Fact sheet 2-E: "Decision-making autonomy" indicator

Supplement to the Tool for Identifying Psychosocial Risk Factors in the Workplace

Indicators included in the tool

1- Work context and prevention measures in place

A. Job and work context

B. Illness absenteeism and presenteeism

C. Occupational health activities or policy

D. Activities or policy against violence and harassment

E. Return-to-work activities or policy

F. Work/life-balance activities or policy

2- Key components of work organization

A. Workload

B. Recognition at work

C. Social support of immediate supervisors

D. Social support of colleagues

E. **Decision-making autonomy**

F. Information and communication

What is decision-making autonomy?

Decision-making autonomy refers to the possibility of having a certain amount of control over work that has to be done and the possibility of using or developing the necessary skills. A workplace with a high degree of decision-making autonomy is reflected by the following:

- Workers are allowed and encouraged to use their creativity, show initiative and develop skills to perform new tasks

- Workers have some leeway to make decisions on their own, to choose work methods and to control the pace at which they work

- Employees participate in organizational decisions that affect them

- Employees are involved before, during and after organizational changes are made

In other words, decision-making autonomy refers to the notion of control, that is, the freedom to decide how work will be carried out and to influence the way things are done in a workplace. It also refers to the notion of self-fulfilment, reflecting the fact that employees have the opportunity to use their creativity and learn new things.

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Why be concerned about this?

A workplace that fosters decision-making autonomy shows that it respects its workers and has confidence in them. It also makes use of an effective means to support innovation and skills development within the organization.

Several epidemiological studies based on the theoretical demand-control model developed by Karasek and Theorell (1990) have shown a link between low decision-making autonomy at work and health problems. However, the greatest health problems seem to stem from the combination of low control (decision-making autonomy) and high psychological demands (workload). In fact, this combination of risk factors, which is call job strain, increases the risk that workers will develop cardiovascular disease and mental illnesses (depression, psychological distress or increased use of psychotropic substances).

In the Québec Survey on Working and Employment Conditions and Occupational Health and Safety (2011), 49% of respondents said that they had low decision-making autonomy at work and 17.3% that they were exposed to job strain. In fact, several follow-up studies on working conditions have shown that decision-making autonomy is declining in the workplace. This may be associated with the fact that workers are being given more responsibilities without being delegated the necessary decision-making authority or offering them the leeway to develop their skills and control their work pace and methods.

What practices should be implemented?

Here are some examples of organizational and management practices likely to have a positive impact on the "decision-making autonomy" indicator.

- Implement a pre-established participatory decision-making process, so as to avoid having to improvise one or having to resort instead to unilateral decisions, which can be made more rapidly

- Involve workers in decisions that have a direct impact on their work

- Create working committees and workshops that include workers from different activity sectors and with different duties or expertise to promote a collective approach to finding solutions

- Include workers in change-management committees and set aside time for consultation at every stage of the change process

- Introduce flexible work schedules and alternative work time arrangements or, if possible, allow workers to choose when they will take breaks

- Set general objectives, but allow employees flexibility in choosing the methods and tools for achieving them and the pace at which they will work

- Put in place practices fostering the development of new skills: for example, training, educational leave and on-the-job learning activities.

References and useful links

1. Vézina, M., R. Bourbonnais, C. Brisson and L. Trudel, (2006). *Définir les risques : sur la prévention des problèmes de santé mentale.* Actes de la recherche en sciences sociales, Vol. 3(163), p. 32-38.

2. Vézina, M., E. Cloutier, S. Stock, K. Lippel, É. Fortin et al. (2011). *Enquête québécoise sur des conditions de travail, d'emploi, et de santé et de sécurité du travail (EQCOTESST),* Québec, Institut de recherche Robert-Sauvé en santé et en sécurité du travail - Institut national de santé publique du Québec et Institut de la statistique du Québec.

3. Brisson, C., M. Gilbert-Ouimet, C. Duchaine, X. Trudel, M. Vézina (2016). *Workplace Interventions Aiming to Improve Psychosocial Work Factors and Reduce Related Health Problems.* Chapter 16, in Work Stress and Health in a Globalized Economy, edited by Johannes Siegrist and Morten Wahrendorf, Springer International Publishing.

4. Gautier, M.-A. and V. Langevin (2016). *Risques psychosociaux. 9 conseils pour agir au quotidien.* Institut national de recherche et de sécurité.

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