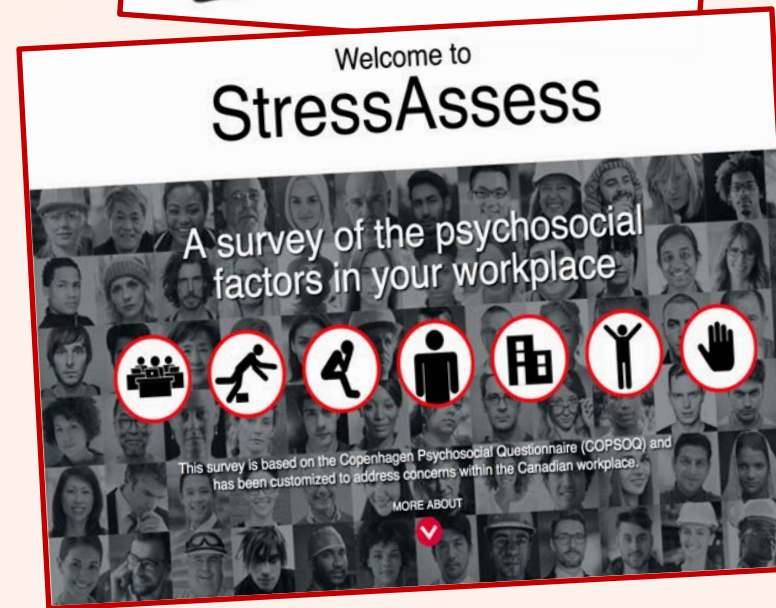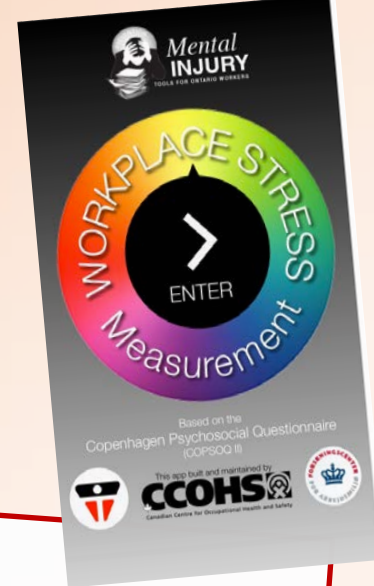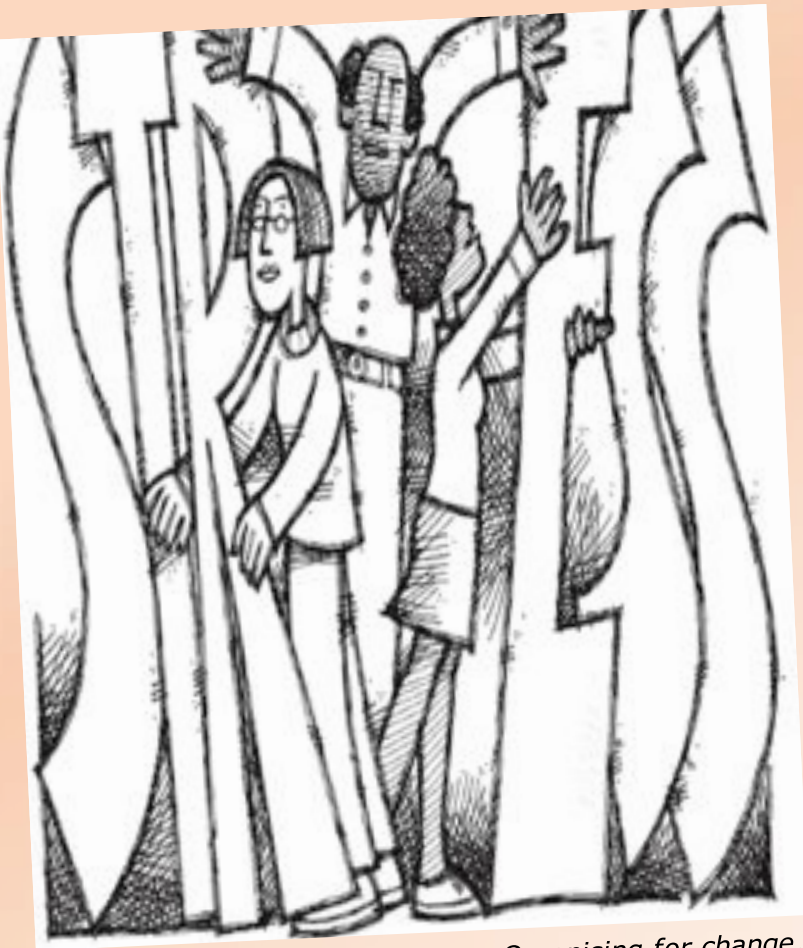# Using the Mental Injury Toolkit (MIT) and StressAssess

**Presented by
Dorothy Wigmore
Occupational health specialist**

**for the
MFL Occupational Health Centre
May 4, 2018**

From: *Enough workplace stress. Organising for change.* Canadian Union of Public Employees. 2003

Work-related stress describes the physical, mental, emotional and behavioural reactions of employees who perceive that their work demands exceed their abilities and/or resources to cope and do their work.

http://www.worksafe.vic.gov.au/safety-and-prevention/health-and-safety-topics/work-related-stress

Evidence about the health effects of work organisation in the 19th and early 20th century

- ✓ fatigue, exhaustion, sleep deprivation
- ✓ *poor diet, malnutrition (wasting disease)*
- ✓ cramped posture, repetitive strain injuries
- ✓ *overcrowded, poor ventilation, unhygienic working and living conditions*
- ✓ increased risk of infectious disease (workers and communities)
- ✓ *insecurity and mental well-being*
- ✓ children – interrupted physical/mental development and early onset chronic injuries

Quinlan, 2011

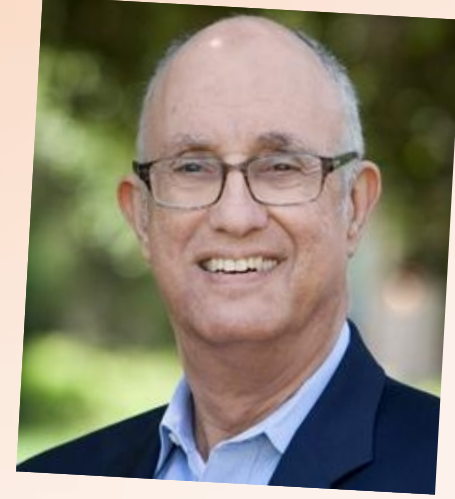# Workers affected in those early reports included

- sweated labour and outwork (mainly women)

- child labour

- casual labourers (e.g., dock, agriculture, navvies)

- indentured immigrants (especially non-European)

- shop workers

- merchant seamen

- subcontracted/outsourced labour

Quinlan, 2011

Sound familiar?

# "The workplace is killing people and nobody cares"

.. (T)he real inconvenient truth is not just that there is environmental pollution, which there certainly is, but that there is also social pollution.

Companies should care about what they are doing to the social environment, not just the physical environment.

I didn't think the workplace would be the fifth leading cause of death in the United States. And, by the way, when I talk to HR people, they say the numbers we have are certainly wrong: They are too low.

I want to wake people up. This is a serious issue that has serious consequences for corporate performance and for people's well-being. We should care about people's psychological and physical health, not just about profits.

Jeffrey Pfeffer, professor of organizational behavior at Stanford Graduate School of Business, author of the 2018 book, *Dying for a paycheck: How modern management harms employee health and company performance—and what we can do about it.* Interviewed at
https://www.gsb.stanford.edu/insights/workplace-killing-people-nobody-cares
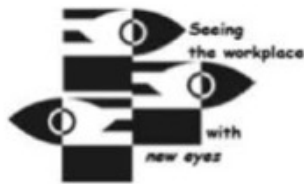
Workplace stressors have toxic effects

What we feel right away is ...

Dry mouth, difficulty swallowing

Out of breath or short, shallow breathing

Heart races

Stomach feels "funny" (butterflies, knots)

Sweaty

Tense, achy, muscle pain, "shaky" feeling

Pins and needles

What's going on? Short-term stress effects include ..

Body fluids such as saliva are re-directed into the bloodstream

Airways widen to bring in more oxygen/energy for muscles

Blood pressure and heart rate increase to send oxygen/energy to muscles
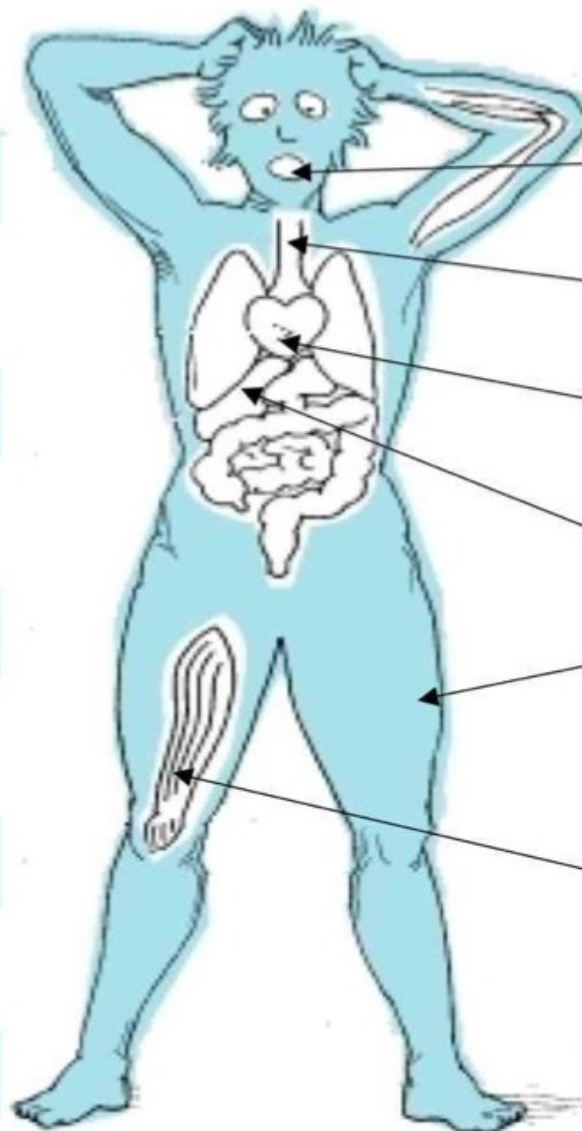
Liver releases stored energy

Skin sweats to cool hot working muscle

Bloodstream gets more cholesterol, fatty acids and sugar for extra energy

Protein production decreases, muscle tissue slowly breaks down

Muscles tense up

Calcium discharges from tense muscle

Seeing the workplace with new eyes

Strain (long-term) physical effects include ...

Sleep disorders, insomnia, fatigue, exhaustion

Headaches, tension, grinding teeth

Cardiovascular problems (e.g. high blood pressure, heart attacks, other changes to the heart and circulation system)

Chest pains/problems

Immune system problems, which make it easier to get sick

Asthma

Digestive system problems (eg. spastic colon, ulcers, impaired digestion, irritable bowel syndrome); weight gain or loss

Diabetes

Menstrual disorders

Sexual dysfunction

Joint and muscle pains; arthritis

Burnout

Strain (long-term) non-physical effects include ...

Anxiety, increased tension and fearfulness

Feeling apathetic, low self-worth, blaming ourselves for our stressed state

Social isolation, withdrawal at home and work, stop participation in family, sports and community activities

Inability to concentrate and finish tasks

Mistrust, blaming others (including "the union"), paranoia

Drug and alcohol abuse

Conflict with family and friends (sometimes violent), fights with co-workers and supervisors
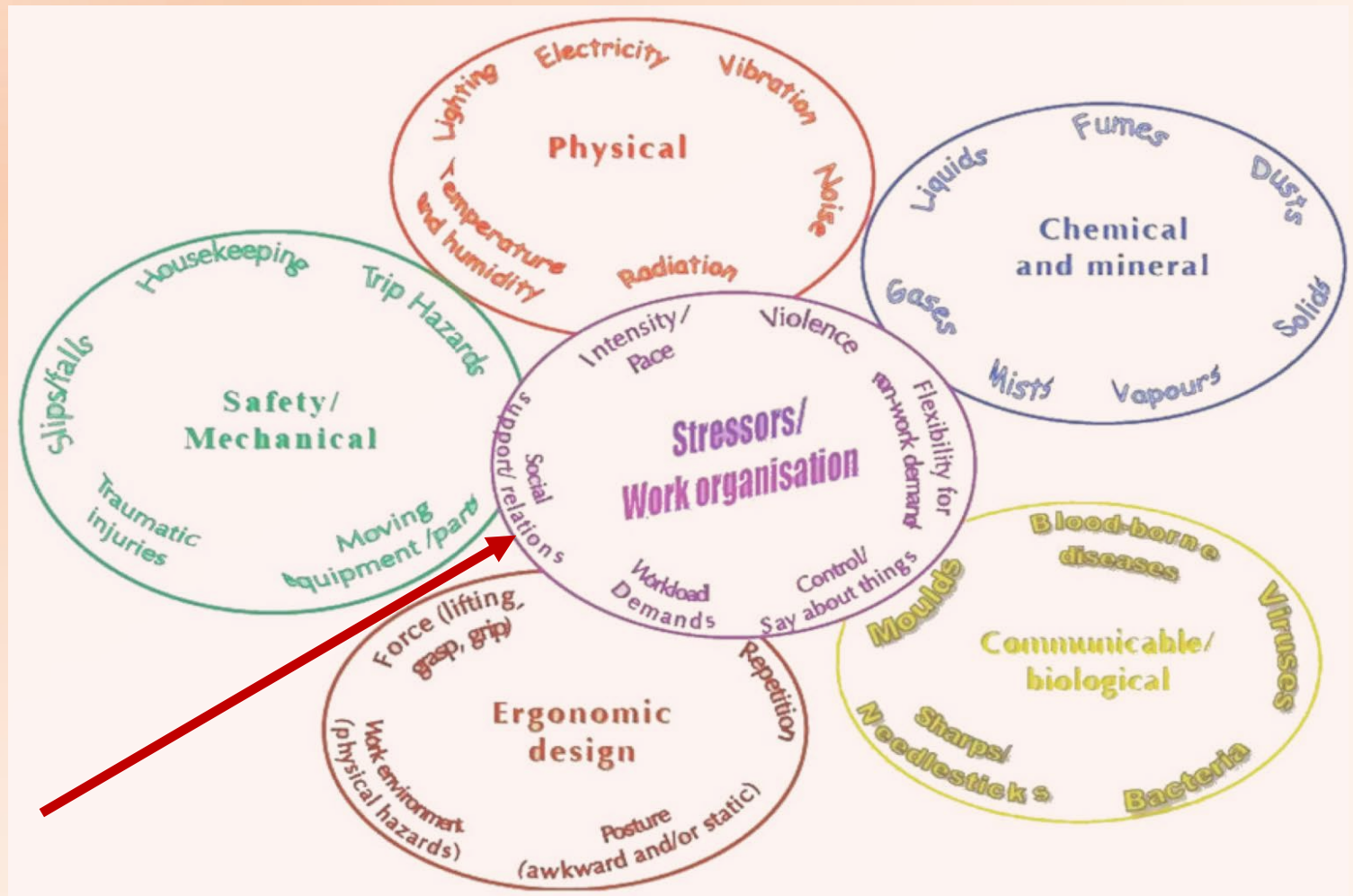
Anger, frustration, envy

Depression, mood changes, constant negativity

Suicidal thoughts

Over-reaction, irrational behaviour

Job dissatisfaction

DEW: March/2010

What causes our injuries, illnesses and diseases? Hazards!

Physical — Lighting, Electricity, Vibration, Noise, Radiation, Temperature and humidity

Chemical and mineral — Liquids, Fumes, Dusts, Gases, Solids, Mists, Vapours

Safety/Mechanical — Housekeeping, Trip Hazards, Slips/falls, Traumatic injuries, Moving equipment/parts

Stressors/Work organisation — Intensity/Pace, Violence, Flexibility for non-work demands, Support/Social relations, Control/Say about things, Workload Demands

Ergonomic design — Force (lifting, grasp, grip), Repetition, Work environment (physical hazards), Posture (awkward and/or static)

Communicable/biological — Blood-borne diseases, Viruses, Moulds, Sharps/Needlesticks, Bacteria

What's behind your "stress" sticker?

Demands/ Workload ↑↓   Control/ Say ↑↓   Support ↑↓   Respect ↑↓

Demands/Workload:
- Deadlines
- Job responsibilities
- Fatigue
- Longer workday
- Workload
- Not enough time
- Overwhelming responsibilities
- Increased responsibilities about the needed resources
- Workload Demands
- Work Environment
- Violence
- Traumatic injuries
- Slips/falls
- They won't tell you the whole story
- Non-Work Demands
- Too Many obligations
- Work Demands
- Work Load Demands
- Conflict resolution
- Not being ABLE to Delegate Authority
- Doing your Damn JOB!
- Unnecessary Paper

Control/Say:
- Co-workers with no common sense
- Too serious all the time
- Petty Problems & Complaints
- Petty Complaints
- Phone System in the office
- Everything must be turned in by 8:30am
- Repetition Instruct
- Constant deadlines w/ short notification
- One size Does not fit All!

Support:
- Unreasonable
- Incompetent So-called "Leadership"
- To work to survive survival is to work
- Support relations Social
- Lack of Support
- Be the ones that are not addressed
- Leadership Lack of Support
- Conflict between Ability and responsibility
- Inconsistent Incompetent Leadership

Respect:
- Lack of respect "No Respect"
- Other Adults
- Disrespectful Children
- On the same job for long period of time grandma groups
- Leadership Lack of Respect
- Rude Children

Five steps to a healthy and safe workplace

5. How do we get the solutions we need?
(Making the case)

Evaluation of the solution(s)

2. What makes it hurt?
(What are the hazards?)

1. Where does it hurt?
(What are the symptoms?)

4. What fixes the hazard?
(Prevention at different levels)

3. How do you find the hazards?
(Surveillance, reporting, maps)
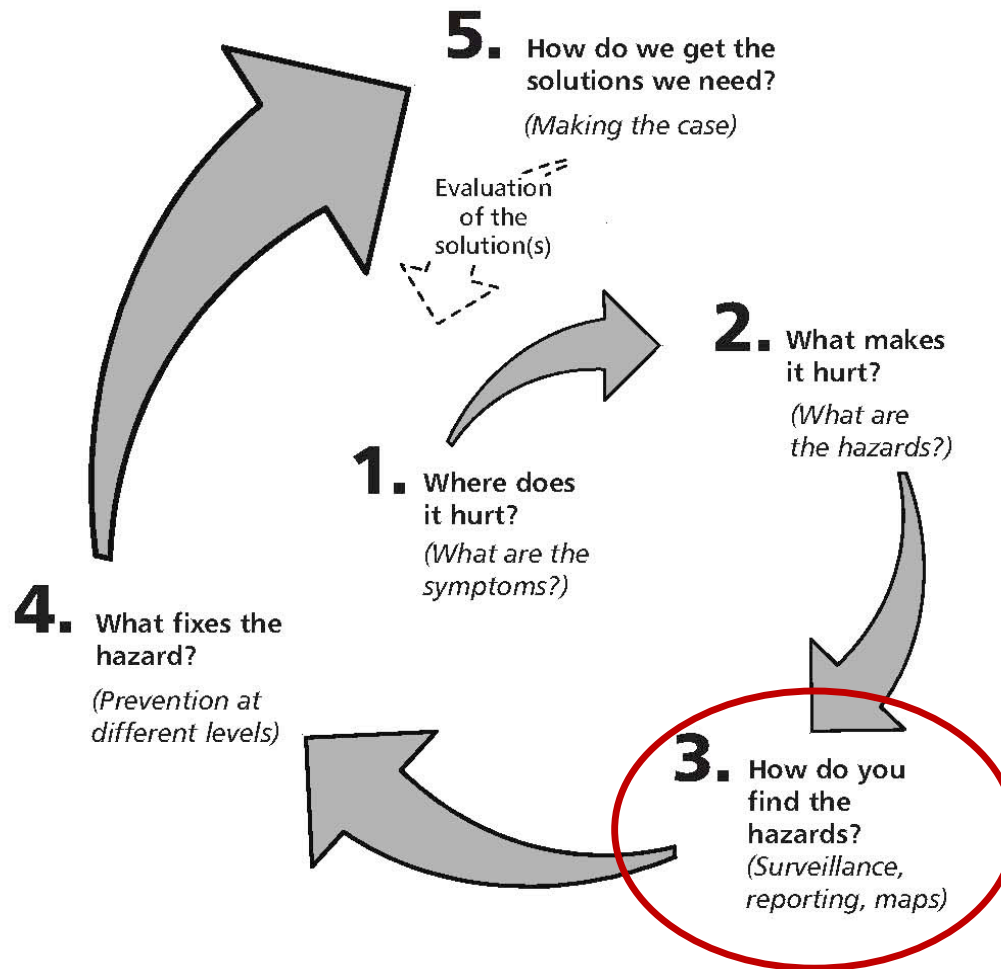
SAFE WORK

A framework to get to a healthy and safe workplace

-- whatever the hazard

Wigmore and others, 2008

Seeing the workplace with new eyes

Mapping those hazards in a school setting

Long-term care work,
on a "regular day"

Long-term care work,
on a "short-handed day"

The stress prevention triangle -- principles for tackling stressors at work

Least effective

Level 3

-- limit the *harm*

(change responses to stressors, treat, create relaxation, recovery time)

Level 2

Reduce harm/early detection

-- lessen the amount of the stressor or its effects

Level 1

Prevent harm

(deal with the stressor and its root causes in the organisation)

Most effective
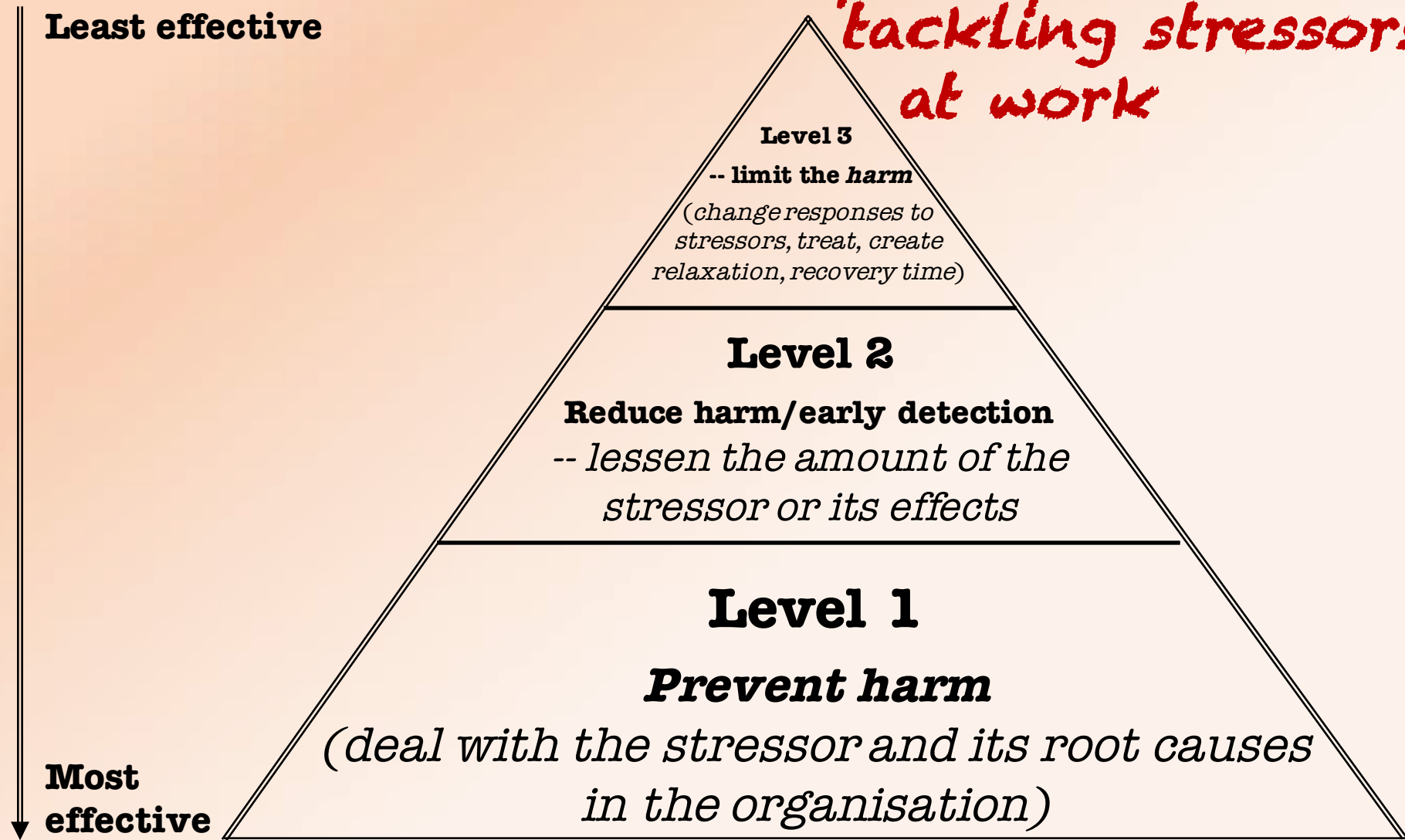
Another way to look at prevention

	Individual	Organisational
prevention level	**1. Primary** - coping and appraisal skills (sometimes called "resiliency")	**1. Primary** - changing the work structure and organisation, "culture", "climate"
	2. Secondary - wellness, relaxation techniques (mindfulness)	**2. Secondary** - awareness, mental health first aid, screening (surveys)
	3. Tertiary - therapy, counselling, medication, support	**3. Tertiary** - EAP, return to work, WCB recognition, accommodation

Manitoba's OHS Law says ..

Victor Rabinovich, main author of the 1976 Manitoba *Workplace Safety and Health Act*

From the ILO and WHO definition of occupational health, 1950

"health" means the condition of being sound in body, mind and spirit, and shall be interpreted in accordance with the objects and purposes of this Act; [WHO definition]

Specific objects and purposes

2(2) Without limiting the generality of subsection (1), the objects and purposes of this Act include

(a) the promotion and maintenance of the highest degree of physical, mental and social well-being of workers;

(b) the **prevention** among workers **of ill health** caused by their working conditions;

(c) the **protection** of workers in their employment **from factors promoting ill health**;

(d) the placing and maintenance of workers in an occupational environment adapted to their physiological and psychological condition; and

(e) the **promotion of workers' rights** ...

# The "rules" about fixing hazards say:

Eliminating or control of "risks"

2.1(1) **Where there is a risk** to the safety or health of a worker, the **employer must**, if **reasonably practicable**, eliminate it through

(a) the design of the workplace;

(b) the **design of the work process**; or

(c) the use of engineering controls.

Reasonably practicable:

*.. means that the employer must weigh the costs in time, money and effort of fixing or preventing problems, and the effects of doing little or nothing. It's **not** an even balancing of costs and hazards. Hazards must be fixed or dealt with, unless there is "a gross disproportion" (i.e., a great imbalance) between the cost of solutions and doing nothing about the hazard. The more serious the hazard, the more that it is "reasonably practicable" to fix it.*

From: *Seeing the workplace with new eyes*, 2008.
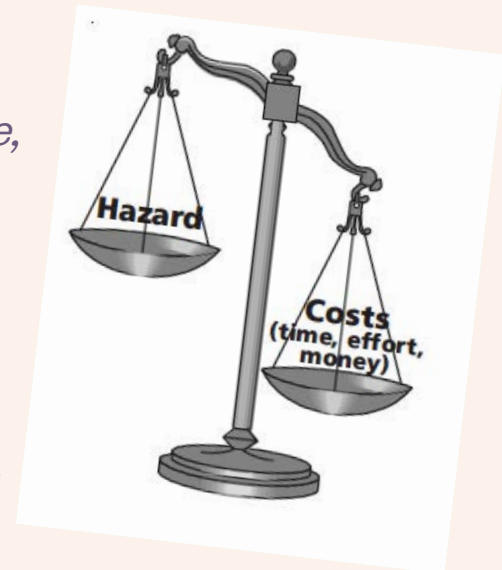
EU Context for tackling stressors (aka psychosocial*) hazards

- European *Framework Directive on Health and Safety at Work* (89/391/EEC), into force Jan. 1, **1993,** interpreted to include "psychosocial" hazards for job "risk assessments"

- European Parliament Resolution A4-0050/99 (Feb. 25, **1999**) said workplace well-being goals include psychosocial aspects but generic requirements (i.e., "assess risks including psychosocial") -- without specific performance evaluations (like current Manitoba violence and harassment regs) -- were largely ignored or only given lip-service

- Within the **last 5-10 years**, EU members have passed very specific regulations about measuring psychosocial hazards and some even require quantitative demonstration about the effect of interventions

- EU **2012** enforcement "blitz" on psychosocial risk assessment

* .. my colleagues, mostly psychologists, have been complaining for years about the inappropriateness of this concept. .. (I)t mixes psychological relations (people's reactions) .. with social issues which are more objective and have to do with the work organization.

Asa Kilbom, 1998

Mental Injuries Tool (MIT) Group

- established in 2009 out of a stakeholder sub-committee of worker representatives and the Occupational Health Clinics for Ontario Workers (OHCOW), charged with "supporting worker representatives in taking action on prevention and workers' compensation"

- held a workshop in 2010 to select projects that could be developed jointly to address common concerns

- the topic getting the most interest was mental injuries (workplace psychosocial hazards/risk factors, recognition and compensation for mental injuries)

Copenhagen Psychosocial Questionnaire

(COPSOQ II Short version)

- relates **sources** of workplace stress (hazards) **to self-reported health symptoms** and general health experienced by participants

- *survey **validated and extensively used** in Denmark, so has produced a **databank** that allows results to be compared to a representative sample of the Danish population*

- questionnaire **contains** questions about work environment, personal health

and well-being, how work affects personal and family life, and conflicts and offensive behaviours

- *purpose is to see which hazards most contribute to health symptoms, providing focus for prevention efforts*

- **dual approach** to workplace stress is essential — support and help affected individuals and take action to eliminate or minimise causes

http://www.arbejdsmiljoforskning.dk/Spørgeskemaer/Psykisk arbejdsmiljø.aspx?lang=en

- intent was to create an **instrument** that measured psychosocial hazards by **covering** important dimensions of the seven main **theories** of workplace stress:
    1. The job characteristics model (JCM)
    2. The Michigan organization stress (MOS) model
    3. The job demand–control (DC, aka demand-control-support) model
    4. The sociotechnical (ST) approach
    5. The action-theoretical (AT) approach
    6. The effort–reward imbalance (ERI) model
    7. The vitamin model (VM)
- over the years, also **absorbed other models** such as organizational justice
- recently demonstrated that elements also consistent with the Job Demands – Resources (JD-R) model
- available in more than 25 **languages**
- **unique** because includes population-based reference values to assess the need for action and help decision-making process about workplace preventive measures

Tage Søndergård Kristensen

What does the COPSOQ II and III short/CORE survey measure?

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

Job/employment factors

insecure job: being worried about needing to find another job

unstable job: being worried about changes in working loads/tasks

work/life conflict: time/energy away form work affected by job demands

Offensive behaviours

sexual harassment; threats of violence; physical violence; bullying

Quality of job

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

role conflicts: contradictory demands; having to do work inefficiently

job satisfaction: all things considered, being satisfied with work

Values (justice, respect & transparency)

vertical trust: information from management is trustworthy; management trusts worker

justice and respect: conflicts resolved fairly, work distributed fairly

predictability: being kept well informed, having enough information

recognition: being appreciated and treated fairly

role clarity: knowing what is expected and having clear objectives

Supports

leadership: supervisor has planning skills and values your job satisfaction

supervisor support: your supervisor listens and helps

colleague support: your colleagues provide support and sense of community

# "Soft guidelines" for using the COPSOQ questionnaires

- ✓ never start a survey of psychosocial working conditions unless there is a clear intention of taking action if indicated
- ✓ all respondents are anonymous
- ✓ participation is voluntary
- ✓ employees have the right to see and discuss all results
- ✓ the results should be seen as a tool for dialogue and development
- ✓ management, as well as supervisors and workers, should participate and be committed during the whole process

http://www.arbejdsmiljoforskning.dk/~/media/Spoergeskemaer/copsoq/soft-guidelines-of-copsoq.pdf

Does the MIT-COPSOQ tool meet the CSA standard?

Yes! And more

The standard cites 13 "factors" and "other chronic stressors" as identified by workers."
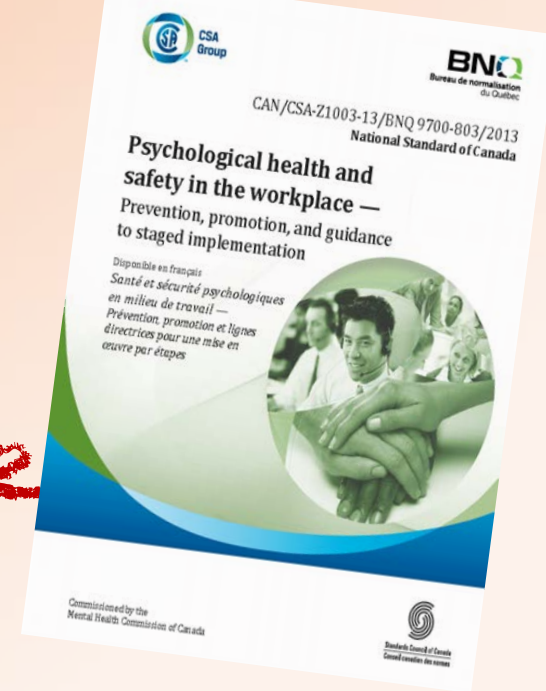
Psychological & social support	Organizational culture	Clear leadership & expectations	Civility and respect	Psychological demands
Growth and development	Recognition and reward	Involvement and influence	Workload management	Engagement
	Work/life balance	Psychological protection	Protection of physical safety	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.)

OHCOW did a national survey using the MIT

- in conjunction with a reputable Canadian polling organisation, an **online survey** was completed between February and March, 2016

- *selection criteria*: *any employed Canadian working in a workplace with more than 5 employees*

- survey was available in English and French

- *originally, the sample started with Ontario; later expanded to all of Canada (total of **4,113 participants** completed the survey online --1,584 in Ontario and 2,529 workers outside it)*

- EKOS provided weighting factors to adjust to the Census

- academic analysis found the COPSOQ survey was **reliable and validated** – only Canadian one that is

MIT tools include

- websites http://www.ohcow.on.ca/mental-injury-toolkit.html and www.stressassess.ca

- guide

- You-Tube videos

- posters, cards

- training materials (working on them)

- mini-MIT: shortened guide for workplaces (85% done)

- app (http://www.ohcow.on.ca/measure-workplace-stress.html)

- on-line survey administration (StressAssess)
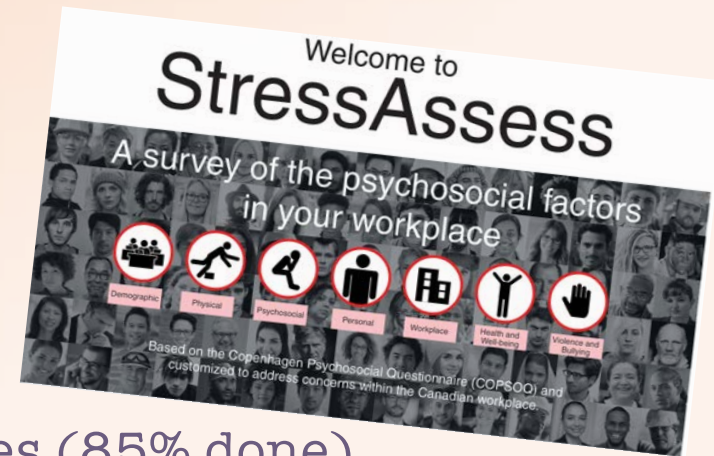
- webinar http://www.ccohs.ca/products/webinars/workplace_stress/
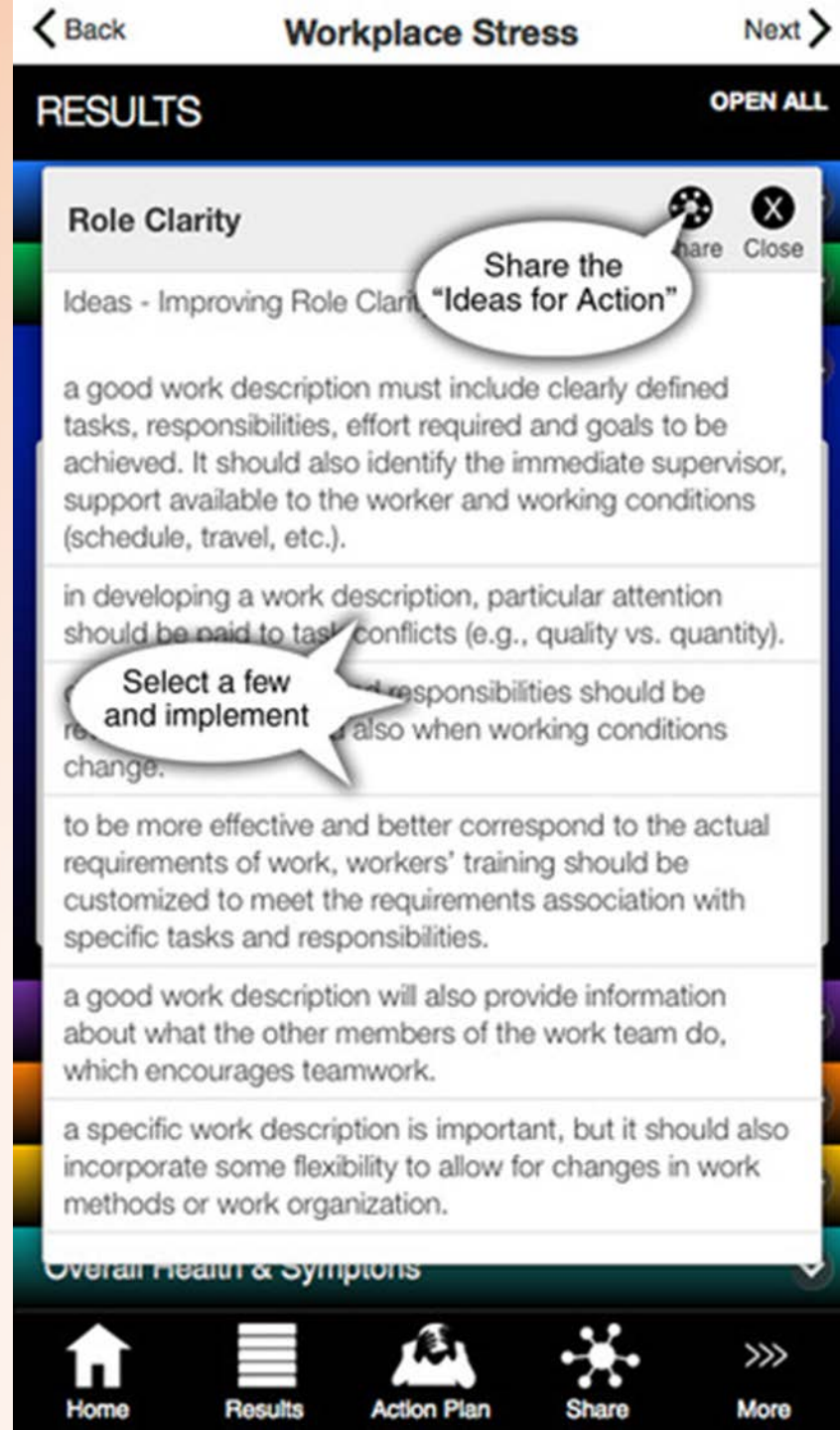
Let's use the app and the on-line survey

Try the app

http://www.ohcow.on.ca/measure-workplace-stress.html

How does your "stress" compare with that of others?

Welcome to StressAssess

A survey of the psychosocial factors in your workplace

Demographic | Physical | Psychosocial | Personal | Workplace | Health and Well-being | Violence and Bullying

Based on the Copenhagen Psychosocial Questionnaire (COPSOQ) and customized to address concerns within the Canadian workplace.

Now Let's try StressAssess

Choose from two versions

COPSOQ III is the impetus behind this new version. Web-based and app versions will be available

Personal Edition

Workplace Edition

Prepare

Announce

Create

Build

Test

"Deploy"

Remind

Monitor

Evaluate

A "wizard" takes you through the survey administration process

You can track progress

RESPONSE RATE

Start date	End date	Potential Participation	Declined Participation	Incomplete
2017-11-07	2018-01-02	30	0	6

83.3%
25
completed
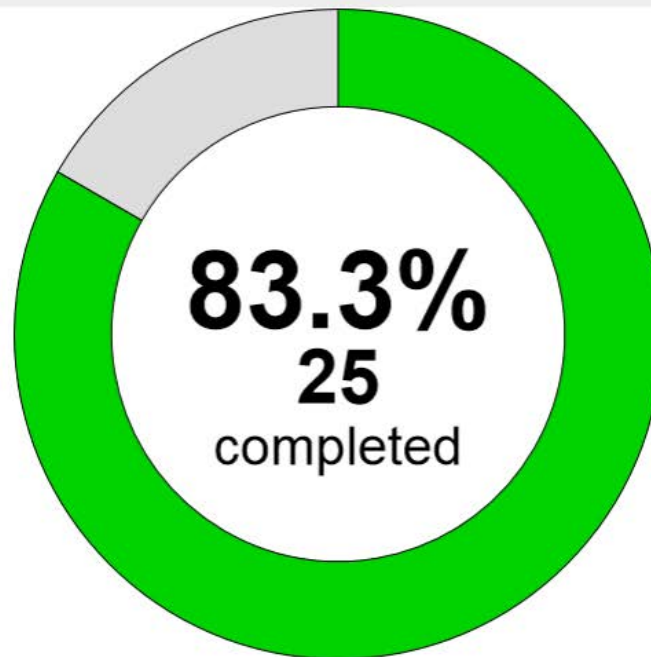
Rating: Very Good

CLOSE SURVEY

See the results by categories

WORKING CONDITIONS

Job Security

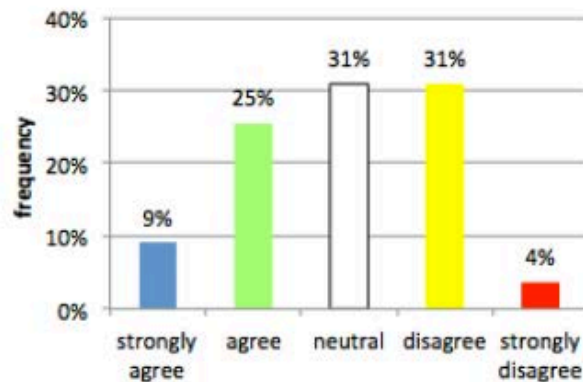Q. To what extent do you agree that your job security is good?

Response	Frequency
strongly agree	15%
agree	35%
neutral	25%
disagree	13%
strongly disagree	13%
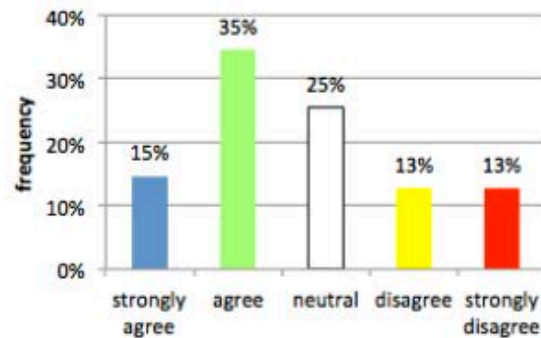
Adequate Resources

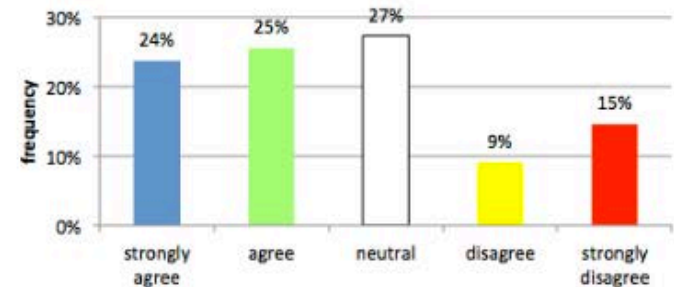Q. To what extent do you agree that your workplace has enough resources to do the job the way it should be done?

Response	Frequency
strongly agree	25%
agree	38%
neutral	20%
disagree	15%
strongly disagree	2%
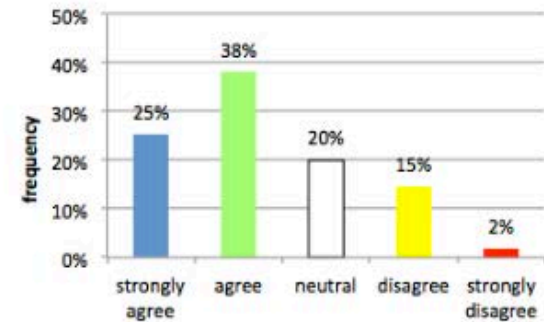
Adequate Staffing Levels

Q. To what extent do you agree that staffing levels are adequate?

Response	Frequency
strongly agree	9%
agree	25%
neutral	31%
disagree	31%
strongly disagree	4%

Accomodation for Outside Responsibilities

Response	Frequency
strongly agree	24%
agree	25%
neutral	27%
disagree	9%
strongly disagree	15%

And compare them to other Canadians

Comparison with Canadian Reference Population

Save Image

- Workplace has enough resources
- Good job security
- Adequate staffing levels
- Accomodations for outside responsibilities
- accident investigation focus
- Violence & harassment policy effectiveness
- Psychological HS climate
- Culture tolerates harmful behaviour
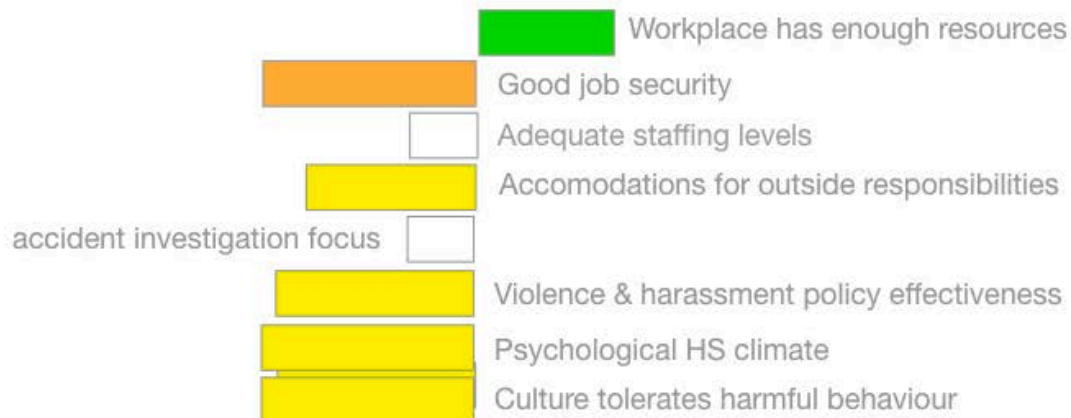
◀ worse than average | better than average ▶

SHOW SCALE

- much worse
- worse
- not as good
- average
- average
- better
- much better

How does OHCOW do it?

1. Get **buy-in** (union, employer, establish steering committee)

2. Recruit a **co-ordinator/champion** in each unit (knowledgeable in workplace stress)

3. Administer survey (define units, collect e-mail lists, Dilman's 5 contact **survey administration**, immediate on-line report, top issues by outcome)

4. Begin **dialogue** to improve issues

Finding solutions to the hazards/problems …

DANCING ON LIVE EMBERS
Challenging Racism in Organizations

Tina Lopes & Barb Thomas

The Triangle model to analyze racism & discrimination
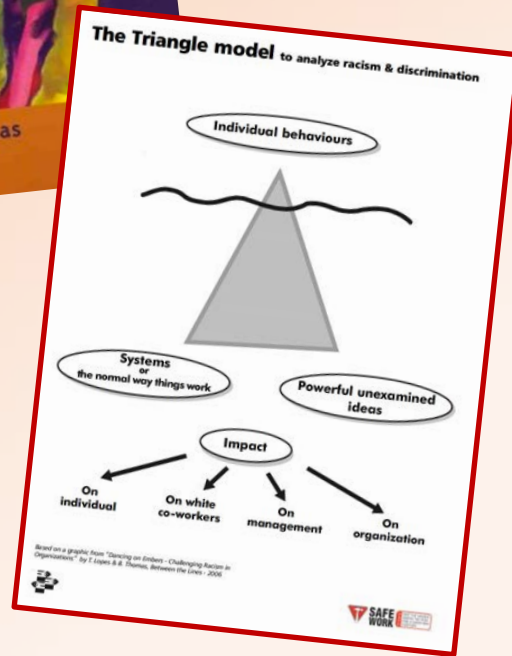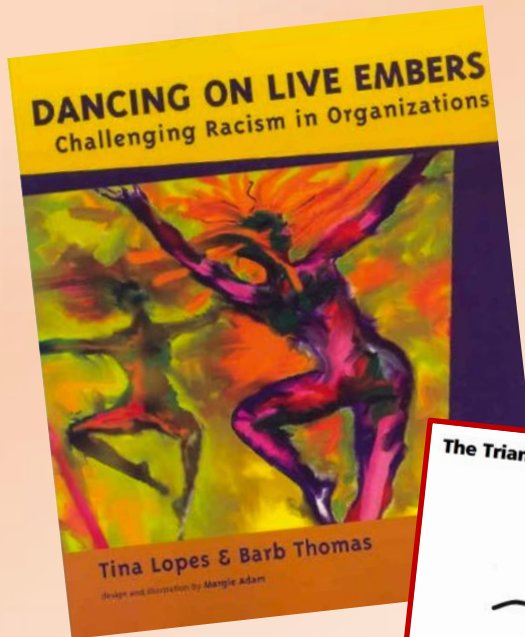
- **pick** a work organisation/ psychosocial hazard that you'd like to address (top issue/ low-hanging fruit?)

- refer to **resources** (plenty on-line) and don't be afraid to ask for help

- best to work with a **representative steering committee**, not alone

- "let the **conversation** begin …"

- be prepared to address issues of **power, racism, sexism**, etc.

Ideas to help address hazards

Provide flexibility in working hours

Reduce ineffective/ unnecessary tasks

Stress Prevention at Work Checkpoints

Take responsibility for mistakes, and deal with the fallout promptly

Provide a place to withdraw to if emotionally demanding incident occurs

When and where possible, allow workers to determine:
— how work is performed — the working schedule — whom they work with — whether it is possible to work in small groups
— the choice of tools, equipment, furniture, etc.

A good work description must include clearly defined tasks, responsibilities, effort required and goals to be achieved

Source: *Stress Prevention at Work Checkpoints*
International Labour Organisation
http://www.ilo.org/wcmsp5/groups/public/@dgreports/@dcomm/@publ/documents/publi cation/wcms_168053.pdf

Lessons for stress prevention interventions

- ✓ Make changes in the context of an overall "**big picture**" and **holistic understanding** about job-related stressors and their health effects.

- ✓ Look for **specific stressors** within the workplace.

- ✓ Work to **reduce different types** of stressors and **build up skills and support at different levels** within an organisation.

- ✓ **Joint** employee, union and management committees are key.

- ✓ Committees need some **decision-makers**, enough **resources** and plenty of **time** (the role of top management and union representatives is crucial).

- ✓ **Train-the-trainer** interventions are an effective but **limited strategy**.

- ✓ **Short-term**, highly-visible events and training are valuable.

- ✓ Consider which **parts** of an organisation/workplace need **to be involved** in the change process.

- ✓ Establish organisational **support or infrastructure** (top-down and bottom-up strategies).

- ✓ **Link** other strategic changes taking place in the workplace/organisation (e.g., productivity, quality) to the stress reduction or prevention interventions.

- ✓ Recognise it **takes time**, so you'll need a long-term process for organisational learning and change, which are benefits on their own.

Barbara Israel and others (1996) "Occupational stress, safety and health: Conceptual framework and principles for effective prevention interventions". *Journal of Occupational Health Psychology*. Vol 1, No. 3, pages 261 - 286.

First, solutions; then strategies -- 'cause they're different

Acknowledge power and deal with it – 'cause it's behind many stressors (e.g., control, demands)

6. What fixes these hazards?

6.2 Who are the "players"?

Public health goals

Player	Why involve?
Second-in-charge (2ic)	Take load off super, can make decisions
Supervisor	Make decisions
Senior mgmt	Close to senr mgmt, affects their job. Purse strings, set policies
Shop steward/ union	CA prob? collective report/ pressure senr mgmt
JHSC	Stressors are hzd
Employees	We're action oriented, meaningful to us/ improve
Insurance co (benefits)	To prevent/ reduce stressors + costs

Accountant:
· not likely
· budget concerns

?

Think big. Think solutions. Think tools. Think collective action.

We need to put research, community and public health energies into getting "the fixes", rather than focusing on the problems we know much about.

What can you do?

What is one thing you will do?

What are your questions?

Thanks muchly