Improving Work Organization to Reduce Injury and Illness:

Social Services, Stress, Violence and Workload

Final Report

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TABLE OF CONTENTS

IMPROVING WORK ORGANIZATION TO REDUCE INJURY AND ILLNESS:
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Executive
SUMMARY

THIS REPORT COMPARES work organization and workload at three developmental service agencies in order to identify factors that precipitate and contribute to injuries, stress and health problems in the social services. The restructuring of services in this sector has resulted in reduced funding and therefore workloads and health risks associated with overwork and burnout appear to have increased dramatically in all three sites studied. Restructuring has also exposed workers and clients to higher levels of stress and violence. This study also uncovered serious incidents of workplace bullying and traumatic work cultures. While workplace bullying certainly predates restructuring, some studies show that it is a phenomena that has seen rapid growth within the context of restructured public sector and non profit workplaces. Given the serious under funding of this sector it may appear that there is little that can be done to improve health and safety in the short term. However, this report recommends several measures including an immediate increase in government funding, the incorporation of worker's knowledge into how work is to be organized and planned, guarantees to part-time workers of enough hours of work to support themselves, an end to the use of split shifts, a cap on overtime and subsequent hiring additional full-time staff in order to ensure workplace stability and the introduction of immediate, assertive, transparent measures to improve workplace morale and eradicate traumatic workplace cultures.

Acknowledgements

INTRODUCTION

THIS REPORT COMPARES work organization and workload at three developmental service agencies in order to identify factors that precipitate and contribute to injuries, stress and health problems in the social services. While injury and illness rates have been dropping across job categories, WSIB liability in the social services sector is high and rising.

The focus of numerous studies has been the delineation of the various links between work organization, job stress and injury (Karasek and Thorell, 1990; 1977; Kohn, 1983, 1976 ; Messing and Reveret, 1983; Gardell, 1980, 1971;

> This report makes recommendations and identifies prevention strategies and "best practices" that can contribute to the reduction or elimination of injuries, stress and health hazards in social service workplaces.

Karasek, 1979). Using the concept of job strain, these studies attempt to ascertain how to balance workplace demands, worker control and workplace supports in order to ensure healthy workplaces. In their pivotal study, Karasek and Thorell (1990) argue that if negative health effects are associated with certain kinds of work organization then positive health effects and behaviors such as improved productivity and interpersonal relationships may be associated with better organization and design of work. Their focus mirrors our own interests in modifying work organization in order to prevent negative health impacts and improve aspects of service delivery such as worker productivity and the helping relationships that are central to the social services endeavor. In relation specifically to the social services sector, Solderfeldt et al (1997) undertook a survey of 8296 employees in two Swedish human service organizations and found that aspects of health such as worry, anxiousness, sadness, sleep difficulties, restlessness, and tension as well as fatigue and feelings of being used up and overworked were significantly determined by work organization rather than by individual personality traits and coping skills. In a separate study Solderfeldt et al (1996) argued that specific models of job strain and work organization evaluation must be developed that reflect the specificities of the worker-client relationship in the social services and the impacts this relationship has on the workers' capacity to control their own work. Within their model of job strain, Solderfeldt et al fine tune the work control variable to include administrative control, outcome control, choice of skills, closeness of supervision, control within and over a situation and ideological control. They assert that research using this or similar conceptualizations of work control will more closely reflect the complexity of the social service caring relationship.

This study undertook an exploration of work organization in a sub section of the social services sector, the developmental services sector, in order to better understand the connections between work organization, work demands, controls and supports for those employed in this busy sector. Based on findings from our three Ontario study sites, this report makes recommendations and identifies prevention strategies and "best practices" that can contribute to the reduction or elimination of injuries, stress and health hazards in social service workplaces. The study was conducted by a research team centred at McMaster University that included experts on work organization, social work, violence and health and safety. All three study sites provided the research team with very generous access to workers, managers and supervisors, agency programmes, and documentary data.

Services in the Developmental Sector:
THE BROADER SOCIAL CONTEXT

THE DEVELOPMENTAL SERVICES field has under-gone extensive changes in the last thirty years. In the 1970s, people with developmental disabilities were usually institutionalized and treated as "patients". The 1980s and 90s saw a move from institutional to community-based care. De-institutionalization meant that between 1970 and 2000, the number of people with intellectual

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disabilities living in institutions in Ontario fell from 10,900 to less than 1000. While some argue that cost cutting was the primary motivation behind deinstitutionalization, others argue that a philosophical shift from "patient" to "person" was taking place . The introduction of the Canadian Charter of Rights and Freedoms during the same period reflected a growing recognition of the rights of people with disabilities and society's res-ponsibility to provide services that facilitate individual growth and self reliance in the context of a caring community. Unfortunately, resources have never been sufficient to realize these goals.

Often at the forefront in lobbying for rights and resources, agencies working with people with intellectual disabilities have significantly altered how they provide services. Supports for people with intellectual disabilities have tended to be medically (hospital)- or family-based. Community services have sought to include aspects of both as well as a recognition of the individual in relation to a larger social system of opportunities and responsibilities. At present, most community agencies work within an "empowerment model" wherein people with disabilities and their families are encouraged to make choices regarding work, education, residence and lifestyle. Funding cuts across the health and social services sector has made many of these choices difficult or impossible to fulfill as a general lack of resources has limited meaningful options for well being and individual development.

Funding began to be restricted in the human services sector starting in the early 1980s. In most cases, funding for community agencies serving people with intellectual disabilities has **not** been increased in eight years. Diminished hospital and home-based supports have increased demands on these agencies resulting in program and staffing stress. At this point, advocates in the sector argue that clients' entitlements to service must be entrenched in legislation in order to ensure that families and individuals who need support are not waiting years for service and that services meet a reasonable standard of quality, care and safety.

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Given the highly uneven levels of service that currently exist across the system, disability advo-cates assert that uniform standards of practice should be developed similar to those found in Child Welfare and that monies must be made immed-iately available for staff training and development. They argue further that services and supports must remain public and non-profit.

In all three sites, this study was seen as a chance to build a shared understanding of health issues and hazards in the work environment. Our data reveal a number of places where positive action and intervention could reduce health hazards.

Methodology

A MULTI-METHOD ETHNOGRAPHIC approach was used to gather interview, participant observation and document data. A total of forty-one in-depth, semi-structured, audio tape recorded interviews took place in the three sites. A purposive (Lincoln and Guba, 1985) sample was built for the key informants such as the executive director, union president, managers and so forth. In two of the three sites, a snowball sampling method was used to compile the list of front-line interviews. In one of the sites, at the request of the Executive Director (E.D.), the sample of front-line workers was drawn from a staff list supplied by the E.D.. Starting at a completely random point in the list, every ninth worker was contacted and asked to participate in the study. This process continued until a full sample was achieved.

The study also included eleven participant observations. The participant observation sites were selected through a process in which key informants were asked to suggest program sites that might provide the most valuable data. Recommendations were cross referenced and sites were selected based on which seemed to offer the greatest diversity and richness in data. Field notes were taken at the participant observations which ranged from 4 to 20 hours in each site with an average observation period of eight hours. Finally, the study included a review of documents related to health and safety. Document data was compiled and compared across reporting forms, and statistical profiles were developed.

The average age of those interviewed across the three sites was 37.1 years with a range of 34 to 40 (see chart) and an average of 9.9 years employment in the agency. Similar to the broader social services field, the sample was predominantly female. As workers of colour and youth have been identified in the literature as vulnerable to stress and injury a small sample of each of these groups was interviewed. Interviews were transcribed verbatim and read multiple times for similarities and differences.

Observation and field notes were typed up and coded along with the interviews using a core code list. Data was analysed for commonalities and differences using a qualitative data processing package called NUD*IST 5 until a mapping of the data could occur.

Interviewees were asked questions such as: What changes have you seen in your paid work over the last five years or so? Have the changes generally made your work easier, or more difficult? Are there particular times of day that are more difficult than others? What makes them easier or more difficult? What about the pace of your work, is it about the same or faster or slower? What about your workload? Is it the same, more, less and in what ways? Can you comment on how much of your work is physical labour? How much of your work is planning, keeping track of people or tasks, dealing with conflicting demands? How complex is your job? Have you noticed any change in the stress experienced by yourself and your co-workers? Have you experienced any health problems related to stress (headaches, stomach discomfort, fatigue, minor sleep disturbances, anxiety or depression)? How do you generally cope with these problems? What has been helpful? What would be helpful? Have you noticed any problems to do with abuse or violence in your workplace? Who does violence most effect? What kinds of unpaid or family labour are you involved with — eg. taking care of your own or other people's kids, volunteer work, activist work, frail elderly parents, neighbors, union work, etc.. Have you noticed any changes in this kind of work?

Are there any questions we've forgotten to ask that you think might add something important?

FINDINGS
and DISCUSSION

The Agencies – A DIVERSE GROUP

This study gathered data at three developmental service agencies in Ontario. Together, the three agencies provide services to more than 1150 clients with intellectual disabilities in Ontario. They employ 219 full-time, 260 part-time and 30 casual front-line staff. The group of people in our society known as the intellectually disabled are often presented as if they all have similar needs, goals and capacities. In reality, they are as varied as the non-disabled population. It is not surprising, then, that the client population at the three agencies differed significantly.

The clients at Agency A were less able bodied than those at the other two agencies, a difference that reflects the aging client population in this sector. An aging and often physically limited client population increases lifting and transferring tasks and creates challenges in terms of age appropriate programming and activities. Many of the clients at Agency A require 24 hour care in which the staff provide full or partial assistance with the tasks associated with daily living including but not limited to eating, dressing, bathing, toiletting, transferring, transportation, daily programming and stimulation, dispensing medications and giving home-based medical treatments.

Of the three study sites, the clients at Agency B represented the greatest diversity of clients in terms of level of ability and need for support. Their diverse client population was also described as aging although most of the clients are still quite active and fully mobile.

Agency C, on the other hand, provides services exclusively to clients who require a very high level of support. Mobility is not an issue for these clients although self-injurious behavior and, largely unintended, violence towards others necessitates lower client-worker ratios and individualized programming. In short, the agencies are quite different from each other and have engaged in a variety of ways with the challenges of meeting client needs in a climate of funding constraints.

Conflict and Negotiations

The three agencies have different approaches to problem solving and negotiations with their unionized work force. Since a short peak in 1996/97, strike frequency is down and in any given year less than 3% of union negotiations will result in strike action. Two of the three agencies studied had recently been involved in lengthy strike/lockouts regarding classic issues in the era of restructuring. At Agency C the central issue of the strike/lockout was the client-worker ratio while at Agency A the central strike issue was pensions, a not uncommon concern in this sector. In the fallout of the strike/lockout, the Board of Directors at

> During the time of this study, Agency B successfully concluded the negotiation of a new collective agreement with its workforce which included innovative wording on a number of health and safety issues such as violence.

Agency C felt a new approach was needed and replaced the Executive Director. Morale at both agencies has been low since the strikes although Agency C has made significant strides in a number of areas relating to health and safety and there are some indications that communication is improving at Agency A. During the time of this study, Agency B, successfully concluded the negotiation of a new collective agreement with its workforce which included innovative wording on a number of health and safety issues such as violence. The different approaches to industrial relations highlight the diversity of approaches and priorities across this sector. These highly varied experiences underscore the ways that the agencies are not all beginning at the same starting line, nor do they approach issues in similar ways.

After-the-fact Discipline

Both Agency A and C reported low staff morale following the strike/lock outs at their work sites. While Agency C saw a change in Executive Directors as well as an improvement in the overall spirit and direction of the agency, both agencies

seem to have adopted management styles that feature formal disciplinary measures when problems with individual workers arise rather than more preventive, consultative, problem solving approaches. News of disciplinary measures spreads quickly through the tightly knit workforce in these two agencies generating considerable apprehension and doubt at a time when trust and confidence in the agency's leadership is required to re-establish a sense of shared mission. These are small agencies and it should not be difficult or costly to establish mechanisms for inviting the participation of employees in problem solving, trouble shooting and negotiating solutions to agency, and even sectoral-level, problems. The cost

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savings in terms of stress reduction, improved employee health and higher overall client care should be sufficient impetus to develop strategies to avoid confrontational ways of dealing with and disciplining the workforce.

Management-Worker Ratios

The management of Agency B decided that in order to avoid lowering client-worker ratios, the most recent round of funding cuts would be absorbed by management rather than front-line staff. This means that Agency B has the leanest ratio of management to staff at 1:25. During the most recent round of cuts, Agency C maintained its relatively low ratio of management to workers at 1:19 while Agency A maintained a large management complement of 1 manager for every 12.5 staff.

Staff-Client Ratios

Agency C has maintained a very low staff-client ratio which all agree is essential for the provision of an appropriate level of support for their higher need client population. The other agencies in this study have had difficulty maintaining lower staff-client ratios. For example, despite management's willingness to absorb the last round of cuts and staff and management's shared belief that lowering their staff-client ratio would lower stress and injury at Agency B, staff-client ratios have been undercut by significant increases in the number of clients the agency serves.

Work Reorganization and Shifts

Each of the agencies has its own particular ways of reorganizing work. At Agency A, restructuring projects adopted the principle of work force flexibility. To this end, the number of part-time workers has increased while full-time have decreased. Shifts vary in length from four to twelve hours and split shifts, wherein workers may come in for an hour or two in the morning and return many hours later in the day to complete their shift, have emerged as common forms of work arrangements.

> Stress is particularly acute for part-time and split shift employees.

Stress is particularly acute for part-time and split shift employees at Agency A. Most part-timers do not receive enough hours to support themselves and report a high level of stress associated with keeping themselves free of other commitments so they can pick up extra shifts when they become available. Agency A's process for filling extra shifts generates significant stress. For example, if a staff member is unable to take a shift and turns it down, these hours are counted against the maximum 70 hours/week that part-timers will be allowed to work in any two week period. In other words, if the staffer turns down a 10 hour shift, s/he is considered to have only 60 left to work in that 2 week period. Those working split shifts also

reported numerous stress related symptoms. An inability to plan life outside of work and to juggle family and work commitments seems to be the major source of stress for split-shift workers, all of whom were part-time. We further recommend an end to the use of split shifts and a guarantee to part-time workers of enough hours to support themselves.

Shift replacement generates considerable stress among front-line workers at Agency C. If someone calls in sick, which is frequent in Agency C, those presently on shift must find a replacement. When no one can be found, workers work double or triple shifts resulting in an extremely high level of overtime, as well as high levels of stress and exhaustion. In contrast, Agency B's relatively stable work force and traditional length of shifts stands out as a practice that lowers stress and prevents cycles of overwork and burn out, although their increased reliance on casual staff in the new programming areas may mitigate this achievement.

Workload

Our data shows that workload has increased in all three agencies although not always for the same reason. In Agency B an increase in the number of clients and in documentation has produced an increase in the pace of work. An increase in the number of clients multiplies the volume of direct service work on any shift as well as the associated documentation. Workers reported that they often lack the infrastructure such as computers, copy machines, faxes or even reliable phones necessary for efficient completion of required written reports

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and other required paper work. This coupled with an increase in documentation requirements meant that workers, reluctant or unable to take time from client care, felt that they had to complete their documentation on their own time or leave the work incomplete. Both options generate considerable stress and are sub optimal for the agency and client care.

In Agency A the post-strike layoff of housekeeping and grounds staff has resulted in an expanded workload for front-line staff. Cleaning, cooking, shopping, snow shoveling and sidewalk clearing as

> Symptoms such as headaches, fatigue, stomach disruptions, insomnia and other sleep disruptions, depression and various body pains were reported by workers during our interviews and participant observations.

well as increased duties such as lifting and transferring of aging clients has multiplied the incidents of strains, falls, and other injuries related to physical duties. In addition, the heavier workload has left many workers feeling rushed throughout their shifts and exhausted by their end. Stress is the by-product of this hectic pace and symptoms such as headaches, fatigue, stomach disruptions, insomnia and other sleep disruptions, depression and various body pains were reported by workers during our interviews and participant observations.

Our data suggests that in Agency C the workload is complicated by increased reliance on part-time and casual rather than full-time workers. Staff and management agreed that clients often react with challenging and volatile behaviors when faced with even small changes in their daily schedules. The risk of injury and stress related health issues increases when workers are placed in a situation where they must support and care for clients who are disrupted and anxious due to ongoing staff changes. This situation is further complicated by the fact that the agency has no cap on overtime, in fact, it has an exemption from the Labour Standards Act. As noted earlier, shift replacement generates considerable stress among front-line workers at Agency C. When a workers calls in sick those currently on shift must find a replacement. When no one can be found, workers end up working phenomenal numbers of hours often over a period of weeks, finally calling in sick when they are too exhausted and stressed out. Calling in sick re-starts the cycle of last minute shift replacement,

double shifts, extensive overtime and staff burn out. A cap on overtime, and the hiring of more full-time staff is the obvious remedy to Agency C's sky-high expenditures on overtime wages, equally high numbers of sick days, client disruptions and lowered quality care.

Violence

Our data suggests that in Agency C the disruption of clients precipitated by ongoing changes in staffing described above produces higher levels of injury. These injuries have their source in violence perpetrated by clients. In Agency C, the violence from clients cannot be said to be entirely intentional. That is, the clients do not consciously

> Violence includes punching, goug-ing, kicking, pinching, hair pulling, biting, wrenching, choking, verbal abuse, or verbal threats against the staff member and her/his family (usually children) or possessions (such as a car).

intend to harm their care providers rather they are reacting to anxiety produced by changes in their worlds. While largely normalized and excused by workers and management, our findings show that violence is a fairly common occurrence in both Agency C and B and not infrequent at Agency A. This violence includes punching, gouging, kicking, pinching, hair pulling, biting, wrenching, choking, verbal abuse, or verbal threats against the staff member and her/his family (usually children) or

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possessions (such as a car). At Agency B it appears that this violence is largely intentional. For example, the violence is directed more often at female rather than male employees and often at particular body parts. Similar to other forms of violence against women, this kind of behavior

occurs as a result of deliberate, although socially conditioned, choices.

Our findings suggest the violence is an everyday occurrence in the agencies although largely unreported and unevaluated. Instead, many workers confirmed that they were reluctant to report violence or even call it violence because they felt this reflected badly upon the clients for whom they felt considerable affection and respect. Despite this empathy for clients and reluctance to recognize assaultive behavior as injurious and stressful, workers did note that violence escalates the level of stress among workers and clients. This stress impacts negatively on their health as well as the workplace climate and morale. In many cases, violence clusters at certain points in the day (for example: end of the programming day, transportation points, after dinner in group homes) suggesting that increased staffing focused on those times is needed to diffuse tensions and lower injury rates.

As discussed briefly above, workers reported, and management agreed, that violence is more likely to occur and becomes a greater problem when clients have to deal with changes in their environment. Hence, it is highly recommended that, in order to lower violence, the agency needs a stable work force with detailed knowledge of and experience working with the client group as well as predictable and dependable work schedules. The increased reliance on part-time and casual staff in all agencies introduces instability to the work environment and increases the likelihood of violence and injuries for workers and clients.

Management agreed that stability and adequate levels of staffing are key to violence prevention however they point to funding constraints and argue that there is little they can do. Arguably, it is the government's responsibility to provide increased funding to this sector, however it is management's responsibility, regardless of the funding level, to keep the workplace safe. Increasing the numbers of full-time staff at Agency C is a distinct possibility as significant savings are possible in the area of overtime and sick time that can be transferred to full-time wages and benefits. In Agency B, during this period of funding

constraint, the solutions will have to be more creative. In seeking those solutions, management should turn, in part, to their own workers. Management in all three agencies agreed that their staff have front-line knowledge that is key to the safe running of the agency. The occupational health literature show that workers with greater control over their work experience less stress related symptoms and illnesses (Solderfelt et al, 1997, 1996; Karasek and Thorell, 1990; Kohn, 1983; Gardell, 1980). Unfortunately, none of the agencies had any formal mechanism for staff input into programme or policy development. As this is not a new or major cost, it is recommended that the agencies develop ways to integrate worker's praxis knowledge, or knowledge developed through the direct experience of working closely with the same clients over a long period of time, into decision making processes around work organization, client care, policy development and violence prevention.

As many clients at Agency A have limited mobility, the risk of workplace violence is lowered although not eradicated. Employees at Agency A reported minor injuries resulting from slaps, pinches, hair pulling and punches. Like the other agencies, the workers largely ignored this source of injury emphasizing work load and work culture as their major sources of stress.

Workplace Culture – Bullying and Trauma

Agency A seems to have roughly the same type of Human Resource and operating policies as most agencies in this sector. However, data suggest that the way these policies are translated into action generates considerable concern and even fear among many employees. In particular, the research participants reported that certain individuals or

> Bullying work environments produce more work related stress than all other work-related stressors put together.

groups, such as union or environmental activists, received unfair and bullying treatment. Einarsen's (1999) studies show that employees need not experience trauma themselves in order to be co-traumatized by merely witnessing or being associated with harmful events. Indeed, traumatic work environments produce more work related stress than all other work-related stressors put together (Einarsen, 1999; Zapf et al, 1996; Niedl, 1995). Research substantiates that bullying or traumatic work environments can foster harassment by managers, co-workers, or both (Tehrani, 2001; Einarson, 1999) producing a climate that is generally harmful and negative.

> Traumatic work environments are costly and debilitating places to work or to provide quality services.

Workers may experience symptoms including headaches, back pain, stomach ailments, insomnia, depression, post-traumatic stress disorder, chronic fatigue syndrome or suicidal feelings (Einarson, 1999; UNISON, 1994). Research participants in Agency A reported many of these symptoms in their interviews and during our field visits.

Traumatic work environments are costly and debilitating places to work or to provide quality services. Organizations can expect to lose considerable work time and compensation, management time and legal costs, as well as an increasing number of civil law suits. As the UNISON (1994) report based on findings from the Staffordshire University Business School argues, "It is an organizational issue which needs an organizational response" (p.2). Management must take the lead in changing this negative climate as they and the Board of Directors are the only ones with the power to effect change across the agency. We recommend the adoption of guidelines that encourage **clearly transparent practices** in all dealings with staff so that management practices are not only fair, but **seen to be fair**. Guidelines or a **Code of Behavior** should also be established for management including what sorts of words, phrases and behaviors are appropriate in work place environments including social events. While informality may have been helpful to this agency when it was smaller, it is no longer productive or

helpful. An independent tribunal with a set schedule for periodic review should be set up by the agency. This tribunal should be convened by an independent, outside auditor who has the trust of management and employees and to whom all can make reports in anonymity and without fear of reprisal. Team building exercises and mechanisms that involve the staff in conflict resolution, problem solving and policy work and other strategies that **build public accountability** are crucial to nurturing trust between those attempting to carry out the important work of this agency and cannot be emphasized enough. On a positive note, upper management at Agency A was aware of the need for more staff involvement in decision making and policy development and indicated a strong intention to make more extensive use of staff praxis knowledge and ideas. We strongly endorse this intention. Research in the U.K. shows that bullying has taken over from pay as the top concern among workers (Anaova, 2002). Other research shows that bullying is on the rise in public sector workplaces (Tehrani in Summerskill, 2002). As it is costly and highly unhealthy this sort of workplace culture needs to be **prevented** whenever possible through openness and employee participation and firmly addressed whenever it is found to exist.

Sick Leave

Our data suggests that many workers use their sick time as a way to deal with their stressful work environments and the negative health symptoms generated within these environments. At this point, the agencies are absorbing stress leaves through their sick time provisions. These costs run high and are difficult for smaller agencies to absorb. Increased reliance on workers who do not have sick

> We recommend that the WSI B extend its coverage to include stress related leaves.

time provisions, such as part-time and casual staff, means that the cost of sick time will be entirely transferred to the individual. These kinds of solutions are inadequate to the magnitude of this problem. There are two strategies that need to be adopted regarding the inappropriate use of sick

leave. First, given that stress is endemic in this sector and shows no signs of abating, **we recommend that the WSIB extend its coverage to include stress related leaves**. Providing stress leaves and strategies now may avoid costly and long term stress related illnesses in the future. Secondly, agencies must focus on prevention of stress in the workplace in order to improve the health of their employees and eventually reduce or eliminate stress related illnesses and time off. These include the factors discussed throughout the report and summarized in the final section.

Reporting Practices

Reporting practices concerning injuries, illnesses, and violent incidents are completely inconsistent within agencies (between programmes) and among agencies in this sector. Our attempts to compare WSIB data and incident reports has been almost impossible as reporting practices are highly variable. Supervisors, such as some at Agency B,

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encourage employees to document everything, while other supervisors, also at Agency B as well as most at Agency A, seem to discourage any form of reporting. Indeed, many workers were unaware of how or when to complete an incident report and had little or no idea of what their rights were regarding WSIB compensation. Our findings show that the majority of workers require education and clarification on how and when to report workplace incidents, injuries and illnesses.

Agency C has launched a promising strategy to encourage all employees to report all incidents no matter how small they may initially seem. This not only ensures easier compensation should it be required in the future, it also permits the agency to track their progress over time in addressing areas of concern and risk. **We recommend that reporting practices be standardized within agencies and among agencies**. Without standardized reporting

practices, it is difficult to compare the health and safety record of agencies in the sector. We have no way of knowing if levels of injury and illness are actually lower or merely unrecognized and undocumented. This also makes it impossible to develop informed policies and solutions to address occupational health problems.

Best Practices

Each agency had its own strengths and its own areas for improvement. At all three agencies we were impressed by the dedication of the employees to their clients despite the often stressful and challenging conditions under which they work.

A) At Agency B, we observed a day programme that should be a model for the sector. The day programme was housed in a community facility that was bright, attractive, well resourced and well maintained. The employees had worked together as a team for a long period of time and operated cooperatively as a tightly knit team to provide high quality service, individualized care where needed, problem solving and conflict resolution. They had access to a small fund of discretionary money which was used for special events, field trips and extras. Their supervisor was supportive and permitted the team a great deal of control over how to organize their work on a daily and even longer term basis. The programme did encounter various problems in their work, some of which we observed first hand, but overall the combination of a supportive, team building supervisor, a skilled, stable, long term workplace team and the space and resources with which to build productive, long term caring relationships with clients and co-workers produced an optimal work environment with observably lower levels of workplace stress, injury and illness.

B) The commitment of the staff at Agency C to their high needs clients was exemplary and observable in almost everything they. The detailed praxis knowledge displayed and applied by workers improved client quality of life and safety of both clients and workers in a workplace with extremely high rates of violent incidents. This best practice emphasizes the need for managers to find ways to include workers and their rich knowledge of the workplace in discussions of work organization, health and safety promotion and policy development.

C) The physical facilities at Agency A were clean, bright, spacious and accessible. Given the aging client population and their diminished mobility and activity levels, accessible and pleasant indoor surroundings are important to client well being as well as for injury prevention for workers charged with moving clients from place to place and attending to their emotional and mental needs. Agencies that plan for accessibility and appropriate equipment to assist with lifts and transfers will see lower rates of back, ankle, shoulder, arm and neck injuries as the mobility of clients decreases with age.

CONCLUSION

THE GOVERNMENT NEEDS to take the well being of workers and clients in this sector more seriously and provide an immediate increase in funding. The restructuring of services in this sector appears to have increased workloads and the health risks associated with over work and burn out. It has also exposed workers and clients to higher levels of stress and violence. While workplace bullying certainly predates restructuring, some studies show that it is a phenomenon that has seen rapid growth within the context of restructured public sector and non profit workplaces (Ananova, 2002; Summerskill, 2002). Given the serious under funding of this sector it may appear that there is little that can be done to improve health and safety in the short term. However, this report has recommended several measures that can prevent and reduce injury and illness but are not overly costly. These include the incorporation of worker's knowledge into how work is to be organized and planned, guarantees to part-time workers of enough hours of work to support themselves, an end to the use of split shifts, a cap on overtime and the hiring additional full-time staff in order to ensure workplace stability as well as the introduction of immediate, assertive, transparent measures to improve workplace morale and eradicate traumatic workplace cultures.

RECOMMENDATIONS

- the government needs to provide an immediate increase in funding to the agencies in this sector

- in this time of fiscal constraint, agencies should maintain low management to worker ratio and a high worker-client ratio

- agencies should lower violence and stress in the workplace by reducing sudden changes in the workforce (ie. increase use of full-time workers rather than part-time, split shift, or casual)

- employers must guarantee part-timers sufficient hours with which to support themselves

- employers should streamline shift replacement processes

- employers should place a cap on overtime and hire full-time, full-benefit staff with the savings

- split shifts should be eliminated

- agencies should develop mechanisms through which the everyday practical knowledge of front-line employees can be incorporated into client care, the organization of work, development of policy and overall mission of the agency

- bullying and traumatic work environments should be assertively addressed by a management led strategies featuring transparent policies and practices, a Code of Behavior for management, an independent tribunal who can receive employee and management concerns in confidence and report systematically on the progress being made

- mechanisms should be established for inviting the participation of employees in problem solving, trouble shooting and negotiating solutions to agency, and even, sectoral-level problems, rather than resorting to highly confrontational measures such as after-the-discipline and the break down of contract negotiations resulting in strike/lock-outs

- management should ensure that reporting practices are standardized within agencies and across agencies, WSIB should provide education and support to agencies on this issue

- WSIB should extend its coverage to include stress related leaves

- monies should be made available for staff training and development in all aspects of client care and health and safety practices

ENDNOTES

[i] In order to ensure the anonymity and confidentiality of the sites and participants, some details on the composition of the sample have been omitted. Please refer questions on the methodology to:

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[ii] See Deborah DeAngilis, 1998 for a discussion of the low rate of strike frequency and Donna Baines, 2000 for a discussion of the relationship between caring labour and strike frequency.

[iii] This the most conservative figure we have arrived at. It is difficult to find agreement within this agency on the number of managers- the figure may actually be 1:10. Recent layoffs of workers and the hiring of new managers will exacerbate this situation.

[iv] Research identifies the following risk factors as predictors of a bullying or traumatic environment: low morale, job insecurity, conflicting goals and priorities, and negative leadership behavior in managers (Brown, 2000: 161). Employees as well as some managers claimed that Agency A displayed the majority of these risk factors. Zapf (in Einarson, 1999) suggests that the following factors may be found in a traumatic or bullying environment, 1. work-related bullying which may include changing your work tasks or making them difficult to perform, 2. social isolation, 3. personal attacks or attacks on your private life by ridicule, insulting remarks, gossip or the like; 4 verbal threats where you are criticized, yelled at or humiliated in public, and 5.physical violence or threats of violence. In order for a workplace to be classified as traumatic or bullying these factors must be in action over a period of time rather than being a one time event. Our data shows that the majority of those interviewed in Agency A described a work place in which factors 1 through 4 of Zapf's typology were present in some form. Further, these factors were perceived to worsen after the strike but our data shows that they considerably predate the strike as well.

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