# Fact Sheets on the Indicators of the Tool for Identifying Psychosocial Risk Factors in the Workplace

Québec

# Fact Sheets on the Indicators of the Tool for Identifying Psychosocial Risk Factors in the Workplace

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# Table of contents

# Introduction

This collection of fact sheets, which was prepared in response to numerous requests for simple and accurate information on psychosocial risk (PSR) factors in the workplace, is intended to serve as a practical tool for occupational health workers as a whole. The fact sheets were drawn up by experts from the Équipe de prévention des risques psychosociaux du travail et promotion de la santé des travailleurs (Team for the prevention of psychosocial risk factors in the workplace and the promotion of workers' health) of the Institut national de santé publique du Québec (INSPQ), in collaboration with the Groupe scientifique sur l'impact des conditions et de l'organisation du travail sur la santé (Scientific panel on the impact of working conditions and work organization on health), made up of researchers and specialists in the field.

These fact sheets supplement the Tool for Identifying Psychosocial Risk Factors in the Workplace, whose use requires comprehensive training also developed by the INSPQ.

Since the fact sheets provide information on each of the 12 indicators that can be assessed using the tool, they are particularly helpful for preparing preventive action plans. The collection contains a *Summary Fact Sheet on the Use and Indicators of the Tool*, as well as 12 other fact sheets on the following topics:

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

Readers can also consult this collection of fact sheets on the Web site of the INSPQ and download each one in PDF format. Online training on the identification and prevention of psychosocial risk factors in the workplace is available on the Web site as well: Risques psychosociaux au travail : de l'identification à la prévention (French only). For more information, visit the site at: https://www.inspq.qc.ca/en/expertise/occupational-health/tool-identifying-psychosocial-risk-factors-workplace.

# Summary fact sheet on the use and indicators of the tool

**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 the Tool for Identifying Psychosocial Risk Factors in the Workplace?

This tool was created in response to the need for occupational health workers in Québec's health and social services network to have a tool that would enable them to briefly assess the likelihood that psychosocial risk factors are present in a workplace. It is a simple measurement tool that includes a pedagogical component designed to help workplaces identify actions or policy directions that should be implemented in order to improve workers' health.

More specifically, it is an interview tool for documenting 12 indicators concerning:

1-  the work context and prevention measures in place within an organization

2-  the key components of work organization

### Indicators included in the tool

This interview tool is divided into two parts, each of which has six indicators.

The first part includes a descriptive indicator of job and work context and aims to determine the scope of both job insecurity and organizational changes under way or planned within an organization. It also includes an outcome indicator for the current and evolving situation with regard to illness absenteeism and presenteeism.

In addition, the first part of the tool serves to assess the culture of prevention within an organization. The latter's involvement in prevention activities reflects its culture, prevention values and what is sometimes called the psychosocial safety climate. A good psychosocial safety climate is associated with fewer psychosocial risk (PSR) factors and better performance on the part of an organization.

More specifically, the expression "psychosocial safety climate" refers to organizational policies, practices and procedures for protecting workers' psychological health and safety. Activities or policies against violence and harassment and regarding occupational health, return to work and work/life balance are all part of this climate. Four separate indicators have thus been defined for these activities or policies in the first part of the tool. They serve to measure the importance attached by an organization to prevention activities. The second part of the tool consists of six empirically validated psychosocial risks on which organizations can act. These risks are workload, recognition at work, social support of immediate supervisors, social support of colleagues, decision-making autonomy, and information and communication.

## Why be concerned about this?

Several studies have shown that certain aspects of work organization have harmful effects on health, and particularly on mental health, cardiovascular health and musculoskeletal disorders. Psychosocial risks in the workplace are like any other type of health risk and, contrary to what some people might think, it is possible to measure them and to implement effective measures to control them.

## What practices should be implemented?

The Tool for Identifying Psychosocial Risk Factors in the Workplace was developed under the supervision of a scientific panel made up of researchers and specialists in the prevention of such risk factors. Comprehensive training developed by the Institut national de santé publique du Québec must be followed in order to use the tool. The tool's aim is to provide an accurate picture of an organization's work context, prevention activities and key work organization components by gathering information from workers who are well acquainted with the workplace and are considered credible and able to express themselves freely. It is recommended that the people chosen to interview these workers be specialized in occupational health, come from outside the organization and not be in a situation of conflict of interest. The tool can be used in all types of organizations, regardless of their size.

## Procedure for using the tool:

1  **Preparation:**
   - Approach the workplace in a way that will provide an understanding of the issues facing it and help to identify its needs
   - Collect data to characterize the workplace and identify priority sectors
   - Enlist the participation of workplace stakeholders (equal labour/management representation)

2  **Planning:**
   - Place someone in charge
   - Define target groups
   - Choose credible, voluntary key informants who are well acquainted with the workplace
   - Create a homogeneous group without relationships of subordination

3  **Assessment:**
   - Have two interviewers explain and carry out the assessment procedure
   - The two interviewers conduct interviews roughly two hours long based on facts
   - The interviewers rank the indicators

4  **Summary report:**
   - Calculate the score obtained for each indicator in the workplace
   - Decide which policy directions should be given priority

5  **Communication of results:**
   - Present the results to the person in charge and, if applicable, to the health and safety committee and key informants
   - Discuss the results to foster better understanding

6  **Action plan follow-up:**
   - Create an implementation committee
   - Prioritize risks and prepare an action plan
   - Assess the feasibility of actions
   - Assess the impact of interventions 12 to 18 months after the action plan has been implemented

## References and useful links

1. Online training provided by the INSPQ (French only): https://www.inspq.qc.ca/formation/institut/risques-psychosociaux-au-travail-de-l-identification-la-prevention

2. Vézina, M., C. Chénard, M.-M. Mantha-Bélisle and the Groupe scientifique sur l'impact des conditions et de l'organisation du travail sur la santé de l'INSPQ (2016). Grille d'identification de risques psychosociaux du travail, INSPQ (French only)

# Fact sheet 1-A: "Job and work context" 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 job and work context?

This first indicator of the tool is designed to determine the scope of both job insecurity and current or planned organizational changes that threaten jobs. Change is now commonplace in organizations, be it to enable them to carve out a place for themselves on existing markets, capture new market shares or become more efficient, effective or innovative.

Work reorganization, restructuring, mergers, delocalization, adoption of new work organization methods and new management techniques and the acquisition of new technological tools are all changes that affect an employee's job and work context. These changes, which can be observed in both the private and the public sector, often have repercussions on work intensification, the casualization of labour and, therefore, the health and safety of workers.

Here are some examples of factors that point to a context of job insecurity:

- Elimination of positions

- Current or projected layoffs

- Frequent use of employment agencies, temporary placement agencies or outsourcing

- Temporary or casual positions

- Intermittent work

## Why be concerned about this?

The Québec Survey on Working and Employment Conditions and Occupational Health and Safety (EQCOTESST) found, among other things, that a large proportion of Québec workers (35.8%) experience job insecurity.

Several studies have shown that casualization of labour and job insecurity are associated with an increased risk of work accidents and psychological, musculoskeletal and heart problems among workers. Irregular and unpredictable work schedules make it more difficult to achieve work/life balance. In addition, workers who experience job insecurity are more vulnerable to psychological harassment, sexual harassment and physical violence.

Research suggests that temporary employment found through agencies can pose an even greater risk to workers' health. This type of employment is usually intended for younger, inexperienced workers, who are placed in riskier, non-skilled occupations, where assessment and prevention are insufficient.

Certain groups of workers are more affected than others by job insecurity and are at greater risk of developing health problems. For example, a study by Scott-Marshall (2009) revealed that the health of aging workers who do not have a retirement pension declines more rapidly than that of workers in the same age group who have a pension.

## What practices should be implemented?

Organizations find it difficult to take action in regard to the context in which their employees work because they are faced with situations or an external context over which they have little or no influence, such as market globalization, competition and declining demand. Nevertheless, concrete measures can be taken to improve employees' job and work context:

- Create permanent jobs and limit the number of casual and temporary positions

- Ensure that employees are entitled to priority placement in vacant jobs

- Temporarily reassign workers to other jobs or entrust them with new duties when there is not enough work in order to avoid having to lay off or dismiss employees

- Limit the use of outsourcing and temporary placement agencies

- Plan work so as to improve the likelihood of stable jobs

### References and useful links

1. Cloutier, E., K. Lippel, N. Boulianne, J.-F. Boivin (2011). "Description des conditions de travail et d'emploi au Québec" in *Québec Survey on Working and Employment Conditions and Occupational Health and Safety* (EQCOTESST) Québec, Institut national de santé publique du Québec and Institut de la statistique du Québec - Institut de recherche Robert-Sauvé en santé et en sécurité du travail, Chapter 2.

2. Quinlan, M., P. Bohle (2009). *Overstretched and unreciprocated commitment: Reviewing research on the occupational health and safety effects of downsizing and job insecurity*, International Journal of Health Services, Vol. 39(1), p. 1–44.

3. Scott-Marshall, H. (2009), *The social patterning of work-related insecurity and its health consequences*, Social Indicators Research, Vol. 96(2), p. 313–337.

# Fact sheet 1-B: "Illness absenteeism and presenteeism" 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 are illness absenteeism and presenteeism?

Absenteeism and presenteeism can be considered indicators of the psychosocial safety climate within an organization, that is, the organizational policies, practices and procedures that are in place to protect the psychological health and safety of workers. Low rates of absenteeism and presenteeism may reflect a safe psychosocial climate within an organization, whereas high rates are usually associated with the presence of psychosocial risk factors.

**Absenteeism:** Absenteeism is a very common term, but it is hard to find a definition that everyone can agree on. There are several types of absence from work and not all of them can be attributed to illness absenteeism. For example, annual vacation, educational leave, and maternity and parental leave should not be included in illness absenteeism. According to Statistics Canada data, 8.1% of full-time workers were absent from work for personal reasons at some point every week in 2011, and of that proportion, 5.9% were absent because of illness or a disability. Illness absenteeism can be defined by various indicators, particularly frequency (i.e. the number of episodes in the past 12 months during which a person was unable to work on account of a health problem) and seriousness (i.e. the number of days a person was absent due to a health problem in the past 12 months).

**Presenteeism**: Presenteeism refers to a situation where workers are present at work even though they show symptoms of or have an illness that should lead them to stay at home and rest.

It manifests itself by illness-related symptoms or behaviour that affect productivity, such as growing irritability with co-workers or clientele, increased fatigue, more errors, punctuality problems or a reduction in the quality of output. People who work in emotionally demanding occupations and professions (e.g. in the health and social services sector or education), workers faced with job insecurity, people who work 50 hours or more per week and self-employed workers are at greater risk of presenteeism. This is partly because there is no one to replace them when they are absent from work.

## Why be concerned about this?

Absenteeism is a social interest topic that has been written about extensively, particularly with regard to the costs it incurs. However, it must be borne in mind that illness absenteeism is not simply a question of economics; it is also a major public health issue. Often, absenteeism is just the visible aspect of a harmful work environment with high, but generally unknown presenteeism rates. Presenteeism can have serious consequences by not allowing workers to rest when they need to, thus increasing the risk of future absenteeism.

Mental health problems in the workplace lead to high rates of absenteeism and presenteeism, as well as high staff turnover. Depression and anxiety are associated with productivity problems and high absenteeism rates. The EQCOTESST survey found a significant association between presenteeism and a high level of psychological distress and work-related depressive symptoms. Coronary heart disease is reported to be twice as common among sick workers who display presenteeism than among those who display moderate absenteeism (Kivimaki et al., 2005).

Although some work absences are considered inevitable, such as those arising from personal or family obligations, others can be avoided, including certain illness-related absences. Presenteeism in general is also avoidable. However, workplaces must adopt practices to reduce the underlying psychosocial risk factors.

Some studies suggest that interventions that are focused on absenteeism while ignoring presenteeism underestimate the real scope of the impact of health on productivity. An approach that deals solely with the consequences of the problem through overly strict control of absenteeism, and that does not tackle the organizational factors behind it, may have a negative impact and even increase presenteeism.

## What practices should be implemented?

Here are some examples of management and organizational practices that are likely to have a positive impact on the "illness absenteeism and presenteeism" indicator:

- Do assessments of absenteeism: absence rates, frequency (number of episodes), seriousness (duration), diagnoses, causes, employment sectors or job categories affected, etc.

- Put mechanisms in place to identify absences and presenteeism that can be attributed to work

- Implement measures such as training, reassignment and lighter workloads in order to act on the factors associated with absences and presenteeism

- Adopt practices (increased social support, recognition, autonomy and lighter workloads) to act on the psychosocial risk factors associated with presenteeism and absenteeism

### References and useful links

1. Statistics Canada (2012). Work Absence Rates, No. 71-211-X. http://www.statcan.gc.ca/pub/71-211-x/71-211-x2012000-eng.pdf

2. Aronsson G., K. Gustafsson, M. Dallner (2000). *Sick but yet at work. An empirical study of sickness presenteeism.* Journal of Epidemiology Community Health. 54, 502–509.

3. 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, IRSST – INSPQ – ISQ.

# Fact sheet 1-C: "Occupational health activities or policy" 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 prevention in occupational health?

The "occupational health activities or policy" indicator included in the tool is designed to ascertain the importance that is attached by an organization to the prevention of health problems in general and psychological health problems in particular. Doing an assessment of prevention activities implemented, be they grouped into a formal policy or not, makes it possible to evaluate the means employed and the efforts made by an organization to protect the health of its employees.

According to the World Health Organization, prevention encompasses all actions aimed at promoting individual and collective health. Three types of prevention activities can be defined, depending on when they are implemented:

**Primary prevention:** This type of prevention is implemented before the risk of illness appears, so as to act on the illness's causes and thus prevent it from appearing. For example, setting up a committee with equal labour-management representation helps to identify and act on psychosocial risk factors.

**Secondary prevention:** This type of prevention is implemented during the early stages of an illness when effective measures can be taken to assist the individuals involved. For example, activities to raise awareness about psychological health may be offered to employees.

**Tertiary prevention:** This type of prevention is designed to reduce relapses and disabilities and to limit the complications and sequelae of an illness. For example, a return-to-work program can be put in place following an illness-related absence.

# Why be concerned about this?

The fact that an organization is engaged in prevention activities reflects its culture and prevention values. An integrated health program covers the three realities of primary, secondary and tertiary prevention and generally leads to a decrease in absences and to positive effects on workers' health.

Primary prevention interventions act directly on the causes of work-related stress that are present in an organization in order to reduce their negative impact on the mental health of individuals. They also help to reduce or eliminate, at the source, the emergence of mental health problems at work. In addition, when prevention interventions are an integral part of day-to-day management activities, they have sustainable effects.

Secondary prevention interventions act on personal factors so that workers can better adapt to their work environment. They are designed to help individuals develop knowledge and skills that will enable them to better recognize and manage their reactions to stressful situations.

Tertiary prevention interventions target consequences with the goal of easing the suffering of people faced with mental health problems at work. They aim to treat, rehabilitate, reinstate and provide follow-up for people who have or have had a mental problem at work. The services that result from tertiary interventions are voluntary and confidential. In addition, since they are focused on the individual rather than on the work situation, they are generally designed to reduce the risk of relapses.

The more involved an organization is in primary prevention, the more effective it is in preventing psychosocial risk factors in the workplace.

# What practices should be implemented?

Here are some examples of organizational and management practices that are likely to have a positive impact on the "occupational health activities or policy" indicator:

- Take action on all three levels of prevention (i.e. primary, secondary and tertiary) while giving priority to primary prevention where possible
- Set up an active occupational health and safety committee that has equal labour-management representation and is officially recognized within the organization
- Do an assessment of the presence of psychosocial risk factors and implement an action plan to reduce those factors
- Carry out activities designed to improve key work organization components
- Evaluate managers on the adoption of management practices favourable to health:
  - social support
  - recognition
  - rapid conflict management
  - autonomy
  - consultation and participation
  - communication

## References and useful links

1. Brun, J. P. (2004). *La santé psychologique au travail… de la définition du problème aux solutions. Faire cesser le problème. La prévention du stress au travail*. Chaire en gestion de la santé et de la sécurité du travail dans les organisations. http://cgsst.com/wp-content/uploads/2016/07/Fascicule-3-Faire-cesser-le-probl%C3%A8me-La-pr%C3%A9vention-du-stress-au-travail.pdf

2. International Labour Office (2012). Solve: Integrating Health Promotion into Workplace OSH Policies. http://www.ilo.org/wcmsp5/groups/public/@ed_protect/@protrav/@safework/documents/instructionalmaterial/wcms_178397.pdf

3. Groupe interdisciplinaire de recherche sur l'organisation et la santé au travail (2009). Guide de pratiques organisationnelles favorables à la santé au travail.

# Fact sheet 1-D: "Activities or policy against violence and harassment" 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 workplace violence and harassment?

The International Labour Organization (ILO) defines workplace violence as "any action, incident, or behavior that departs from reasonable conduct in which a person is assaulted, threatened, harmed, injured in the course of, or as a direct result of, his or her work". Contrary to conflict, violence interferes with a person's right to speak and is aimed at imposing one's will on that person through force. Violence may be physical or verbal, and it can be directed toward people (e.g. colleagues, clients, subordinates, hierarchical superiors) or things (e.g. equipment, work tools, physical environment).

Harassment is a form of violence. In Québec, psychological harassment at work is governed by the *Act Respecting Labour Standards*. The definition given in the Act includes the notion of sexual harassment.

Section 81.18 defines psychological harassment as: "any vexatious behaviour in the form of repeated and hostile or unwanted conduct, verbal comments, actions or gestures, that affects an employee's dignity or psychological or physical integrity and that results in a harmful work environment for the employee. A single serious incidence of such behaviour that has a lasting harmful effect on an employee may also constitute psychological harassment."

Section 81.19 says that every employee has a right to a work environment free from psychological harassment. Employers must take reasonable action to prevent psychological harassment and, whenever they become aware of such behaviour, to put a stop to it.

This legal definition of psychological harassment also includes the concept of discriminatory harassment, which is based on one of the grounds contained in section 10 of the *Charter of Human Rights and Freedoms*, namely, race, colour, sex, pregnancy, language, civil status, religion, sexual orientation, age, political convictions, ethnic or national origin, social condition or handicap.

## How do violence and psychological harassment manifest themselves?

Violence and harassment may be committed by a manager towards an employee or by an employee towards his or her manager, between colleagues, by a client or a subcontractor towards an employee or by a group of people towards one or more individuals. This latter phenomenon is known as *mobbing*. Violent behaviour and harassment may be obvious and consist, for example, of physical assaults, shouting, insults, verbal or physical threats, or humiliating or hurtful comments. They may also be more insidious and consist of actions aimed at isolating, destabilizing or discrediting a person or attacking his or her reputation. Violence and harassment can also occur online, through social media in particular. Here are some examples of the ways in which psychological harassment can manifest itself:

- Interrupting a person constantly, preventing the person from expressing himself or herself, or shouting at him or her

- Ignoring, not looking at or not saying hello to a person

- Mocking a person's tastes, weak points, physical differences or judgment

- Assigning a person degrading tasks that are beneath his or her abilities

- Putting a person in a situation where he or she will fail, by assigning the person tasks that he or she cannot successfully perform

- Making degrading, racist, sexist or sexual comments

## Why be concerned about this?

Tolerating uncivil behaviour, failing to act in situations of conflict or injustice and exercising management rights in an abusive fashion pave the way for violent behaviour

and harassment and contribute to creating a work environment that is harmful to people's health. Workers who report being psychologically harassed display higher rates of psychological distress, depressive symptoms, use of psychotropic substances and musculoskeletal disorders than do workers who are not exposed to such harassment. In addition, the presence of situations of violence and harassment are often associated with other psychosocial risk factors. Truly effective prevention requires analyzing organizational factors that foster the emergence of violent behaviour among the members of a workplace, and eliminating those factors at their source.

## What practices should be implemented?

Here are some examples of organizational and management practices that are likely to have a positive impact on the "activities or policy against violence and harassment" indicator in the workplace:

- Adopt a zero-tolerance policy on violence and harassment in the workplace, communicate the policy to staff members and assess it

- Have a clear and known procedure for reporting situations of harassment and ensure that it is applied in a confidential and impartial manner

- Analyze situations that have been reported in order to identify other psychosocial risk factors that might be present

- Provide employees and managers with training on harassment, conflict resolution methods and healthy communication and offer them the tools they need to put this training into practice

- Frequently remind staff about the importance of respect and healthy communication

### References and useful links

1. http://www.irsst.qc.ca/prevention-violence/en/index.html
2. http://www.cnesst.gouv.qc.ca (French only)
3. Vézina, M., E. Cloutier, S. Stock, K. Lippel, É. Fortin et al. (2011). *Enquête québécoise sur des conditions de travail, d'emploi, de santé et de sécurité du travail (EQCOTESST)*, Québec, INSPQ – IRSST – ISQ.

# Fact sheet 1-E: "Return-to-work activities or policy" 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 support for return to work?

Returning to work after a prolonged absence, be it for physical or mental health problems, is usually a worrisome time for people. Workers who have been absent from work are apprehensive about several aspects of their eventual return to work:

- How will my colleagues react?

- Are there new work procedures or new rules that I will have to follow?

- Will I find myself in the same conditions as before I left?

- Will I be able to cope with my workload?

- Does my immediate supervisor have any prejudices about my state of health and working capacity?

- Will I get sick again?

To make it easier for people to return to work and to foster their subsequent retention, it is essential to implement activities to support their recovery and return, prior to the date set by their attending physician. Such activities involve more than medico-administrative follow-up of absences. They include ensuring that the person concerned has all the time he or she needs to recover, doing an analysis of obstacles to and factors fostering his or her recovery and return to work, preparing the person's return based on his or her concerns, obtaining a commitment from the person's immediate supervisor that he or she will support the employee's return to work, and ensuring that colleagues are properly prepared to welcome the employee back.

These practices are in keeping with a vision of support based on the premise that people are fundamentally motivated by their work and do not wish to be absent.

Occupational health problems, especially those related to mental health, and musculoskeletal disorders are often associated with the presence of psychosocial risk factors. To prevent relapses and further absences, it is essential to ask people about the organizational factors that contributed to their stopping work. Employers can then implement prevention measures that have an impact on job retention for workers as a whole.

## Why be concerned about this?

Mental health problems at work and musculoskeletal disorders are the two main causes of long-term absences. Moreover, they have a high relapse rate. The risk of relapse is higher when a worker's return to work has not been properly prepared and he or she is faced with the same working conditions as those that contributed to the deterioration of his or her state of health in the first place.

Managers often feel ill at ease communicating with workers while they are absent, and their uneasiness increases when the workers return. Having a clear process and support practices that enlist the participation of both workers and their immediate supervisors helps to reduce the taboos and stigma associated with mental-health-related absences, to better equip staff members who have to manage a worker's return to work, and to give that worker back the power to act on his or her situation. For an employee's return to work to be successful, it is necessary to change the psychosocial risk factors in the workplace that contributed to the deterioration of the worker's health, with a view to fostering the retention of healthy employees.

## What practices should be implemented?

Here are some examples of management and organizational practices that are likely to have a positive impact on the "return-to-work activities or policy" indicator:

- Adopt a reference framework or a support program for people who are absent from or are returning to work and promote the framework or program throughout the organization

- Provide managers with training on the links between physical and mental health and psychosocial risk factors in the workplace

- Appoint a neutral person to be responsible for supporting and assisting workers during or after a period of absence

- Meet with absent workers in order to help them identify obstacles to and factors fostering their recovery and return to work

- Respect the pace, abilities and will of absent workers, as well as the recommendations of their attending physician

- Identify actions that need to be taken or referral resources for the purpose of supporting a worker's recovery based on his or her specific needs (e.g. mediation in cases of conflict, resources providing specialized help, EAP, etc.)

- Enlist the participation of a worker's immediate supervisor in preparing and monitoring the worker's return to work

- Make appropriate adjustments to work organization in order to prevent the risk of relapse, taking into account obstacles identified by the worker to his or her return to work

- Prepare colleagues for the worker's return and inform them of the procedure agreed upon to welcome the worker back

- Follow up on the return-to-work plan and make the necessary adjustments to ensure the worker stays healthy and remains in his or her job

- Take measures to acknowledge the efforts of managers who apply practices to support workers' return to work

### References and useful links

1. St-Arnaud, L. and M. Pelletier (2014). *Guide : soutenir le retour au travail et favoriser le maintien en emploi. Faciliter le retour au travail d'un employé à la suite d'une absence liée à un problème de santé psychologique.* RG-758. Université Laval and Institut de recherche Robert-Sauvé en santé et en sécurité du travail.

2. Stock, S. et al. (2005). *Work-related Musculoskeletal Disorders. Guide and Tools for Modified Work*. Institut national de santé publique du Québec.

# Fact sheet 1-F: "Work/life-balance activities or policy" 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 work/life balance?

At some point in their working life, all workers are faced with conflicts between their work and personal life, be it on account of personal, family or parental obligations, responsibilities or needs. Here are some examples of needs or demands that can emerge in a person's personal life and come into conflict with his or her work:

- Sebastien is the father of three children. He often has to take them to medical appointments during the day

- Margaly does triathlon and trains with her club at 5:00 p.m. three days a week. She has to be in good shape and needs lots of energy to be successful in her sport

- Sandra is a single parent. Her 12-year-old daughter has swimming competitions a few times a year. On those occasions, Sandra has to take Friday off in order to travel to the competitions

- Peter's father has Alzheimer's disease. Sometimes Peter has to take time off work in order to take care of his elderly father and accompany him to certain activities

Achieving work/life balance involves various activities that may or may not be part of a global policy to help workers balance the demands of their working and personal lives. The Bureau de normalisation du Québec has introduced a work-family balance standard (BNQ 9700-820). This standard is voluntary and involves a certification program.

## Why be concerned about this?

Work/life-balance is one aspect of an organization's psychosocial safety climate. Organizational practices designed to reduce conflict between workers' personal and working lives may have a positive impact on occupational health, in addition to helping attract and retain staff. In contrast, conditions that do not foster work/life balance are associated with health risks.

Some research has shown that workers with heavy family responsibilities are more likely than other workers to report poor health indicators. For one thing, this is because people with the heaviest family responsibilities tend more often to be in the lowest household income categories. In addition, these people are faced with more demands due to their dual role and often have fewer hours of recreation—a situation that is reported to have a harmful effect on their health (psychological distress, depressive symptoms perceived as being related to work, presenteeism).

## What practices should be implemented?

Here are some examples of organizational and management practices that are likely to have a positive impact on the "work/life-balance activities or policy" indicator:

- Allow people to rearrange their work schedules for personal reasons by:
  - reducing their working time (part-time work, work sharing)
  - adjusting their work schedules (flexible hours, open-ended schedules)
  - ensuring predictability in their schedules and workplaces
  - compressing their workweek (35-hour week in 4 days)
  - banking their work hours and using them as needed (credit hours)
- Offer people the possibility of working part time.

- Give workers access to certain types of leave:
  - holidays and deferred-salary leave
  - sick leave for children and parents
  - parental leave
  - progressive return to work after maternity or paternity leave
  - progressive retirement
- Encourage people to work at home when working conditions permit
- Foster access to special conditions in the workplace:
  - workplace day-care centres
  - breastfeeding rooms
  - possibility of working on personal matters at work

### References and useful links

1. Lippel, K., K. Messing, S. Vézina, P. Prud'homme (2011). "Conciliation travail et vie personnelle" in *Enquête québécoise sur des conditions de travail, d'emploi, de santé et de sécurité du travail (EQCOTESST)*, Québec, Institut national de santé publique du Québec and Institut de la statistique du Québec — Institut de recherche Robert-Sauvé en santé et en sécurité du travail, Chapter 3.

2. Melchior, M., L. Berkman, I. Niedhammer, M. Zins & M. Goldberg (2007). "The mental health effects of multiple work and family demands," Social Psychiatry and Psychiatric Epidemiology, 42, p. 573–582.

3. Dollard, M. F. & A. B. Bakker (2010). *Psychosocial safety climate as a precursor to conducive work environments, psychological health problems, and employee engagement*. Journal of Occupational and Organizational Psychology, Vol. 83, p. 579–599.

4. Bureau de normalisation du Québec, Standard BNQ 9700-820, Work-Family Balance, https://www.bnq.qc.ca/en/standardization/health-at-work/work-family-balance.html

# Fact sheet 2-A: "Workload" 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 workload?

Workload is a concept that is difficult to define and involves more than simply the amount of work prescribed by an employer. It has a subjective dimension in that the perceived workload is just as important as the workload actually required. The concept of workload must be discussed globally, taking into account the complexity of a person's actual work, the formal and informal demands that are made of him or her, the resources and tools placed at the person's disposal for doing his or her work, the amount of time available, and unforeseeable events that have an impact on workload.

In the area of psychosocial risk factors, workload refers to the amount of work that has to be done, the intellectual effort that is required, and the time constraints that must be met in doing the work. These aspects can be assessed by asking workers how they perceive their actual workload.

**Examples of questions that can be asked to assess a person's workload**

- Do you feel that your workload is too heavy?
- Do you have the impression that you have to work very hard?
- Is your job very hectic?
- Does your work require long periods of intense concentration?
- Do you often receive contradictory requests?
- Are you often interrupted while you work?
- Do you have enough time to finish your work?

# Why be concerned about this?

Work intensification is an increasingly present phenomenon that results from major changes in forms of work organization. It is reflected by a steady rise in workload and increased mobilization of workers' intellectual, psychological and physical abilities.

Workload is a major health risk factor. Several studies have shown a link between heavy workload combined with limited decision-making autonomy and mental illness, musculoskeletal disorders and cardiovascular disease.

In addition to increasing absenteeism and presenteeism, heavy workload can have a negative impact on organizations. For example, increased workload can curb workers' initiative and creativity. Moreover, assigning managers a heavy workload appears to interfere with the implementation of management practices fostering the support and availability of immediate supervisors.

# What practices should be implemented?

Here are some examples of organizational and management practices likely to have a positive impact on the "workload" indicator:

- Define the roles and responsibilities of each party, by encouraging the workers concerned to take part in this process and by reviewing their roles and responsibilities regularly. Ensure that assigned tasks can be completed within regular working hours

- Introduce means to accurately assess a worker's workload on a regular basis and adjust it according to new requests, the worker's abilities and unforeseen events. For example:

  - hold team meetings once a week

  - enable colleagues to discuss problems encountered in order to find new ways to resolve them

  - organize regular meetings between employees and their immediate supervisors in order to set realistic objectives and determine if the means for achieving them are appropriate

- Replace people who leave their jobs because they are ill or wish to retire

- Add resources or call on backup resources during peak periods

- Redefine priorities by eliminating certain tasks after consulting the workers concerned

- Implement changes gradually, that is, in phases separated by periods of stability, to enable workers to adapt to and assimilate the changes

- Encourage workers to participate in changes and provide them with adequate training so that they can adjust their work to the new procedures

- Ensure that the type and amount of work is in line with each worker's abilities and skills

- Implement a skills development plan involving coaching, mentoring, co-development and appropriate training activities

- Take learning time into account when dividing up the workload

- Define action plans using workforce planning based on realistic needs projections

## References and useful links

1. Fournier, P.-S., S. Montreuil, J. Villa (2013). *Contribution à un modèle explicatif de la charge de travail : le cas du service à la clientèle.* Relations industrielles/Industrial Relations, Vol. 68(1), p. 46-70.

2. Vézina, M., R. Bourbonnais, C. Brisson, 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.

3. Brun, J.-P. (2007). *Les sept pièces manquantes du management*, Les Éditions Transcontinental.

# Fact sheet 2-B: "Recognition at work" 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 recognition at work?

This indicator refers to the different ways in which effort and achievement can be recognized, including remuneration, esteem, respect, equity, job security and prospects for promotion. The recognition must be focused on the work (i.e. the process) and not on the individual. Recognition practices must be genuine if the people for whom they are intended are to feel their positive effects.

This definition of recognition, which is based on the effort-reward imbalance model, assesses health effects relative to the effort made by workers. That effort may be linked to time constraints, workload, responsibilities or physical demands. The greater the imbalance between effort and recognition, the greater the health risks.

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**Examples of questions that can be asked to assess a person's recognition at work**

- Do you get the respect you deserve from your supervisor and colleagues?
- Are your prospects for promotion satisfactory when you consider your efforts and achievements?
- Is your job security satisfactory?
- Is your salary satisfactory when you consider your efforts and achievements?
- Do you get the respect and esteem you deserve when you consider your efforts and achievements?
- Are you treated fairly at work?

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# Why be concerned about this?

Several studies have shown that work situations involving considerable effort combined with low recognition pose a risk for mental and cardiovascular health and musculoskeletal disorders.

In many workplaces, excessive use of so-called objective indicators to assess work, without in-depth knowledge of the work actually required, interferes with recognition. "Such assessment methods are far from able to gauge the difficulties and complexity of the work that must be done or to assess and recognize the efforts made to achieve the necessary results, taking into account the demands of the occupation and the professional standards that have to be met, as well as the means made available to workers. This lack of recognition undermines self-esteem and paves the way for the appearance of psychological symptoms (anxiety, depression), physiological symptoms (increased adrenaline secretion, increased blood pressure, sleep disruption) and behavioural symptoms (prescription drug and alcohol consumption, violence and aggression)" (Vézina et al. 2006 [Translation]). In contrast, recognition that attaches value in a formal or informal but sincere way to efforts made at work is a sign of respect and esteem for workers, as well as a powerful motivator that acts as a health protection factor.

# What practices should be implemented?

Here are some examples of organizational and management practices likely to have a positive impact on the "recognition at work" indicator.

- Raise awareness among managers about workplace recognition and provide them with appropriate training

- Give priority to unobtrusive, repeated and sincere recognition practices that reflect the facts as much as possible and are related to the duties of the employee concerned

- Foster career development by granting educational leave, training and promotions in a fair manner

- Offer satisfactory wages and other conditions that recognize workers' efforts and contributions (e.g. extra holidays). Provide overtime pay

- Congratulate workers when they come up with original ideas or new work methods designed to improve the performance of work or the work environment

- Show the same amount of appreciation for the efforts made by employees as for the results they obtain and assess their efforts regularly. Take an interest in what employees do on a day-to-day basis at work, and not only in the objectives they achieve

- Ask employees with more experience or special expertise to help develop training

- Pay attention to employees and show them respect in simple ways every day: remember to focus on the individual by thanking each person for the effort and time that he or she has devoted to a file or project, organize a lunch or special meeting to celebrate the completion of a project or the end of a particularly busy week, etc.

## References and useful links

1. Siegrist, J. (1996). Adverse health effects of high effort low-reward conditions, *Journal of Occupational Health Psychology*, Vol. 1, p. 27–41.

2. Vézina, M., R. Bourbonnais, C. Brisson, 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.

3. Brun, J.-P. (2012). *La reconnaissance au travail : de la gratitude à l'intégration*. Revue Effectif, Vol. 15(1).

# Fact sheet 2-C: "Social support of immediate supervisors" 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 social support of immediate supervisors?

Social support of immediate supervisors consists of management practices that promote effective listening, openness to the opinions of others and being available for employees. This indicator refers to an immediate supervisor's ability to support employees, as well as the dignity, politeness and respect with which he or she treats them.

Social support of immediate supervisors can be of several different types:

**1) Operational**, or task-oriented. This includes providing employees with the tools, resources and time they need to perform tasks more easily. When immediate supervisors get their employees to work together and resolve operational problems, they are offering a form of operational support.

**2) Informational**, or focused on information and advice. The goal is to provide employees with the support they require to do their work and find solutions to difficult situations. When immediate supervisors clarify roles, responsibilities and expectations, they are offering a form of informational support.

**3) Emotional**, or person-oriented. When immediate supervisors listen to their employees, treat them with respect and make them feel confident, they can help them to overcome professional difficulties more easily.

## Why be concerned about this?

In a context where work is intensifying and change is more and more frequent, social support of immediate supervisors is an essential protection factor in the prevention of occupational health problems. Making oneself available, listening to employees' needs, respecting their abilities and providing them with the tools, resources and training required to do their work are all management practices that make employees feel they are respected and supported.

In many organizations, managers have a heavy workload, sit on several committees, spend a great deal of time in meetings and are sometimes required to use remote management, with the result that they are not very available to provide their employees with sufficient support. When social support of immediate supervisors is lacking, it is not just the quality of human relations that suffers but also the efficiency of an organization. This situation can lead to the development of conflicts and harassment, as well as contribute to absenteeism and high staff turnover.

## What practices should be implemented?

Here are some examples of organizational and management practices likely to have a positive impact on the "social support of supervisors" indicator.

- Train or coach managers on management practices that foster health and attentive listening
- Help managers by offering them the resources and time they need to support their team. For example:
  - limit the number of committees they have to sit on
  - limit the number of meetings they have to attend
  - allow them the autonomy they need to make decisions affecting the support that they can give their employees
  - recognize managers who put social support practices in place, and listen to their problems

- Help managers to fulfil their role more effectively by encouraging them to:
  - Recognize their own limits and problems and seek support from their supervisors
  - Hold regular team meetings with employees to exchange information and give them an opportunity to talk about the problems they face
  - make time for one-on-one meetings on a regular basis and not only during annual evaluations. Give employees clear policy directions, explain their roles, responsibilities and mandates regularly and ensure they are clearly understood
  - Share the successes and failures of team members. If necessary, defend employees in front of the administration and clients
  - Adopt respectful language and behaviour and verify how it affects other people
  - Follow up on employees' requests and suggestions within a reasonable timeframe
  - Facilitate the work of employees by supplying them with necessary resources and limiting additional requests that, although they are related to the employees' main mandate, are not part of it
  - Do not allow conflicts to deteriorate. Act as a mediator or enlist the necessary help

### References and useful links

1. Brisson C., M. Gilbert-Ojime, 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.

2. Brun, J.-P. (2007). *Les sept pièces manquantes du management*. Les Éditions Transcontinental.

# Fact sheet 2-D: "Social support of colleagues" 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 social support of colleagues?

Social support of colleagues refers to team spirit, the degree of cohesion within a group, and the extent to which colleagues collaborate with and help one another in performing tasks.

Social support of colleagues can be of two types:

1) **Operational,** or task-oriented (instrumental support). This type of social support includes providing a helping hand, ideas or advice in order to help colleagues resolve problems encountered in their work.

2) **Emotional,** or person-oriented (socio-emotional support). When co-workers feel that they are being listened to and can talk freely about their problems, this can help them to overcome problems more easily.

Social support of colleagues is considered to be strong when the members of a team have a high degree of confidence in each other. This support is reflected by colleagues offering each other assistance to resolve problems, sharing tasks, distributing work more effectively in peak periods and taking time to discuss how a particular job should be done. In contrast, low social support is reflected by the presence of harassment, conflicts, incivility and hostile or disrespectful comments among colleagues. Low social support of colleagues can also create a climate of competition and distrust and lead to unfair conduct, isolation and an attitude of "every man for himself" (lack of teamwork or information sharing).

# Why be concerned about this?

Strong social support among colleagues can be a major factor in protecting workers' health. It makes people feel that they are the focus of special attention and helps them to develop a sense of belonging to their workplace. Strong social support among colleagues is usually advantageous when it comes to hiring new employees and retaining staff.

When work organization interferes with the development of a high level of social support among colleagues, the isolation, lack of co-operation and interpersonal conflicts that ensue constitute a risk factor for psychological distress and health in general.

# What practices should be implemented?

Here are some examples of organizational and management practices likely to have a positive impact on the "social support of colleagues" indicator.

- Put in place a new-employee welcoming program that involves older colleagues in order to foster mentoring and sponsorship

- Organize regular team meetings where colleagues have time to talk about their work, share information, debate ideas and discuss practices

- Organize team training sessions to enable people to talk about the new material they have learned

- Organize meetings between teams or departments to foster sharing and collaboration

- Give preference to performance evaluation and feedback methods that focus on the collective dimension of work, and limit the number of individual performance evaluations. Such management practices promote collaboration and curb competition among colleagues

- Provide workers with access to common areas or activities that create spaces where people can talk during break times or meals

- Promote and raise awareness among workers about healthy communication, interpersonal respect and conflict resolution methods

- Introduce a "workplace sentinels" program to detect signs of distress among colleagues and offer necessary support

- Ensure stable work teams by protecting employment relationships as much as possible

- Adopt a proximity management approach with employees so as to foster rapid intervention in the case of misunderstandings or conflicts. Unresolved conflicts cause the work climate to deteriorate considerably, can result in the creation of cliques, and have a negative impact on cohesion and team spirit. Colleagues as a whole are directly or indirectly affected by conflicts that fester

- Inform employees about the existence of workers' networks or associations and encourage them to take part in activities or conferences bringing together people from the same trade, profession or field

## References and useful links

1. 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.

2. Brun, J.-P. (2007). *Les sept pièces manquantes du management*, Les Éditions Transcontinental.

3. Johnson, J., E. Hall (1988). *Job Strain, Work Place Social Support, and Cardiovascular Disease: A Cross-Sectional Study of a Random Sample of the Swedish Working Population*, American Journal of Public Health, Vol. 78, p. 1336–1342.

# 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.

## 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 and 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.

# Fact sheet 2-F: "Information and communication" 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 information and communication in the workplace?

This indicator refers to the means put in place by management to inform and consult staff about the context of an organization and management's vision. The frequency and content of communications and the method employed have an impact on how well-informed workers feel.

A workplace that has a "culture of secrecy", where rumours circulate and contradict one another and where strategic information is communicated in dribs and drabs or only to a few select people generally reflects deficient information and communication.

In contrast, when announcements are made in person and allow dialogue, when managers are available to explain organizational decisions and when meetings are held frequently to report on the progress of work or the situation of an organization, workers generally feel that there is a high degree of information and communication.

# Why be concerned about this?

When too little information is passed on to employees, a climate of uncertainty and distrust sets in and rumours often begin to circulate. Effective and regular distribution of information enables people to obtain accurate information and to learn in advance about and prepare for changes likely to affect their work, thereby keeping the impact of such changes to a minimum. Therefore, distribution of information helps to reduce uncertainty and anxiety.

However, the way in which information is communicated seems to have an even greater impact than its content does. Communication is part of the relational sphere. It provides opportunities for discussion by creating a space where workers' concerns can be heard, taken into consideration and addressed. Genuine and transparent communication helps to create a climate of trust between employees and management and minimizes the risk of workplace conflict. A high degree of information and communication ensures that organizational changes are managed more effectively and facilitates organizational interventions designed to prevent occupational health problems.

# What practices should be implemented?

Here are some examples of organizational and management practices likely to have a positive impact on the "information and communication" indicator:

- Organize meetings of team members, departments or units, management and the organization as a whole on a regular basis to keep employees informed about the organization's financial situation, projects, current or pending changes, action plans and vision

- Limit written transmission of information and encourage communication in person. Overuse of written material (email, information bulletins, intranet, etc.) can create information overload, in addition to not being a very efficient means of communication

- Free up managers so that they can be more available to their employees

- Provide managers with training on communication and active listening

- Encourage dialogue when information is exchanged. Take time to listen to concerns and answer questions

- Always give priority to truthful and transparent communication of information. The credibility of the communicator is at stake

- Develop a clear policy on the transmission of information

## References and useful links

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3. APSSAP (Association paritaire pour la santé et la sécurité du travail, secteur « Administration provinciale »). *Brochure d'information : des moyens concrets pour que l'information circule bien.* https://apssap.qc.ca/wp-content/uploads/2017/02/Communication.pdf

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