



Workplace Psychosocial Risks: Measurable and Modifiable Health Risks

AWARENESS SHEET

MARCH 2024

SUMMARY

What risks are we talking about?	1
Why be concerned?	2
Are there any risks in your work environment?	4
Which groups of workers are at greater risk?	5
Take action for better prevention!	7
Effective measures!	8

BACKGROUND

An abundance of scientific evidence from around the world points to the adverse effects of workplace psychosocial risks on mental health¹ and physical health. Over the past few years, the Institut national de santé publique du Québec (INSPQ) and its collaborators have developed a ***Tool for Identifying Psychosocial Risk Factors in the Workplace***, which allows these risks to be identified and analyzed, and approaches to reducing their impact in the workplace to be proposed. For more information, visit the following section of the INSPQ’s website: [Risques psychosociaux du travail](#).

WHAT RISKS ARE WE TALKING ABOUT?

Workplace psychosocial risk factors are linked to work organization, management practices, employment conditions and social relations. They are identifiable, measurable and modifiable risks. More specifically, the risks are:

- High workload.
- Low recognition.
- Low autonomy at work.
- Low support from colleagues or supervisors.
- Lack of communication and information.
- Psychological harassment.

¹ The term “mental health” comprises “psychic health” and “psychological health.”

WHY BE CONCERNED?

To prevent and reduce adverse health impacts

Numerous scientific studies have demonstrated that the presence of one or more psychosocial risks in the workplace increases the risk of harm to the mental and physical health of workers, and also increases the risk of workplace accidents. As with other occupational hazards, such as physical or chemical hazards, the impacts on health increase with the intensity and duration of exposure.

Adverse health effects

Workers exposed to one or more psychosocial risks have a:

1.4 to 4 times greater risk of workplace accidents⁽¹⁾

2 times greater risk of psychological distress⁽²⁾

1.5 to 4 times greater risk of musculoskeletal disorders⁽³⁾

2 to 2.5 times greater risk of cardiovascular disease⁽⁴⁾

1.5 times greater risk of stroke⁽⁵⁾

To meet legal responsibilities

Subsequent to the adoption of Law 27 modernizing the Act respecting occupational health and safety (AOHS²) in Québec, every employer has a duty to protect the health and ensure the safety and physical and mental well-being of workers (AOHS, Sec. 51). Employers are obliged, as part of their prevention programs, to identify and analyze workplace psychosocial risks (PSRs), as they would other health and safety risks to which workers in their organization may be exposed. In addition, the Act respecting labour standards (LSA³) stipulates that: "Employers must take reasonable action to prevent psychological harassment and, whenever they become aware of such behaviour, to put a stop to it." (LSA, Sec. 81.19). Similarly, Law 27 specifies the employer's legal obligations with regard to the prevention of physical or psychological violence, which encompasses spousal, family or sexual violence, including for teleworking personnel (Sec. 51 (16), AOHS). Employers must therefore take measures to prevent all forms of discriminatory harassment, violence and any other risk to mental health. Under section 49 of the AOHS, it is the duty of workers to protect their own health, to avoid endangering the health, safety or physical or mental well-being of other persons at or near their workplace, and to participate in the identification of risks.

² Act respecting occupational health and safety, CQLR c S-2.1, www.legisquebec.gouv.qc.ca/en/document/cs/S-2.1 consulted 2024-03-04.

³ Act respecting labour standards, CQLR c N-1.1, <https://www.canlii.org/en/qc/laws/stat/cqlr-c-n-1.1/120266/cqlr-c-n-1.1.html> consulted 2017-07-13.

In addition, inspectors of the Commission des normes, de l'équité, de la santé et de la sécurité du travail (CNESST) have jurisdiction in matters pertaining to the AOHS and the LSA. They must see to the application of the AOHS and its regulations, and intervene when there is a real or anticipated danger to the physical and mental health of a worker, including when any situation could be a source of psychological harassment. For example, an inspector could take action to address unmanaged conflicts, tolerance of incivilities or poor communications.

To reduce healthcare costs that affect productivity

The deterioration in employee health caused by the presence of workplace psychosocial risks has a significant impact on company productivity.

The main costs affecting productivity are due to:

- Absenteeism.
- Presenteeism (see below), especially in the case of a mental health problem.
- Early retirement.
- Accidents, breakages, delays, loss of clients, etc.

Significant savings can be achieved by implementing **effective workplace preventive measures**.

Preventing just one case of a mental health problem could reduce costs.

Absenteeism: \$18,000 (or 65 business days on average)⁽⁷⁾

Presenteeism: the cost is estimated at almost twice the cost of absenteeism⁽⁸⁾

What is presenteeism?

A phenomenon characterized by the presence of workers at their workstation, despite having symptoms (e.g.: fatigue and difficulty concentrating) or an illness that should induce them to rest and take time off work.

Why does presenteeism cost companies money?

Presenteeism can result in lower productivity and an increased risk of errors, breakages or workplace accidents.

ARE THERE ANY RISKS IN YOUR WORK ENVIRONMENT?

The various actors in a work environment are invited to complete the questionnaire below, to raise their awareness of preventive measures and of organizational stressors that can adversely affect health.

The responses provide initial insight into the dimensions of work organization and management practices that should be the focus of a risk assessment carried out using the ***Tool for Identifying Psychosocial Risk Factors in the Workplace*** developed by the INSPQ.

Generally speaking, in my organization...	Agree	Disagree
• The prospects for job security are unsatisfactory.	<input type="checkbox"/>	<input type="checkbox"/>
• Absenteeism is on the rise, especially due to mental health problems.	<input type="checkbox"/>	<input type="checkbox"/>
• Occupational health prevention activities focus solely on physical health.	<input type="checkbox"/>	<input type="checkbox"/>
• The policy against psychological harassment is not applied.	<input type="checkbox"/>	<input type="checkbox"/>
• The organization provides few support measures intended to facilitate the return to work.	<input type="checkbox"/>	<input type="checkbox"/>
• The organization provides few measures intended to promote work-life balance.	<input type="checkbox"/>	<input type="checkbox"/>
• There is often an excessive workload.	<input type="checkbox"/>	<input type="checkbox"/>
• Staff efforts receive little recognition within the organization.	<input type="checkbox"/>	<input type="checkbox"/>
• Supervisors are rarely accessible.	<input type="checkbox"/>	<input type="checkbox"/>
• There is little collaboration among colleagues.	<input type="checkbox"/>	<input type="checkbox"/>
• Staff are not involved in decision making that affects their work.	<input type="checkbox"/>	<input type="checkbox"/>
• Staff are poorly informed about the company's context and management's vision.	<input type="checkbox"/>	<input type="checkbox"/>

If you **agree** with some of these statements, there is reason to assess the presence of workplace psychosocial risks.

WHICH GROUPS OF WORKERS ARE AT GREATER RISK?

Activity sectors

Workplace psychosocial risks can exist in all sectors of economic activity. However, some activity sectors appear to be particularly exposed to certain PSRs, notably accommodation and food services, public services, transportation, warehousing, healthcare and social assistance, and manufacturing.⁽¹⁰⁾

Jobs

The jobs most at risk are at the lower end of the hierarchy, and are held by manual workers. Some workplace psychosocial risks are also job-specific. Clerical staff have less autonomy and social support, while managers enjoy more autonomy, recognition and support, but have a higher workload.

Sex and age

Women are generally more exposed to psychosocial risks at work. Moreover, men and women are not exposed to the same risks. It should be added that women, who usually take on more family responsibilities, are generally exposed to heavier daily workloads and face greater difficulties balancing work and personal life. Exposure also varies according to age group, with older people perceiving less recognition, among other things, and younger people less autonomy.

Workers with less education and lower incomes are more often exposed to physical and organizational stressors.

Working and employment conditions

Workplace psychosocial risks are more prevalent among workers with poorer employment conditions (e.g.: job insecurity). Workers with less education and lower incomes are often exposed to increased physical stress and psychosocial risks. These characteristics (low income and less education) interfere with their health and reduce their access to better living and employment conditions.

Job quality

The Institut de la statistique du Québec (ISQ) is working to develop job quality indicators to improve understanding of the economic landscape. According to results (2015), professional recognition, decision authority and support from one's supervisor are among the different variables that significantly affect job quality.⁽⁹⁾

Work-life balance

The ISQ (2013) has also evaluated the beneficial effect on psychological health of practices supporting work-life balance⁽¹¹⁾ and has demonstrated that access to such practices is associated with lower levels of psychological distress. The study also found that access to measures supporting work-life balance increases with education and (permanent) employment status.

TAKE ACTION FOR BETTER PREVENTION!

Workplace psychosocial risks are identifiable and measurable. With the help of validated tools and a structured approach, it is possible to reduce them. Intervention specialists wishing to accompany a workplace could take the following steps: provide information and raise awareness in the workplace, assess the workplace using the *Tool for Identifying Psychosocial Risk Factors in the Workplace*, support initiatives for action and follow up on the action plan.

Case history

Paul is in charge of human resources at a factory. He notes an increase in absenteeism due to illness and the departure of good workers over the past year. Workplace accidents are also on the rise, despite the new production facilities that have been put in place. Conflicts have broken out within teams.

The factory owner is concerned about the drop in productivity that has occurred despite recent investments, and wants explanations. Paul doesn't know how to demonstrate that the recent changes may be a factor.

He mobilizes the company's health and safety committee (HSC), informs it of these concerns and decides to contact the public health occupational health team responsible for the plant's specific health program. The team suggests that he engage in an activity aimed at identifying and assessing psychosocial risks in the workplace.

Not only are risk factors identified, but guidelines for action are proposed.

When the results are presented, shift supervisors and workers discuss concrete situations where action could be taken. The owner has supported the entire process, including implementation of the action plan.

Owing to this process, the HSC and the employer have now identified the risk factors linked to work organization and management practices that can have an adverse impact on workers' health, on the work climate and on the company's productivity. They also have concrete levers that can be used to positively change the environment.

For more information, please consult the following section of the INSPQ website:

<https://www.inspq.qc.ca/risques-psychosociaux-du-travail-et-promotion-de-la-sante-des-travailleurs>

EFFECTIVE MEASURES!

Workplace interventions aimed at reducing workplace psychosocial risks produce conclusive results:⁽¹²⁾ a reduction in the mental health and musculoskeletal problems associated with these risk factors, and an increase in workplace productivity.

Combining individual-level and workplace-level interventions maximizes health gains. It is recognized that activities related to changing worker behaviour are more effective if they also target risk factors **at source**, as provided for in the AOHS.

Testimony of an OHS consultant in the union sector

“I promote the use of the INSPQ’s tools and I use the Tool for Identifying Psychosocial Risk Factors in the Workplace. It helps me enable staff and unions to understand the risk factors related to what they experience at work, and to see the possibilities for reducing them... or conversely to see that things are going well! I often use these tools even if the employer doesn't wish to participate, and afterwards we present our findings to the employer. Presenting these findings often raises the employer’s awareness and prompts them to engage in a process. Using the INSPQ’s tools and completing their training program also confers credibility. The use of these tools often results in better collaboration aimed at transforming aspects of the work or its organization, and eliminating the risk factors that cause health problems. This approach allows us to progress toward finding solutions, while taking into account the constraints and context of both management and unions” [translation].

REFERENCES

- (1) Vézina, M., Cloutier E., Stock, S. et al. (2011). *Enquête québécoise sur les conditions de travail, d'emploi et de santé et de sécurité du travail*. Montréal, IRSST, INSPQ, ISQ, Rapport R-69, 756 p.
- (2) Stansfeld S, Candy B. *Psychosocial work environment and mental health - a meta-analytic review*. *Scandinavian Journal of Work Environment & Health*. 2006;32 (6): 443-62.
- (3) Hauke, A., Flintrop, J., Brun, E., Rugulies, R. (2011). *The impact of work-related psychosocial stressors on the onset of musculoskeletal disorders in specific body regions: a review and meta-analysis of 54 longitudinal studies*. *Work & Stress*, 25.
- (4) Pikhart H, Pikhartova J. (2015). The relationship between psychosocial risk factors and health outcomes of chronic diseases. A review of the evidence for cancer and cardiovascular diseases. Copenhagen: WHO Regional Office for Europe; (Health Evidence Network synthesis report).
- (5) Huang, Y., Xu, S., Hua, J., Zhu, D., Liu, C., Hu, Y., & Xu, D. (2015). *Association between job strain and risk of incident stroke: A meta-analysis*. *Neurology*, 10-1212.
- (6) Kivimäki M. et al. (2002). *Work stress and risk of cardiovascular mortality: prospective cohort study of industrial employees*, *BMJ*, 325:857.
- (7) Dewa C.S., N. Chau & S. Dermer (2010). *Examining the comparative incidence and costs of physical and mental health-related disabilities in an employed population*. *Journal of Occupational and Environmental Medicine*, 52(7); 758-762.
- (8) Sainsbury Centre for Mental Health (2007). *Mental Health at Work: Developing the Business Case*. Policy Paper 8. London. Sainsbury Institute for Mental Health.
- (9) Cloutier-Villeneuve, L. & R. Saint-Frard (2015). *Construction d'un indicateur synthétique de la qualité de l'emploi : résultats méthodologiques et empiriques*, Québec, ISQ, 88 p.
- (10) Tissot, F., Jauvin, N., Mantha-Bélisle, M-M., Pelletier, M. & Vézina, M. (2021). *Indicateurs de risques psychosociaux liés au travail : définitions et résultats de l'Enquête québécoise sur la santé de la population 2014-2015*. Institut national de santé publique du Québec.
- (11) Boulet, M. (2013). *Les pratiques de conciliation travail et vie personnelle : un outil pour atténuer la détresse psychologique des salariés du Québec*, Institut de la statistique du Québec (ISQ), 32 p.
- (12) Dollard, M.F. & Bakker, A.B. (2010). *Psychosocial safety climate as a precursor to conducive work environments, psychological health problems, and employee engagement*. *Journal of Occupational and Organizational Psychology*, 83, 579-599.

Workplace Psychosocial Risks: Measurable and Modifiable Health Risks

AUTHORS

Carole Chénard, MBA, Scientific Advisor
Marie-Michèle Mantha-Bélisle, MBA, Scientific Advisor
Michel Vézina, MD, MPH, FRCPC, Medical Specialist in Public Health and Preventive Medicine
Direction de la santé environnementale, au travail et de la toxicologie

UNDER THE COORDINATION OF

Marie-Pascale Sassine, MSc, Scientific Unit Head
Direction de la santé environnementale, au travail et de la toxicologie

WITH THE COLLABORATION OF

Mariève Pelletier, PhD, Specialist Scientific Advisor
Nathalie Jauvin, PhD, Specialist Scientific Advisor
Lise Poisblaud, MA, Scientific Advisor
Direction de la santé environnementale, au travail et de la toxicologie

Unité des communications et de la documentation
Vice-présidence à la valorisation scientifique et aux communications

TRANSLATION

Nina Alexakis Gilbert, Angloversion

The content of this awareness sheet was developed by the INSPQ with the support and collaboration of the public health network's occupational health teams in the following regions: Abitibi-Témiscamingue, Bas-Saint-Laurent, Capitale-Nationale, Chaudière-Appalaches, Côte-Nord, Estrie, Montréal and Nunavik.

This awareness sheet was submitted for review to the members of the INSPQ's *Groupe scientifique sur l'impact des conditions et de l'organisation du travail sur la santé*.

This document is available in its entirety in electronic format (PDF) on the web site of the Institut national de santé publique du Québec at: <http://www.inspq.qc.ca>.

Reproduction for the purpose of private study or research is authorized under Section 29 of the Copyright Act. Any other use must be authorized by the Government of Québec, which holds the exclusive intellectual property rights for this document. Authorization may be obtained by submitting a request to the central clearing house of the Service de la gestion des droits d'auteur of Les Publications du Québec, using the online form at the following address: <http://www.droitauteur.gouv.qc.ca/en/autorisation.php>, or by writing an email to: droit.auteur@cspq.gouv.qc.ca.

Information contained in the document may be cited provided the source is mentioned.

Legal deposit – 2nd quarter 2024
Bibliothèque et Archives nationales du Québec
ISBN: 978-2-550-92613-9 (French PDF)
ISBN: 978-2-550-97308-9 (PDF)

© Gouvernement du Québec (2024)

Publication No.: 2894 - English version