Reduce harmful work stressors.
Improve job quality and health.

HEALTHY WORK CAMPAIGN

THE CENTER FOR
SOCIAL EPIDEMIOLOGY

Addressing Worker Mental Health:
The Healthy Work Campaign

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Center for the Promotion of Health in the New England Workplace (CPH-NEW)
Total Worker Health[®] Trends: Expert Webinar Series
March 16, 2022

What is the Healthy Work Campaign?

❖A public health campaign (2018) to raise awareness in the U.S. about the health impacts of work stress on working people, and on the positive actions individuals and organizations can take to advance #healthywork.

MISSION
reduce harmful work stressors
***and* improve job quality & health in the**
U.S.

www.healthywork.org

❖A collaborative project between the Center for Social Epidemiology, a non-profit organization and sponsor, and university researchers and OSH experts including at Ctr for Occupational Environmental Health UC Irvine, UCLA, and SUNY Downstate etc.

HWC Team

Co-Directors

Marnie Dobson

Peter Schnall

HWS & Toolkit Team

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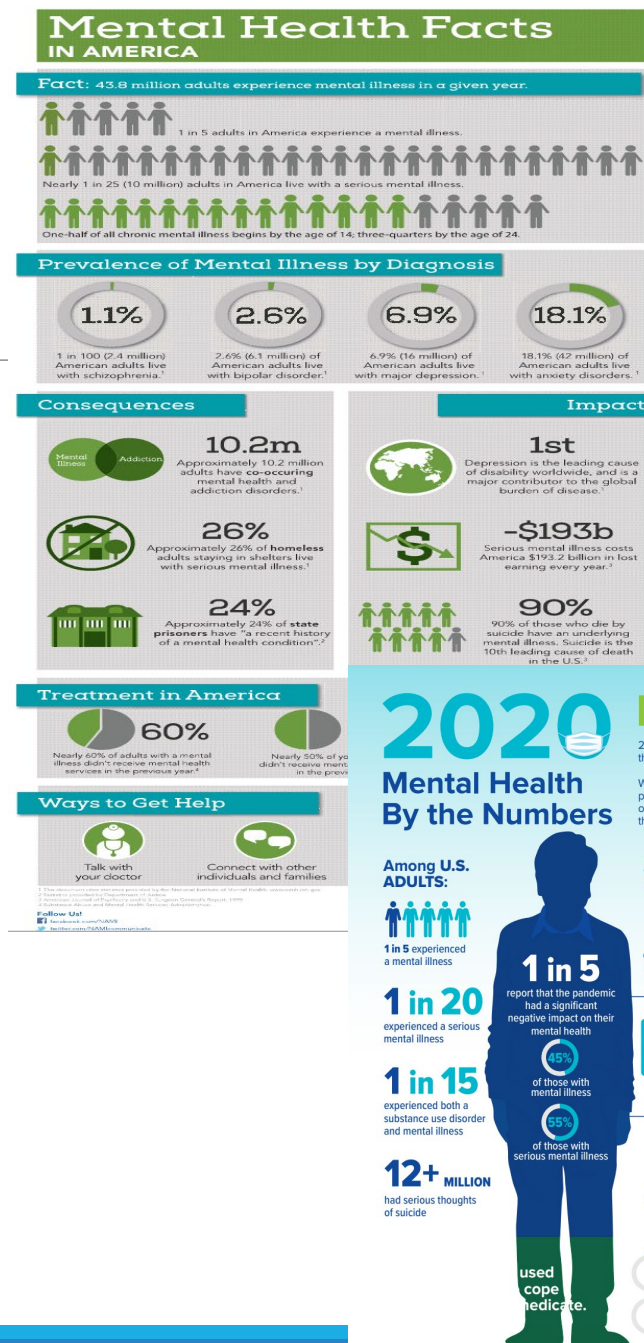**Program Content/Social Media**

Maria Doctor

Sherry Reson

Amy Turner

In partnership with
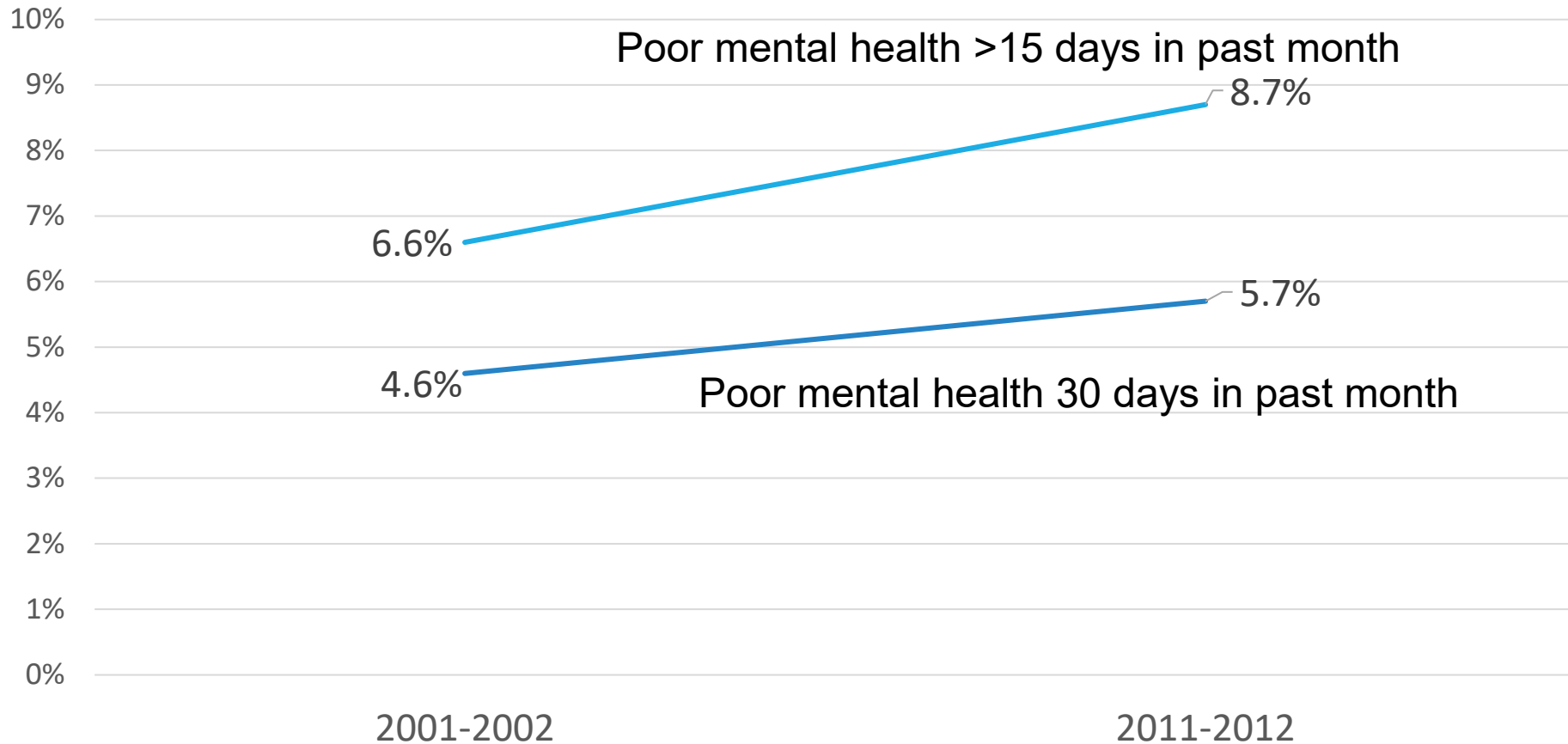

How to Partner: https://healthywork.org/take-action/partner/

I. Mental Health Crisis

- 1 in 5 Americans experience a mental illness in a year.

- 1 in 20 experience a series mental illness

- 18.1% (42 million) Americans have anxiety disorders

- 7% (16 million) Americans have major depression – an 11% increase between 2005-2015

Increasing Poor Mental Health (U.S.)

Poor mental health >15 days in past month — 8.7% (2011-2012), 6.6% (2001-2002)

Poor mental health 30 days in past month — 5.7% (2011-2012), 4.6% (2001-2002)

NHIS, BRFSS, & National Survey on Drug Use and Health

Mojtabai and Jorm. Journal of Affective Disorders 2015; 74:556-561)
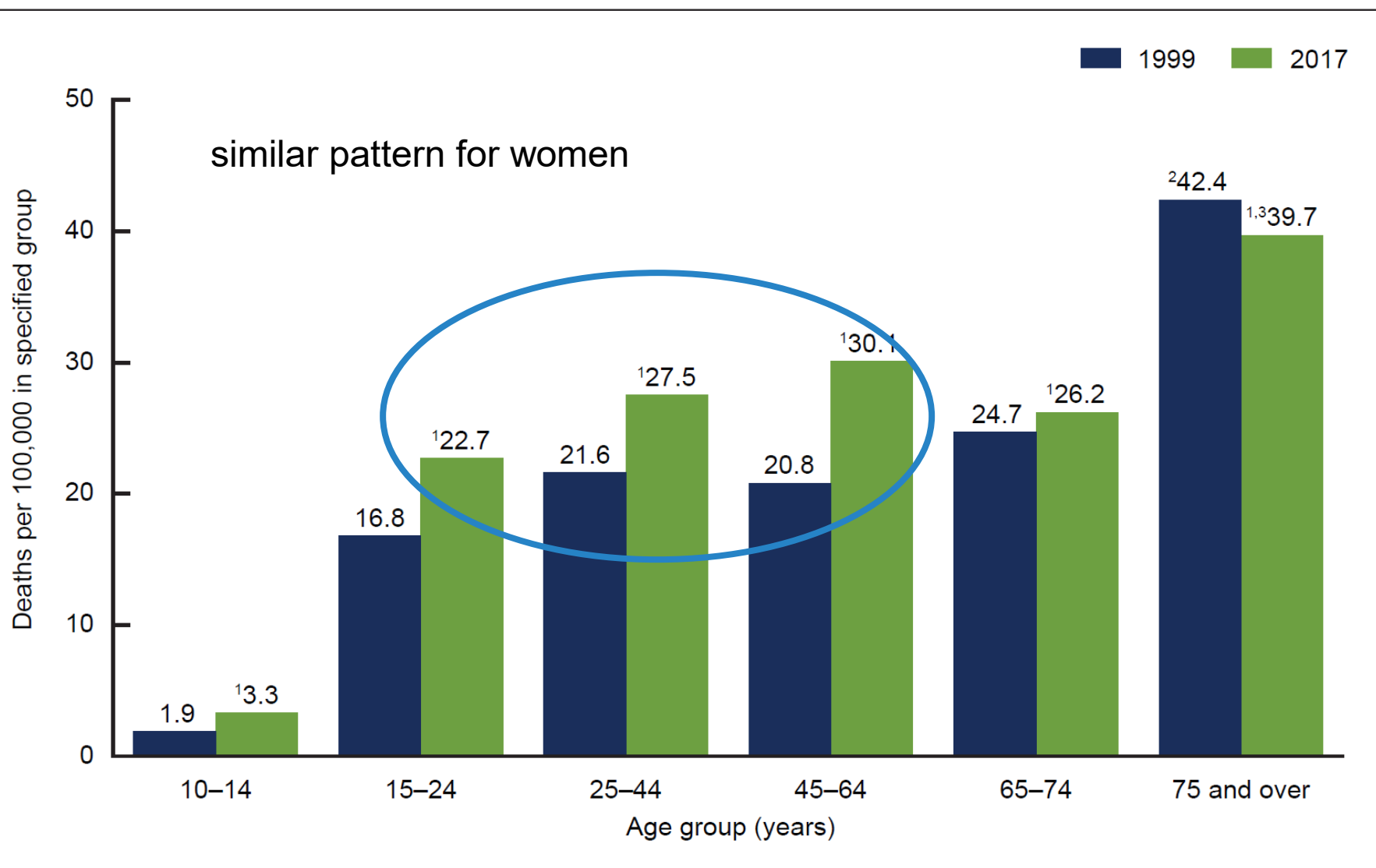
SUICIDE in the U.S.

- Suicide rates **increased 30% since 2000**
- 10th leading cause of death in the US
- Suicide is the second leading cause of death in 15-29-year-olds.
- On average, there are **123** suicides/day in US
- 90% of those who die from suicide have an underlying mental illness

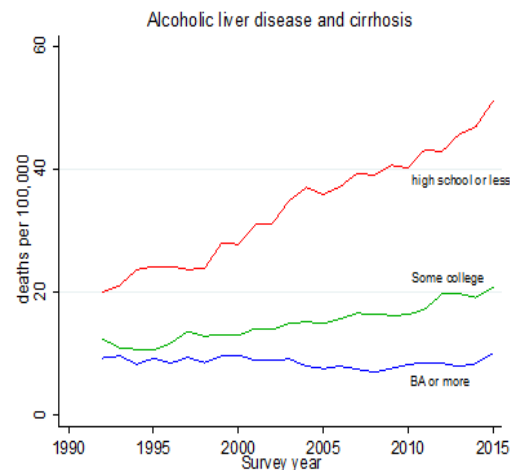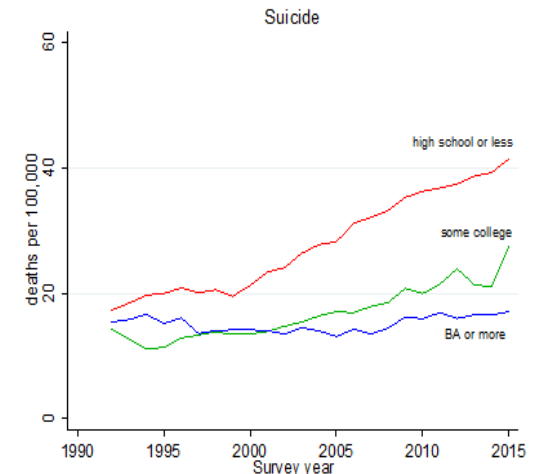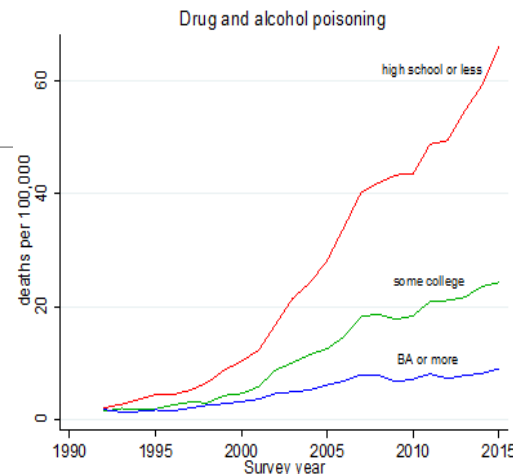# Suicide rates increasing in *working-age* populations

Figure 3. Suicide rates for males, by age group: United States, 1999 and 2017

Hedegaard H. Suicide Mortality in the United States, 1999–2017. NCHS Data Brief, No. 330, November 2018.

White non-Hispanic mortality ages 50-54 by cause of death and education class

Alarming increases in "deaths of despair" - drug overdose, suicide and alcoholic liver disease among white, middle-aged Americans

$$ Cost of Mental Illness

This Photo by Unknown Author is licensed under CC BY-SA
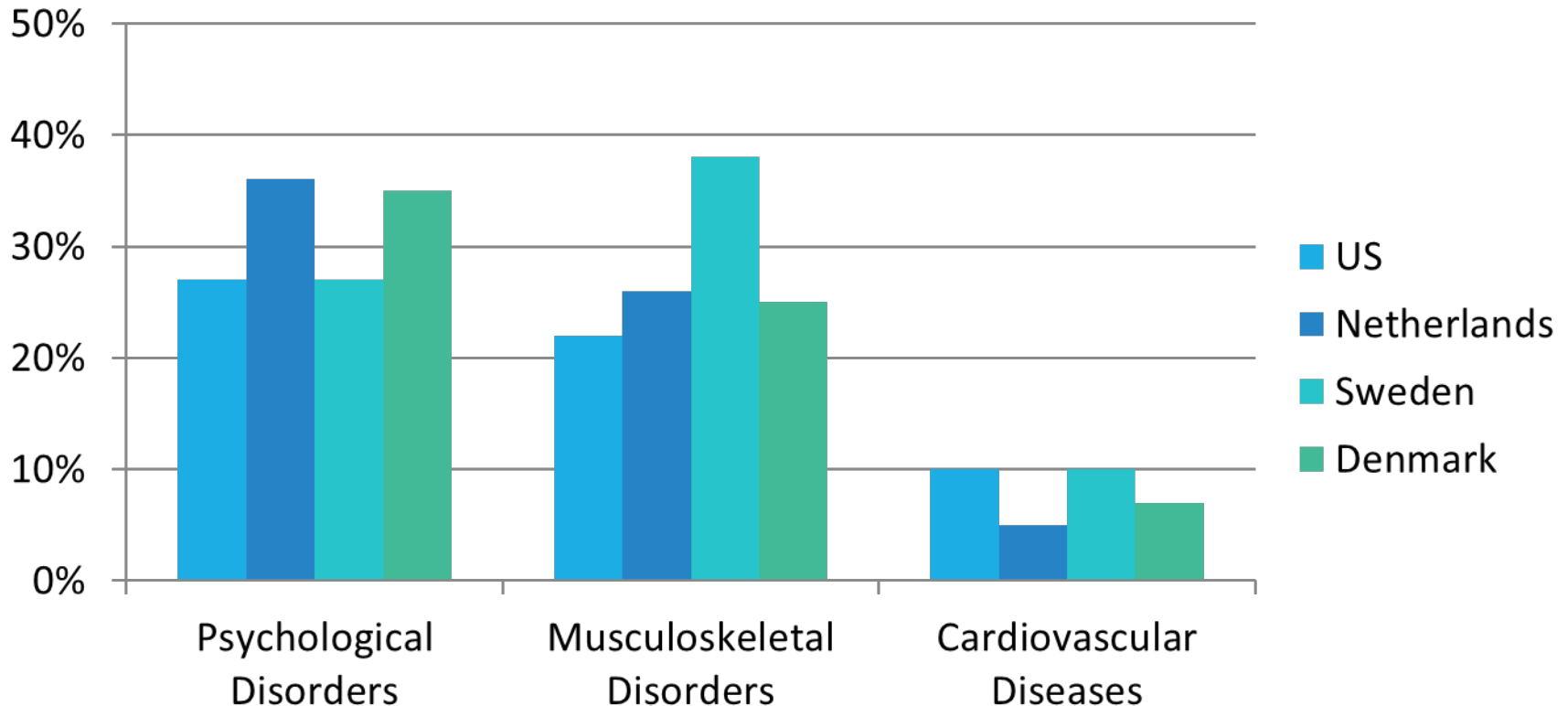
- Estimated cost of depression in the US is $210 billion/year

- In one study, employees with depression lost up to 5.6 hrs/wk of productive time compared to 1.5 hrs/wk in those without depression (Stewart et al 2003)

- Serious mental illness also results in $193 billion in lost earnings/year.

Depression leading cause of disability globally

* Depression is the leading cause of disability worldwide

Veerle Brenninkmeijer et al., 2003: Social Insurance in Sweden 2003, NSIB, 2003; Annual Statistical Report 2001, SSA, 2001; Jan Hogelund et al., 2002

Mental Health Globally

Depression is a common illness on the rise worldwide, with more than 300 million people affected (WHO).

At its worst, depression can lead to suicide - **800,000 people die due to suicide every year (WHO).**

Incidence & costs of mental health problems increasing globally (ILO):

"while the origins of mental instability are complex…a number of common threads appear to link the high prevalence of stress, burnout and depression to changes taking place in the labour market, due partly to the effects of economic globalization."

◦ **unemployment, job insecurity, short-term contracts, time pressure, rationalization, new technology, tighter deadlines, quality demands, rising productivity requirements**

http://www.who.int/en/news-room/fact-sheets/detail/depression
Gabriel P, Liimatainen M-R. Mental health in the workplace. Geneva: International Labor Office; 2000.
Lopez AD, Murray C. The global burden of disease, 1990–2020. Nature Med 4(11):1241–3. 1998.

Mental Illness → Multifactorial causes

- Genetic/family history

- Many mental illnesses begins by age 14

- Life events (e.g., divorce, loss)

- **Social determinants**

  ➢ gender, age, SES/poverty ↔ race/ethnicity & **occupational/work stressors**
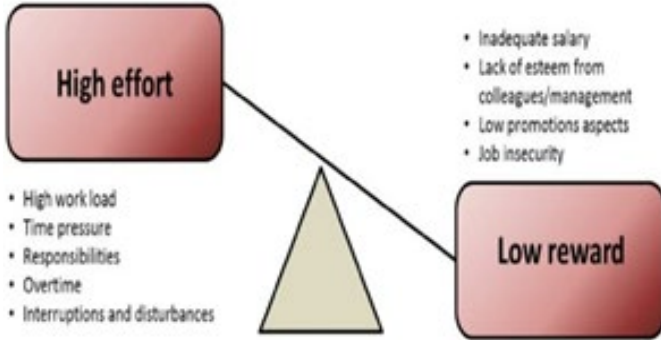
Sources of stress at work
"psychosocial hazards"

Work-life imbalance*

Figure 1. Karasek's Job Demand Control Model

Highly demanding work and low job control

High effort → Low reward
- High work load
- Time pressure
- Responsibilities
- Overtime
- Interruptions and disturbances
- Inadequate salary
- Lack of esteem from colleagues/management
- Low promotions aspects
- Job insecurity

Bullying/harassment

**Precarious work
Non-standard employment**

**Long Hours
Scheduling
Overtime**

**Assembly lines
Monotonous work**

Three major systematic reviews & meta-analyses of longitudinal studies (2006-2015)

Assessed major psychosocial stressors – job strain, demands, control, support, ERI, organizational justice, bullying etc.

Relationship to common mental disorders – including new onset, major depressive disorder and a range of depressive, anxiety and mood disorders, depressive symptoms

- ◦ Stansfeld & Candy, SJWEH 2006 – meta-analysis of 11 longitudinal studies
- ◦ Bonde, OEM 2008 – systematic review 16 longitudinal studies
- ◦ Theorell et al BMC Public health 2015 – systematic review 59 longitudinal and case-control studies (English and European studies) – high-medium quality studies

Moderate to strong evidence of effects

"These conditions are amenable to organizational interventions" - Theorell et al BMC Public Health 2015

Work-related Psychosocial stressors	Range of Odds Ratios across the 3 review studies
Bullying	2.30-2.82
Job Strain	1.74-1.82
Effort Reward Imbalance	1.84
Organizational Injustice	1.40
High Demands	1.31-1.39
Low Support	1.32-1.44
Low Control	1.20-1.27

Long work hours linked with depression

Working 11 or more hours a day was associated with a 2.3- to 2.5-fold increased risk of having a major depressive episode compared with those who worked a standard seven- to eight-hour day.

Virtanen et al Overtime Work as a Predictor of Major Depressive Episode: A 5-Year Follow-Up of the Whitehall II Study PLoS 2012

Review

Psychosocial job stressors and suicidality: a meta-analysis and systematic review

Allison Milner,[1,2] Katrina Witt,[3] Anthony D LaMontagne,[1,2] Isabelle Niedhammer[4,5]

ABSTRACT
Objectives Job stressors are known determinants of common mental disorders. Over the past 10 years, there has been evidence that job stressors may also be risk factors for suicidality. The current paper sought to examine this topic through the first comprehensive systematic review and meta-analysis of the literature to date.
Methods We used a three-tier search strategy of seven electronic databases. Studies were included if they reported on a job stressor or job-related stress as an exposure and suicide ideation, self-harm, suicide attempt or suicide as an outcome. Two researchers independently screened articles. All extracted effect estimates were converted to log-transformed ORs.
Results There were 22 studies that were included in meta-analysis. Overall, exposure to job stressors was associated with elevated risk of suicide ideation and behaviours. The OR for suicide ideation (14 studies)

Exposure to poor working conditions, such as low job control, high demands and effort–reward imbalance, have been associated with poor mental health across a range of studies.[5–10] There is also evidence from observational studies that improvement in psychosocial conditions are associated with better mental health.[11] Thus, there is some evidence that these are modifiable factors and that acting on these has the potential to lead to improvements in mental health. Close to 10 years ago, a number of researchers provided comment about the possibility that adverse working environments could also comprise risk factors for suicide.[12 13] Since this time, there have been a number of papers on the topic, all of which have supported the idea that poor working conditions are related to risk of suicide ideation[14] and suicide death.[15–17] In addition to this, there is evidence to suggest that suicide rates are higher in occupations with poorer working

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Milner et al OEM 2017

22 studies included

Suicide ideation (14 studies):
- All stressors elevated odds of suicidal ideation.
- Ranged from poor supervisor and coworker support (OR 1.29) - Job insecurity (OR 1.96) and ERI (OR 1.96)

Suicide (6 studies):
- Poor supervisor and coworker support OR 1.19
- Low job control OR 1.30

Suicide attempt (only 2 studies)
Both suggested an adverse effect of exposure to job stressors.

Need for more longitudinal research

Choi, IAOEH 2018

1st U.S. longitudinal study of psychosocial work stressors and suicidal ideation.

Methods: MIDUS II – T1 (2004-2006) and T2 (2004-2009) n = 578 workers

11% reported suicidal ideation at follow-up

Low job control (OR 4.09), job strain (OR 3.77), and long work hours (>40 hrs, OR 4.06) were longitudinally associated with moderate or severe suicidal ideation in a US working population.

ORIGINAL ARTICLE

CrossMark

Job strain, long work hours, and suicidal ideation in US workers: a longitudinal study

BongKyoo Choi[1,2,3]

Abstract

Purpose To investigate whether chronic psychosocial work stressors (low job control, high job demands, job strain, low supervisor and coworker support, job insecurity, and long work hours) are longitudinally associated with suicidal ideation in a working population.

Methods Five-hundred seventy-eight workers (aged 34–69) were chosen for this analysis from those who participated in both project 1 (2004–2006 at baseline) and project 4 (2004–2009 at follow-up) of the Midlife Development in the United States II study. The median time interval between the two projects was 26 months (range 2–62 months).

Results About 11% of the workers reported suicidal ideation at follow-up, while 3% of them reported moderate/severe suicidal ideation at follow-up. After controlling for age, marital status, race, family history of suicide, and suicidal ideation at baseline, low skill discretion and job strain (a combination of low job control and high job demands) were associated with total suicidal ideation. After excluding those with suicidal ideation at baseline from analysis and further controlling for other work stressors, job strain was strongly associated with moderate/severe suicidal ideation: ORs, 4.29 (1.30–14.15) for quartile-based job strain and 3.77 (1.21–11.70) for median-based job strain. Long work hours (> 40 h/week vs. ≤ 40 h/week) also increased the likelihood for moderate/severe suicidal ideation: OR 4.06 (1.08–15.19).

Conclusions Job strain and long work hours were longitudinally associated with moderate/severe suicidal ideation. Increasing job control and ensuring optimal level of work demands, including 40 h or less of work per week may be an important strategy for the prevention of suicide in working populations.
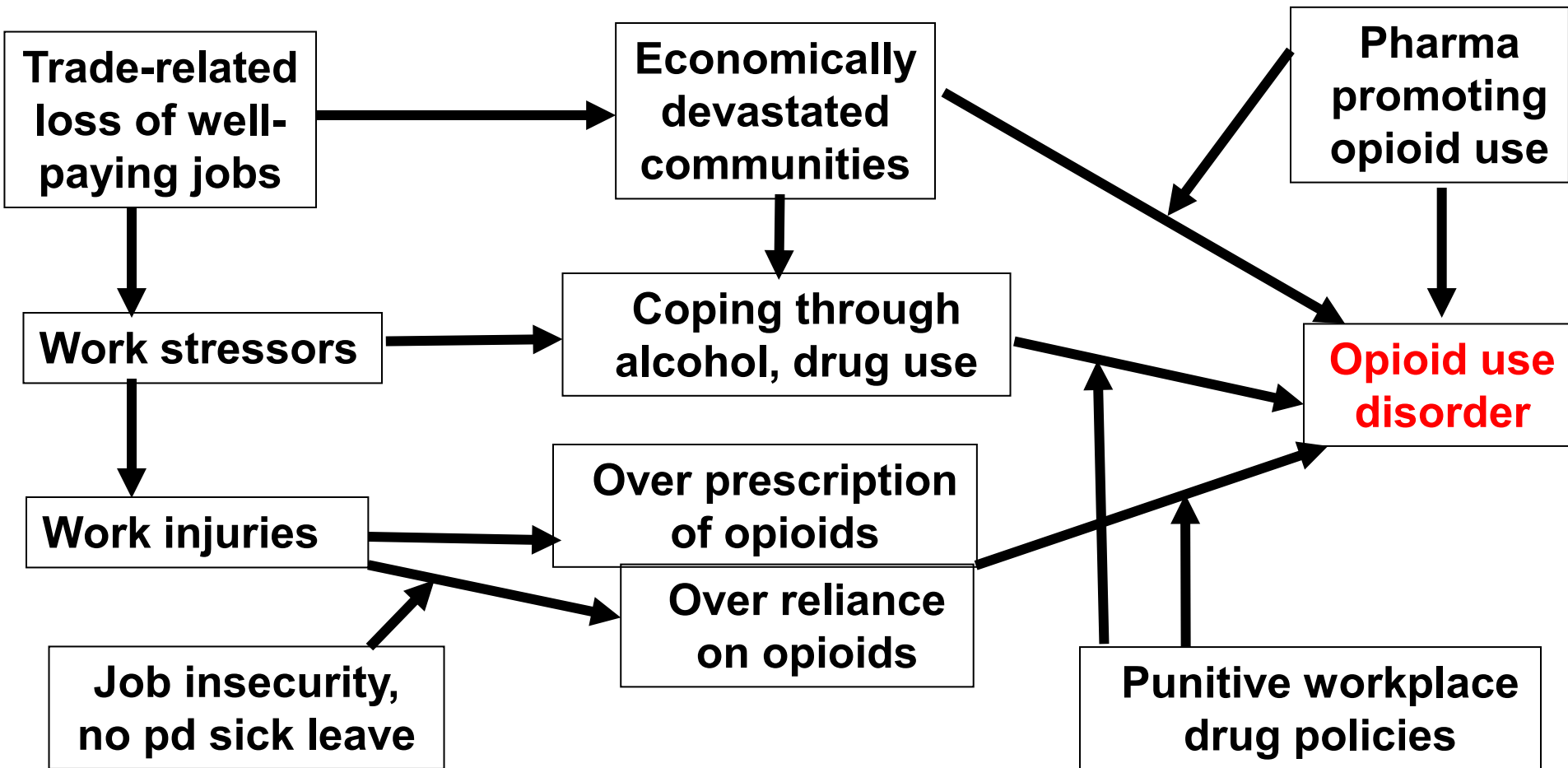
Keywords MIDUS II study · Job strain · Skill discretion · Work demands · Work hours

Introduction

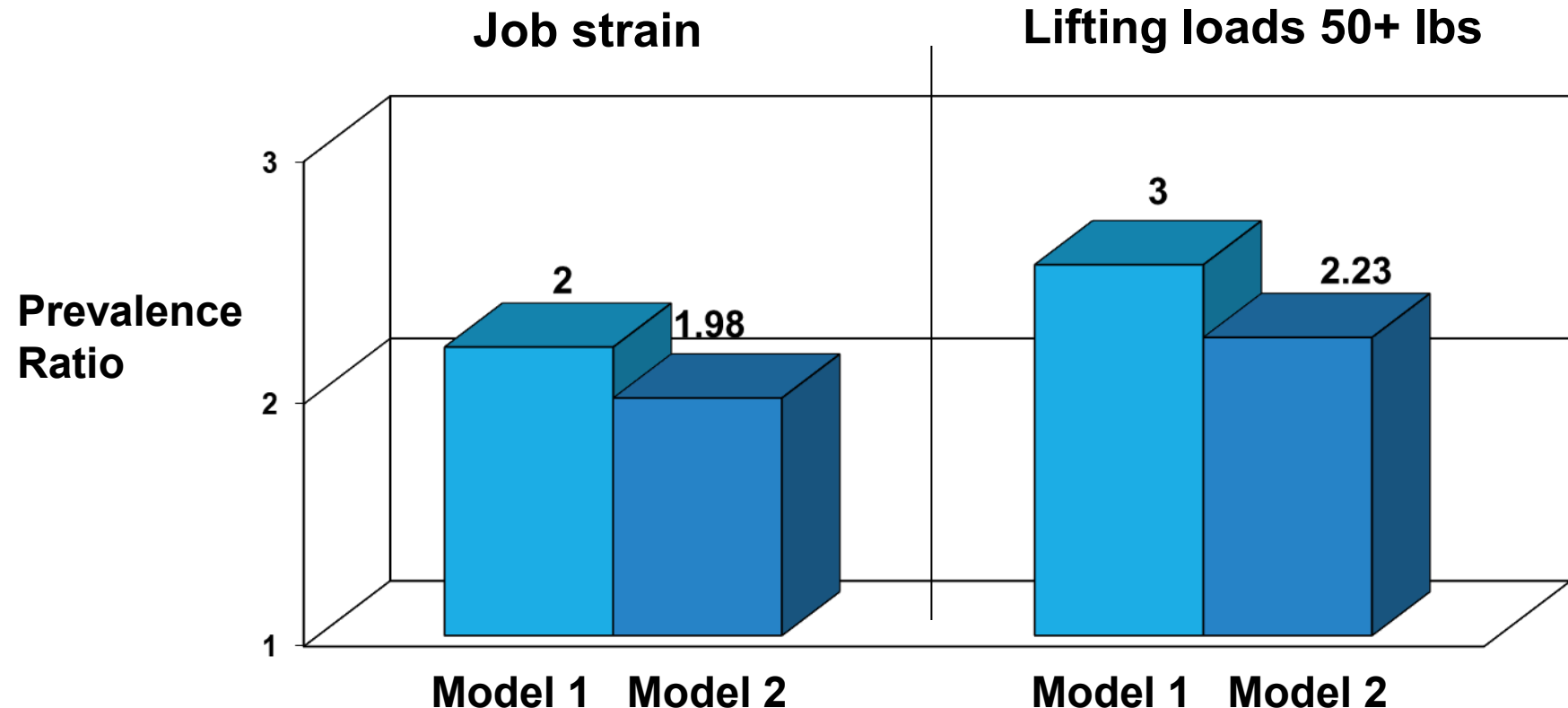Suicide is a serious public health concern across the globe, including the United States (US) (Rockett et al. 2012; rate increased by 24% from 1999 (10.5 per 100,000) to 2014 (13.0 per 100,000) (Curtin et al. 2016), particularly among middle-aged adults (Centers for Disease Control and Prevention, 2013; Phillips and Nugent 2014). And the suicide

Job stressors, injuries, employment conditions & opioid use disorder

Job strain (high demand-low control work), physical job demands & opioid use disorder (3.8%)

MIDUS II Study, U.S., 2004–2006, 2134 workers, mean age 51 yrs

Job strain

Lifting loads 50+ lbs

Prevalence Ratio

Job strain: Model 1 = 2, Model 2 = 1.98

Lifting loads 50+ lbs: Model 1 = 3, Model 2 = 2.23

Model 1   Model 2   Model 1   Model 2

Model 1: Adj age, race, household income;
Model 2: +other working conditions, backache, mental disorders

Choi BK. Opioid use disorder, job strain, and high physical job demands in US workers. Int. Arch. Occup. Environ. Health, https://doi.org/10.1007/s00420-019-01514-4, January 9, 2020

Calculating the cost of
work-related stress
and psychosocial risks

European Risk Observatory
Literature Review

European Agency
for Safety and Health
at Work

Safety and health at work is everyone's concern. It's good for you. It's good for business.

Costs of Work-Related Stress

- Job Strain PAR% is 14% for **common mental disorders** and 15% for **depression** (LaMontagne 2010)

- **Bullying** costs the UK NHS an estimated £2.281 billion annually.

- Over half of the 550 million working days lost annually in the U.S. from absenteeism are stress-related.

- A conservative estimate of the annual cost to **Canadian employers of stress-related mental illness** and lost productivity was between CA$222 million and CA$2.75 billion

What can be done?

PREVENTING WORK STRESS TO REDUCE MENTAL ILLNESS.

Many countries have work stress prevention policies, guidelines, standards, laws

EU-OSHA Guidelines/Directives

UK Management Standards for work-related stress

National Standard of Canada for Psychological Health & Safety in the Workplace

Japanese National Policy: Stress Check Program

+Australia, South Korea, Colombia, Mexico, Chile…

U.S. - no guidelines regarding work stress prevention or healthy work!

CSA Group

BNQ Bureau de normalisation du Québec

CAN/CSA-Z1003-13/BNQ 9700-803/2013
National Standard of Canada
(reaffirmed 2018)

Psychological health and safety in the workplace —
Prevention, promotion, and guidance to staged implementation

Disponible en français
Santé et sécurité psychologiques en milieu de travail — Prévention, promotion et lignes directrices pour une mise en œuvre par étapes

Commissioned by the Mental Health Commission

European Agency for Safety and Health at Work

1994 - 2019

| Themes | Emerging risks | Surveys & Statistics | Legislation | Campaigns & Awa |

Home » Legislation » EU guidelines » Provisions on workload,... » Framework agreement on work...

Free text search

Search →

Legislation

EU directives

El

El

J Occup Health 2016; 58: 1–6

Framework agreement on work-related stress

In 2004, the European Trade Union Confederation, the Union of Industrial and Employers' Confederations of Europe, the European Association of Craft Small and Medium-sized Enterprises as well as the European Centre of Enterprises with Public Participation and of Enterprises of General Economic Interest signed the framework agreement on work-related stress.

Journal of Occupational Health

Review

The Stress Check Program: a new national policy for monitoring and screening psychosocial stress in the workplace in Japan

Norito KAWAKAMI[1] and Akizumi TSUTSUMI[2]

[1]Department of Mental Health, School of Public Health, The University of Tokyo, Japan and [2]Department of Public of Medicine, Japan

Program: a new g and screening rkplace in Japan: t of Mental Health, versity of Tokyo— nment launched a d the Stress Check that all workplaces t the Stress Check a year. This article view of the program. ws, guidelines, and velopment process. f the program were

the program include mass leakage of collected information, and possible disadvantages for workers labeled as having high stress.
(J Occup Health 2016; 58: 1–6)

Key words: Mental health, Occupational health service, Psychological stress, Stress management, Work-related stress

The Japanese government launched a new occupational health policy called the Stress Check Program in order to screen for workers with high psychosocial stress in the workplace[1]. This program began with

HSE

Health and Safety Executive

TACKLING WORK-RELATED STRESS USING THE MANAGEMENT STANDARDS APPROACH

A step-by-step workbook

Stress is a major cause of sickness absence in the workplace and costs over £5 billion a year in Great Britain. It affects individuals, their families and colleagues by impacting on their health but it also impacts on employers with costs relating to sickness absence, replacement staff, lost production and increased accidents.

This workbook will help your organisation meet its legal duty to assess the risks to its employees from work-related stress and gives practical guidance on how to manage work-related stress. It promotes the Management Standards approach to tackling work-related stress – a systematic approach to implementing an organisational procedure for managing work-related stress. It uses a clear step-by-step method which includes checklists to help you make sure you have completed a stage before you move to the next step. HSE's stress webpages support the workbook with other guidance and tools.

Japanese National Stress Check Program

Retrospective cohort study eval. Impact of Stress Check Program (2015-2016)

4 groups at follow up:
◦ Completed Stress Survey (n = 1,009)
◦ Psychosocial Work Environment Improvement (n = 76)
◦ Both (n = 65)
◦ Neither (n = 1,342)

Results: "Both = WI and SS" showed sig improvements in psychological distress, compared to "Neither" (small effect)

Original

Effect of the National Stress Check Program on mental health among workers in Japan: A 1-year retrospective cohort study

Kotaro Imamura[1], Yumi Asai[1], Kazuhiro Watanabe[1], Akizumi Tsutsumi[2], Akihito Shimazu[3], Akiomi Inoue[2], Hisanori Hiro[4], Yuko Odagiri[5], Toru Yoshikawa[6], Etsuko Yoshikawa[7] and Norito Kawakami[1]

[1]Department of Mental Health, Graduate School of Medicine, The University of Tokyo, Tokyo, Japan, [2]Department of Public Health, Kitasato University School of Medicine, Sagamihara, Japan, [3]Center for Human and Social Sciences, Kitasato University College of Liberal Arts and Sciences, Kanagawa, Japan, [4]Department of Mental Health, Institute of Industrial Ecological Sciences, University of Occupational and Environmental Health, Japan, Kitakyushu, Japan, [5]Department of Preventive Medicine and Public Health, Tokyo Medical University, Tokyo, Japan, [6]National Institute of Occupational Safety and Health, Japan, Kawasaki, Japan and [7]Faculty of Nursing, Japanese Red Cross College of Nursing, Tokyo, Japan

Abstract: Objectives: This retrospective cohort study evaluated the impact of the Stress Check Program, a recently introduced national policy and program aimed at reducing psychological distress among Japanese workers. **Methods:** A baseline survey was conducted from November 2015 to February 2016, the period when Japan began enforcing the Stress Check Program. A one-year follow-up survey was conducted in December 2016. was small (d = -0.14). **Conclusions:** Combination of the annual stress survey and improvement in psychosocial work environment may have been effective in reducing psychological distress in workers, although the effect size was small.
(J Occup Health 2018; 60: 298-306)
doi: 10.1539/joh.2017-0314-OA

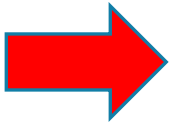# ILO – Workplace Stress a Collective Challenge (2016)

Work-related stress acknowledged as a global issue

Affecting all professions and all workers in both developing and developed countries

Workplace is the location of psychosocial risks AND a site for addressing them for improving the health and well-being of workers
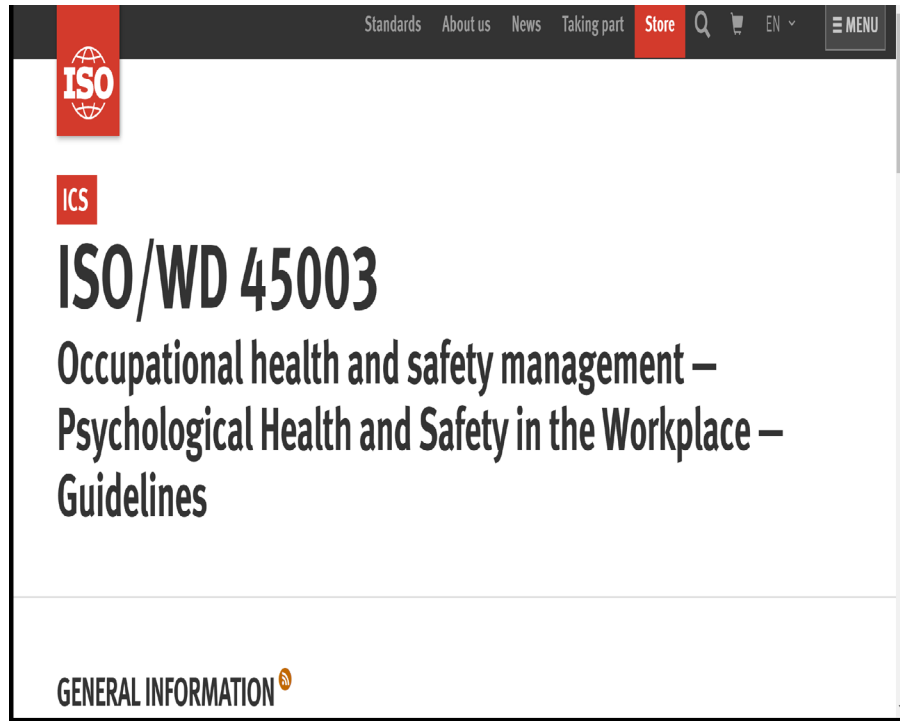
Without health at work:
◦ Individuals can't contribute to society & achieve well-being, or socioeconomic development
◦ Mental ill health caused by work has deleterious effects on well-being, employment and wages, family income, and productivity costs (both direct and indirect)

International Standards Organization (ISO) Adopted ISO 45003 - June 2021

ISO is an independent, non-governmental international organization

Membership of 164 national standards bodies.

Began in London 1946 develops international standards (from units of measurement, to standard shipping terms etc.)

https://www.iso.org/about-us.html

Has not been adopted in the U.S.

NIOSH *& Total Worker Health*®

➔ new focus on psychosocial stress and mental health of workers

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"A TWH approach … to protect workers from hazards and advance their health and well-being by targeting the conditions of work."

➢ CPH-NEW – Total Teacher Health project – mental well-being and demands/resources

➢ Johns Hopkins Psychosocial Organizational & Environmental (POE) *Total Worker Health*® Center in Mental Health

➢ Harvard Center for Work, Health & Wellbeing- target outcome *Workplace Mental Health and Worker Well-being in the Workplace*

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

A-Z Index

Search [ ] NIOSH ▾ Q

Advanced Search

The National Institute for Occupational Safety and Health (NIOSH)

Workplace Safety & Health Topics > Opioids in the Workplace > Research

Promoting productive workplaces through safety and health research / **NIOSH**

🏠 Workplace Safety & Health Topics

Opioids in the Workplace

NIOSH's Framework

Data

Field Investigations

Research

Opioids in the Workplace: NIOSH Extramural Research

NIOSH-funded grantees and other partners are working to address the opioid crisis. These extramural researchers have conducted research and developed resources, including education, training, and surveillance data, related to the prevention of opioid misuse and

0 🚩 Sign in Sign up

FEDERAL REGISTER

NATIONAL ARCHIVES

The Daily Journal of the United States Government

Ⓝ Notice

Interventions To Prevent Work-Related Stress and Support Health Worker Mental Health; Request for Information

A Notice by the Centers for Disease Control and Prevention on 09/27/2021

HEALTHY WORK   HEALTHY PEOPLE

Healthy Work Campaign

ADDRESSING MENTAL HEALTH THROUGH IDENTIFYING AND REDUCING PSYCHOSOCIAL RISKS & WORK STRESSORS.

Healthy Work Campaign GOALS

1. EDUCATE
Educate working people and others about how work impacts our health, the social and financial costs, and about the many solutions that are available to promote healthy work.

2. ASSESS
Assess the workplace for unhealthy work stressors, using online, user-friendly tools available to both individuals and organizations.

3. EQUIP
Equip workers and organizations with **Healthy Work Tools** including interventions that can be used to promote healthy work, healthy organizations and healthy people.

4. INSPIRE ACTION
Inspire action from all stakeholders—to share the message about healthy work, implement organizational change, and participate collectively to promote healthy work throughout the U.S

EDUCATE

[www.healthywork.org/
New](http://www.healthywork.org/)

40 blogs posted since 2019

Quarterly newsletters since 2018

Medium articles on Burnout, Mental Health

Twitter, Facebook, LinkedIn

Videos

What's New

The Healthy Work Campaign (HWC) is delighted to share our latest developments, including blog posts, team events, healthy work (Medium) articles, newsletters, news coverage and new website content.

Blog

New Medium Article "Work Stress in the Age of COVID" just published

by Marnie Dobson | May 13, 2021 | COVID19, Essential Workers, Interventions & Solutions

Members of the HWC team published a new article on Medium today, "Work Stress in the Age of COVID." The article - based on a recent editorial published by our team, Pouran Faghri, Marnie Dobson, Paul Landsbergis, and Peter Schnall, in the Journal of Occupational and...

All Posts »

Newsletter

03/18/2021 -
Healthy Work Campaign - Spring 2021 News

12/18/2020 -
Healthy Work Campaign Newsletter No. 9

10/15/2020 -
Healthy Work Campaign Newsletter No. 8

All Newsletters »

News

UCLA & UCI News Publish Articles re: HWC Team JOEM Editorial

UCLA and UC Irvine announced our April 1st editorial in JOEM*:

- On 4/1, UCLA Fielding School of Public Health published this article*

- On 4/20, UC Irvine News published this article*

*"COVID-19 Pandemic: What Has Work Got to Do With It?" by HWC Team researchers Pouran Faghri, Marnie Dobson, Paul Landsbergis, and Peter Schnall, published in the Journal of Occupational and Environmental Medicine (April 2021 – Volume 63 – Issue 4)

All News »

Articles

Work Stress in the Age of COVID: What Can We Do?

by Marnie Dobson Zimmerman, PhD & Pouran Faghri, MD*

The COVID-19 pandemic has been causing much uncertainty, anxiety, and...

Events

May 28, 2021

Our partner, Occupational Health Clinics for Ontario Workers (OHCOW), is holding its annual "May Day, May Day Workplace Mental Health" webinar series, 2021. On May 28, 2021 our HWC Director, Marnie Dobson will be presenting as part of the session: Workplace Mental Health (WMH) Resource

Newest Web Content

Healthy Work Strategies

Reducing COVID-19-related work stressors

The following case studies summarize some of the efforts by different groups and organizations to reduce COVID-related work stressors. We will be continuously updating this section.

HWS a tool to diagnose psychosocial risks and mental health

- A free online tool for individuals & organizations - identifies **work-related stressors (sources of stress at work or "psychosocial hazards")**

- Scientifically validated, developed by HWC in collaboration with university researchers, questions from NIOSH Quality of Work Life & GSS national survey

- Takes 15-20 minutes to complete, anonymous, secure & confidential – no names!

- A free, automated (anonymous) report for individuals AND a group level report (no identifiers) is emailed to the organization, comparing stress scores to scores in the nationally representative QWL survey of U.S. workers.

What does the HWS measure?

Job Demands Ex. workload, time pressure, resource adequacy	**Work arrangements** Ex. full/part-time, pay, shift
Job Control Ex. use skills, decision-making	**Precarious employment** Ex. insecure employment, low wages, irregular schedules
Supervisor support Ex. provides help when needed	**Workplace injustice** Ex. bullying, harassment
Coworker support Ex. show an interest in me	**Emotional labor** Ex. emotional demands
Rewards Ex. respect, job security	**Physical environment** Ex. gas, dust, temps, noise
Work-life balance	**Impact of COVID-19**
Safety Climate Ex. safety high priority	Self-reported mental/physical health, exhaustion, depression, missed work days, sleep, back pain, BMI

*These items do not represent all or the exact wording of HWS questions

Example:

HWS for Individuals

-

Report of Results (emailed)

Hello,

Thank you for completing the Healthy Work Survey. This confidential report, based on your responses to the survey, is intended to provide you with guidance on addressing the work-related stressors you are experiencing.

WHAT DO MY RESULTS MEAN?

Your results, displayed below, show your "risk" for the most common, health-damaging work stressors. Your score is categorized as "low", "intermediate" or "high" by comparing your results to data from a nationally-representative survey of the U.S. working population.

High Risk means your score falls in the group with the highest reported level of a given work stressor in the U.S. national working population and that you are more likely to experience ill health as a consequence.

Intermediate Risk means your score is in the "middle level" group for a given work stressor in the national working population.

Low Risk means your score falls in the "lowest level" for a given work stressor in the national working population.

If you are in the **high risk category** for any of the following work stressors, or if you are interested in learning more, please **click on the links below** to find out how to address a particular work stressor and improve your mental and physical health.

Work Stressors (Score Range)*	Your score	Level of risk
Job demands		
High job demands (3-12)	6	Intermediate Risk
High workload (2-8)	4	Intermediate Risk
Inadequate resources (2-8)	5	Intermediate Risk
Long work hours (in the past week) (55 hrs+)	15	Low Risk
Job control		
Low job control (5-20)	7	Low Risk

Low ability to make decisions (2-8)	4	Intermediate Risk
Low use of skills (3-12)	3	Low Risk
Workplace social support		
Lack of supervisor support (2-8)	2	Low Risk
Lack of coworker support (2-8)	2	Low Risk
Work-family conflict (2-8)	7	High Risk
Rewards		
Low Reward (5-21)	13	High Risk
Lack of promotion opportunities (2-8)	5	Intermediate Risk
Safety climate (2-8)	0	Not Applicable
Health conditions	**Your score**	**Level of risk**
General Health	2	Excellent-Good
Physical Health Not Good (no. of days)	0	Low Risk
Mental Health Not Good (no. of days)	0	Low Risk
Body Mass Index	24	Normal Weight
Self-Reported Chronic Illness	Depression	

* Numbers in parentheses are the ranges of scores for that particular stressor

Of the 13 work stressors analyzed, 2 indicate a high level of risk. You also report having 1 poor general health or chronic health conditions out of a total of 7 possible.

The more work stressors you face over time, the more likely you are to experience ill health now or in the future.

These results do not constitute a medical evaluation, consult a health care provider for more information on your reported health problems.

Please visit Healthy Work Tools - For Individuals for more information on how to reduce work stressors and improve your health. If you have any questions about this survey, please email contact@healthywork.org

Sincerely,

The Healthy Work Campaign team.

How do organizations use the survey?

- Organizations can **request access** by filling out a short form and a unique link to the HWS is emailed to a representative with guidance about how to recruit at least 50-60% of employees.

- Employers/Businesses: https://healthywork.org/employers/healthy-work-survey-employers/

- Unions/Worker Health & Safety Advocates: https://healthywork.org/unions-worker-advocates/healthy-work-survey-unions/

- Content is the same!

Healthy Work Survey Report - for [organization here]

Thank you for completing the Healthy Work Survey for organizations. We hope these findings will open a dialogue at all levels of your organization, to begin making work healthier for all.

The results of this report are based on a [%] participation rate between [dates here]. We encourage you to consider the sociodemographic characteristics of this sample of your organization and whether age, gender, race, occupation and other characteristics are broadly similar to the whole organization. This will ensure your sample is representative.

The following 10 page report is comprehensive. This coversheet summarizes the major findings that are "red flagged" as the most significant because compared to the U.S. population, your organization's risk level is higher or the % of people at risk is higher than the US %

Next Steps? Please see Page 2 "What's Next" for resources and ideas.

Work Stressors

High demands 39%
High workload 48%
Low job control 47%
Low decision making 40%
Low supervisor support 33%
Low promotion opportunities 44%
High emotional labor 51%

Workplace Justice

Witness bullying 26%
Sexual harassment 5%

Feelings of discrimination due to:
   Age 20%
   Gender 18%
   Race/ethnicity 10%

Physical Hazards

Nothing major to report

Work Arrangements

Nothing major to report

Precarious employment

Nothing major to report

COVID-19 impacts

- Work from home at present 46%
- Don't know if employer has an infection control program 36%
- Extremely/very concerned about bringing virus home to family 40%
- No training in PPE use 58%
- Lack of a say or influence on health & safety at workplace 43%
- Toxic/poor/fair, not so good psychological health and safety climate 53%

Health

- Physical hlth not good 14 days+ 12%
- Mental hlth not good 14 days + 30%
- Depression 32%
- Burnout/exhaustion very/often 51%
- Trouble sleeping (often) 42%
- Stressful work very/often 52%
- Backpain 36%
- Missed work 1-13/30 days 35%

Sociodemographics

61% Female, 37% Male
64% Ages 35 to 64
69% White, 8% Black, 8% Latino, 8% Asian..
59% Bachelors/Graduate Degree

EXAMPLE

HWS

Select date range ▼

| Occupation ▼ | Industry ▼ | Age ▼ | Source ▼ |

| Gender ▼ | Race/Ethnicity ▼ | Education ▼ |

Sample Size
148

Survey results of the main psychosocial work stressor risks*

	U.S. AVG	GROUP AVG	Group Level	% High Risk	Alert
High Demands	6.1	7.1	High Risk	39.2	🟥
High Workload	4.0	4.6	High Risk	48.0	🟥
Low Resources	4.4	4.8	Intermediate Risk	27.0	🟥
Low Job Control	8.8	9.8	High Risk	46.6	🟥
Low Decision-making	3.5	4.1	High Risk	39.9	🟥
Low Skill Utilization	5.3	5.6	Intermediate Risk	27.7	🟥
Low Supervisor Support	3.4	4.0	High Risk	32.9	🟥
Low Coworker Support	3.4	3.7	Intermediate Risk	23.4	🟥
Work-Family Conflict	4.3	4.8	Intermediate Risk	33.1	🟥
Low Rewards	11.2	10.9	Intermediate Risk	27.7	🟩
Low Promotion Opp	4.5	5.2	High Risk	43.8	🟥
Low Safety Climate	3.3	3.7	Intermediate Risk	19.7	🟥

Percentage exposed to other psychosocial risks

High Emotional Labor

50.0%
% Job is "always/often" emotionally demanding

50.7%
% Always/often hide feelings at work

Low Organizational Justice

21.6%
% reporting policies and practices are NOT applied consistently

Interpretating your organization's results
These results from the Healthy Work Survey show your group's overall "risk" for some of the most common, health-damaging work stressors (psychosocial risks). To establish risk levels, your organization's data were compared to the U.S. working population from the Quality of Work Life surveys.

*Definitions - see Page 2
U.S. Avg - is the average (mean) score for the U.S. population.
Group Avg - is the average score for your group (a higher average means higher stress).

Group Level - is the overall level of risk for your group/organization based on national score ranges.

High Risk means that your group average falls into the highest range of scores and compared to most others in the U.S. working population, your group's level of risk for a particular work stressor is higher.

Intermediate risk means your group average falls into the middle range of scores and you are reporting the risk as the US population. Low risk means that your group average falls into the lowest range of scores and you are at less risk than the US population. Being intermediate or low risk does not mean there should be no concern about these work stressors, as there are still some individuals who may be at increased risk. They may not be as much of a priority as the high risk stressors.

% High Risk - is the % of individuals in your organization that have scores in the highest risk level (they have scores well above average).

Alert - If you receive a **red box** by any one of these work-related psychosocial stressors, this means that your group average score AND the % of people at high risk in your organization is higher than the national average and national % at high risk and that this needs attention.

Please see explanations/descriptions of each of these major stressors and what to do on Page 2

Self-Reported Health

Occupation ▾   Industry ▾   Age ▾   Source ▾

Gender ▾   Race/Ethnicity ▾   Education ▾

Self-Reported Health

	U.S. % exposed	% exposed
General Health is Fair/Poor	13.5	12.8
Physical health was not good for 14 or more days in the last 30 days	5.6	12.2
Mental health was not good for 14 or more days in the last 30 days	9.3	29.7
Burnout-Exhaustion felt used up at the end of the day often/very often	39.8	50.7
Sleep - often have trouble going to sleep or staying asleep (past 12 mos)	21.0	41.9
Stressful work - often/very often	31.1	52.0

Would you say that in general your health is...?

- Good — 37.8%
- Very good — 31.8%
- Excellent — 17.6%
- Fair — 8.1%
- Poor

How often do you find your **work stressful**?

- Sometimes — 37.2%
- Often — 28.4%
- Very often — 23.6%
- Rarely — 9.5%
- Never

Self-reported health and stress have been found to be highly related to clinical measures of health. These measures of stress and health give you a snapshot of the health of your organization. High levels of work stressors have been related to poor self-reported health, burnout, and sleep problems.
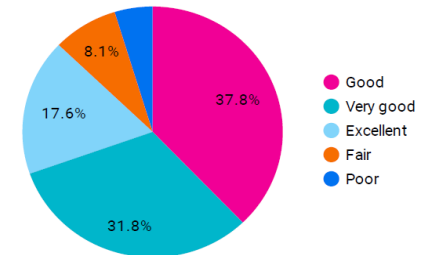
https://healthywork.org/resources/research/

If the % of your group reporting fair/poor health or 14 or more days of poor physical or mental health is higher than the national %, your organization should consider making changes to the work environment that may improve these health outcomes for working people in your organization.
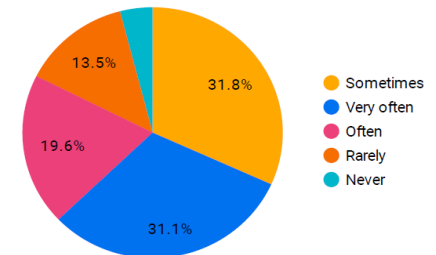
For more information on interventions go to:

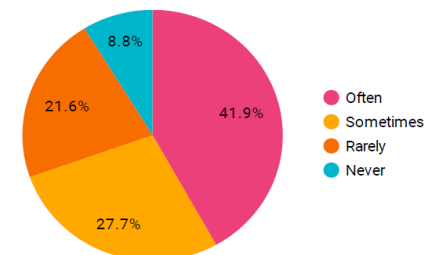https://healthywork.org/employers/healthy-work-tools-employers/ OR https://healthywork.org/unions-worker-advocates/healthy-work-tools-unions/

Exhaustion - Burnout
How often have you felt used up at the end of the day?

- Sometimes — 31.8%
- Very often — 31.1%
- Often — 19.6%
- Rarely — 13.5%
- Never

How often do you find your **home stressful**?

- Rarely — 41.2%
- Sometimes — 31.1%
- Often — 12.2%
- Never — 9.5%
- Very often

Sleep
In the past 12 months, how often have you had trouble going to sleep or staying asleep?

- Often — 41.9%
- Sometimes — 27.7%
- Rarely — 21.6%
- Never — 8.8%

HEALTHY WORK SURVEY for Employers
What do we do with the HWS Results?

HEALTHY WORK CAMPAIGN

Step One – Review and share your organization's Survey Report and LEARN what exposure to particular work stressors may mean to your employees and organization, using the Principles of Healthy Work.

Step Two – Is your organization ready for healthy work? Find out what unhealthy work is costing your organization.

Step Three – Some general ideas for how to reduce work stressors and a series of reports – Healthy Work Strategies – summarizing workplace research projects, programs/policies, as well as current or pending laws and regulations intended to promote healthy work.

Step Four – Plan and design your own "healthy work programs/policies" with participation at all levels of your organization (especially employees).

HEALTHY
WORK
HEALTHY
PEOPLE

https://healthywork.org/employers/healthy-work-tools-employers/

Healthy Work Strategies

Healthy Work Strategies include workplace policies, programs, contract language, regulations and laws designed to reduce sources of stress at work (work stressors), and to make work and workers healthier. Each report below is a **summary** about how to improve the organization of work to reduce work stressors, such as:

Long work hours, bullying, sexual harassment, discrimination, threats of violence, understaffing, job insecurity, lack of supervisor or coworker support, work-family conflict, job demands, lack of job control, job strain, and "effort-reward imbalance."

The types of Healthy Work Strategies below include:

⊕ Workplace research studies and programs to reduce work stressors

⊕ Labor-Management Contracts

⊕ Laws and Regulations

⊕ Reducing COVID-19-related work stressors

For further COVID-19 worker resources, visit UCLA's Labor Occupational Health & Safety Program page on this topic.

If you have any questions or comments about these reports, or have updates or new programs, policies, or laws that you would like us to include, please feel free to contact us.

⊕ Acknowledgements

https://healthywork.org/resources/healthy-work-strategies/

Several case studies dealing with reducing work stress to improve worker mental health:

Workplace research studies and programs

Reducing work stress and improving the mental health of hospital workers (Quebec, Canada)

Intervention to reduce job stress among urban bus drivers in Stockholm, Sweden

Job redesign at a sweets manufacturing company in England

Legislation/Policy

A national standard for psychological health and safety in the workplace in Canada

Government labor inspectors' role in protecting workers' mental health in Quebec

Panic Buttons: An intervention to prevent psychological trauma and physical assault among hotel housekeepers
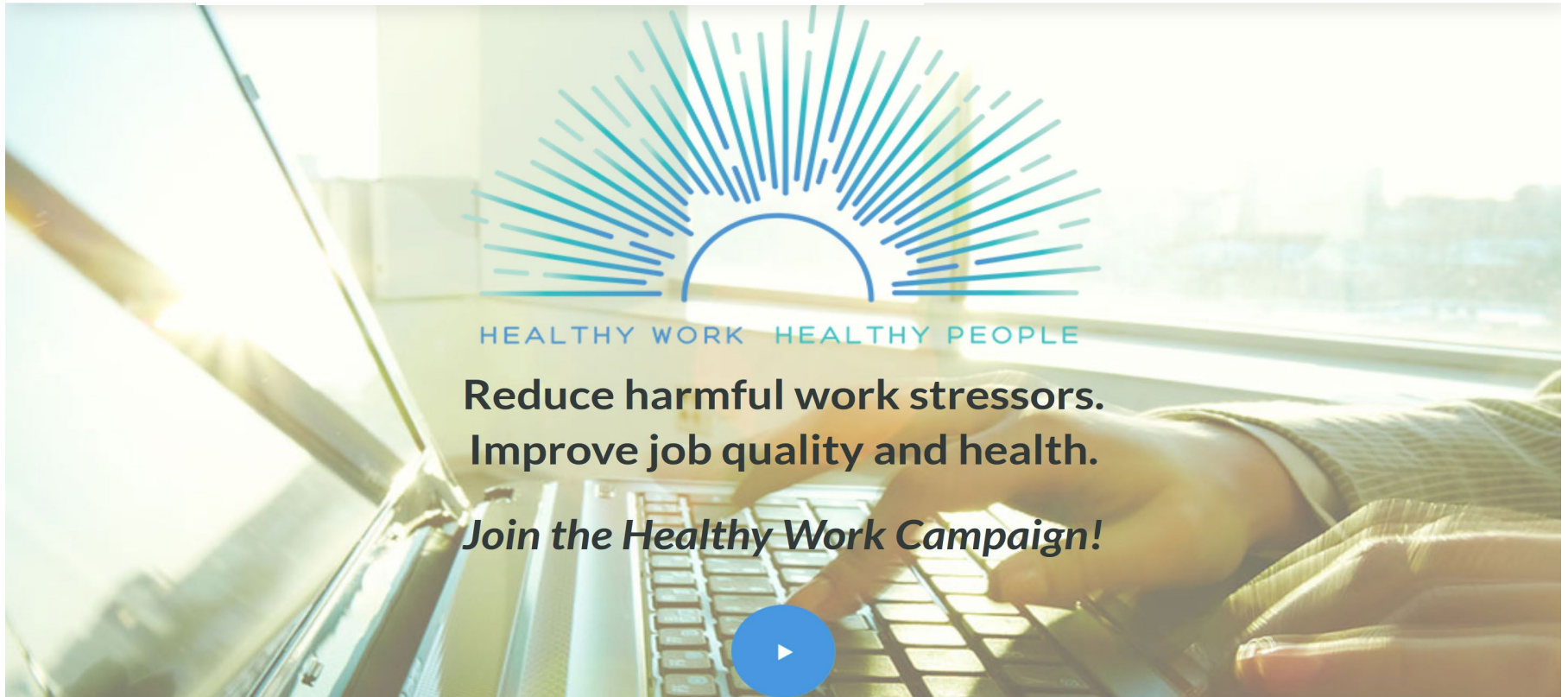
HWC and *Total Worker Health*®
Improving the psychosocial work environment to improve mental health of workers

➢Center for Social Epidemiology/HWC is a TWH Affiliate

➢Employers implementing TWH and concerned about mental health can:

◦ Access the free online Healthy Work Survey to assess and identify work stressors and receive a free automated report

◦ Use HWC Tools pages and Healthy Work strategies case studies includes links to CPH NEW Healthy Work Participatory Program

➢COE's - share work organization (health protection) intervention research studies that can be translated into a case study for "Healthy Work Strategies" resources page

Questions?

HEALTHY WORK CAMPAIGN

THE CENTER FOR
SOCIAL EPIDEMIOLOGY

HEALTHY WORK   HEALTHY PEOPLE

Reduce harmful work stressors.
Improve job quality and health.

Join the Healthy Work Campaign!

https://www. healthywork.org/   contact@healthywork.org
mdobson@uci.edu