Mental Injury Tools for Ontario Workers - Psychosocial Factors at Work Survey

Survey Report prepared for the Social Service Workers Coordinating Committee

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Executive Summary

Method

A survey based on Denmark's National Research Centre for the Working Environment (NRCWE) 2007 Standardized Short Survey for the Assessment of the Psychosocial Work Environment. The survey is known as the Copenhagen Psychosocial Questionnaire (COPSOQ).

An expanded version of the Copenhagen Psychosocial Questionnaire (COPSOQ) was provided via an online link and by paper copy to the members of the Social Service Workers Coordinating Committee (SSWCC) Conference 2013.

Members were asked to answer the survey questions which were collected by CUPE National Staff, SSWCC committee members and the Occupational Health Clinics for Ontario Workers (OHCOW) managed analysis - this report prepared by CUPE National Staff summarizes this analysis.

It must be clear that the intent of the survey is to diagnose systemic problems occurring within a single workplace or within a division of the same workplace. The results collected from the conference delegates as a whole should not be translated directly to any one of the respondent's workplaces. However, developing sector strategies to target any of the identified hazards could benefit every workplace.

Environment Safety Concerns

The following is a list of the top 3 physical hazards based on the average rating provided by the respondents:

1. air quality
2. thermal comfort
3. physical (noise, light)

Symptom Associations

The following is a list of the top risk factors most associated with the combined symptoms:

Psychosocial:

1. emotional demands
2. bullying
3. justice & respect

Physical Environment:

1. ergonomics
2. biological hazards
3. physical factors

Please Note: The survey results should be seen as a tool for dialogue and development – not as a "report card". These are the issues that should be focussed on for prevention purposes!

Response rate

First response date: **February 21, 2013**

Last response date: **May 14, 2013**

Number of respondents: 168

Number available to fill out survey: 335 (*this is an approximate number)

Response rate: 50%

If this response rate were the actual number of people within a single workplace that had responded, 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 (surveys need lots of reminders (i.e. nagging) to ensure all those who are willing to participate, actually do participate). 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.

However, since this survey was administered during a conference, the response rate is not significant and has no real impact on the profile of the delegates. It could indicate that not all delegates understood what this survey tool was, or that the conference was already "action-packed".

With more than 50 responses, we can be confident that each association is statistically significant, although even in these circumstances one in 20 associations could be due to chance.

It is also important to note that this survey is not intending to diagnose individuals with any medical ailment, but makes associations between psychosocial factors that could be contributing to the self-reported symptoms.

Gathering of the Information

The information that was gathered for this conference was intended to get a better understanding of the membership of the social services sector and how they view their workplace. The information was obtained from those conference delegates that elected to fill out the survey. This is not a representative sample of every workplace.

An expanded version of the Copenhagen Psychosocial Questionnaire (COPSOQ) was provided via an online link and by paper copy to the members of SSWCC Conference 2013. Members were asked to answer the COPSOQ survey questions and additional demographic questions prepared by CUPE National staff. The data was analyzed using a spreadsheet prepared by the Occupational Health Clinics for Ontario Workers (OHCOW) - this report summarizes this analysis.

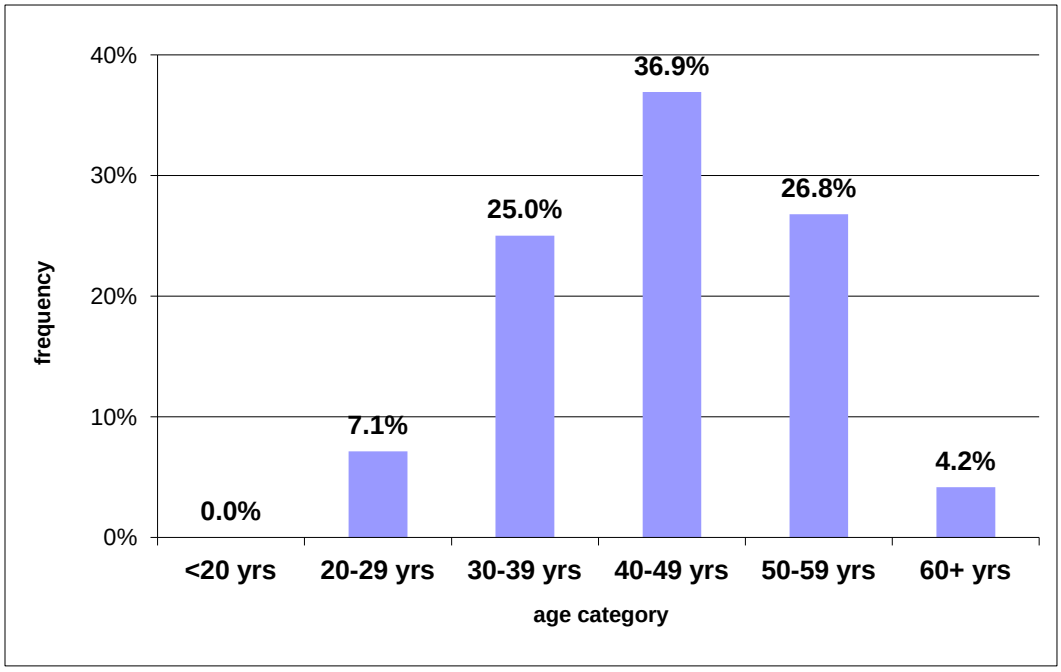
Detailed Information

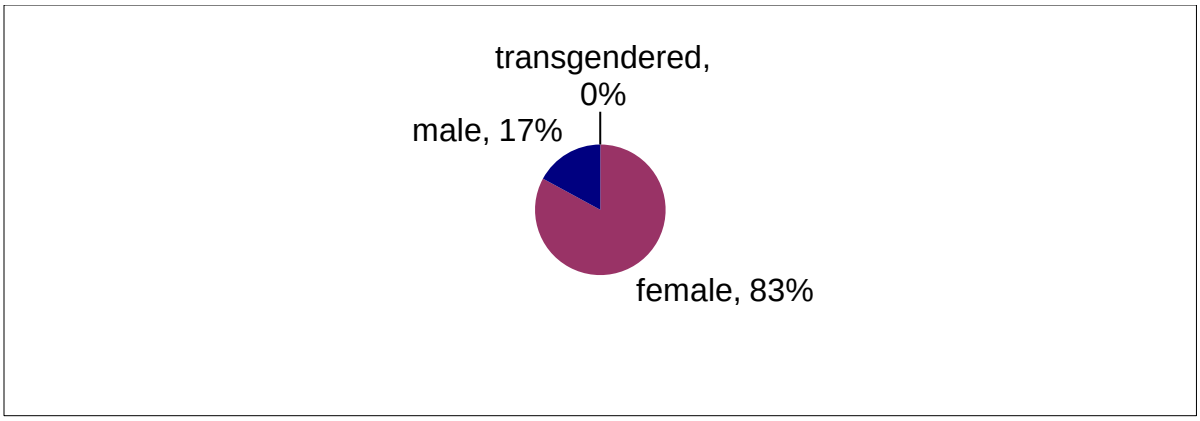
Summary of Demographic Information

The first series of questions were aimed at trying to determine where the responding delegates were from, and some information on their education level and work habits. The delegates who attended were predominantly women from the Children's Aid Societies or Developmental Services sectors. The majority of delegates had at least a college degree, and over 40% of delegates reported having more qualifications than those required by the position they currently occupied.

General Demographic Information

The general characteristics of the participating delegates were that they were women between the ages of 30 and 59 years old.





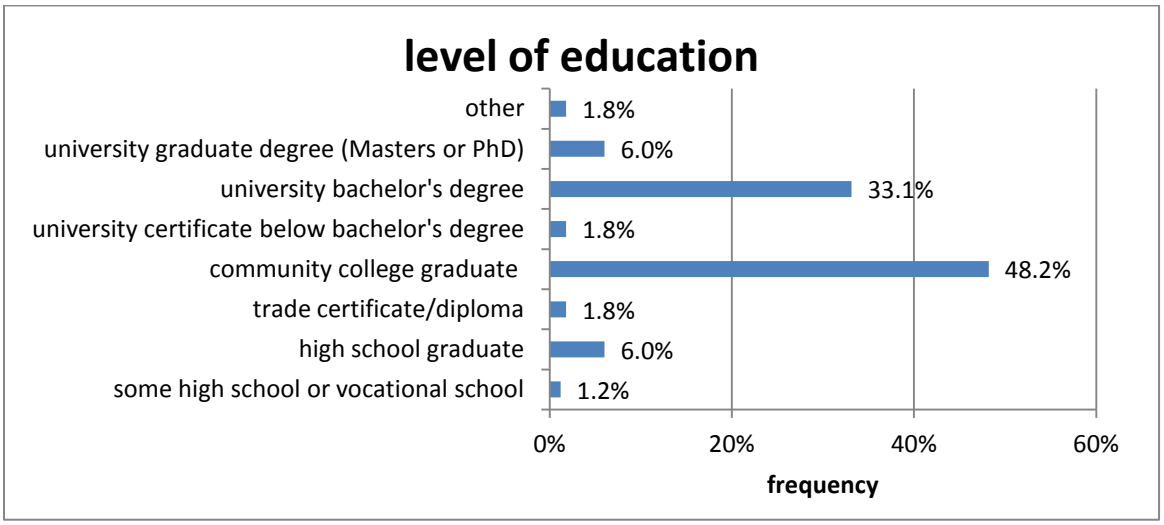
Distribution of Respondents by CUPE Sector

More than 65% of all participating delegates were from the CAS or DS sector groups.

Child Care	5.4%
Children's Aid Societies	32.1%
Community Agencies	9.5%
Developmental Services	35.7%
Municipal Social Services	14.9%
don't know	2.4%

Education level of the survey respondents

When asked overall what their highest level of completed education was, most of the respondents were college or university graduates.

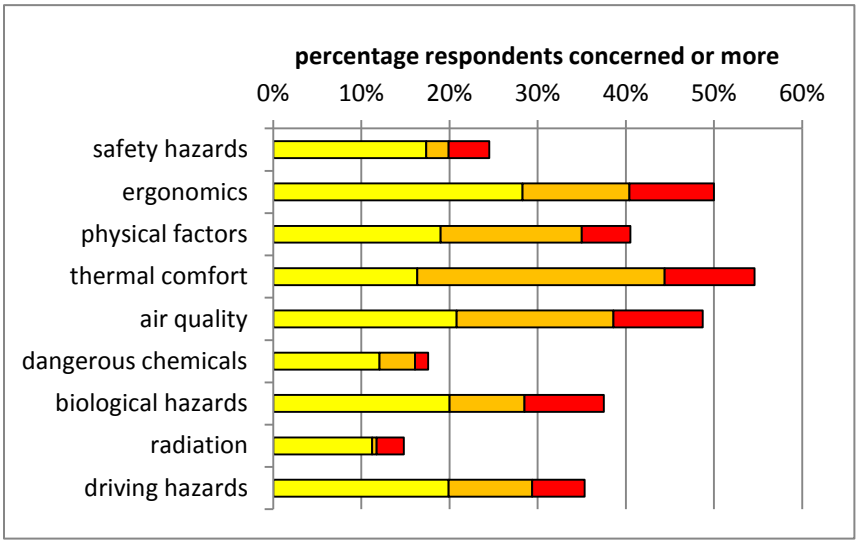


Rating the Physical Workplace Environment

When asked where they see people during the course of their work, 92.8% of survey respondents stated that they interacted with people in the office (33.6%), in a group home (27.0%) or in the client's home (32.2%). The respondents were asked to rate how much the environmental hazards interfered with their ability to do their work. They were asked to rate each hazard in their workplace according to the following numerical scale:

5 exposures interfere with ability to get job done
4 exposures cause annoyance
3 exposures cause concern
2 present but not usually an issue/concern
1 well designed/controlled
0 not applicable

The figure below represents the percentage of respondents that indicated that the physical conditions of the workplace rated 3 or higher (cause for concern, annoyance, or interference).



Safety hazards	**28%**
Ergonomics	**42%**
Physical (noise, light)	**49%**
Thermal comfort	**51%**
Air quality	**52%**
Dangerous chemicals	**11%**
Biological hazards	**49%**
Radiation	**6%**
Driving hazards	**37%**

Statistical analysis was done on the delegates' responses, and the following maps the associations between the physical hazards and the symptoms they most co-related with by shading. The darker the shading is, the stronger the co-relation.

statistical associations	**burnout**	**stress**	**sleep troubles**	**somatic symptoms**	**cognitive symptoms**	**all symptoms**
safety hazards						
ergonomics						
physical factors						
thermal comfort						
air quality						
dangerous chemicals						
biological hazards						
radiation						
driving hazards						

As a general note, somatic symptoms include stomach aches, headaches, heart palpitations and muscle tension and cognitive symptoms include problems with concentration, difficulties making decisions and thinking clearly and memory problems.

The following lists, by frequency of reporting by the delegates and by the association with self-reported symptoms of the hazards of the physical environment in which our delegates do their work.

Top 3 workplace hazards by frequency

1. air quality
2. thermal comfort
3. physical (noise, light)

Top 3 workplace hazards by symptom association

1. ergonomics
2. biological hazards
3. physical factors

Rating Psychosocial Workplace

The psychosocial workplace encompasses both the work that is being done and how this work being done, without having any specific requirement for the type of work. What this means is that the psychosocial factors in the workplace are not specific to a particular task, but rather focus on the interpersonal relationships that occur in a dynamic workplace. To contrast, the physical work environment will focus on physical or tangible features of the work environment (such as equipment, noise, temperature). The tables below give a visual representation of the association between specific psychosocial hazards and self-reported symptoms. The darker the shading is, the stronger the co-relation.

Psychosocial Hazards Linked to Symptoms

		burnout	stress	sleep troubles	somatic symptoms	cognitive symptoms	all symptoms
demands	quantitative demands						
	work pace						
	emotional demands						
work organization	influence						
	possibilities for development						
	meaning of work						
	commitment to the workplace						
relationships	predictability						
	rewards (recognition)						
	role clarity						
	quality of leadership						
	social support from supervisor						
work values	trust of mgmt						
	justice & respect						

Note: It is important to realize that associations do not necessarily imply causes. Also, there may be interactions between risk factors that this spreadsheet cannot take into account.

It should be noted that over 75% of the survey respondents felt that their workplace didn't have adequate staffing and more than 80% thought that there were too few resources to do the work as they felt it should be done.

When asked how sure they were that management would investigate incidents looking for causes, not for blame, fewer than 25% percent felt that this was the case; more than 75% felt that there was a real fear of reprisal for those who reported incidents.

Offensive behaviours like harassment, bullying, violence, sexual harassment and discrimination are still issues that our members face in their workplaces. They can be the source of poor psychological safety in the workplace, but they could also a symptom of poor psychological safety.

The table below provides a link between the behaviours, the sources and the self-reported symptoms they are associated with. The darker the shading is, the stronger the co-relation.

		burnout	stress	sleep troubles	somatic symptoms	cognitive symptoms	all symptoms
offensive behaviours	undesired sexual attention						
	threats of violence						
	physical violence						
	bullying						
	discrimination						
	vicarious offensive behaviours						

The table below provides a link between the behaviours, the sources and the self-reported symptoms they are associated with. The darker the shading is, the stronger the co-relation.

(Note: "too few" in the table below indicates that some respondents have identified being exposed to the behaviour from a particular source, but that there were not enough responses to be able to make statistically relevant associations with symptoms.)

Offensive behaviours broken down by sources

		burnout	stress	sleep troubles	somatic symptoms	cognitive symptoms	all symptoms
undesired sexual attention	colleagues						
	manager/superior	too few	too few	too few	too few	too few	too few
	sub-ordinates	too few	too few	too few	too few	too few	too few
	clients/customers/patients						
threats of violence	colleagues						
	manager/superior	too few	too few	too few	too few	too few	too few
	sub-ordinates	too few	too few	too few	too few	too few	too few
	clients/customers/patients						
physical violence	colleagues	too few	too few	too few	too few	too few	too few
	manager/superior	too few	too few	too few	too few	too few	too few
	sub-ordinates	too few	too few	too few	too few	too few	too few
	clients/customers/patients						
bullying	colleagues						
	manager/superior						
	sub-ordinates						
	clients/customers/patients						
discrimination	colleagues						
	manager/superior						
	sub-ordinates	too few	too few	too few	too few	too few	too few
	clients/customers/patients						
vicarious offensive behaviours	colleagues						
	manager/superior						
	sub-ordinates						
	clients/customers/patients						

It is interesting to note that bullying from supervisors has a greater overall impact on symptoms than does bullying from colleagues, or from clients/customers/patients. This is not surprising when one considers that a supervisor has more disciplinary tools in his/her arsenal than a co-worker; the potential for discipline or reprisal is much greater.

Types of vicarious offensive behaviours

undesired sexual attention	12.5%
threats of violence	31.9%
physical violence	15.0%
bullying	61.3%
discrimination	28.8%

Top Correlations with Symptoms

Sums of Psychosocial factor categories

This table represent the total associations between the categories of psychosocial hazards and the symptoms taken from the associations that are presented in the table on page 12. The darker the shading is, the stronger the co-relation.

	burnout	stress	sleep troubles	somatic symptoms	cognitive symptoms	all symptoms
demands_sum						
workorg_sum						
relationship_sum						
workvalues_sum						
offensive behaviour sum						

All of the information presented above provides the detailed analysis of how each factor may be producing a specific set of symptoms. In order to be able to provide a workplace with meaningful targets, the following table ranks the different psychosocial factors in order of impact on specific symptom groups. By focusing on improving that particular factor, a positive change may result in the workforce, thus creating a psychologically safer workplace.

Top Correlations with Burnout	Top Correlations with Stress	Top Correlations with Sleep Troubles
1. Emotional Demands	1. Bullying	1. Bullying
2. Bullying	2. Emotional Demands	2. Emotional Demands
3. Rewards (recognition)	3. Justice and Respect	3. Rewards and Recognition
4. Justice and Respect	4. Quantitative Demands	4. Justice and Respect
5. Quantitative Demands	5. Work Pace	5. Threats of Violence
Top Correlations with Somatic Symptoms	**Top Correlations with Cognitive Symptoms**	**Top Correlations with Total Symptom Score**
1. Bullying and Emotional demands	1. Bullying	1. Emotional Demands
2. Justice and Respect	2. Emotional Demands	2. Bullying
3. Rewards (recognition)	3. Discrimination	3. Justice and Respect
4. Work Pace	4. Influence	4. Quantitative Demands
5. Influence	5. Justice and Respect	5. Rewards and Recognition

Potential Solutions

The table above links emotional demands, bullying and justice & respect as the top 3 factors that can be addressed in order to improve overall symptoms and have the greatest impact on psychological safety.

Here are some ideas on how to address each of these factors in the workplace.

1. Emotional Demands

Ideas for managing emotionally challenging work:

- Specific objectives for work (when is the work result good enough/success criteria?)
- Feedback, talking about issues/concerns and acknowledgement from peers and supervisors.
- Possibility of withdrawing (place for privacy) after intense emotional encounter.
- Education/continuous training appropriate to customers/patients/clients with special needs.
- Ensure breaks are taken (encourage workers to leave building for lunch breaks).
- Establish critical response and debriefing protocols.
- Procedure for communication between shifts and persons with responsibility for the same customer/patient/client.

2. Bullying

Ideas on how to deal with bullying in the workplace:

- Education and training for workers on what bullying is and the impact it can have on the workplace.
- Education and training for supervisors and managers on how to prevent bullying in the workplace, how to recognize warning signs, how to deal with difficult behaviours and how to receive and investigate complaints.
- Develop a non-punitive bullying prevention policy and program that allows victims of bullying to report incidents without fear of reprisal.

- When complaints are brought forward, they should be dealt with as soon as possible, to avoid compounding the problem.
- Encourage team-building and cooperation, as well as open forums for discussions.
- Encourage discussion, mediation and problem-solving early on in a dispute.
- Discourage working alone or in isolation.
- Encourage mentoring of new workers by more experienced workers to facilitate integration.
- Encourage workers to use the Employee Assistance Program when experiencing difficult periods.

3. Justice and Respect

Ideas on how to improve justice and respect:

- Establish workplace procedures to prohibit discrimination in the workplace. These procedures should aim at workplace equity and fair treatment. They should ensure that fairness is maintained in the allocation of jobs, duties, promotion, benefits and other terms or conditions of employment. In particular, employment-related distinctions on the basis of age, race, sex, disability, national origin or religion must be prohibited. Actions in breach of the equity policy should be reported as soon as they are discovered and stopped before they lead to a serious situation.
- Communicate to all managers, supervisors and workers the policy of workplace equity and the procedures to prohibit any discriminatory measures and actions.
- Procedures for maintaining privacy in the process of dealing with cases of discriminatory action should also be incorporated. This should not hamper or delay the correction of discriminatory measures in the workplace.
- Assign a staff member to whom workers can report when they receive unequal or unfair treatment. Make sure that each case is dealt with promptly and fairly.
- Pay particular attention to the fair distribution of work tasks. It is necessary to communicate the importance of fair distribution to all managers, supervisors and workers, and follow it up in a coherent manner.
- Be quick to admit mistakes, especially when unfair treatment or discrimination have occurred on the part of management.
- Suggestions about fair treatment and complaints about discrimination from workers should be taken seriously and dealt with promptly. This helps develop workplace equity with the cooperation of all managers and workers.

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