information Technology	192	58	46	45	24	36
Wholesale Trade	60	66	46	44	32	35
Other (specify)	511	60	48	43	25	33
Mining, quarrying, and oil and gas extraction	84	63	50	43	22	34
Transportation and Warehousing	166	60	48	40	23	32
Utilities (electric, gas and water)	72	63	45	38	24	37
Manufacturing	230	64	46	41	25	32
Agriculture, Forestry, Fishing, Hunting	78	66	47	43	24	30
EKOS wtd 2023	4049	60	51	44	28	36



COPSOQ scales by unpaid hours:

	factors		0 ex with	1-3 with	4-5 with	6-10 with	10-1 with	20+ with	alwa bre	ofte bre	som thrc	selc thrc	nev wor	oth
	n=	4049	1462	382	457	124	263	96	338	633	679	451	584	51
Demands at Work	quantitative demands	45	37	47	52	53	60	60	56	54	46	40	33	31
	work pace	59	52	60	63	67	71	74	73	67	60	53	50	50
	emotional demands	43	34	45	48	50	60	63	59	53	45	37	30	30
Work Organization and Job Content	influence	49	47	47	50	47	48	47	45	44	48	48	45	49
	possibilities for development	70	67	71	72	74	76	74	74	72	70	67	65	62
	meaning of work	71	68	73	72	70	78	71	75	72	70	67	69	70
	commitment to the workplace	61	62	60	62	56	60	58	59	58	61	61	64	63
Interpersonal Relations and Leadership	predictability	55	56	52	51	52	48	54	49	49	54	55	59	54
	rewards (recognition)	65	66	66	62	60	57	57	57	59	64	66	70	66
	role clarity	71	74	71	69	67	65	66	67	69	71	71	77	73
	role conflicts	46	41	45	51	53	55	63	60	54	48	41	35	31
	quality of leadership	57	60	57	55	56	48	51	51	52	56	59	63	65
	social support from supervisor	69	72	70	67	64	59	60	61	63	68	71	75	74
	social support	75	78	76	75	72	71	70	72	74	74	77	79	74
Work- Individual Interface	job insecurity	27	25	26	30	30	28	36	31	30	29	27	23	25
	job satisfaction	71	72	70	70	67	65	61	66	67	70	70	76	74
	work-life conflict	38	29	37	43	45	58	61	54	46	39	32	24	29
Social Capital	vertical trust	66	68	65	62	60	59	61	59	60	64	67	72	73
	justice & respect	60	62	58	55	53	50	51	49	53	58	62	67	68

Unpaid overtime and mental health in the Canadian working population

Faraz Vahid Shahidi PhD , Matthew Tracey MA, Monique A. M. Gignac PhD, John Oudyk MSc, Peter M. Smith PhD

Results

Unpaid overtime was associated with higher levels of stress and burnout. Relative to those working no unpaid overtime, men working excessive unpaid overtime were 85% more likely to report stress (prevalence ratios [PR]: 1.85, 95% confidence interval [CI]: 1.26–2.72) and 84% more likely to report burnout (PR: 1.84, 95% CI: 1.34–2.54), while women working excessive unpaid overtime were 90% more likely to report stress (PR: 1.90, 95% CI: 1.32–2.75) and 52% more likely to report burnout (PR: 1.52; 95% CI: 1.12–2.06). The association of excessive unpaid overtime with mental health was comparable in magnitude to that of shift work and low job control.

Conclusions

Unpaid overtime may present a significant challenge to the mental health of working people, highlighting the potential role of wage theft as a neglected occupational health hazard.



7. Help from IWH & COPSOQ International Network in publishing validation papers ...



Results of Reliability & Validation Studies

with the help of **Peter Smith** from the IWH:

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

... published February 2019



Received: 4 July 2018 | Revised: 11 February 2019 | Accepted: 12 February 2019

DOI: 10.1002/ajim.22964

RESEARCH ARTICLE

WILEY

AMERICAN JOURNAL
OF
INDUSTRIAL MEDICINE

<https://onlinelibrary.wiley.com/doi/full/10.1002/ajim.22964>

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

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²Institute for Work & Health, Toronto, Ontario

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

⁴Occupational 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


Other papers published over these 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 (2022) **“Assessing the psychometric properties of the Guarding Minds @ Work questionnaire recommended in the Canadian Standard for Psychological Health and Safety in the Workplace”**, *Quality & Quantity* 56:3111-3133
- Smith, Oudyk, Cedillo, Inouye, Potter & Mustard (2022) **“The psychosocial work environment among educators during the COVID-19 pandemic”**, *Occupational Medicine* 72:439-445.
- Smith, Oudyk, Cedillo, Inouye, Potter & Mustard (2022) **“Perceived Adequacy of Infection Control Practices and Symptoms of Anxiety Among In-Person Elementary School Educators in Ontario”**, *Journal of Occupational and Environmental Medicine* 64:e763-e768.
- Shadidi, F., M. Tracey, M. Gignac, J. Oudyk and P. Smith (2024): **Unpaid overtime and mental health in the Canadian working population**. *American Journal of Industrial Medicine* 67:741–752.



Original Article

The Third Version of the Copenhagen Psychosocial Questionnaire

Hermann Burr¹  , Hanne Berthelsen², Salvador Moncada³, Matthias Nübling⁴, Emilie Dupret⁵, Yucel Demiral⁶, John Oudyk⁷, Tage S. Kristensen⁸, Clara Llorens^{3, 9}, Albert Navarro^{9, 10}, Hans-Joachim Lincke⁴, Christine Bocéréan^{5, 11}, Ceyda Sahan⁶, Peter Smith^{12, 13, 14}, Anne Pohrt¹⁵, international COPSOQ Network

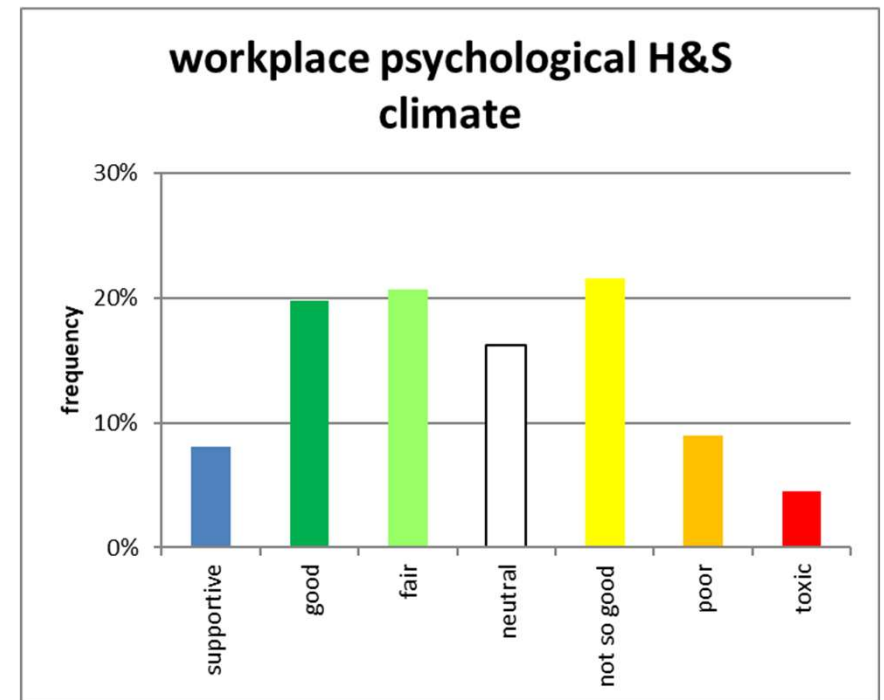
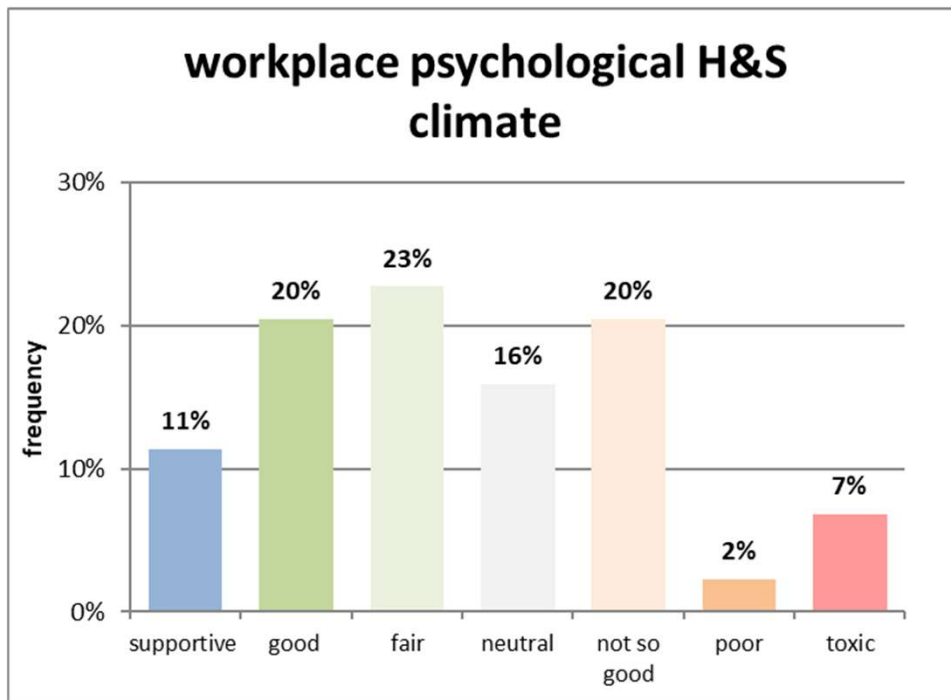
<https://www.sciencedirect.com/science/article/pii/S2093791118302725>



8. Presenting results; data visualization ...



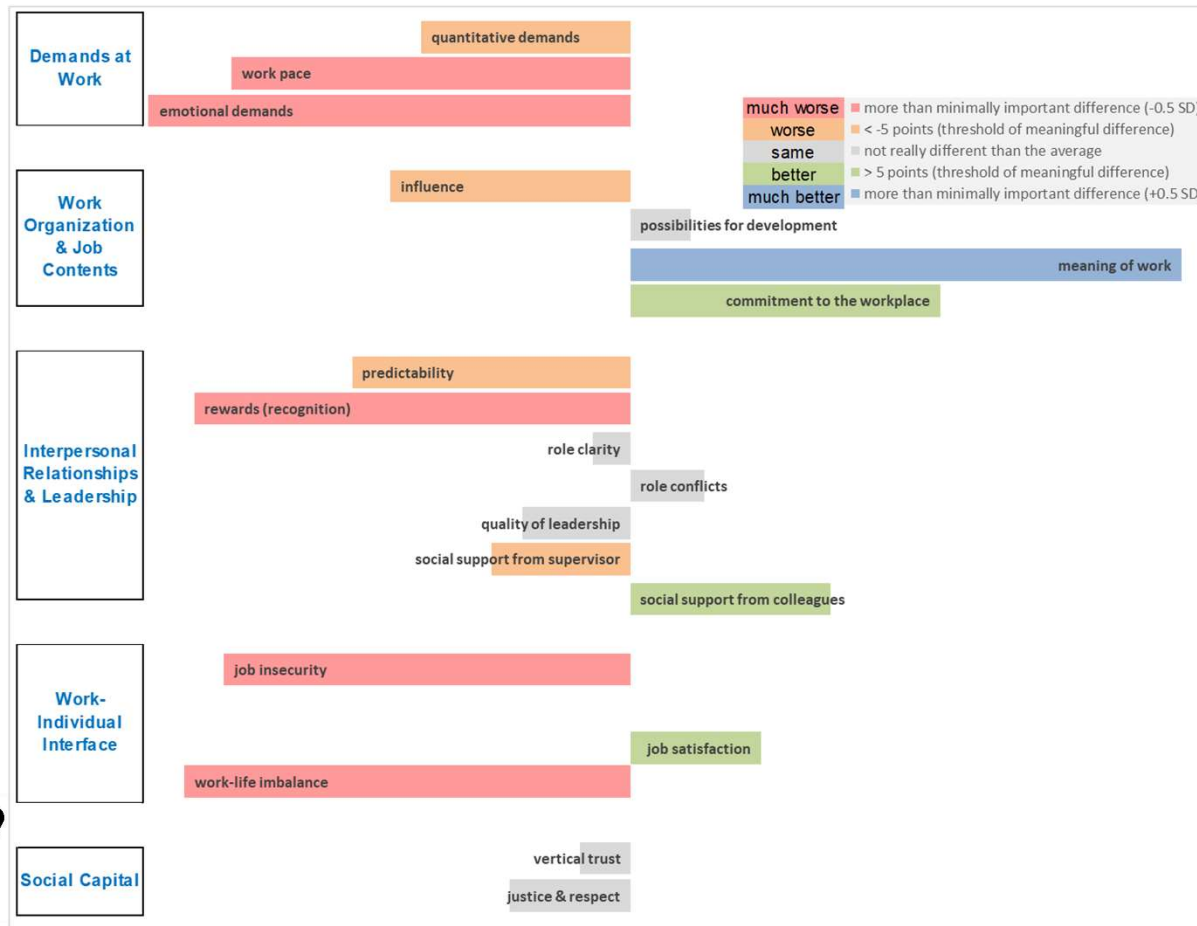
Evolution over time:



54.5% on the positive end of the scale 29.5% on the negative side



Evolution over time:



DEMANDS	your results	Danish Reference data
quantitative demands	3.0	3.3
work pace	5.0	4.7
emotional demands	4.5	3.3

WORK ORGANIZATION	your results	Danish Reference data
influence	3.3	4.1
possibilities for development	4.8	5.0
meaning of work	6.5	6.0
commitment to the workplace	5.3	4.8

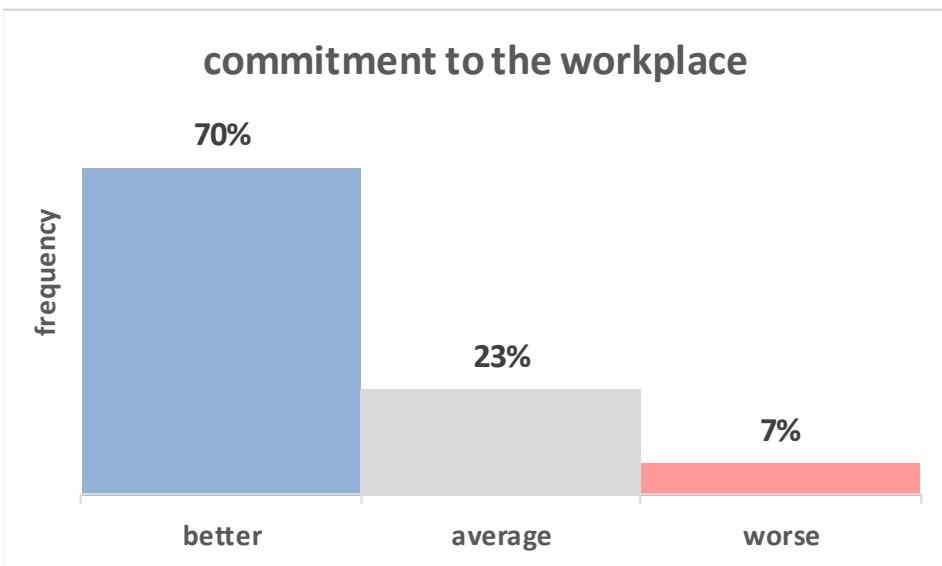
RELATIONSHIP	your results	Danish Reference data
predictability	3.6	4.6
rewards (recognition)	3.8	5.2
role clarity	5.2	5.7
quality of leadership	3.8	4.5
social support from supervisor	4.4	5.6

WORK VALUES	your results	Danish Reference data
trust of mgmt	4.1	5.4
justice & respect	3.6	4.8

OFFENSIVE BEHAVIOURS	your results	Danish Reference data
undesired sexual attention	17.7%	2.9%
threats of violence	46.3%	7.8%
physical violence	56.3%	3.9%
bullying	31.9%	8.3%
discrimination	21.3%	n/a
vicarious offensive behaviours	66.3%	n/a



Engagement



average score: 74
Canadian average: 61
difference: +12.5
t-test probability 0.000

Commitment to the Workplace (Workplace Engagement)

Commitment to the workplace is also referred to as engagement. An engaged workforce is a valuable asset to an organization.

Scale Questions:

CW2 Do you feel that your place of work is of great importance to you?

CWX3 Would you recommend other people to apply for a position at your workplace?

Ideas for fostering commitment to the workplace:

- Communicate the overall purpose of the organization simply and effectively
- Ensure that every worker knows their contributions are valued and appreciated
- Involve workers in teams and ensure teams maintain a positive working climate
- Foster an inclusive environment when it comes to decision making, problem solving and goal setting
- Choose workers with the appropriate interest and skill level for the job
- Avoid creating jobs dominated by simple, repetitive or monotonous tasks. Divide those tasks among different jobs if they cannot be eliminated.
- Ensure that working conditions are clean, healthy and safe

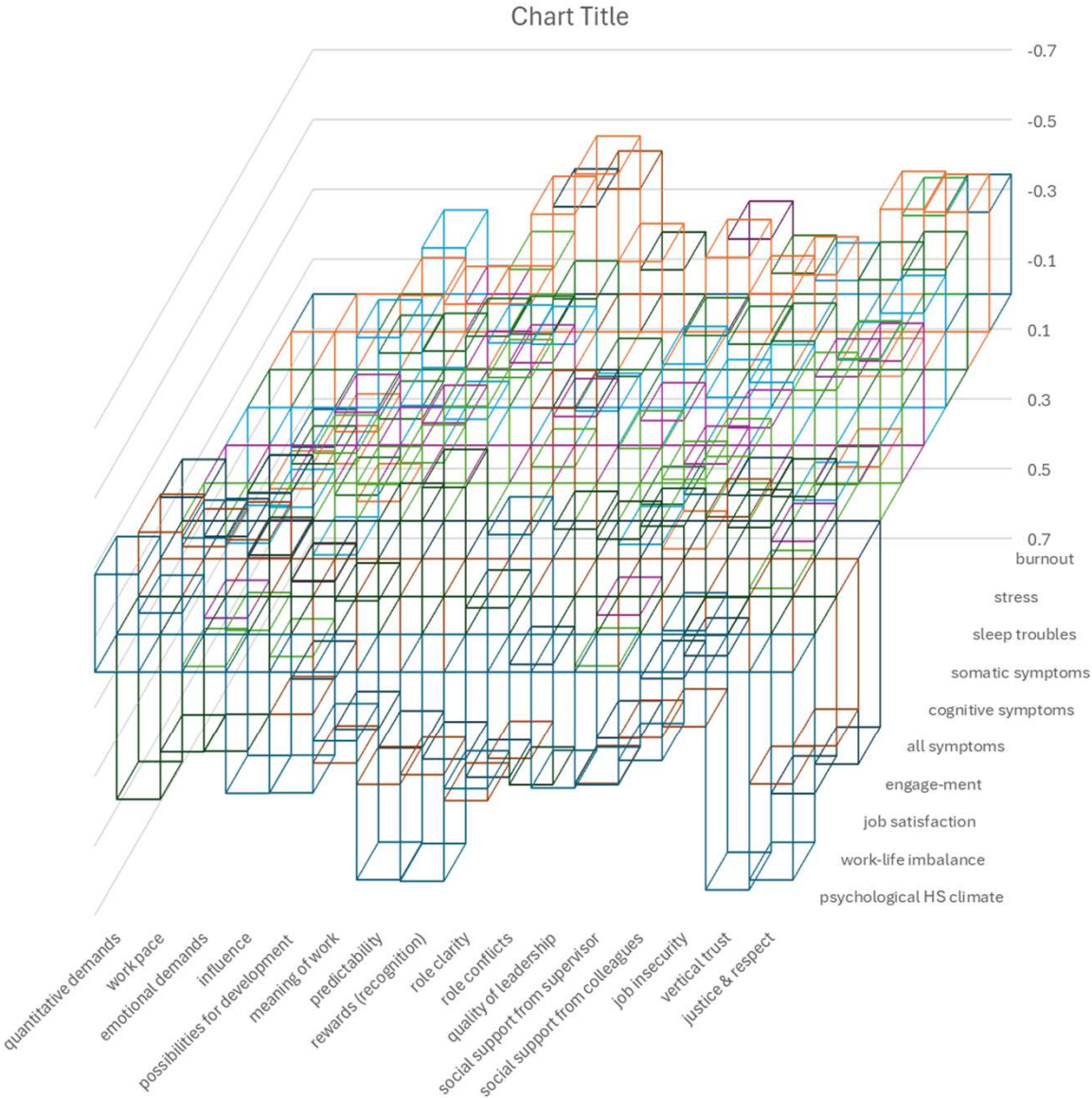


Evolution over time:

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Evol

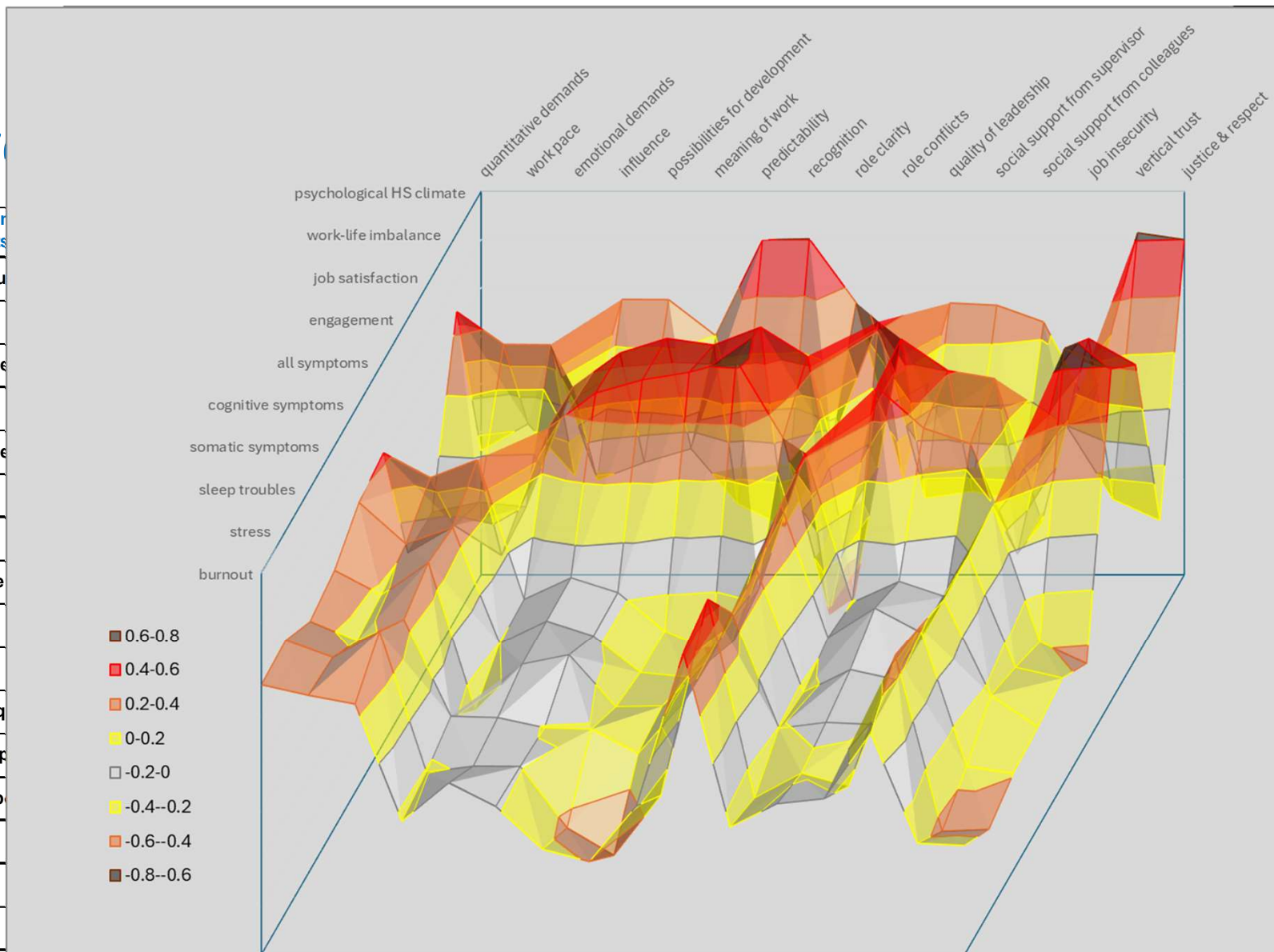
	number of respondents included
demands at work	quantitative demands
	emotional demands
work organization & job contents	possibilities for development
	meaning of work
interpersonal relationships & leadership	rewards
	quality of leadership
	social support from supervisor
	social support from colleagues
	vertical trust
	justice & respect
social capital	justification
	justification



somatic symptoms	cognitive symptoms	symp_sum
5%	5%	1%
0%	0%	0%
5%	5%	11%
4%	2%	2%
7%	2%	2%
21%	15%	15%
15%	12%	12%
5%	6%	6%
5%	11%	11%
4%	3%	3%
3%	3%	3%
3%	8%	8%
14%	12%	12%
12%	11%	11%

Ev

	respondents
demands at work	qu
	e
work organization & job contents	possibilitie
interpersonal relationships & leadership	re
	q
	social supp
	social supp
social capital	



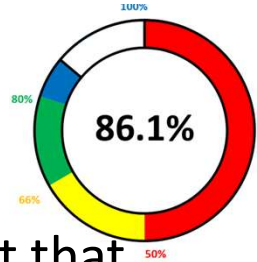
cognitive symptoms	symp_sum
5%	1%
0%	0%
5%	11%
4%	2%
7%	2%
21%	15%
15%	12%
5%	6%
5%	11%
4%	3%
3%	3%
3%	8%
14%	12%
12%	11%

	number of respondents included	40	burnout	sleep troubles	somatic symptoms	cognitive symptoms	all symptoms	engage- ment	job satisfaction	work-life imbalance	psychologi- cal HS climate	respect	cognitive symptoms	symp_sum
demands at work	quantitative demands		+0.30	+0.32	+0.25	+0.27	+0.35	-0.36	-0.34	+0.37	-0.34		5%	1%
	work pace		+0.33	+0.36	+0.18	+0.17	+0.35	+0.00	-0.14	+0.08	-0.16		0%	0%
	emotional demands		+0.45	+0.28	+0.43	+0.30	+0.47	-0.21	-0.17	+0.44	-0.38		5%	11%
work organization & job contents	influence		-0.01	-0.15	-0.23	-0.01	-0.09	+0.05	+0.01	-0.02	+0.22		4%	2%
	possibilities for development		+0.02	-0.13	+0.08	+0.01	+0.00	+0.19	+0.22	+0.00	+0.03		7%	2%
	meaning of work		+0.19	+0.03	-0.02	+0.10	+0.15	+0.40	+0.23	+0.08	+0.11		21%	15%
interpersonal relationships & leadership	predictability		-0.32	-0.21	-0.33	-0.30	-0.34	+0.15	+0.39	-0.21	+0.41		15%	12%
	rewards (recognition)		-0.21	-0.11	-0.44	-0.19	-0.27	+0.35	+0.57	-0.14	+0.64		5%	6%
	role clarity		-0.17	+0.06	+0.02	-0.21	-0.09	+0.31	+0.38	-0.13	+0.38		5%	11%
	role conflicts		+0.48	+0.30	+0.49	+0.26	+0.48	-0.22	-0.30	+0.36	-0.35		4%	3%
	quality of leadership		-0.18	-0.02	-0.20	-0.02	-0.14	+0.16	+0.45	-0.02	+0.48		3%	3%
	social support from supervisor		-0.11	-0.14	-0.30	-0.13	-0.18	+0.16	+0.40	-0.07	+0.61		3%	8%
	social support from colleagues		+0.11	+0.02	-0.02	+0.03	+0.09	+0.36	+0.28	+0.17	+0.21		14%	12%
job insecurity			+0.09	-0.13	-0.17	+0.21	+0.03	+0.12	+0.04	+0.16	+0.06		12%	11%
social capital	vertical trust		-0.11	-0.05	-0.14	-0.08	-0.08	+0.33	+0.31	-0.17	+0.48			
	justice & respect		-0.37	-0.20	-0.37	-0.22	-0.35	+0.43	+0.49	-0.33	+0.75			

9. Response rate (Dillman method) ...



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.

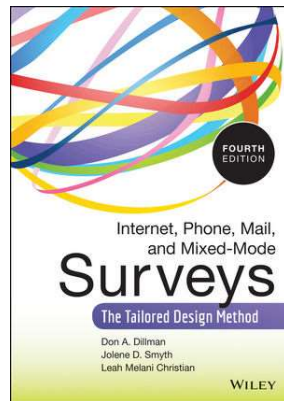
<50% A response rate of less than 50% means that either the administration of the survey was not done properly or that a large proportion of the group being surveyed did not have confidence in the process. Any results of the survey can only be considered as reflecting those who participated not the group as a whole. However, if you identify issues and resolve them for <50% of your people the others will probably also benefit!



Don Dillman's approach to maximizing survey response:

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

- 1) **Pre-survey announcement** (1-2 weeks prior) with endorsements
- 2) **Distribute survey** – fanfare?; provide time, space, incentives?
- 3) 1-2 weeks later send out **reminder**
- 4) After another 1-2 weeks send a **2nd reminder**.
 - if response rate is poor (<60%) you may have to consider a stronger intervention (i.e. start “nagging” people directly)
- 5) After a reasonable period of time (and depending on response rate) set a closing date and send out a **final notice** with an urgent message.



Incentives:

- Individual – **draw** (awkward because of **anonymous** responses), money, iPad, paid day off work, etc.
- Individual – send to an additional survey after they are finished where they put in their contact info for a **draw with names**
- Time – **provide a specific time and place** to do the survey (during a staff meeting); or allot 45 minutes of paid time to complete survey
- Group incentives – based on **best group response rate** (pizza party, 1 month's priority parking; paid time off work; etc.)
- **Carrie's method**
- Ethical issues, danger of duplicates, questionable motivation, ???

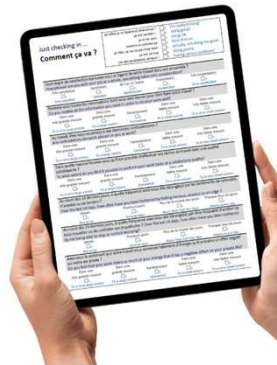


10. Length of survey ...



Issues around length of survey:

- StressAssess usually takes **18-23 minutes** to fill out; some can do it in less than 10 minutes, others take 45 min.
- Surveys are always too long – **survey fatigue** (7 minutes maximum)
- Short surveys run into **problems with face validity** (“you missed some topics; you didn’t ask about ...”)
- Short surveys can’t answer questions that arise from the results (e.g., “where is this bullying coming from?”)
- Pulse surveys have **problems with validity** and ability to measure change (you usually need 1-2 years to measure meaningful change; some pulse survey promise monthly tracking) –
- **Hayley’s experience**



OHCOW experience – Categories of workplaces

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

The Worst – in **crisis mode**; something might have to break before it will be fixed; objective evaluation of situation (depersonalized); part of a more complex strategy; **often 100% response rate** (extreme results)

The Rest – more of a **curiosity**; 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**



11. Pandemic – expand to include mental health indicators ...



Mental health screening questions:

- Originally, intentionally **avoided measures of mental health** and the reporting of any history mental health conditions – wanted a group level analysis not the individual level
- Did not want to get into the business of **diagnosing** each other in the workplace – focus on primary prevention at the organizational/group levels
- **Pandemic** surveys included anxiety and depression symptom screening questions (GAD-2 and PHQ-2, respectively)
- Kept mental health screening questions but use the **group frequency** as an indicator (not individual follow-up)



Mental Health Symptom Screening Questions:

Questions about your moods

GAD-2

Over the **last 2 weeks**, how often have you been bothered by the following problems?

- 71 Feeling nervous, anxious, or on edge
- ☐ not at all
 - ☐ several days
 - ☐ more than half the days
 - ☐ nearly every day
- 72 Not being able to stop or control worrying
- ☐ not at all
 - ☐ several days
 - ☐ more than half the days
 - ☐ nearly every day

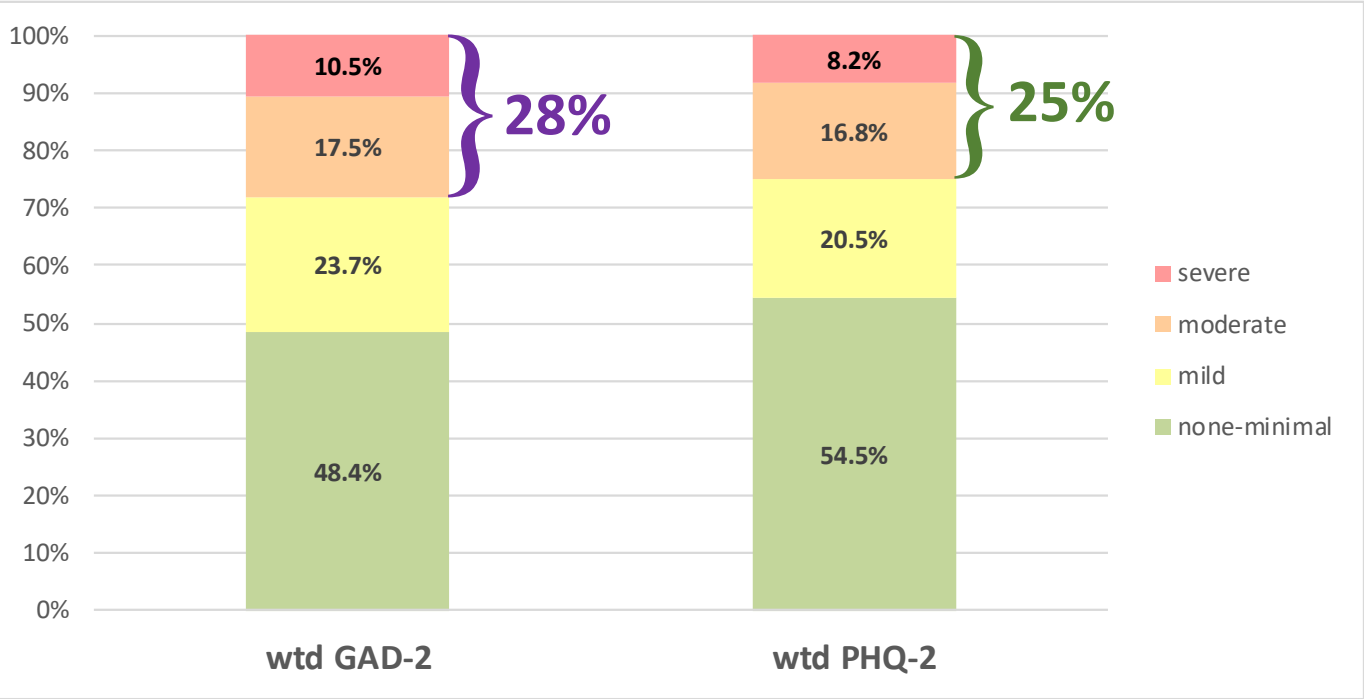


PHQ-2

- 73 Little interest or pleasure in doing things
- ☐ not at all
 - ☐ several days
 - ☐ more than half the days
 - ☐ nearly every day
- 74 Feeling down, depressed, or hopeless
- ☐ not at all
 - ☐ several days
 - ☐ more than half the days
 - ☐ nearly every day

Mental Health Symptom Screening:

Pandemic mental health screening measures:



GAD-2 = General Anxiety Disorder symptom screener

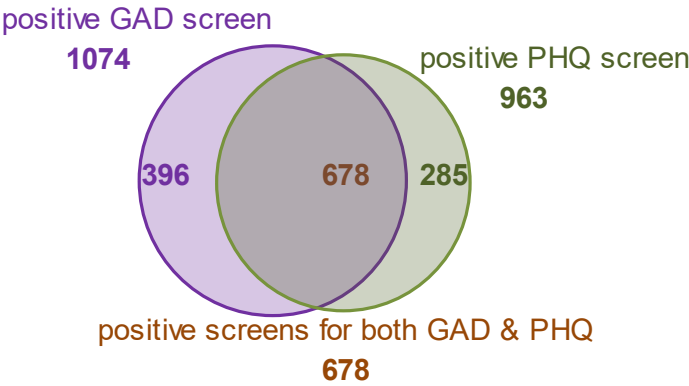
GAD-2 positive screens: 28.0%

PHQ-2 = depressive symptoms screener

PHQ-2 positive screens: 25.0%

PHQ-4 = anxiety & depressive symptoms screener

screened positive: 23.7%



screening positive for both anxiety & depression symptoms: 17.6%



Symptoms of Anxiety and Depression during the COVID-19 Pandemic

February to May 2021

Data from the Survey on COVID-19 and Mental Health¹

Symptoms of anxiety (GAD) and depression (MDD) in Canadians 18+

15% of Canadians screened positive for GAD.

This prevalence was: **(GAD-7)**

EKOS 2023

28%

Higher among women than men



GENDER

Highest among those aged 18-34



AGE GROUP

Higher among women than men in these age groups



GENDER BY AGE GROUP

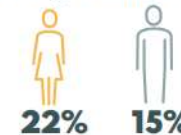
19% of Canadians screened positive for MDD.

This prevalence was: **(PHQ-9)**

EKOS 2023

25%

Higher among women than men



Highest among those aged 18-34



Higher among women than men in these age groups



... the difference training makes ...

factors	EKOS wtd 2023 results	Designated Early Childhood Educator	Child & Youth Worker
n=	4050	56	35
anxiety positive screen (GAD-2)	28.0%	41.8%	32.4%
depression positive screen (PHQ-2)	25.0%	27.3%	11.4%
sexual harassment	9.6%	1.8%	9.1%
threats of violence	14.3%	43.6%	88.2%
physical violence	10.1%	54.5%	79.4%
bullying	22.9%	27.8%	55.9%
discrimination	15.9%	11.1%	23.5%
vicarious offensive behaviours	29.5%	66.0%	82.4%



12. Qualitative analysis of comments (using AI) ...



What to do with all the written comments?

- Respondents can identify the source, impact of workplace **environment/H&S hazard concerns** and provide recommendations
- If they report experiencing **discrimination**, respondents are asked to describe what kind – this avoids imposing a legal definition
- At the end of the survey is a space to provide “**further comments**”
- These comments **put “flesh” on the statistical “bones”** reported in the graphs and tables of the report
- Qualitative analysis for a large survey can **take a long time!**
- We have been exploring the use of **Artificial Intelligence (AI)** to speed up this analysis (Daryl Stephenson has reported on this experience)



Example of AI analysis of H&S Concerns: Working Alone

working alone

- difficulties when left alone to manage multiple cases due to insufficient staff
- being left alone to manage situations when students become aggressive.
- Calls for support often go unanswered or experience significant delays
- need clear protocols for handling emergencies and ensuring adequate staffing levels



Example of AI summary of “Further Comments”:

Violence and Safety Concerns: Staff report experiencing violence regularly in their roles, without adequate support or recognition of the psychological toll it takes. There's a perception that educational assistants (EAs) are expected to tolerate violence as part of their job, without sufficient protection or support from upper management, the board, or their union.

Management and Organizational Support: There are calls for greater appreciation and respect from upper management and supervisors. Staff feel that their professional judgment and concerns are often disregarded or undermined, contrasting with the supportive treatment typically afforded to teachers. There is a desire for more tangible support and acknowledgment of the challenges faced.



Quotes only provided for large surveys, but they provide human descriptions of the statistical terms:

“Performance objectives are not achievable. ... It is a form a mental cruelty that you are scored as a missed call when you are on the phone, or logged off after your work hours or when you are on lunch or break.

Management schedules a meeting/training that is mandatory attendance yet they hold you accountable for missed calls while attending the meeting/training.”



13. Not just the survey ...



Too much focus on the tool:

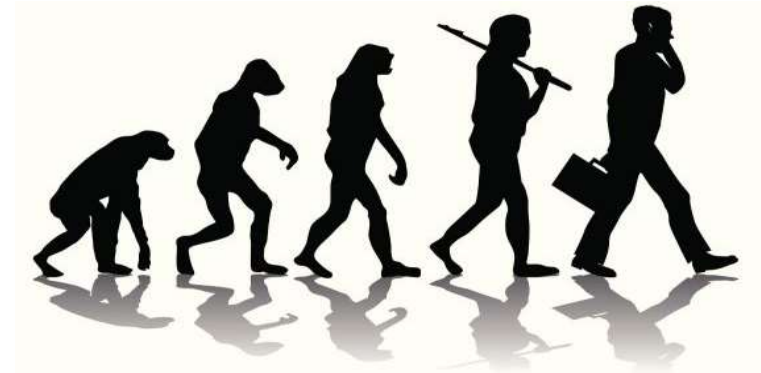
- Originally, we were so focussed on the providing a way to measure psychosocial conditions that we **forgot to consider the context** in which the survey was being used
- Many of our first workplaces using the survey were **confused** as to how to respond to the results (to some degree, they still are)
- We realized that **what happens before and after the survey** are probably more important than the survey itself
- If an adequate response isn't intended, it is **better not to engage with a survey**



The Five Step Approach



Perspectives/Stages/Focus:



early: violence prevention, regulatory compliance

awareness: mental health/stigma reduction (change attitudes)

risk assessment/management: measure & manage psychosocial factors

organizational development: optimization/innovation





A Labour / Occupational Health Clinics
for Ontario Workers Inc /
Academic Research Collaboration

<https://socialsciences.mcmaster.ca/labour-ohcow-academic-research-collaboration-loarc>

Research Article <https://onlinelibrary.wiley.com/doi/10.1002/ajim.22520>

Identifying knowledge activism in worker health and safety representation: A cluster analysis

Alan Hall , John Oudyk, Andrew King, Syed Naqvi,
Wayne Lewchuk

First published: 25 August 2015 [Full publication history](#)

DOI: [10.1002/ajim.22520](https://doi.org/10.1002/ajim.22520) [View/save citation](#)



<https://loarc.mcmaster.ca/documents/2016-loarc-workers-guide-1-170609.pdf>

A group of diverse individuals, including workers in hard hats and safety vests, and healthcare professionals in white coats, standing together against a blue background.

**Health and safety
representation**

**WRITING
THE WORKERS
BACK IN**



What are the “drivers” that get things done?

- \$, meeting production targets
- Quality (ANSI/ISO standards: 9000; 14000; ?)
- WSIB, S&A statistics/costs
- H&S laws and regulations (“due diligence”)
- Risk management system
- OH&SM ISO/CSA standards (ISO 45001; CSA Z1000)
- Standard operating procedures (SOPs)
- Reputation: worker retention; community partner
- Moral/Ethical: just doing the right thing (**“law is the conscience of those who have none” – James Ham, 1983**)



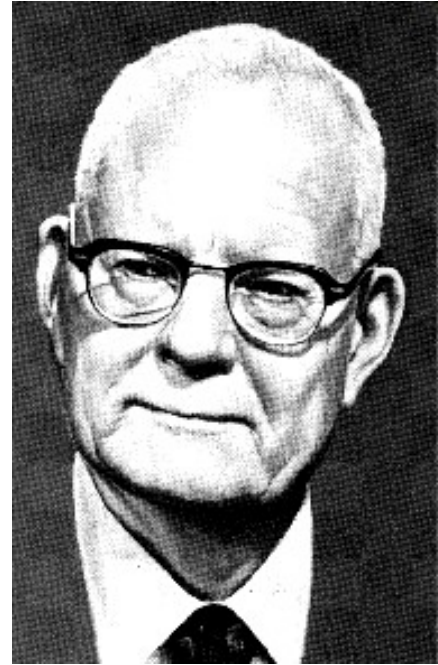
14. Not everything can be measured ...



If you can't measure it ...

Misquote from Deming actual quote is:

“It is wrong to suppose that if you can't measure it, you can't manage it – a costly myth.”

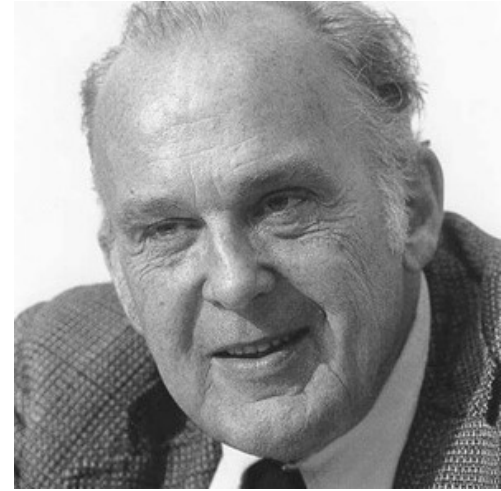


**“Many of the things you can count, don't count.
Many of the things you can't count, really count.”**

Albert Einstein



... if you can measure it ...
Campbell's Law



“The more any quantitative social indicator is used for social decision-making, the more subject it will be to **corruption pressures** and the more apt it will be to **distort and corrupt** the social processes it is intended to monitor.”



The myth of “Evidence-based” interventions:

- You **don't need an evidence-based** survey (you don't need a survey either for that matter) to assess psychosocial conditions
- However, a survey for which there is evidence that it performs reliably and validly in a population like yours, allows you to know what you are measuring and that it is reasonable stable (repeatable)
- A workplace committed to making things better can use a poor tool and still make improvements (a tent peg to spread peanut butter)
- A workplace not interested in changing can use an excellent tool and not make any improvements
- **It's not the tool** (although a good tool makes it easier), **it's the commitment** to change that makes it work or not – **no “silver bullets”**



15. OHCOW, COPSQQ International Network,
and co-worker supports ...

... a big **THANK YOU!!!**

... we couldn't have done this alone!

