PSYCHOSOCIAL RISKS AND SAFETY AT WORK

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Psychosocial risks at the workplace have been recognized as a possible source of health impairment.

Definition of psychosocial risks: “... those aspects of work goal and the organisation and management of work, and their social and environmental context, which may have the potential to cause psychological or physical harm”

Cox and Griffiths (1995)

Shifts in the nature of organisations may result in increasingly “stressful” working environments, which can be manifested in many forms (lack of control at work, shorter holidays, overtime work, insufficient rewards, job insecurity, poor promotion prospects, increased time pressure, lack of support, poor feedback, isolation, harassment, role conflict, and work-life balance issues (Griffiths, 1998).
Exposure to psychosocial risks can affect employee’s health, both psychological and physical, through a stress-mediated pathway.

Without stress no life

Stress prepares the body for "fight or flight"
ILO 1986, ""psychosocial risks and their potential adverse effects" on the job resulting from the confrontation between …".

The experience of workers of the incompatibility of requirements of the job - unsatisfied with the job

With physical and mental and psychological characteristics, with the knowledge and skills they possess, with Asked standards, the level of participation in the creation of work needs to be congruent with the business culture

Inconsistency between job and family responsibilities

Working conditions (job requirements, work environment, job content and organization of work and the working environment, rhythm of work)
According to the EU Labour Force Survey, in 1999 to 2007 nearly 28 % of respondents, corresponding to approximately 55.6 million European workers, reported that their mental well-being had been affected by exposure to psychosocial risks at work.

ESENER (European Network of Selection Researchers) showed that more than 40 % of European managers consider that psychosocial risk is more difficult to manage than ‘traditional’ OSH risks.

European survey of enterprises on new and emerging risks: managing safety and health at work, EU-OSHA 2010.
PSYCHOSOCIAL RISK - RELATED DISEASES AND HEALTH PROBLEM
More than 60% of work-related injuries caused by the increased psychosocial efforts

EU OSHA 2011
Work-related stress caused by psychosocial risks, has been established as important determinant of depressive disorders (Levi, 2005). The link between psychosocial work risks and severe depressive symptoms was observed in a longitudinal study conducted between 1995 and 2000 in Denmark (Rugulies et al., 2006).

Netterstrøm et al. (2008) found that high job demands doubled the likelihood of developing depression.

In review of 16 population-based studies comprising 63,000 workers, Bonde (2008) found that job strain (characterised by high demand and low control) significantly increased the risk of subsequent depressive symptoms or a major depressive episode.
CARDIOVASCULAR DISEASES

In 2004, the WHO concluded that “… the evidence indicates that incidence of poor psychosocial work environment-related cardiovascular disease is likely to be higher in the blue-collar occupations when the following factors are present: restricted discretion, shift work (particularly nightshift), effort–reward imbalance, high demands,”

Kuper et al. (2002) reviewed 13 studies of psychosocial risk and coronary heart disease (CHD), and found that 10 out of 13 studies reported strong or moderate associations between psychosocial work characteristics such as job strain, demands, resources and control and CHD.

A meta-analysis of 14 studies comprising over 100,000 employees in total demonstrated that employees with high job strain were 1.5 times more likely than those with a low level of job strain to develop CHD (Kivimäki et al., 2006).
MUSCULOSKELETAL DISORDERS

Poor work organisation and a lack of social support were found to be associated with lower back pain (EU-OSHA, 2010).

Many studies reported a relationship between MSDs and at least one psychosocial factor, most commonly job stress, low job satisfaction, low job control and high job demands.

Leka and Jain (2010) found 16 studies that described a link between psychosocial factors (such as stress, low pay and benefits, long working hours, lack of job control, lack of social support) and MSDs including repetitive stress injuries (muscle injuries due to frequent usage of the same muscles such as welding or typing on a keyboard) and pain in the upper limbs, neck, back and muscles.
Meta-analysis suggests that psychosocial risk factors at the workplace are associated with MSD in hospital nurses and nursing aides. Although most preventive strategies at the workplace are focused on ergonomic risk factors, improving the psychosocial work environment might have an impact on reducing MSDs.

Bernal D at all. 2015.
Heraclides et al. (2009) found that among a sample of 5,895 women, psychosocial work stress was a predictor of type II diabetes 15 years later, although the same was not observed in men.

Analysis of longitudinal data from 7,443 participants in Canada revealed that women (but not men) with low job control were at increased risk of developing diabetes (Smith et al., 2012).

Most medical literature correlates stress-induced thyroid dysfunction to overactive thyroids, noted frequently in hyperthyroidism, and a condition called Graves’ disease. 

www.naturalendocrinesolutions.com/.../chronic-stress-thyroid-condition
During chronic stress with corticotrophin responsiveness there is preferential expression of hypothalamic vasopressin over CRH

Aguilera G, Subburaju S, Young S, Chen J. 2008

Review Stress and behaviorally induced reproductive dysfunction in primates

Cameron JL. 1997
MONDAY MORNING SYNDROM

Findings from the world-wide conducted INTERHEART case-control study suggest that an additional one third of the population attributable risk of MI can be assigned to psychosocial factors

Roland von Känel 2012

Interestingly, more heart attacks and other cardiovascular events occur on Mondays than any other day of the week. This "Monday cardiac phenomenon" has been recognized for some time, and has long been believed to be related to work stress.

Cardiologists call this phenomenon the syndrome of "Monday morning" because, for most of the people, going to work on Monday morning, is like going to a battlefield. No wonder why heart attacks happen mainly in this period.
A study conducted by Tokyo Medical University and published in the *American Journal of Hypertension* highlighted that workers experienced a significant increase in blood pressure after returning to the office following the weekend.

Source: Geoffrey H Tofler et al. 2015

The *British Medical Journal* also highlighted a 20 per cent spike in heart attacks at the beginning of the working week.

It had been argued that the leading contributors of heart attack were smoking, high blood pressure and high cholesterol, but Dr Tom Buckley believes emotional aspects may be an even bigger contributor to heart fatalities than cardiologists and medical experts ever expected.

Heart attack risk: Don't get angry on a Monday morning
Symptoms

Angina pectoris
Hypertensive crisis
Palpitations
Headache

Vertigo

Anxiety

The Tokyo Women's Medical University study shows blood pressure readings are higher than at any other time of the week. It may explain why deaths from heart attacks and strokes tend to peak on a Monday morning. There are 20% more heart attacks on Mondays than on any other day.
• Constraints associated with performing one's work: work rhythms, information flow, overload, etc.

• Work environment, support from colleagues and management, professional recognition, etc.

• Autonomy, skill utilisation, etc.

• Possibility to escalate difficulties, knowledge of who needs to be alerted, how information needs to be processed, etc.

Source: Montreuil (2011)
THE MAIN STEPS OF ANY PREVENTION

| ASSESS | \[Identifying the risk factors present within the work organisation.\] | Analysing how employees are exposed to these factors. |
| \[\] | \[\] | \[\] |
| **TO PREVENT** | \[\] | \[\] |
| **PRIMARY PREVENTION** | **SECONDARY PREVENTION** | **TERTIARY PREVENTION** |
| Taking action against the organisational causes with a view to eradicating the psychosocial risks associated with the work situations. | Helping employees to develop the know-how and the right responses needed to cope with risk situations | Managing crisis situations, introducing help schemes for employees affected by PSR. |
| \[\] | \[\] | \[\] |
| **AND REASSESS** | \[\] | \[\] |
| The effectiveness of the actions implemented | New risks and changes to existing risks | \[\] |
Patience is power.
With time and patience the mulberry leaf becomes silk.

Chinese Proverb