

AFOEM Annual Training
Meeting
Friday, 3 May to Sunday, 5
May 2019



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Australasian Faculty of
Occupational and Environmental Medicine
The specialist work doctors

Research on psychosocial factors in the workplace, doctors' health and wellbeing and implications for change – our case study

Ferguson-Glass Orator

Prof Maureen Dollard, University of South Australia

Asia Pacific Centre for Work Health and Safety,
A WHO Collaborating Centre in Occupational Health
RACP Congress in Auckland, 6-8 May, 2019.

maureen.dollard@unisa.edu.au

C E N T R E F O R
W O R K P L A C E
E X C E L L E N C E



Outline

1. Mental Health Costs
2. Causes of Work Stress Generally and in Physicians
3. PSC Theory and Evidence Basis
4. The Value of PSC- Human & Economic Case
5. Solutions-What Can Be Done?

Mental Health Costs

- The scale of mental ill-health in society is being described by some as a crisis.
- According to the WHO (2016) the burden of depression and other mental health conditions is on the rise globally.
- Mental health problems are a major contributor to the overall disease burden worldwide accounting for 21.2% of years lived with disability (Vos et al, 2013).
- 300 million of all ages suffer from depression ---a main contributor to overall disease burden -- leading cause of disability (WHO, 2016).
- Calls for national policy responses to tackle the rising burden of mental health have come from the WHO and the ILO.

Mental Health Costs

- In Australia 2014-15, almost one in five people had a mental health or behavioural condition = suicide is the leading cause of death for working age (ABS, 2015).
- Australia has the second highest level of antidepressant use in the OECD (OECD, 2015).
- Only 52% of Australian workers consider their workplace to be mentally healthy; 56% believe that their most senior leaders value their mental health.
- Doubly important issue for Physicians -- the go to profession for workplace mental health problems yet also are at risk themselves.

2. Causes of Work Stress in Physicians and In General

What could make a difference to the mental health of UK doctors? A review of the research evidence

Authors:
Gail Kinman
Kevin Teoh

Sept 2018

Levels of Distress (Kinman & Teoh, 2018)

- Doctors are at considerable risk of work-related stress, burnout and mental health problems such as depression and anxiety
 - The risk of suicide, especially among general practitioners, psychiatrists and trainees, and among women, is high compared to the general population.
 - General practitioners are more vulnerable to burnout (particularly emotional exhaustion), work-related stress and common mental health problems than doctors in most other specialities.
 - Trainee and junior doctors are also at particular risk of mental health problems. Of particular concern is the evidence that many doctors are experiencing symptoms of burnout and distress so early in their career.
 - Levels of sickness absence and presenteeism are particularly high among doctors.
- Doctors work while sick for several reasons such as short-staffing, feelings of responsibility to their patients, fear of letting colleagues down, the need to present a 'healthy' image at work and concerns for their future career prospects. Working while unwell can have serious implications for the wellbeing of doctors and for patient safety.

Causes of Distress (Kinman & Teoh, 2018)

- High workload, growing intensity and complexity of the work, rapid change within healthcare, low control and support and personal experiences of bullying and harassment.
- Conflict between work and personal life especially among GPs.
- Current working conditions and associated health problems contribute to the poor retention and turnover rates in the medical workforce in the UK, especially among GPs.
- And have major implications for patient outcomes and the financial performance of healthcare organisations, but more research is needed.
- The stigma associated with mental health problems and a perceived “failure to cope” mean that many doctors are reluctant to disclose such problems for fear of sanctions and job loss.

Burnout in the medical profession: not a rite of passage

Establishing mentally healthy workplaces will reduce the risk of burnout

It is an attention-demanding tragedy when doctors' deaths are attributed to their work, which, after all, is in the service of others. "Epidemic", "crisis" and "urgent need" are words accompanying discussions of burnout and doctor suicides. Yet, despite this bombardment, there has been no sustained approach to achieve an effective national response. Recently, responding to calls for action, the Victorian government launched a workplace mental health strategy and the



MJA The Medical Journal of Australia
Australia's most trusted source of medical information

Perspective

Burnout in the medical profession: not a rite of passage

Michael Baigent, Ruth Baigent



Volume 208, Issue 11

June 2018

Pages 471-472

Advertisement

Calls for mentally healthy workplaces "to reduce burnout in doctors in an Editorial in the MJA.

Frontline Healthcare Workers

“I’ve been nursing for nearly 40 years and I think that the pressure over those years outweighs the rewards, but it is still a rewarding career, and its very collegial. But there’s certainly one day out of ten that I would say; ‘jee, I feel really great today, I’ve had a lovely day, and my patients really loved me, and thanked me,’ and I’ll have nine days out of ten where I’ll say; ‘I felt pressured today, I felt unsafe at times, I felt overworked, and my patients were lashing out at me..’ and I’m the person that takes the brunt of that home at the end of the day..”

• **Full title:** “The dynamic interplay of physical and psychosocial safety in frontline healthcare workplaces in Australia and Malaysia” **Investigators:** Prof Maureen Dollard; Dr Michelle Tuckey; Prof Peter Chen; Prof Bill Runciman; Dr Sharon Morton; Ms Mardi Webber, and; Dr Awang Idris; **Participating Organisations and Groups:** University of South Australia; SafeWork SA; University of Malaya; Southern Adelaide Local Health Network; Flinders Medical Centre, and; Calvary Health Care Group.



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Maureen Dollard & Daniel Neser

The Work Stress Conundrum

- At a macro-level, managers operate in a capitalist political economy, which requires and values competition, productivity, and profits. Corporate boards and shareholders demand profits. But these foundational aspects, and the attendant work conditions, that they give rise to (insecure work, work pressure, monitoring, lean resourcing, low power) are the very elements of work that create work stress which can cause or exacerbate mental health concerns. Therefore, we see work stress as a recursive and growing problem in a capitalist political economy which relies on resource acquisition, competition, profits and productivity growth by employers and society.

Political economy and work conditions

- Developing economies moving to extreme capitalism
- The driving beat is economic rationalism; the drummers are the economists!
- Competition, relentless demands for increased profits, performance and productivity coupled with reduced resources, predispose workers to poor quality work conditions
- Costs to workers → mental and physical ill-health
- Costs to organisations → high rates of sickness absence and reduced performance
- Costs to society → loss of potential labour supply and high rates of unemployment.

I think that Work stress is an infinite problem under extreme capitalism (unequal power, unfair resourcing)

Politics of the Mind, Marxism and Mental Health, Iain Ferguson (2017) highlights the link between the economic and political system we live under – capitalism – and the extremely high levels of distress evident in the world today.

Even the Pope is talking about the perils of capitalism-
poverty, climate! (inclusive growth for all)

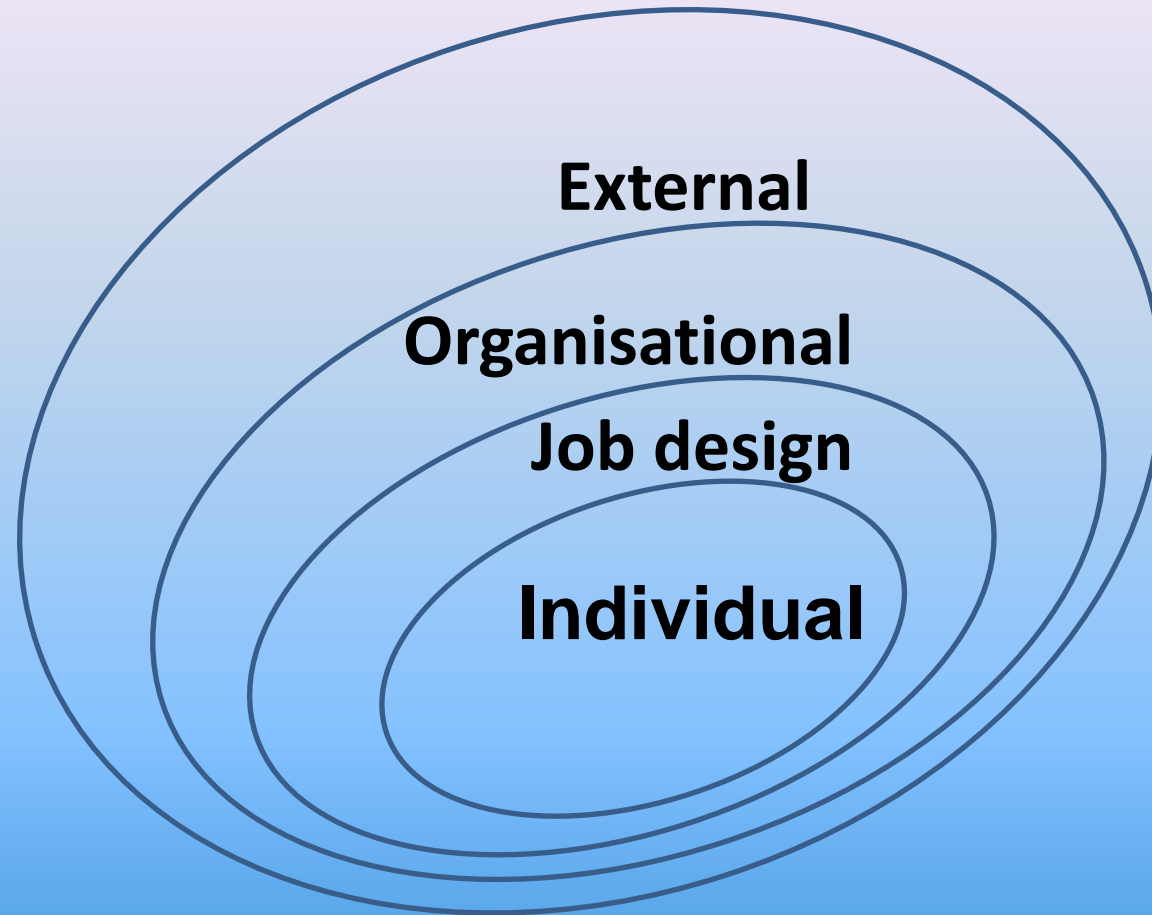
Capitalism and controlling climate change incompatible

Naomi Klein 'This Changes Everything: Capitalism vs The Climate 2014

“the fiction of perpetual growth on a finite planet”

Rob Nixon (November 6, 2014). *The New York Times*

3. PSC Theory and Evidence



Layers of influence on worker health

Multi-level model of psychosocial factors at work (Dollard, 2013)

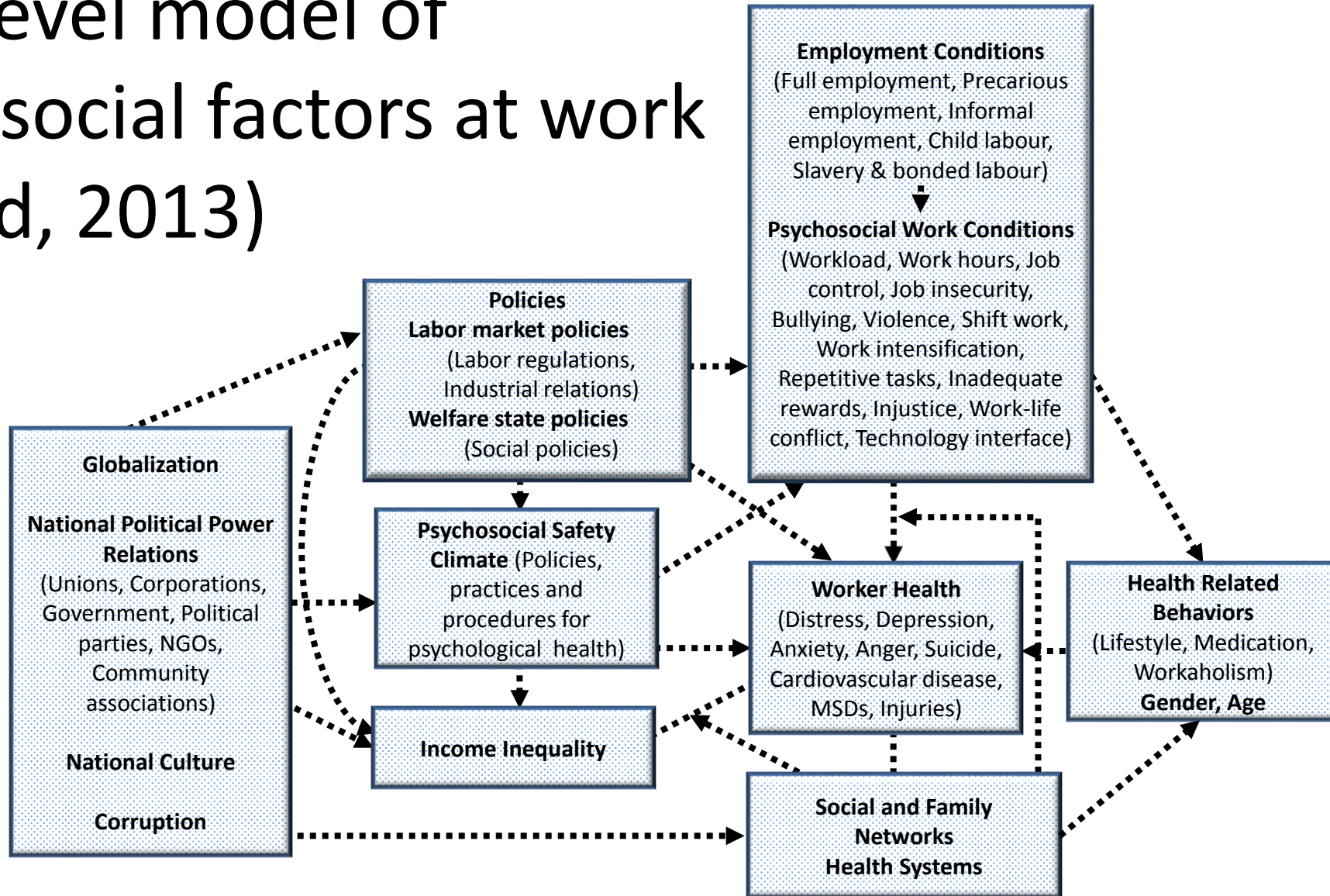


Fig. 1.3

Dollard, M.F., Shimazu, A., Nordin, R. Bin, Brough, P., Tuckey, M.R (Eds.), (2014). *Psychosocial Factors at Work in the Asia Pacific* Dordrecht; Springer International Publishing. 978-94-017-8974-5

Psychosocial Safety Climate

- Psychosocial safety climate addresses value conflict: concerns the value and priority given to worker psychological health vs productivity imperatives
- Psychosocial safety climate (PSC) offer a point of resistance to capitalist pressures.
- Pro-social options embodied in high PSC organisations that value worker psychological health will lead to better quality work options, increased meaningfulness, increased possibility for creativity and innovation, and reduced productivity costs associated with sickness absence and presenteeism.

Psychosocial Safety Climate

Psychosocial safety climate (PSC) refers to shared perceptions regarding policies, practices, and procedures for the protection of worker psychological health and safety

Competing Values—a balance of productivity and worker health

PSC-12 Measure

Management commitment

1. In my workplace senior management acts quickly to correct problems/issues that affect employees' psychological health
2. Senior management acts decisively when a concern of an employees' psychological status is raised
3. Senior management show support for stress prevention through involvement and commitment

Priority

4. Psychological well-being of staff is a priority for this organization
5. Senior management clearly considers the psychological health of employees to be of great importance
6. Senior management considers employee psychological health to be as important as productivity

Communication

7. There is good communication here about psychological safety issues which effect me
8. Information about workplace psychological well-being is always brought to my attention by my manager/supervisor
9. My contributions to resolving occupational health and safety concerns in the organization are listened to

Participation and involvement

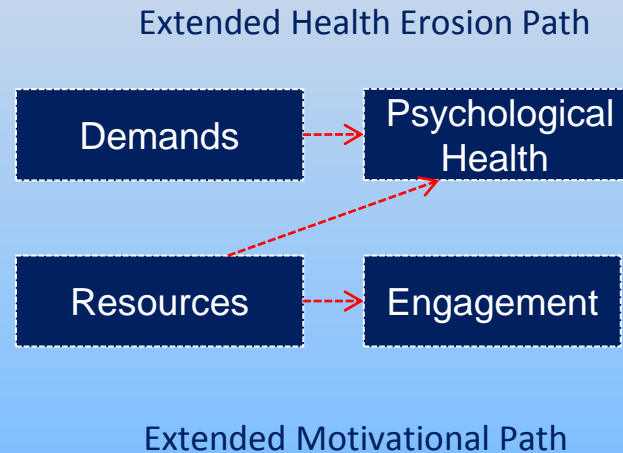
10. Participation and consultation in psychological health and safety occurs with employees', unions and health and safety representatives in my workplace
11. Employees are encouraged to become involved in psychological safety and health matters
12. In my organization, the prevention of stress involves all levels of the organization

Hall et al., 2010
International
Journal of Stress
Management

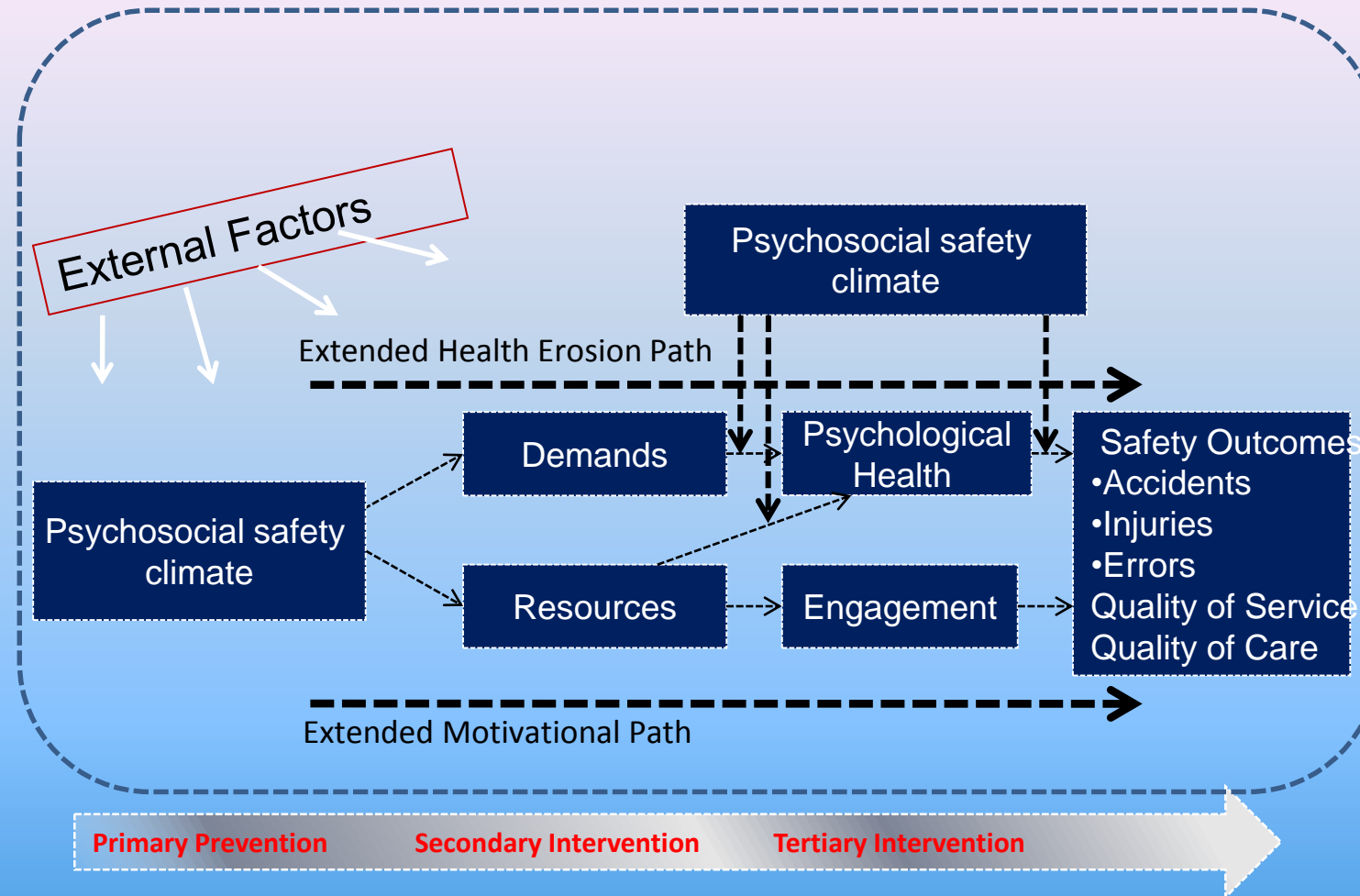
The Cause of the Causes of Work Stress

?

Where does
job design come from



Job Demands-Resources Model
Demerouti, Bakker et al., 2001



Epidemiology and Psychiatric Sciences (2011), 00, 1–7. © Cambridge University Press 2011
doi:10.1017/S2045796011000588

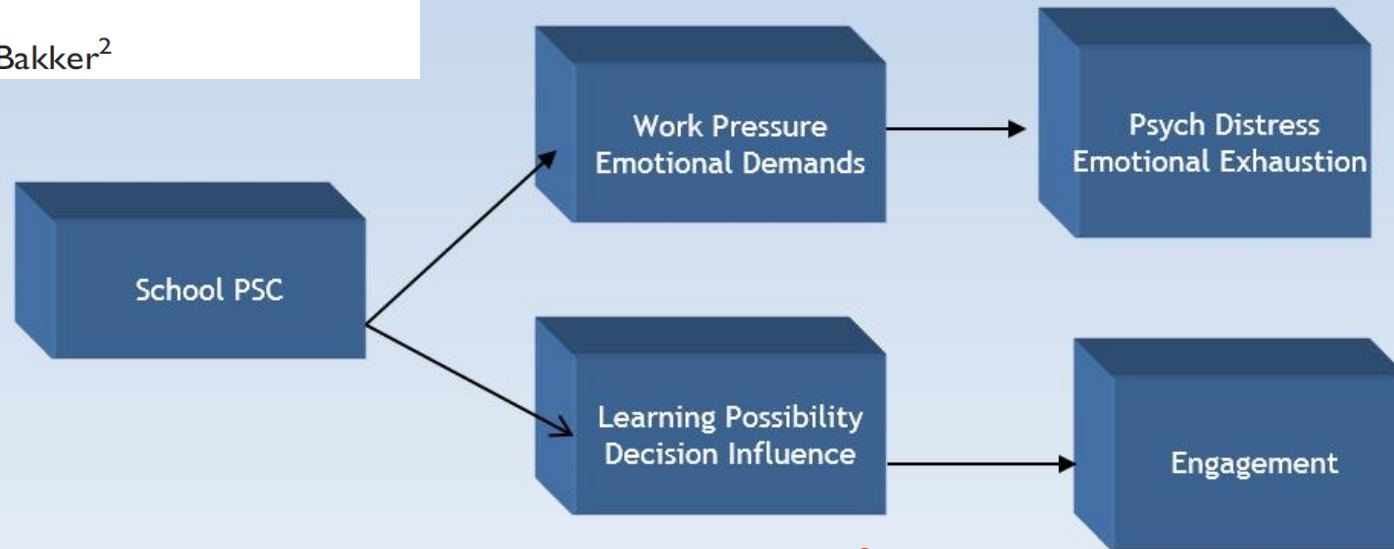
EDITORIAL

Psychosocial safety climate: a multilevel theory of work stress in the health and community service sector

M. F. Dollard* and W. McTernan

Psychosocial safety climate as a precursor to conducive work environments, psychological health problems, and employee engagement

Maureen F. Dollard^{1*} and Arnold B. Bakker²

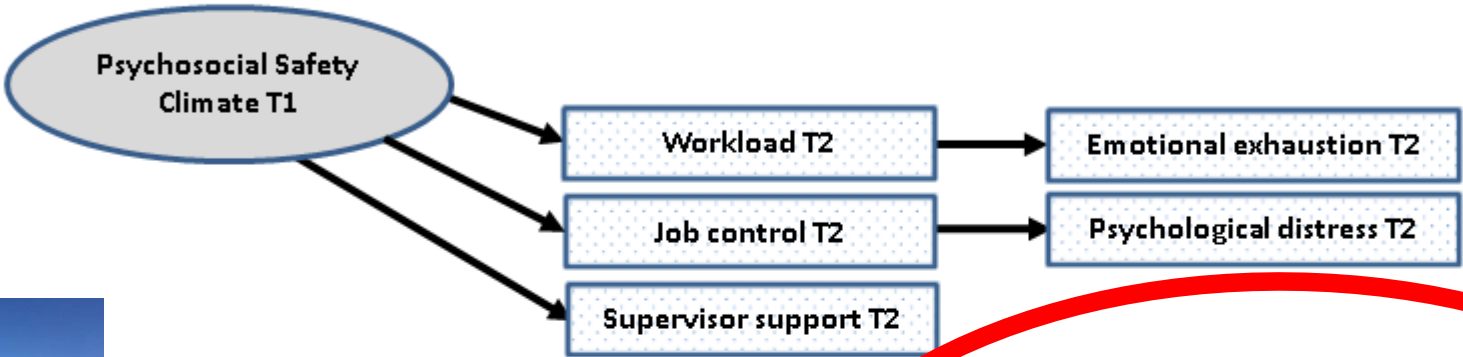


Controls for Time 1 Dependent measures

N = 262 Time1; N = 196, Time 2
18 schools

PSC predicts future
work conditions,
psychological health
and engagement

Psychosocial safety climate as an antecedent of work characteristics and psychological strain: A multilevel model



Sample T1 (N = 202)	Sample T2 (N = 163)
------------------------	------------------------

PSC predicts future work conditions, psychological health and engagement in other workers


- Independent samples matched by work unit
- Time 1 → Time 2 24 months

Main effects and mediation model

(2012). Maureen F. Dollard, Tessa Opie, Sue Lenthall, John Wakerman, Sabina Knight, Sandra Dunn, Greg Rickard & Martha MacLeod



Article
**Predicting Circulatory Diseases from Psychosocial
Safety Climate: A Prospective Cohort Study
from Australia**

Harry Becher ¹, Maureen F. Dollard ^{1,2,*}, Peter Smith ^{3,4,5} and Jian Li ⁶ 

PSC predicts
circulatory disorders
over 5 years

Table 3. Predicting Circulatory Diseases at Time 2.

Models	Variables	B	SE	Wald	Sig.	Odds Ratio	Low CI	High CI
Model 2	Constant	−3.08	0.98	9.81	0.00	0.05	0.01	0.31
	Age Time 1	0.04	0.01	12.99	0.00	1.04	1.02	1.06
	Education Time 1	−0.13	0.06	4.84	0.03	0.87	0.78	0.99
	Effort-Reward Imbalance Time 1	0.51	0.47	1.18	0.28	1.66	0.66	4.18
	ICO Job Strain Time 1	−0.47	0.45	1.08	0.30	0.62	0.26	1.51
	Psychosocial Safety Climate Time 1	−0.02	0.01	4.34	0.04	0.98	0.96	1.00

Note: PSC was entered as a continuous measure as was effort-reward ratio. Job strain was entered with 3 other dummy variables. SE: standard error.

RESEARCH ARTICLE

Psychosocial safety climate, emotional exhaustion, and work injuries in healthcare workplaces

Amy Jane Zadow¹ | Maureen Frances Dollard¹ | Sarven Savia McLinton¹ | Peter Lawrence² | Michelle Rae Tuckey¹

¹Asia Pacific Centre for Work Health and Safety, University of South Australia, Adelaide, Australia

²Calvary Healthcare Adelaide, Little Company of Mary Health Care Ltd, Adelaide, Australia

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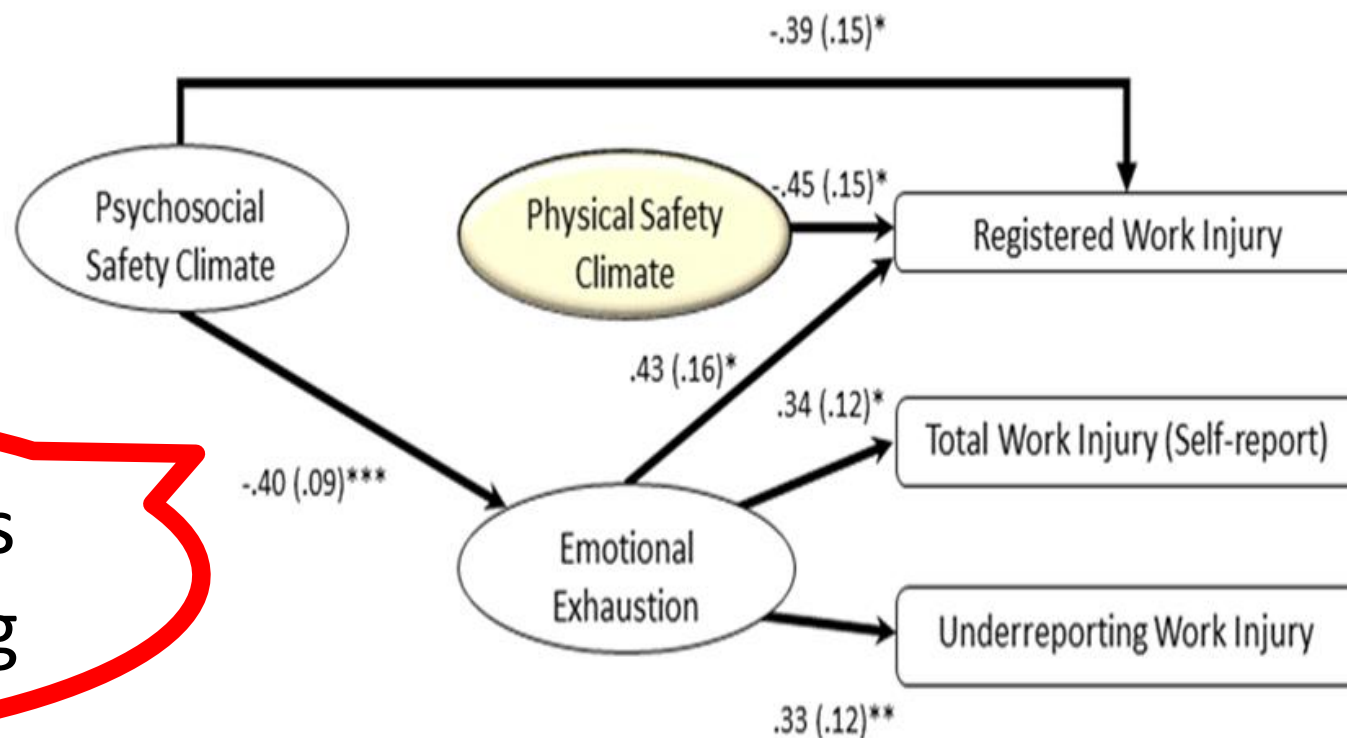
Abstract

Preventing work injuries requires a clear understanding of how they occur, how they are recorded, and the accuracy of injury surveillance. Our innovation was to examine how psychosocial safety climate (PSC) influences the development of reported and unreported physical and psychological workplace injuries beyond (physical) safety climate, via the erosion of psychological health (emotional exhaustion). Self-report data (T2, 2013) from 214 hospital employees (18 teams) were linked at the team level to the hospital workplace injury register (T1, 2012; T2, 2013; and T3, 2014). Concordance between survey-reported and registered injury rates was low (36%), indicating that many injuries go unreported. Safety climate was the strongest predictor of T2 registered injury rates (controlling for T1); PSC and emotional exhaustion also played a role. Emotional exhaustion was the strongest predictor of survey-reported total injuries and underreporting. Multilevel analysis showed that low PSC, emanating from senior managers and transmitted through teams, was the origin of psychological health erosion (i.e., low emotional exhaustion), which culminated in greater self-reported work injuries and injury underreporting (both physical and psychological). These results underscore the need to consider, in theory and practice, a dual physical-psychosocial safety explanation of injury events and a psychosocial

PSC predicts injuries and under-reporting

Psychosocial safety climate, emotional exhaustion, and work injuries

(Zadow, Dollard, McLinton, Lawrence, & Tuckey, 2017)



Participants included 214 hospital employees (18 teams) linked to the hospital workplace injury register (T1, 2012; T2, 2013; T3, 2014).

Concordance between survey-reported and registered injury rates was low (36%).

Predicting Happiness in Australian Workers Over 5 years, 2014-2015 (National Sample)

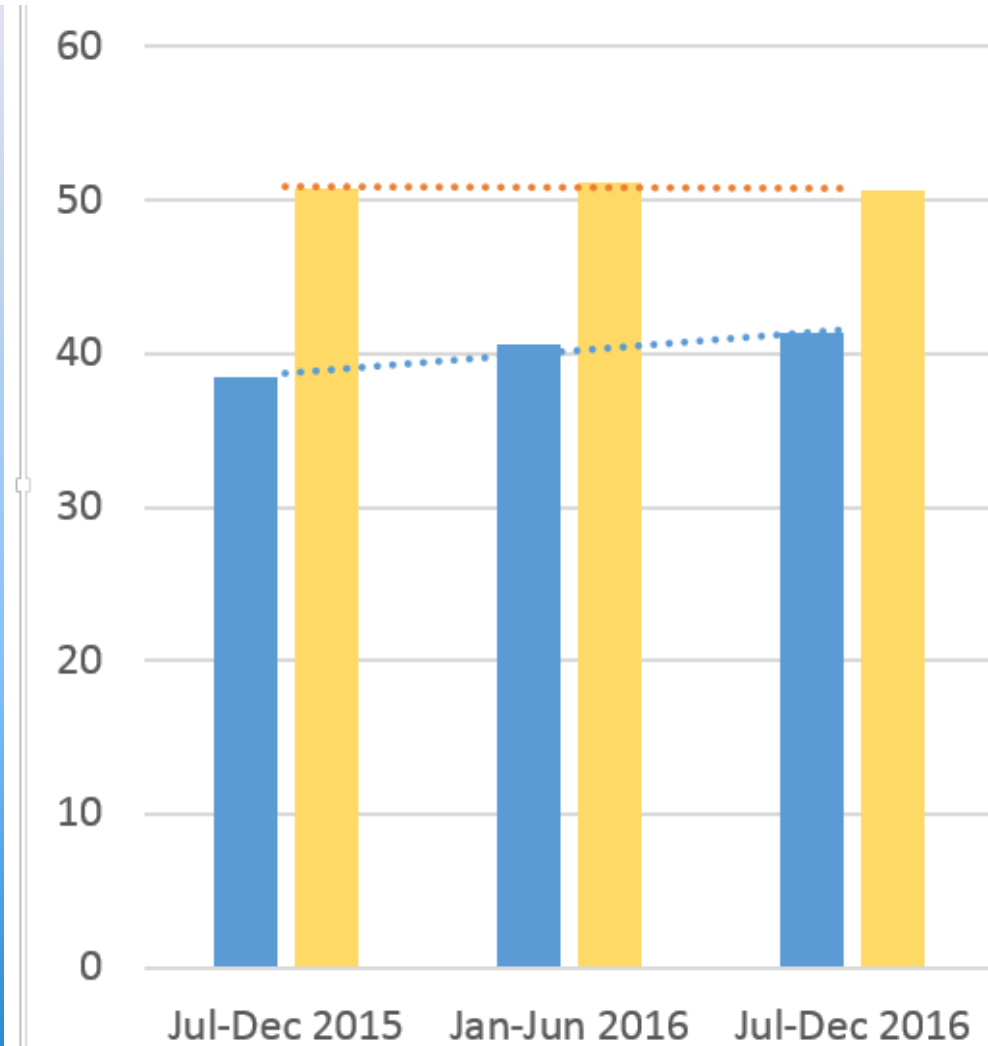
2009-2010	B	SE	Beta	t	p
(Constant)	5.99	0.36		16.61	.000
Age	0.00	0.00	0.00	0.06	.949
Gender	0.09	0.08	0.03	1.11	.268
Psychosocial Safety Climate	0.02	0.00	0.15	4.78***	.000
Bullying	-0.06	0.02	-0.10	-3.51***	.000
Skill Discretion (Control)	0.02	0.01	0.07	2.28*	.023

Gender, 1 = Males, 2 = Females

N = 1139



PSC Team Vs PSC Leadership

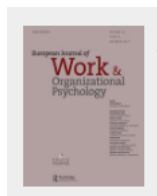
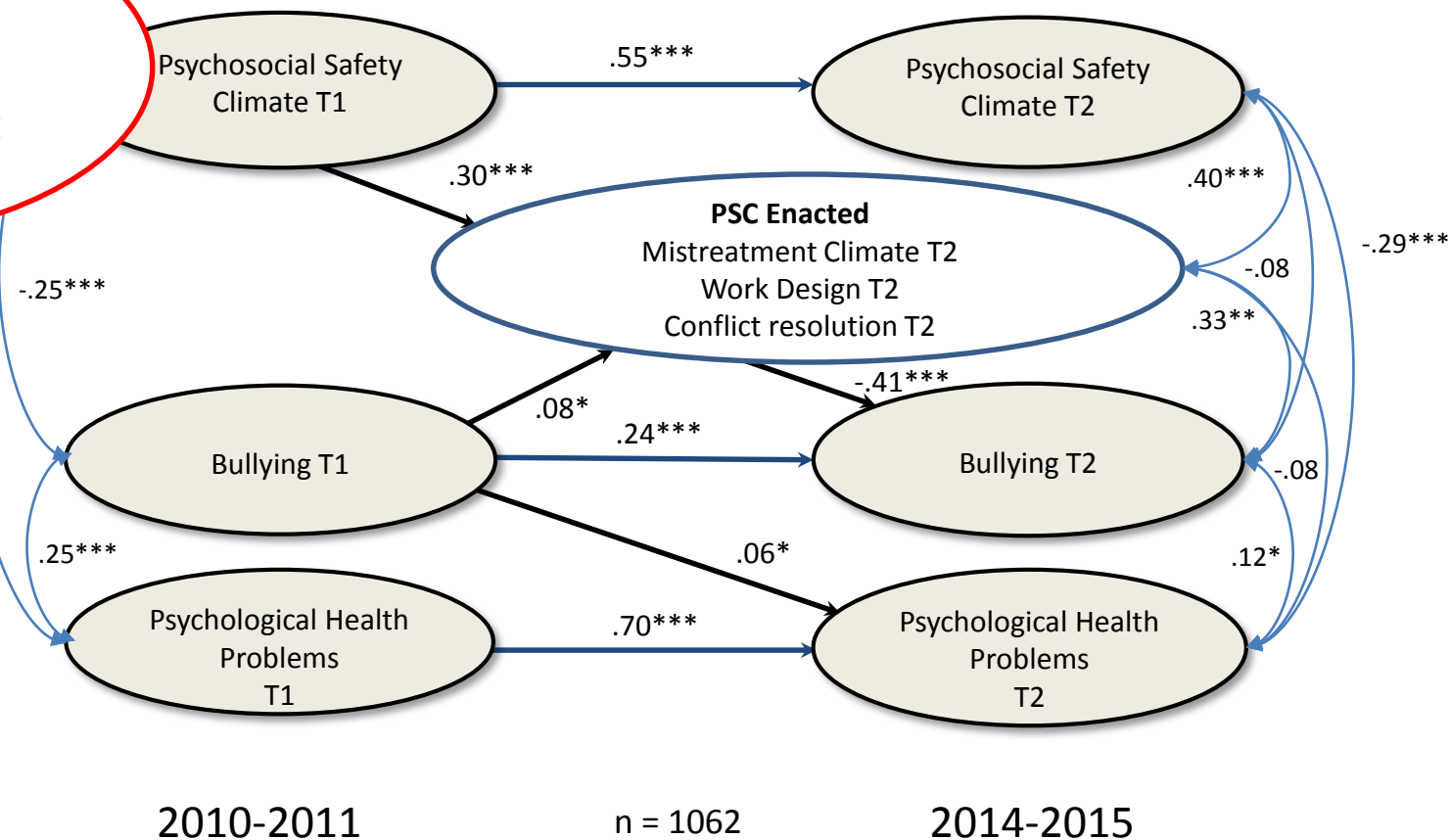


PSC Team (Blue) Vs PSC Leadership (Yellow)

How leaders rate their
PSC leadership and
how team members
see the PSC is very
different

Graph Sarven McLinton

PSC predicts future pro-social procedures (job design, social relational) that prevent bullying



European Journal of Work and Organizational Psychology >

Original Articles

Psychosocial safety climate (PSC) and enacted PSC for workplace bullying and psychological health problem reduction

Maureen F. Dollard, Christian Dormann, Michelle R. Tuckey & Jordi Escartín

Received 14 April 2017; Accepted 20 May 2017; Published online 24 October 2017

4. The Practical Value of PSC- Human and Economic Case

A National Standard for Psychosocial Safety Climate (PSC): PSC 41 as the Benchmark for Low Risk of Job Strain and Depressive Symptoms

Tessa S. Bailey, Maureen F. Dollard, and Penny A. M. Richards
University of South Australia



Journal of Occupational Health Psychology
2015, Vol. 20, No. 1, 15–26

Elimination of low PSC –
14% reduction in job strain
16% reduction in depression

PSC Standards	Range 12 – 60	
Low risk (High PSC)	41 or above	
Medium risk PSC	38 – 40	
High risk PSC	37 or below	(35% of respondents)
Very High risk PSC	26 or below	

Urgent action to
prevent further
dramatic increases in
depressive periods.

Translating cross-lagged effects into incidence rates and risk ratios: The case of psychosocial safety climate and depression

Christian Dormann^{a,b}, Mikaela Owen^b, Maureen Dollard^b and Christina Guthier^a

^aJohannes Gutenberg-University, Mainz, Germany; ^bAsia Pacific Centre for Work Safety & Health, University of South Australia, Adelaide, Australia

Work & Stress (in press)

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Australian Government
Australian Research Council

Using PSC to estimate productivity loss

(Becher & Dollard, 2016)

PSYCHOSOCIAL SAFETY CLIMATE AND BETTER
PRODUCTIVITY IN AUSTRALIAN WORKPLACES
COSTS, PRODUCTIVITY, PRESENTEEISM, ABSENTEEISM

Report

November 2016

Harry Becher
Maureen Dollard
Asia Pacific Centre for Work Health and Safety
WHO Collaborating Centre in Occupational Health
University of South Australia

Workers PSC	Annual sickness absence (hours)	Cost via sickness absence	Productivity Loss	Cost via presenteeism
Low	60.3	\$2,109	5.5%	\$3,113
Moderate	59.1	\$2,067	5.4%	\$3,042
High	42.3	\$1,479	3.2%	\$1,856

Becher, H., & **Dollard, M. F.** (2015). Psychosocial and human capital costs on workplace productivity, Safe Work Australia, www.safeworkaustralia.gov.au

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Australian Government
Australian Research Council

Using PSC to estimate productivity loss

(Becher & Dollard, 2016)

A Pro-Social Approach to Productivity using the Australian Workplace Barometer

PSYCHOSOCIAL SAFETY CLIMATE AND BETTER
PRODUCTIVITY IN AUSTRALIAN WORKPLACES
COSTS, PRODUCTIVITY, PRESENTEEISM, ABSENTEEISM

Report

November 2016

Henry Becher
Maureen Dollard
Asia Pacific Centre for Work Health and Safety
WHO Collaborating Centre in Occupational Health
University of South Australia

Cost of low PSC via sickness absence:	AUD 2.4 billion p.a.
Cost of low PSC via presenteeism:	AUD 3.6 billion p.a.
Total cost of low PSC to employers:	AUD 6 billion p.a.



Australian Government
Australian Research Council

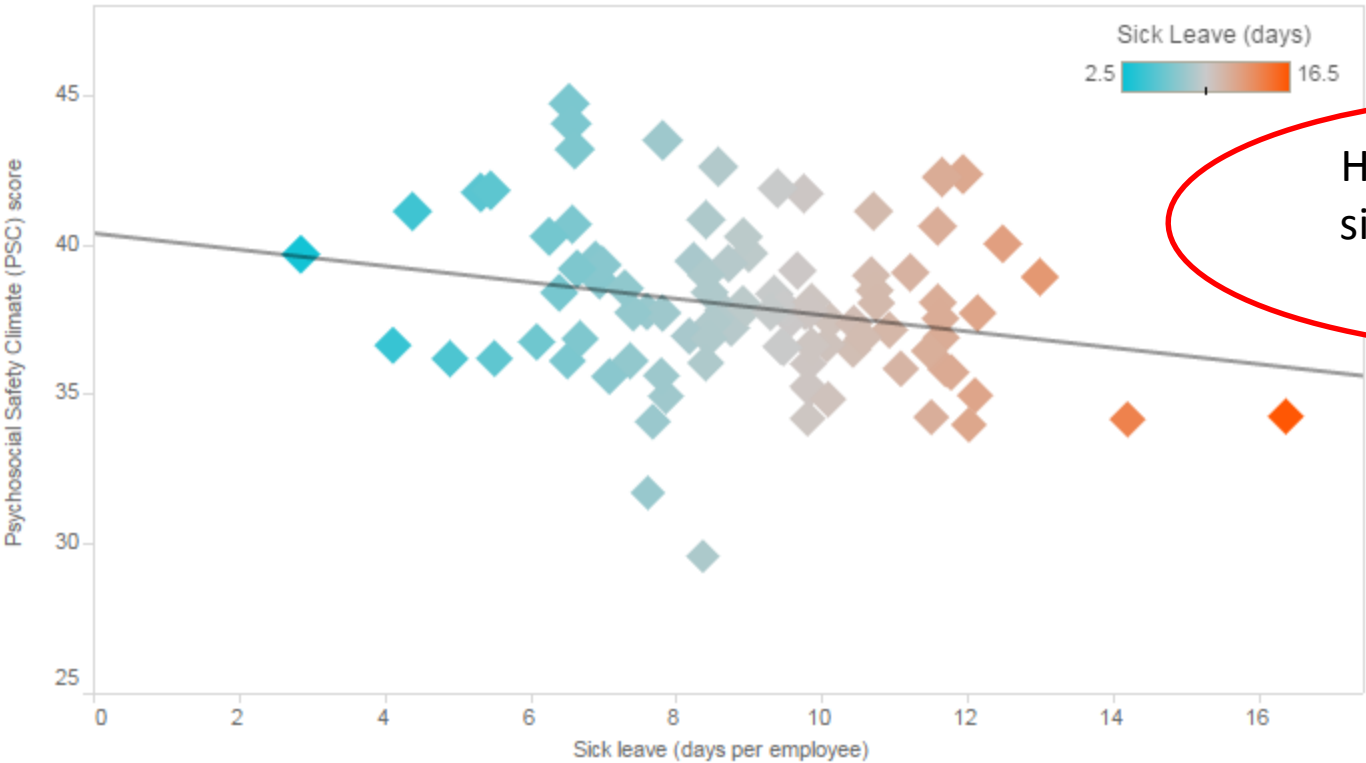
Becher, H., & **Dollard, M. F.** (2015). Psychosocial and human capital costs on workplace productivity, Safe Work Australia, www.safeworkaustralia.gov.au ; Funding from the Commonwealth Government Agency Safe Work Australia, SafeWork SA, Australian Research Council Discovery Grants [DP0879007 & DP140103429] and an Australian Research Council Linkage Grant [LP100100449].

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Interactive Chart: Sick leave and Psychosocial Safety Climate score



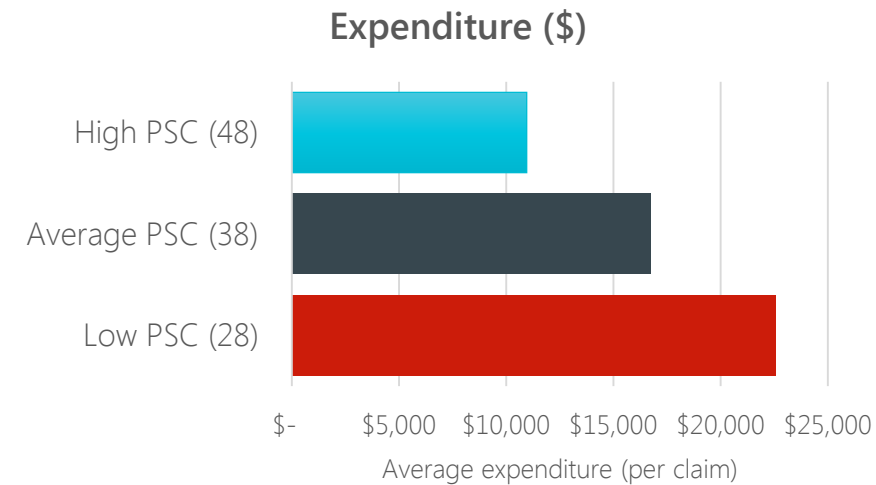
Learn more about this chart: [view data for Figure 4.](#)



High PSC predicts lower
sickness absence across
100 agencies

PSC and Workers' Compensation in South Australia

Harry Becher & Maureen Dollard



PSC and Workers' Compensation Expenditure

PSC levels in organisations (AWB data) is significantly linked to Expenditure in SafeWork SA data.

The average compensation claim in SA is \$16,753.

The average PSC in this sample was 38.

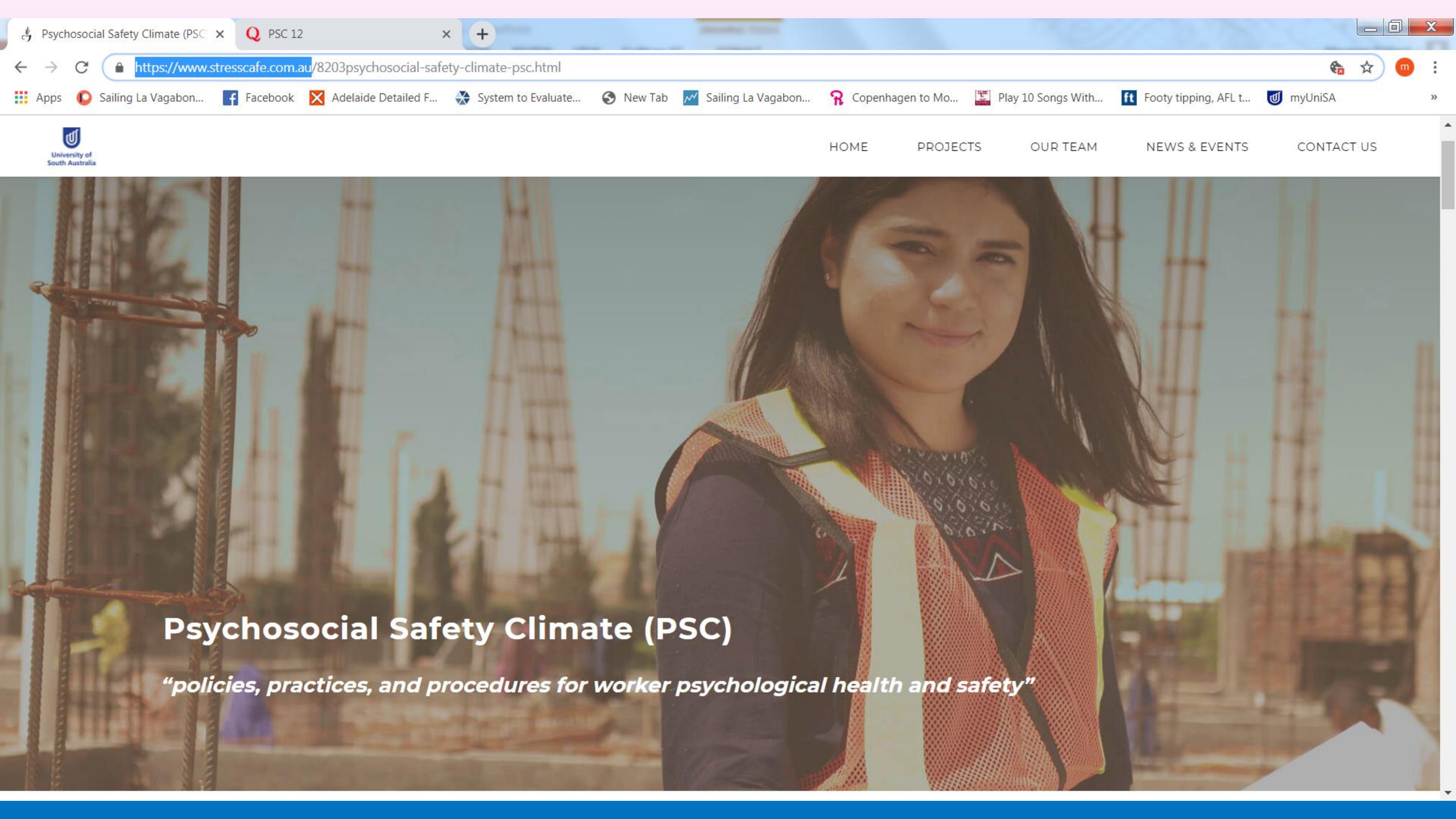
Each PSC point above 38 can save approximately \$580.

In a company with low PSC of 28 we expect average claim cost of \$22,550.

In a company with a high PSC of 48 we expect average claim cost of

The really amazing thing about this research is that we can predict future WC Time OFF and Expenditure by knowing about company PSC

5. Solutions: What can be done



Psychosocial Safety Climate (PSC)

“policies, practices, and procedures for worker psychological health and safety”

Many Thanks for Your Participation.

Your PSC Score is: **46**

In order to interpret your results, you may be interested to know that Psychosocial Safety Climate is measured using a 12 item scale (PSC-12). Scores range from 12 to 60.

The following benchmarks show risk levels and prognosis for PSC scores, based on a large sample of Australian workers.

Please compare your score with the benchmark scores to find the range in which your results are located.

PSC Standards	Range 12 — 60	Prognosis
Low-risk PSC (High PSC)	≥ 41	Performing well, improvements in PSC levels might be noted; increased leader performance in PSC
Medium-risk PSC	$41 < \text{and} > 37$	Steady state, need more enacting of PSC principles
High-risk PSC	$37 \leq \text{and} > 26$	Increasing PSC levels from low could reduce depression by 16% and job strain by 14%
Very high-risk PSC (Very low PSC)	≤ 26	Urgent action required to prevent further dramatic increases in depressive periods, and worsening conditions (e.g. increased bullying)

Please print this page and provide it to whom it may concern (e.g., your manager, your union representative, your GP).

What to do (Kinman & Teoh, 2018)

- More support is urgently needed to help improve the mental health of doctors from recruitment to retirement. Available support should reinforce help-seeking, challenge stigma, and be communicated more effectively and its uptake encouraged.
- Interventions need to be fundamentally primary (aim to eliminate or reduce the exposure to such poor working conditions), rather than secondary (help the individual doctor cope with their work environment) and tertiary (treat those already struggling).
- Some interventions that are currently available in many healthcare settings in the UK, such as Schwartz Rounds®, job crafting and employee participation approaches, should be evaluated in the UK.
- More prospective longitudinal studies are urgently needed to assess the mental health of doctors over time and provide insight into the occupational, organisational and individual factors that contribute to positive wellbeing as well as distress.
- Build a culture within medicine that explicitly recognises how the job can impact on the wellbeing of doctors and promotes mental health and self-care from first year of medical school, with the Deans, Trusts and Royal Colleges being responsible for developing and communicating evidence-informed initiatives and sharing best practice.

Understanding and preventing suicide and mental health problems in doctors

Aims & Objectives

- Our project aims to investigate the impact of three structural factors influencing mental health and suicide risk
 - 1) professional culture (e.g. expectations from professional colleges)
 - 2) organisational climate (e.g. the day-to-day working expectations)
 - 3) health service context (primary care/hospitals, urban/rural).
- The research questions (RQ) include:
 - RQ 1. How do the structural factors contribute to doctors' mental health and suicide risk?
 - RQ 2. What are doctors' experiences of the structural factors in their working lives?
 - RQ 3. How can suicide risk factors be reduced through structural solutions?

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- Prof Sharon Lawn, Flinders University
- Prof Michael Baigent, Flinders University/ SALHN
- A/Prof Michelle Tuckey, UniSA
- Prof Maureen Dollard, UniSA
- Prof Fran Baum, Flinders University
- Prof Tim Carey, Flinders University
- Prof Lucie Walters, Flinders University
- Prof Michael Kidd, University of Toronto

**Mental Health
and Wellbeing:
The Minimum
Data Set**

Version 5.2 March 2018

Psychosocial
Safety Climate is
included in the
minimum data
set!!



Victorian Public Sector Leadership Group endorsed the following key approaches to assist employees (March 2018):

1. performance indicators relating to mental health and wellbeing (related incidents, training/instruction, induction, and employee survey results) to be used for each department's baseline, measure improvement, and benchmark across similar organisations to assist with continuous improvement on learning and mental health and wellbeing outcomes

Conclusions

1. Economists of a capitalist kind have too much say in running the world—we need more pro-social influences—that means you!
2. PSC is an important theoretical construct to link the external social political pressures with internal organisational functioning
3. Important role for national values and societal power actors including medical profession, unions and management, WHS, for development of healthy work
4. PSC is an evidence based leading indicator and risk factor, best target for stress prevention/intervention (top management support, all levels involved etc).
5. PSC should be a KPI for strategic ethical management
6. AU/NZ comparative research
7. Investigate how PSC affects injury recovery

Thank You Very Much for Listening

Please contact: maureen.dollard@unisa.edu.au



The banner for ICOH 2021 features a collage of Australian landmarks and the event details. The top section includes the text "ICOH 2021" with the website "www.ichoh2021.org", the "HOSTED BY ANZSOM" logo, and the event title "SHARING SOLUTIONS IN OCCUPATIONAL HEALTH: Locally, Regionally, Globally". Below this, it states "33rd International Congress on Occupational Health" and "21-26 March 2021 | MELBOURNE AUSTRALIA". The collage includes images of the Melbourne Convention Centre, Uluru, the Sydney skyline, a rainbow over a beach, a koala, a hot air balloon, a scuba diver, and a coastal scene.

ICOH 2021
www.ichoh2021.org

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ANZSOM

SHARING SOLUTIONS IN
OCCUPATIONAL HEALTH:
Locally, Regionally, Globally

33rd International Congress on Occupational Health

21-26 March 2021 | MELBOURNE AUSTRALIA

Join us in Melbourne for ICOH 2021
Visit www.ichoh2021.org

Published Papers on PSC

Books/ Book Chapters

Dollard, M.F., Shimazu, A., Nordin, R. Bin, Brough, P., Tuckey, M.R (Eds.), (2014). *Psychosocial Factors at Work in the Asia Pacific*. Dordrecht; Springer International Publishing. 978-94-017-8974-5

Dollard, M.F. & Bailey, T. S. (Eds.), (2014). *Australian Workplace Barometer: Psychosocial Safety Climate and working conditions in Australia*, Samford Valley QLD; Australian Academic Press

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Edward Elgar Publishing Ltd

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