

Occupational
Health Clinics
for Ontario Workers



Centre de Santé
des Travailleurs(es)
de l'Ontario



Research into Practice: Applied Knowledge Activism and Tool Development

John Oudyk MSc CIH ROH
Occupational Hygienist
May 1, 2024



Beginnings – LOARC Research Day May 6, 2008



Occupational Health Clinics
for Ontario Workers Inc.

What is research?

– some ideas, concepts, thoughts ...

Actually, research is quite difficult to define. It may be easier to start by describing what we do when we are doing research:

Asking a question/raising an issue - looking into complaints/concerns, wondering if something is hazardous.

Collecting information - from books/articles, online, interviewing people, taking measurements, sharing with people with similar or different experiences

Analyzing the collected information - organizing, entering data into a computer database, checking it for quality, summarizing, calculating, describing with graphs, tables, or pictures

Interpreting your results & making recommendations - to recommend changes based on the findings (the evidence) of your analysis.

The Wikipedia definition: "Research is a human activity based on intellectual investigation and is aimed at discovering interpreting and revising human knowledge on different aspects of the world. Research can use the scientific method but need not do so."

<http://en.wikipedia.org/wiki/Research>





Mental Injury Tool (MIT) Group:

- The Mental Injuries Tool group was established in late **2009** out of a **stakeholder sub-committee** of worker representatives and the Occupational Health Clinics for Ontario Workers who were charged with “**supporting worker representatives in taking action on prevention and workers’ compensation**”.
- This sub-committee held a meeting in **December 2010** to select projects which could be developed jointly to address common concerns. The topic which received the most interest was **mental injuries** (workplace psychosocial risk factors; recognition & compensation for mental injuries).





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CAW Stress Workshop:
**Can we measure workplace
stress for compensation
and prevention purposes?**

John Oudyk & Nick DeCarlo
October 23, 2010



Who's involved:

- Laura Lozanski, CAUT
- **Terri Szymanski**, Brendan Kilcline, OPSEU
- Sari Sairanen, CAW
- David Chezzi, Andréane Chénier, Blaine Morin, CUPE
- Keith McMillan, CEP
- Nancy Johnson, Erna Bujna, ONA
- Valence Young, ETFO
- Robert Mason, USW
- Janice Klenot, Michele Miller, UFCW 175/633
- Jane Ste. Marie, John Watson, OSSTF
- Kathy Yamich, Workers United Union
- Alec Farquhar, Margaret Keys, OWA
- Tom Parkin, WHSC
- Sophia Berolo, University of Waterloo
- Andy King, LOARC
- Maryth Yachnin, IAVGO
- Syed Naqvi, Alex Cohen, Ivan Bauer, Curtis VanderGriendt, Ted Haines, Mark Parent, John Oudyk (OHCOW)





2011



- In **February 2011** members of the **Mental Injuries Tool (MIT)** working group attended a workshop which reviewed the **theories** behind common psychosocial measurement tools.
- Filled out surveys, reviewed theories/perspectives, discussed implications, opportunities for change – **Andy King** connected us with **Salvador Moncada** (Spain) - felt affinity for **ISTAS** – a Spanish labour-academic collaboration (like LOARC)
- Based on these deliberations, the group decided to administer the **Copenhagen Psychosocial Questionnaire (COPSOQ)** and agreed to pilot test the survey at upcoming union conferences – asked **Tage Kristensen** for permission.
- **piloted** at 3 union conferences (n=472) and among union members of 21 social services agencies (n=2199) – plenty of suggestions of missed items which were added (tried wherever possible to find established questions)



Occupational Health Clinics
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**Mental Injury Tool Group
Workshop:**
**Can we measure workplace
stress for compensation and
prevention purposes?**

John Cudyk
Occupational Hygienist
February 1, 2011



2011-2012



USW HS&E Conference, Vancouver, April 2011
(210 attendees) 159 responses (76%)



OPSEU BPS Conference, Toronto, June 2011
(180 attendees) 153 respondents (85%)



CAW Women's Conference, Port Elgin, August 2011 (160 attendees) 160 respondents (100%)

- The **results of these trial administrations** were presented at the Labour, OHCOW, Academic Research Collaboration (LOARC) Teach-in called “**Stopping the spread of psychosocial hazards at work in Quebec and Ontario - A Teach-in**” held in Ottawa, October 24/25, 2011
- Based on these trials we agreed that the **COPSOQ** was a useful tool to use
- The MIT group developed a **guidebook** and other tools to address all aspects of stress in the workplace (**launch October 10, 2012**)



90-page Guidebook



Action on Workplace Stress: Mental injury prevention tools for Ontario workers

Introduction: Worker Call to Action

PART 1—Why should we care?

PART 2—“Workplace Stress”: Assumptions, terminology, and approaches

PART 3—What are other jurisdictions doing?

PART 4—What are my legal rights and protections? (focus on Ontario)

PART 5—What does a workplace action plan look like?

PART 6—Resources



Peer-reviewed abstracts/posters accepted (2011-2014)

1. Oudyk, J. (2011): Union Rep/OHCOW Mental Injury Tool Group: Can we measure workplace stress for compensation and prevention purposes?, LOARC Teach-in on Psychosocial Risk in the Workplace, Ottawa ON.
2. Oudyk, J. (2012): Evaluation of a Survey Instrument to Assess Workplace Psychosocial Hazards, 7th International Conference on the Science of Exposure Assessment (X2012), Edinburgh (discussion poster).
3. Johnson, N., E. Bujna and J. Oudyk (2012): Experience and Effects of Offensive Behaviours among Ontario Nurses' Association Health & Safety Representatives, 3rd International Conference on Violence in the Health Sector, Vancouver, BC (poster)
4. Oudyk, J., T. Aversa and D. Gordon (2013): Can We Actually Measure Workplace Stress in a Real Workplace? McMaster Clinical Epidemiology and Biostatistics 10th Annual Research Day, Hamilton, ON (poster)
5. Oudyk, J. (2013): The Time is Right to Start Tackling Workplace Stress, Partners in Prevention 2013 Conference, Toronto
6. Oudyk, J., and T. Aversa (2013): Measuring Workplace Stress – A Pilot Study, American Industrial Hygiene Conference and Exposition (AIHce), Montreal
7. Oudyk, J., T. Aversa and D. Gordon (2013): Piloting a Survey Tool to Assess Workplace Stress, Association of Public Health Epidemiologists in Ontario (APHEO) 2013 Conference, Niagara Falls, ON (poster)
8. Naqvi, S. (2013): Mental Injury Prevention Tools guide for Ontario Workers and Joint Committees, Association of Canadian Ergonomists 44th Annual Conference, Whistler, BC
9. Aversa, T., D. Gordon and J. Oudyk (2014): How do we rate psychosocial scores from stress surveys? (poster) – 2014 Creating and Sustaining Psychologically Healthy Workplaces: Learning from Research and Practice Conference, Vancouver, BC
10. Aversa, T., L. Morton and J. Oudyk (2014): Tackling organizational factors affecting workers' mental distress: A case study in community nursing (poster) – 2014 CARWH Conference, Saskatoon, SA – *poster won 3rd prize out of 40-50 posters as selected by conference attendees.*





**Occupational Health Clinics
for Ontario Workers Inc.**



ADDRESSING WORKPLACE PSYCHOSOCIAL HAZARDS



Mental Injuries Tool (MIT) Group

John Oudyk and Ted Haines, Occupational Health Clinics for Ontario Workers
(OHCOW & McMaster University, Clinical Epidemiology & Biostatistics Dept)

Terri Aversa, Ontario Public Service Employees Union (OPSEU)

Laura Lozanski, Canadian Association of University Teachers (CAUT)

Andy King, Labour OHCOW Academic Research Collaboration (LOARC)

October 24, 2013

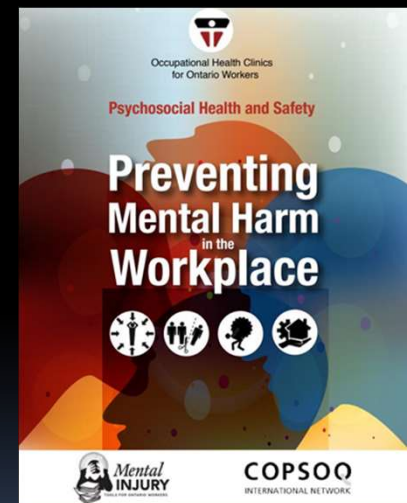
What the MOL can do to help:



Ontario

Ministry of Labour

1. Recognize that workplace psychosocial hazards are covered by 25(2)(a)&(h) and 4.1(2) that related orders may be issued for specific violations
2. Publish a guide for workplaces to identify their responsibility, refer them to available standards and tools
3. Blitz office work environments, healthcare, retail for psychosocial hazards (use Danish & Dutch tools)

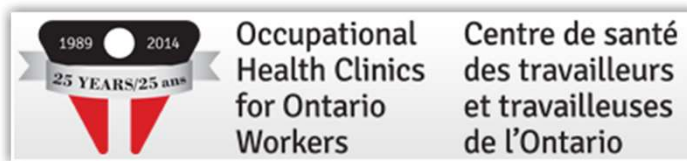




Canadian Centre for Occupational Health and Safety  Centre canadien d'hygiène et de sécurité au travail

Taking Action on Workplace Stress

**John Oudyk, Occupational Hygienist
Occupational Health Clinics for Ontario Workers (OHCOW)**



Coming soon (2014)...

- With CCOHS, we're creating an app that allows you to do the survey and have your own personal score



← Back
Workplace Stress
Next →

- Work Demands
- Work Organization
- Relationship ✕

	SCORE
predictability	
appreciation & recognition	
role clarity	
quality of leadership	
supervisor social support	

Legend

- Work Values
- Environment/Safety
- Job Satisfaction & Work-Life Balance
- Overall Health & Symptoms
- Offensive Behaviours

← Back
Workplace Stress
Next →

Results

appreciation & recognition
Share
Close

Ideas - Improving Appreciation & Recognition:

- Encourage a workplace a climate of appreciation, respect and inclusivity
- Recognize and celebrate "successes" acknowledging all contributions and share rewards equitably
- Treat "failures" as opportunities to learn and improve rather than focussing on blame
- Recognize and reward innovation and creativity even if they don't fully achieve their original objectives
- Ensure workers are informed regularly of the value of their efforts
- Clearly communicate expectations and deadlines
- Balance team and individual recognition to encourage top performers to build team capacities



COPSOQ

INTERNATIONAL NETWORK

10th International COPSOQ
Workshop 2025 !! in Sweden !!

Former Network Conferences

9th International COPSOQ
Workshop Canada 2023

8th International COPSOQ
Workshop Canada / CA 2021

7th International COPSOQ
Workshop Istanbul TR 2019

6th International COPSOQ
Workshop Santiago de Chile
/RCH 2017

5th International COPSOQ
Workshop Paris /F 2015

4th International COPSOQ
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3rd International COPSOQ
Workshop Barcelona /ES
2011

2nd International COPSOQ
Workshop Freiburg /D 2009

1st International COPSOQ
Workshop København /DK
2007



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Mental
INJURY

TOOLS FOR ONTARIO WORKERS

5th International COPSOQ Workshop - Paris / F 2015



Ways of reporting back the results of the COPSOQ II short survey

John Oudyk, Terri Aversa, Ted Haines & the Mental Injuries Tool group

<https://www.copsoq-network.org/former-copsoq-conferences/5th-international-copsoq-workshop-paris-f-2015/presentations/>



EKOS Survey 2016:

- With the help of **Peter Smith (IWH)** we connected with EKOS
- In conjunction with this recognized Canadian polling organization, an online survey was completed between **February and March 2016**.
- Selection criteria were any employed Canadian working in a workplace with **more than 5 employees**.
- Survey was made available in **English & French**
- Originally the sample began with just Ontario but was later expanded to all of Canada – over **4000 respondents**
- EKOS provided **weighting factors** to adjust to the Census



Results of Reliability & Validation Studies

with the help of **Peter Smith** from the IWH:

- ✓ Face validity **MIT Group**
- ✓ Content validity **& COPSQQ**
- ✓ Test-retest reliability
- ✓ Internal consistency (Cronbach's α , ICC)
- ✓ Confirmatory factor analysis
- ✓ Discriminant and convergent validity (correlations)

... published February 2019



RESEARCH ARTICLE

<https://onlinelibrary.wiley.com/doi/full/10.1002/ajim.22964>

Dissecting the effect of workplace exposures on workers' rating of psychological health and safety

Avinash Ramkissoon MPH^{1,2}  | Peter Smith PhD, MPH^{1,2,3} | John Oudyk MSc, CIH, ROH⁴

¹Epidemiology Division, Dalla Lana School of Public Health, Toronto, Ontario

²Institute for Work & Health, Toronto, Ontario

³Department of Epidemiology and Preventive Medicine, Monash University, Melbourne, Australia

⁴Occupational Health Clinics for Ontario Workers, Toronto, Ontario

Correspondence

Abstract

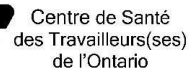
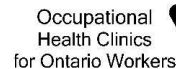
Objectives: To validate the factor structure of the Copenhagen Psychosocial Questionnaire (COPSOQ) in a North American population and dissect the associations between psychosocial factors and workplace psychological health and safety.

Methods: Confirmatory factor analysis and multivariate linear regression were used to determine the associations between COPSOQ dimensions and a global rating of workplace psychological health and safety. Models were stratified by sex, gender

System Partners' Mental Health Working Group

Workplace Mental Health Awareness & Harm Prevention

Mental Health Working Group



Ontario Ministry of Labour

- For the purposes of the Occupational Health & Safety Act (OHSA), PTSD, chronic mental stress and traumatic mental stress are not occupational illnesses and do not trigger the notification requirements under s. 52 of the OHSA.
 - In the OHSA, “occupational illness” is defined to mean a condition that results from exposure in a workplace to a physical, chemical or biological agent to the extent that the normal physiological mechanisms are affected and the health of the worker is impaired thereby and includes an occupational disease for which a worker is entitled to benefits under the Workplace Safety and Insurance Act, 1997.
- PTSD, chronic mental stress and traumatic mental stress do not meet the critical injury definition as outlined in Reg. 834 Critical Injury - Defined made under the OHSA and do not trigger the notification requirements under S. 51 of the OHSA.



National Psychosocial Workplace Survey Tool - **StressAssess**

Occupational Health Clinics
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Centres de santé des travailleurs
(ses) de l'Ontario

John Oudyk, OHCOW
Sue Freeman, CCOHS
2017

 **CCOHS.ca**
Canadian Centre for Occupational Health and Safety

Welcome to StressAssess

A survey of the psychosocial factors
in your workplace



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

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



2019 EKOS Survey:



- In conjunction with a recognized Canadian polling organization, an **online** survey was completed in **March 2019**.
- Selection criteria were any **employed Canadian** working in a workplace with **5 or more employees**.
- Survey was made available in **English & French**
- **4008 respondents** completed the survey (**636** of whom also completed both the 2016 surveys – surveys could be **linked**)
- EKOS provided **weighting factors** (based on age, sex and region) to adjust the results to the monthly StatsCan Labour Force Survey so that they can be considered **representative** of the Canadian working population





COPSOQ

INTERNATIONAL NETWORK



10th International COPSOQ
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9th International COPSOQ
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Mental
INJURY

TOOLS FOR ONTARIO WORKERS

COPSOQ
International Network



Psychometric Properties of the Canadian English & French COPSOQ III (Core) Survey

John Oudyk, Peter Smith, Terri Aversa, Ted Haines
& the Mental Injuries Tool (MIT) group
Santiago, Chile, November 2019





Safety and Health at Work
Volume 10, Issue 4, December 2019, Pages 482-503



Original Article

The Third Version of the Copenhagen Psychosocial Questionnaire

Hermann Burr¹  , Hanne Berthelsen², Salvador Moncada³, Matthias Nübling⁴, Emilie Dupret⁵, Yucel Demiral⁶, John Oudyk⁷, Tage S. Kristensen⁸, Clara Llorens^{3, 9}, Albert Navarro^{9, 10}, Hans-Joachim Lincke⁴, Christine Bocéréan^{5, 11}, Ceyda Sahan⁶, Peter Smith^{12, 13, 14}, Anne Pohrt¹⁵, international COPSOQ Network

<https://www.sciencedirect.com/science/article/pii/S2093791118302725>





COPSOQ

INTERNATIONAL NETWORK



10th International COPSOQ
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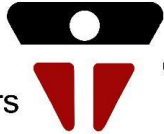
3rd International COPSOQ
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2007



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Ontario

MINISTRY OF COMMUNITY SAFETY & CORRECTIONAL SERVICES



An Assessment of Psychosocial Conditions among Provincial Corrections Services

John Oudyk, Occupational Health Clinics for Ontario Workers, Hamilton, ON, Canada

Terri Szymanski, Ontario Public Service Employees Union, Toronto, ON, Canada

Adam Cygler, Ontario Public Service Employees Union, Toronto, ON, Canada

Vicente Gannum, Ministry of the Solicitor General, Toronto, ON, Canada

Ryan Horbay, Queen's University, Kingston, ON, Canada

Robert Hickey, Queen's University, Kingston, ON, Canada

Daryl Stephenson, Occupational Health Clinics for Ontario Workers, Hamilton, ON, Canada

October 17, 2019



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Research Excellence
Advancing Employee
Health

A Longitudinal Analysis of Respondents to Two Canadian Population Surveys (2016 & 2019)

John Oudyk, Occupational Health Clinics for Ontario Workers, Hamilton, ON, Canada

Peter Smith, Institute for Work and Health, Toronto, ON, Canada

November 8, 2019



So ... what's the difference?



- Better job security, but less fulltime work (by preference?)
- Slightly better scores over all
- Slightly worse sexual harassment, threats of violence, and physical violence
- Slight improvement in bullying, discrimination, and vicarious offensive behaviours
- Matched analysis similar to weighted averages
- Is this just the “new normal”? i.e., baseline keeps adapting to changes

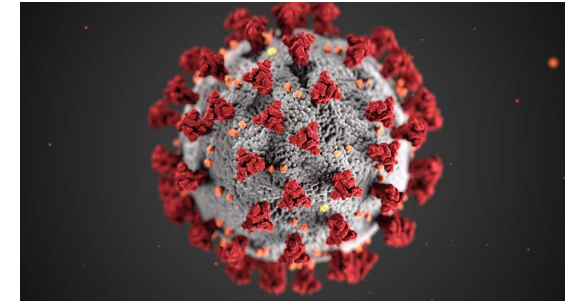




COVID-19

Coronavirus Disease 2019

Pandemic Surveys:



- Continued in our role of supporting union H&S staff dealing with pandemics
- While reviewing **reports coming out of China** during the beginning of the pandemic, we noticed a number of reports of HCW stress
- Formed an **ad hoc group of union H&S reps, interested academics and activists** to formulate and distribute a HCW pandemic survey
- Designed survey to be filled in repeatedly as conditions change
- **Launched April 6th** ; then created a **generic worker (everyone else but HCWs) survey** which was launched at the end of April (revised by Dorothy Wigmore, Alec Farquhar & Laura Lozanski)
- **Re-launched both surveys on Nov 15th**; non-HCW questionnaire was revised to capture working at home situations; 2nd wave closed Mar 16th



Study samples –First Wave

Healthcare Workers

- Responses between April 7th and May 13th, 2020
- 7,298 respondents started the survey, of which **5,988** were used

Non-Healthcare Workers

- Responses between April 26th and June 6th
- 5,180 respondents started the survey, of which **3,779** were employed on March 2nd, 2020.
- Education (32%), Government (18%), Healthcare and social services (18%), Retail and food service (7%); Manufacturing (5%)



Second wave populations

Both surveys were crowd-sourced through union communications and networks

Healthcare Workers

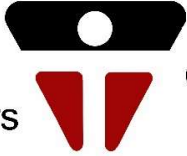
- Used the same survey as during the first wave except for a few minor changes
- 1015 respondents started the survey, **717** respondents answered the demographic questions at the end of the survey
- 19 of the respondents answered the French version of the survey

Non-Healthcare Workers

- This survey was significantly changed from the first survey with extra questions about working remotely (59 answered the previous version of the survey during the 2nd wave)
- 45 of the respondents answered the French version of the survey
- 2505 respondents began the survey, 2206 reached the mandatory question about working remotely or at the worksite, and **1833** replied to the demographic questions at the end of the survey



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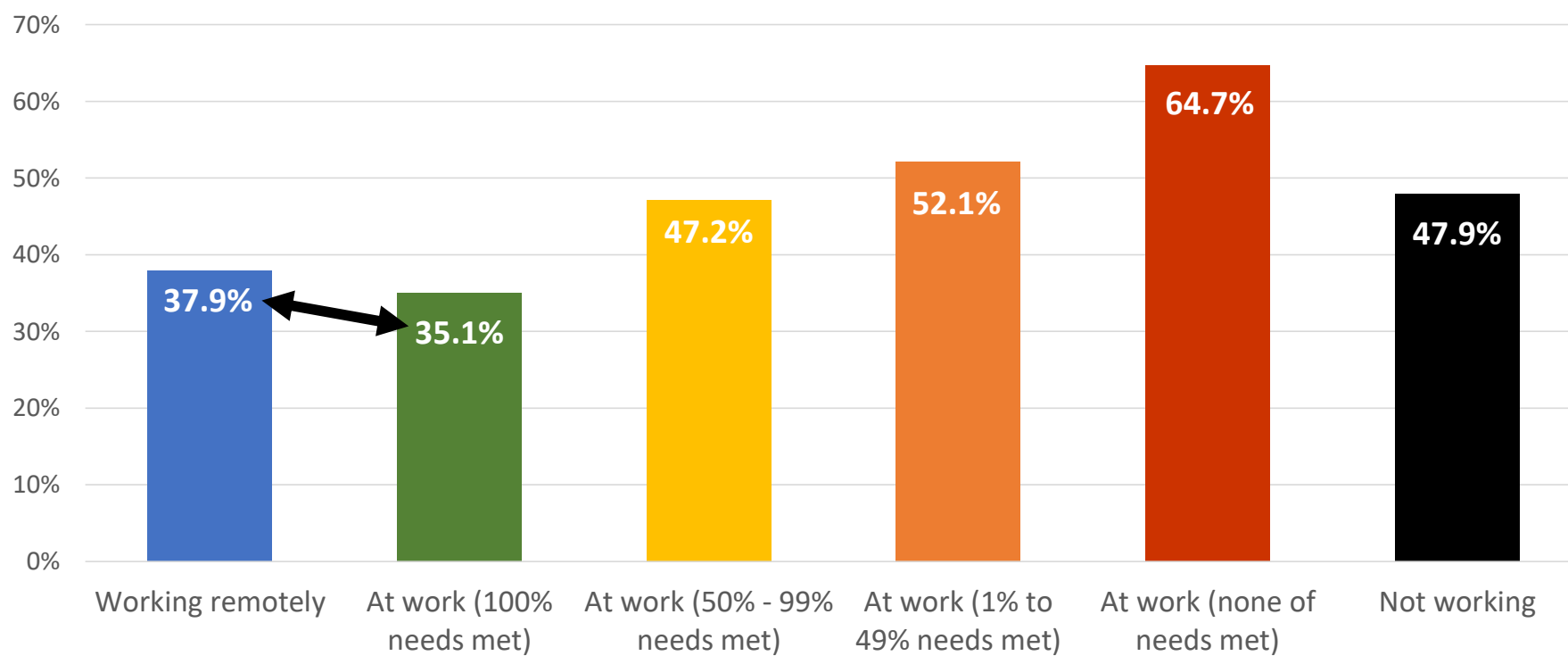
Research Excellence
Advancing Employee
Health

Preliminary results for the pandemic workers' (non-healthcare) survey

John Oudyk (OHCOW), Peter Smith (IWH)
& the COVID-19 ad-hoc Survey Group
May 29, 2020



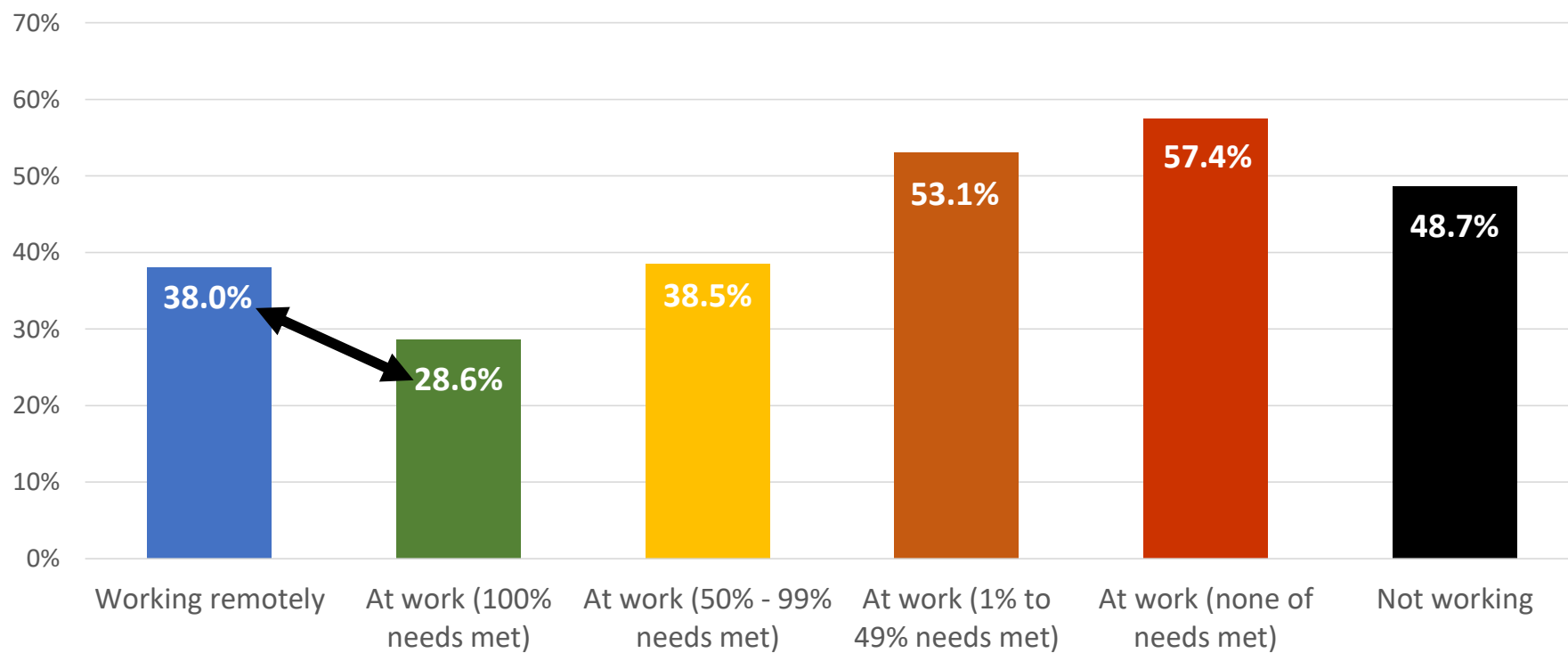
Adjusted proportion of respondents with positive GAD-2 anxiety screening score by working and PPE needs being met (n= 3,034)



* Adjusted for gender, age, visible minority status, province, population density, experiencing COVID-19 symptoms, told had contact with someone with COVID-19, and workplace size.



Adjusted proportion of respondents with GAD-2 scores of three and higher by working and ICP needs being met (n= 3,034)



* Adjusted for gender, age, visible minority status, province, population density, experiencing COVID-19 symptoms, told had contact with someone with COVID-19, and workplace size.



Take home messages

- there's a **significant amount of stress, fear, anxiety and depression** among workers not in healthcare.
- The mental health experiences of workers who are physically at their workplace **vary with ICP and PPE provision**.
- The **lowest levels** of anxiety and depression are observed **among workers where ICP have been effectively addressed** (lower than those working remotely).
- The **highest levels** of anxiety and depression are observed among workers where **ICP and PPE have not been effectively addressed** (higher than those who have lost work and income).



1st Wave HCW Results

<https://journals.sagepub.com/doi/full/10.1177/0706743720961729>



Original Research

The Association between the Perceived Adequacy of Workplace Infection Control Procedures and Personal Protective Equipment with Mental Health Symptoms: A Cross-sectional Survey of Canadian Health-care Workers during the COVID-19 Pandemic

L'association entre le caractère adéquat perçu des procédures de contrôle des infections au travail et de l'équipement de protection personnel pour les symptômes de santé mentale. Un sondage transversal des travailleurs de la santé canadiens durant la pandémie COVID-19

Peter M. Smith, PhD^{1,2,3} , John Oudyk, MSc⁴, Guy Potter, PhD⁵, and Cameron Mustard, ScD^{1,2}

Abstract

Objectives: To examine the relationship between perceived adequacy of personal protective equipment (PPE) and workplace-based infection control procedures (ICP) and mental health symptoms among a sample of health-care workers in

The Canadian Journal of Psychiatry /
La Revue Canadienne de Psychiatrie
1-8

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DOI: 10.1177/0706743720961729
TheCJP.ca | LaRCP.ca



1st Wave non-HCW Results

Annals of Work Exposures and Health, 2020, 1–11

doi: 10.1093/annweh/wxaa119

Original Article



OXFORD

Original Article <https://academic.oup.com/annweh/advance-article/doi/10.1093/annweh/wxaa119/6032759>

Labour Market Attachment, Workplace Infection Control Procedures and Mental Health: A Cross-Sectional Survey of Canadian Non-healthcare Workers during the COVID-19 Pandemic

Peter M. Smith^{1,2,3*}, John Oudyk^{4,5}, Guy Potter⁶, Cameron Mustard^{1,2} on Behalf of Members of the Ad Hoc Pandemic Survey Group

¹Institute for Work and Health, Toronto, Ontario, Canada; ²Dalla Lana School of Public Health, University of Toronto, Ontario, Canada; ³Department of Epidemiology and Preventive Medicine, Monash University, Australia; ⁴Occupational Health Clinics for Ontario Workers, Hamilton, Ontario, Canada; ⁵Health Research Methods, Evidence and Impact, Faculty of Health Sciences, McMaster University, Ontario, Canada; ⁶Department of Psychiatry and Behavioral Sciences, Duke University Medical Center, Durham, NC, US A

*Author to whom correspondence should be addressed. Tel: +1-416-927-2027; e-mail: psmith@iwh.on.ca

Submitted 21 July 2020; revised 15 September 2020; editorial decision 26 October 2020; revised version accepted 4 November 2020.



Education Workers (2nd Wave)

	online(n=452)	in-person(n=3818)	EKOS 2019
quantitative demands	71	67	45
work pace	80*	74	61
predictability	31*	48	54
role conflicts	64*	53	48
supervisor support	53*	68	67
colleague support	63*	81	70
family support*	70	73	*
burnout symptoms	83*	78	50
sleep symptoms	69	65	47

scale

worse

a bit worse

same (ave.)

a bit better

better

* "meaningful" difference

* not a COPSOQ question, therefore no reference data



2nd Wave Educators Results



<https://academic.oup.com/occmed/article/72/7/439/6601386>

Occupational Medicine, 2022, 72, 439–445

<https://doi.org/10.1093/occmed/kqac050>
Advance Access publication on 3 June 2022

ORIGINAL PAPERS

The psychosocial work environment among educators during the COVID-19 pandemic

P. Smith^{1,2,3*}, J. Oudyk^{4,5}, L. Cedillo⁴, K. Inouye⁶, G. Potter⁷, and C. Mustard^{1,2}

¹Institute for Work and Health, Toronto, Ontario, Canada

²Dalla Lana School of Public Health, University of Toronto, Toronto, Ontario, Canada

³Department of Epidemiology and Preventive Medicine, Monash University, Australia

⁴Occupational Health Clinics for Ontario Workers, Hamilton, Ontario, Canada

⁵Health Research Methods, Evidence and Impact, Faculty of Health Sciences, McMaster University, Ontario, Canada

⁶Ontario Confederation of University Faculty Associations, Toronto, Canada

⁷Department of Psychiatry and Behavioral Sciences, Duke University Medical Center, North Carolina, USA

Correspondence to: P. M. Smith, President and Senior Scientist Institute for Work & Health, 400 University Avenue, Suite 1800, Toronto, ON, Canada M5G 1S5.

Tel: +1 416 927 2027; email: psmith@iwh.on.ca

Background The education sector has been heavily impacted by COVID-19. While the impact on school-aged children has received much attention, less attention has focused on the experiences of educators.

Aims To compare various dimensions of the psychosocial work environment and health outcomes between educators engaged in online learning to those engaged in in-person learning in the Canadian province of Ontario.

Methods Responses from 5438 educators engaged in either online or in-person learning were collected between 23 November and 21 December 2020; three months after the start of the 2020/21 academic year in September 2020. Psychosocial outcomes included quantitative demands, work pace, predictability, role conflicts, and social support from supervisors and co-workers; assessed using an abbreviated version of the Copenhagen Psychosocial Questionnaire. Secondary outcomes included burnout and sleep troubles. Ordinary Least-Squares regression models examined adjusted mean differences in the levels of outcomes for respondents in in-person versus online learning, after adjustment for a variety of covariates.

Results Compared to respondents engaged in in-person learning, respondents engaged in online learning reported less predictability, higher role conflicts and less support from supervisors and co-workers. Statistically significant differences in work pace, burnout and sleep troubles were also observed across learning modes, although these differences did not exceed previously suggested thresholds for minimum important differences.

Conclusions Important differences in the psychosocial work environment were observed between respondents engaged in in-person learning versus online learning. Addressing these differences is required, given the potential continued importance of online learning within the context of the COVID-19 pandemic and beyond.



Perceived Adequacy of Infection Control Practices and Symptoms of Anxiety Among In-Person Elementary School Educators in Ontario

Peter M. Smith, PhD, John Oudyk, MSc, Leonor Cedillo, ScD, Kimiko Inouye, MA, Guy Potter, PhD, and Cameron Mustard, ScD

Objective: The aim of this study was to examine the association between the perceived adequacy of infection control practices (ICPs) and symptoms of anxiety among educators in Ontario, Canada. **Methods:** Data from 4947 educators were collected in December 2020. Modified Poisson models assessed the association between adequacy of ICPs and moderate or severe anxiety symptoms, adjusting for a range of covariates. **Results:** Approximately 60% of respondents reported moderate or severe anxiety symptoms. Two-thirds (66.5%) of the sample had less than half of their ICP needs met. Respondents with less than half their ICP needs met were more than three times more likely to have moderate or severe anxiety, compared with respondents with their ICP needs met. **Conclusion:** Findings highlight the importance of adequate administrative and engineering controls in schools, not only to minimize risk of infection, but also for educator's mental health.

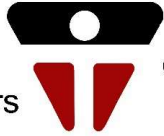
Keywords: anxiety, Canada, infection control, Ontario, teaching, workplace

year in September, with additional safety measures put in place. These included the mandatory wearing of masks for students in grades 4 through 12, with encouragement to wear masks for students in kindergarten to grade 3; enhanced self-screening protocols for parents and students; and enhanced cleaning practices within the school. In addition, medical masks and face shields were to be provided to all teachers, with masks to be worn by all on-site education workers unless they had medical exemptions.¹

There is a rapidly growing evidence base on the potential advantages and disadvantages of school closures as they relate to the mental and physical health of students, their families, and the broader community.^{2,3} Whereas much of the debate around school closures (and reopenings) has centered on the lower risk of contracting COVID-19 and lower risk of adverse COVID-19 outcomes among school-aged children,²⁻⁶ less research has focused on the experiences of educators who remain engaged in in-person learning. Yet, these



Occupational
Health Clinics
for Ontario Workers



Centre de Santé
des Travailleurs(es)
de l'Ontario



2023 EKOS Results

The Big Picture, Data Analysis, Details and Patterns

John Oudyk MSc CIH ROH
Occupational Hygienist

May 10, 2023



Take away points:

1. Flexibility with respect to working from home seems to work the best
2. Don't work too many hours
3. Take your breaks
4. Keep the amount of "paperwork" under control
5. Things get worse if you have to put in extra unpaid hours to get your work done
6. There are some advantages to non-full-time work but also some sacrifices
7. Good social capital (trust, justice, respect) is very important
8. We need support for those whose work involves emotional demands





COPSOQ

INTERNATIONAL NETWORK

10th International COPSOQ
Workshop 2025 !! in Sweden !!

Former Network Conferences

9th International COPSOQ
Workshop Canada 2023

8th International COPSOQ
Workshop Canada / CA 2021

7th International COPSOQ
Workshop Istanbul TR 2019

6th International COPSOQ
Workshop Santiago de Chile
/RCH 2017

5th International COPSOQ
Workshop Paris /F 2015

4th International COPSOQ
Workshop Gent /B 2013

3rd International COPSOQ
Workshop Barcelona /ES
2011

2nd International COPSOQ
Workshop Freiburg /D 2009

1st International COPSOQ
Workshop København /DK
2007



9th
International
COPSOQ
Workshop

Hamilton,
Canada

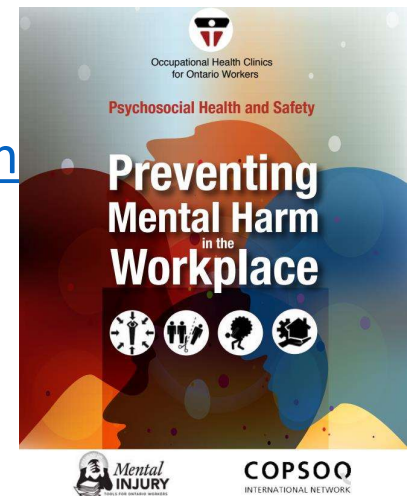
including remote participants





Workplace Mental Injury Prevention Tools:

- Website <https://www.ohcow.on.ca/mental-injury-toolkit/>
- Guide (90 pages) - MiniMIT (16 pages) https://www.ohcow.on.ca/content/uploads/2021/05/mini_mit_lrg_FINAL.pdf
- **Survey**
- You-Tube videos
- Posters, cards
- Smartphone app <https://www.ohcow.on.ca/resources/apps-tools-calculators/stressassess/>
- MayDay, MayDay webinars (80+ videos & pdf versions of slides) <https://www.ohcow.on.ca/events/mayday-mayday/>
- Online **survey administration web-app** <https://stressassess.ca/index.php?lang=en>



90-page Guidebook



Action on Workplace Stress: Mental injury prevention tools for Ontario workers

Introduction: Worker Call to Action

PART 1—Why should we care?

PART 2—“Workplace Stress”: Assumptions, terminology, and approaches

PART 3—What are other jurisdictions doing?


PART 4—What are my legal rights and protections? (focus on Ontario)

PART 5—What does a workplace action plan look like?

PART 6—Resources




mini-MIT



Occupational Health Clinics
for Ontario Workers

Psychosocial Health and Safety

Preventing Mental Harm in the Workplace




Five Step Approach



- 1. LEARN** – Familiarize yourself with the basics; deepen your understanding, share your awareness; identify resources
- 2. ORGANIZE** – You can't do it alone, get support/buy-in, establish a working group
- 3. ASSESS** – Select tool(s); implement, do it carefully and well; consider the results and pick your key issues
- 4. CHANGE** – Consider advice/ideas and figure out which ones fit with your workplace; select the changes you want to try and sell them to your supports; implement, do it carefully and well
- 5. EVALUATE** – Give it some time, then use tool(s) (the same as before?) to re-assess the situation; find out what seemed to work and what did we learn; identify strengths, gaps, new questions and start the cycle again

Not Enough Attention on Work

"most stress management interventions tend to occur at the level of the individual ... efforts to address the needs of the individual are less likely to succeed over time if stressful conditions in the workplace remain unaltered."

S. Cottrell, Occupational stress and job satisfaction in mental health nursing: focused interventions through evidence-based assessment. (2011) Journal of Psychiatric and Mental Health Nursing 8:157-164

Real Life



Lucy's Story
Community Nursing Agency

In 2012 a community nursing organization with approximately 110 employees, in a medium-sized city in Ontario, found itself embarking on a journey to improve worker mental health and psychological health and safety.

The nurses were experiencing high work demands (reduced limit of 30 minutes maximum per patient, including driving time), working at a fast pace (and chastised if too slow), threats of discipline (two employees fired), micro-monitoring (call in at start and end of every patient visit), experiencing driving hazards (weather and extensive traffic), forced overtime most days (11 hours became common rather than the normal 7), mandatory rather than negotiated holiday work, multi-level bullying and harassment, and increased pressure to report and blame each other for errors or omissions.

The agency was experiencing – nurse resignations (some even before orientation completion), difficulty in recruiting, increased absenteeism, substantive overtime payout, and negative workplace culture. Lucy was the local union president in the workplace.



Stephen's Story
Small Non-profit

Stephen's workplace is a small non-profit (27 people at the time of the survey) that is dedicated to providing social, mental and healthcare supports for people living on the street. They operate out of a downtown storefront in a large metropolitan city. Stephen is the Worker Representative on the Joint Health and Safety Committee (JHSC). He takes his position very seriously and his employer is very supportive.

During a health & safety orientation session, a new worker joining the organization pointed out to Stephen that there was no content in the H&S program dealing with psychosocial hazards.

Note: These two stories continue throughout the guide to help support the concept being presented.

Other workplace stories:

Workplace Approaches and Solutions - **Algoma Family Services**

<https://www.youtube.com/watch?v=Dtec2xqJL2s&list=PLVbf80Y8uEFMfQSgSTh4lbgIloamMY8b&index=8>

Workplace Approaches and Solutions - Introduction to the **mini-MIT** including **Lucy's Story**

<https://www.youtube.com/watch?v=pQzzRS47uf0&list=PLVbf80Y8uEFMfQSgSTh4lbgIloamMY8b&index=8>

(Lucy's Story starts at 32:53)

Workplace Approaches and Solutions **CAMH** (*a description of their process to deal with violence and harassment and racism*) and Closing

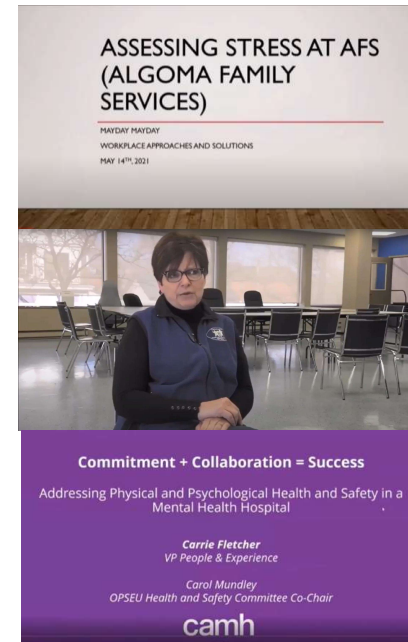
<https://www.youtube.com/watch?v=hhuV6NGIbqw&list=PLVbf80Y8uEFMfQSgSTh4lbgIloamMY8b&index=9>

Workplace perspective where the survey has been administered on 3 occasions (*title incorrect – actually about the role of the survey in sparking turbulent responses*)

https://www.youtube.com/watch?v=t3tN_x2WyeQ&list=PLVbf80Y8uEFMfQSgSTh4lbgIloamMY8b&index=13

Building on Successive Surveys: A Worthwhile Investment **IHSA** (*a workplace that has done the survey 4 times*)

<https://www.youtube.com/watch?v=BqRYAwqF1OE&list=PLVbf80Y8uEFP7HBAduBWP7h1RDywkp7Vz&t=3s>



A Spark to Action

Terri Szymanski, OPSEU Health and Safety Officer
Tara, Steward in an OPSEU Local
May 21, 2021

Building on Successive Surveys:
A Worthwhile Investment
(for Mayday, Mayday 5)

Enzo Garritano, President & CEO
May 27th, 2022



What next?

- MIT group evaporated (reconstitute as a community of practice?)
- Partnership with CCOHS has weakened (new people, stale product but still seeing regular use)
- Partnership with IWH continues
- Other provinces are interested (StressAssess-BC? StressAssess-Québec (SondageStress?)?)
- Update StressAssess (incorporate 2023 reference data)
- Retirement, passing on the baton?
- See you in Malmö (10th International COPSOQ Workshop)



StressAssess & Knowledge Activism

- The **law always lags** (not to mention enforcement) – especially with psychosocial hazards
- StressAssess is a **tool (not the solution)** to collect and systematically present workers' experiences
- The key is not necessarily to do the survey but **to have a strategy** to convince the workplace to address the concerns validated by the survey
- Without a **determination to do something with the results**, even a tool with the best evidence behind it will fail
- It's not necessarily the quality of the tool (although a better tool may make it easier) but the determination and commitment to improve that will make the difference – **that's where knowledge activists come in!**



Thanks, any questions/comments ...

joudyk@ohcow.on.ca

