

Effects of work on health: psychosocial risk factors: Action plan

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1. Action plan: Five step procedure

Action plans consider what a student as a future physician will do. In cases where a disease/health condition is the starting point, this is a five-step procedure: (1) disease; (2) exposure; (3) other possible causes; (4) judgment as to the disease is work related or not; (5) intervention.

In this subchapter, the 5-step procedure will be applied to the case of a 48-year-old woman who consults her general physician because of emotional problems.

Case:

A 48-year-old woman, Mrs. W, consults her general physician because of emotional problems. She tells her GP that she feels sad and miserable.

Step 1. Disease:

Her GP checks the symptoms associated with Major Depressive Disorder [[link to diagnostic criteria under 1.2.3](#)]. She concludes that Mrs. W currently has a major depressive episode.

Step 2. Exposure:

The GP first asks these three questions:

Do you have a job; if yes what kind of job?

Mrs. W. tells her GP about her job as a bank employee and her work activities.

Are you able to work with your current health complaints?

Mrs. W states that she reported ill three weeks ago.

Are there any aspects of or circumstances in your work that may have contributed to your health complaints?

Mrs. W. answers that she believes that her work has played a major role in the emotional problems.

The GP refers Mrs. W to her Employee Assistance Program for a clinical treatment of her depression. She also advises her to see her occupational physician to discuss the work problems.

Mrs. W. meets with her Occupational Physician (OP) for a first consultation two weeks later. Even though her symptoms are still present, Mrs. W. feels that the worst is behind her. The OP requested information from Mrs. W's supervisor. Her supervisor reports that she has always worked well under her leadership. She does, however, due to uncertainty and perfectionism, have trouble working quickly and meeting deadlines. She often works late. The interaction with colleagues can be troublesome. Since last year older colleagues ignore and tease her for always being so uptight and such a high achiever.

The OP wonders whether these circumstances, unpleasant as they may be, are cause enough to call Mrs. W's depression work-related. The OP decides to inventory the nature, intensity and timing of Mrs. W's exposure to psychosocial stressors in the workplace. The OP evaluates the exposure as low, moderate or high. The criterion for high exposure is that that exposure alone is in theory capable of causing the mental health condition. Moderate exposure is exposure that may contribute to a mental health condition, while low exposure is deemed harmless.

Occupational history, specific for psychosocial risk factors

General questions

In which departments, positions do you work or have you worked? *I have been working as a cashier for five years now.*

What does / did your workday look like? *I come in at 8 a.m. to start up my work and then I usually work one half or whole day at the front desk. If I am not at the front desk dealing with customers, I work at the back office tending to my administrative duties.*

Job Demands / Effort: sample questions with answers of Mrs. W in *Italic*

Do you need to work very fast? *Yes, customers can get impatient if I don't work fast enough.*

Do you have enough work? *Yes, more than enough*

Do you have too much work to do? *Yes, it is hard to keep up with all the work*

Do you have to work often? *I work 5 days a week but I usually work late to round up things after closing time.*

Does your work require a lot of concentration? *Yes*

Do you need to handle many things at once? *Yes*

Is your work emotionally demanding? *No*

Conclusion: high exposure to job demands/high effort

Control

Do you have autonomy in carrying out your work? *Yes, to a certain extent, I have to follow the bank's procedures.*

Can you organize your work yourself? *Yes*

Do you have a say in things concerning your job? *Yes*

Conclusion: low exposure to lack of control

Social Support

Can you rely on your supervisor when your work is getting hard? *I can talk to her, but nothing really changes*

Do you feel your work is appreciated by your direct supervisor? *Well, she doesn't complain about the quality of my work, but she does pressure me to work faster.*

Do you believe you can count on your colleagues when your work is getting hard? *No, if I ask for help they'll say that they're too busy at that moment. Even if I know that can't be true. I am also never invited to join them for lunch or outings.*

Do you feel your work is appreciated by your colleagues? *No*

Do you feel you have a conflict with a colleague or supervisor? *I wouldn't call it a conflict really but she refuses to help me with the problems I am having with my co-workers. I guess she wants to stay popular with them.*

Conclusion: high exposure to lack of social support

Workplace bullying/harassment

Are you confronted with jokes or comments that you consider hurtful or inappropriate? *Yes, I find their comments about me hurtful and their jokes about me not very funny.*

Conclusion: moderate exposure to workplace bullying

Reward

Do you feel you get paid enough for the work you provide? *Yes*

Do you feel you get enough recognition for the work you deliver? *Yes*

Does your job provide opportunities for personal growth and development? *I do get to go on courses that I need for my work whenever procedures change or when there's new developments.*

Does your work gives you the feeling you have achieved something? *Yes*

Does your job provides you opportunities for promotion? *No not really, but I am happy where I am.*

Conclusion: low level of exposure to insufficient rewards and as a consequence, there does not seem to be an imbalance between effort and reward.

Procedural justice

Are formal procedures at your work designed to hear everyone with a stake in the decision? *They may be designed that way, but it usually does not turns out that way*

Are formal procedures at your work aimed to collect accurate information necessary for the decision? *Yes*

Do formal procedures at your work generate standards so that decisions can be taken consistently? *Yes*

Conclusion: low to moderate exposure to procedural injustice

Distributive justice

Is the salary employees receive distributed fairly in your work organization? *Yes*

Are the extra benefits distributed fairly amongst employees in your work organization? *Yes*

Conclusion: low exposure to distributive injustice

Relational justice

Does your supervisor take your opinion seriously? *No, she refuses to help me out with the problems I've been having with my colleagues. She even asked me to drop the complaint I filed about the behavior of my co-workers.*

Does your supervisor recognizes the importance of your rights as an employee? *Partly.*

Does your supervisor provides timely feedback on decisions and their implications? *Yes*

Conclusion: moderate to high exposure to relational injustice

Exposure of Mrs. W. to psychosocial risk factors: summary

The occupational history of Mrs. W. reveals that she has a high exposure to work demands and puts a lot of effort into her job. Moreover, she is the butt of jokes almost every day, because she often claims to be so busy. Her supervisor has not discussed the teasing with her colleagues as she believes that Mrs. W. should be able to put a stop to this herself. But Mrs. W. was unable to stop the teasing and feels that she has not received enough support. She has even started a formal complaint procedure about the behavior of her co-workers. However, her supervisor urgently advised her to drop the complaint as she assured her that her working life would be miserable if the co-workers found out about this.

Step 3) other possible causes

Information on factors that may have contributed to the onset of the mental health condition will be reviewed. This phase focuses on individual susceptibility for mental health conditions and on concurrent events outside the working life of the employee.

Sample questions individual susceptibility

Have you experienced any previous mental health problems?

→ Previous mental health problems enhance the susceptibility to subsequent episodes of mental health problems.

Does any close relative have or have had mental health problems?

→ Especially for major depression, a genetic preposition to develop this disorder may be hereditary.

Were there any circumstances outside work that may have affected your mental health?

Or alternatively:

Did you experience any of the following life events in the year before your mental health problem started: death or illness of a spouse or family member; divorce or separation, a physical injury or illness; marital/relational problems; pregnancy; gain of new family member?

→ life events (even positive life events such as pregnancy) can increase the susceptibility for mental health problems.

Step 4) Judgment as to the disease is work related or not

The nature and intensity of exposure to work-related risk factors is input for the judgment of work-relatedness of the mental disorder. This step includes a meticulous account of the nature of the psychosocial risk factors, the timing of the occurrence of work events and events outside work related to the onset or exacerbation of mental health symptoms. The response of the organization towards signals of exposure to psychosocial risks or signals of a deterioration of the worker's mental health should also be included in this account. Finally, the OP concludes on the work-relatedness.

The OP concludes that the depressive disorder of Mrs. W. is work-related. The bullying of the co-workers, but also the perceived lack of procedural and relational justice in handling this matter

contributed to the onset of the disorder. This is the first episode of a mental health disorder. Mrs. W. separated from her husband three years ago, but after all things were settled, her social functioning was not compromised.

Step 5) Intervention

The OP decides to intervene. First, he wonders whether any evidence-based treatment for work-related depression exists. He decides to search on PubMed using the Clinical query option (category Therapy; scope narrow) under advanced searches. Using the following search string:

"Depressive Disorder, Major" [Mesh] AND (Occupation* or job)

PubMed Clinical Queries

Results of searches on this page are limited to specific clinical research areas. For comprehensive searches, use [PubMed](#) directly.

"Depressive Disorder, Major"[Mesh] AND (occupation* or job)

Clinical Study Categories

Category:

Scope:

Systematic Reviews

The OP finds, among others, the study of Schene and colleagues {18}

<http://www.ncbi.nlm.nih.gov/pubmed/17112401>

In this study the cost-effectiveness of adding occupational therapy to the clinical management was evaluated in an RCT of 62 workers with major depression. Results indicated that the addition of occupational therapy: (i) did not improve depression outcome, (ii) resulted in a reduction in work-loss days during the first 18 months, (iii) did not increase work stress, and (iv) had a 75.5% probability of being more cost-effective than usual care.

The OP therefore decides that the Employee Assistance Program should focus not only on the clinical aspects of the depressive disorder. An occupational therapist, social worker or case manager should be included who can focus on finding a solution for the work problems.

Second, the OP wonders what he can do to prevent Mrs. W's colleagues from developing mental health problems. Again, he searches on PubMed for evidence on this topic. This time not using a clinical query, but by searching "Mental Disorders/prevention and control"[Mesh] AND "Workplace" [Mesh] AND Intervention

He finds the following paper of Corbière and colleagues :{16}

<http://www.ncbi.nlm.nih.gov/pubmed/19597288>

The study is a literature study on preventive psychological interventions for workers, summarizing the significant work- and health-related outcomes associated with these interventions. Twenty-four studies on primary and secondary interventions regarding mental health issues in organizations were included and analyzed in this systematic review. Eight studies were identified as primary interventions, 14 were identified as secondary interventions, and 2 included both. There was a predominance of studies utilizing skills training. One-third of studies used a combination of individual, group and organization level interventions, most often supported by psychosocial intervention or participatory research. These components brought positive and significant results with regard to work and mental health outcomes to workers.

The OP concludes that primary prevention is possible and that he should discuss his concerns with the management of the bank to see whether changes on the level of the organization are needed and feasible.