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Employers struggle to provide newcomers with OHS training, support: IWH study

Smaller workplaces especially challenged by need for training resources in different languages and by limited OHS capacity, study finds

Immigrants are arriving in Canada at levels unseen in recent history. Their integration into the Canadian labour force can be a boon to employers facing staff shortages; yet it raises health and safety issues that need to be addressed.

According to research previously conducted by the Institute for Work & Health (IWH), newcomers are more likely to work in physically demanding jobs, be exposed to occupational health and safety hazards, and lack adequate access to protective workplace policies and procedures. As a result, they are at higher risk of work-related injuries and illnesses compared to non-immigrants.

In Canada, employers are responsible for keeping workers safe by providing occupational health and safety (OHS) training and ensuring that safe work practices and policies are followed. According to a

new IWH study, however, when it comes to workers who are new to Canada, workplaces face particular challenges following through on this responsibility.



Dr. Basak Yanar

“The workplace conditions that new immigrants and refugees experience in their first jobs in Canada play an important role in their safe and sustained work integration,” says Dr. Basak Yanar, IWH associate scientist and lead author of a peer-reviewed paper published in the November 2022 issue of *Safety Science* (doi:10.1016/j.ssci.2022.105856).

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IWH thanks former Board of Director members and welcomes new ones

The Institute for Work & Health (IWH) thanks and recognizes the contributions of three members who retired from the Board of Directors in September 2022. They include **Melissa Barton**, an independent consultant and former Director, Organizational Development and Occupational Health, Safety and Wellness, Sinai Health System; **Kevin Wilson**, former Assistant Deputy Minister, Policy, Program and Dispute Resolution Services, Ontario Ministry of Labour, and the previous Board chair for over six years; and **Michael Wolfson**, Adjunct Professor, Epidemiology and Law, University of Ottawa. All three of these members provided many years of very valued advice and oversight.

The Institute also welcomes three new members who were appointed to the Board of Directors in September 2022. They include **J.F. Kim Froats**, Director, Health & Safety, Aultsville Management Consultants; **Natasha Luckhardt**, Health, Safety and Environment Director, Ontario Federation of Labour; and **Sari Sairanen**, Executive Assistant to the Secretary Treasurer, Unifor National. To see the full list of Board of Directors, and their bios, go to: www.iwh.on.ca/board-of-directors

IWH's latest annual report highlights research on both emerging and longstanding issues

Researchers at the Institute for Work & Health look across time as they do their work. They keep an eye on potential threats and opportunities in the future of work, without losing sight of the longstanding and emerging challenges that continue to put the lives and health of workers at risk today. The 2021/22 Annual Report, now out, highlights the projects conducted by IWH researchers during the 2021-22 fiscal year (and since then) and the innovations they are bringing to address work and health challenges, whether they are newer, persistent or yet to come. To read the annual report, go to: www.iwh.on.ca/corporate-reports

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What Research Can Do

How IWH findings, methods and expertise are making a difference

Sector safety group helps members gauge OHS with IWH safety culture tool

A few years ago, the Saskatchewan Construction Safety Association (SCSA) began looking for a tool to measure the occupational health and safety (OHS) culture of its member firms. A director on its board had suggested that the SCSA find a way to measure OHS performance, one that went beyond workers' compensation claim rates, which are lagging performance indicators. The SCSA looked for ways to assess safety culture, which refers to the set of shared values and beliefs in a workplace about OHS and can be a predictor of future performance. The SCSA decided to use the Institute for Work & Health's Organizational Performance Metric (IWH-OPM).

To help it gather and analyze OHS data, SCSA hired EHS Analytics, a Calgary-based firm that specializes in health and safety data, research and machine learning. SCSA and EHS Analytics considered several tools. The eight-item IWH-OPM was selected because it is concise, easy to administer and easy to use.

"We were looking for a tool that would be simple for our members to use and that could also provide a benchmark of safety culture in the Saskatchewan construction industry," says Edward Pyle, Vice-President, SCSA. "The IWH-OPM fits the bill."

EHS Analytics worked with the SCSA to administer the IWH-OPM to SCSA members, with a plan to conduct the survey every six months. Participation is voluntary, but SCSA members are encouraged to complete the survey and can do so at no cost. Members then get access to a dashboard that allows them to see their firm's results for each of the eight survey questions, their overall score and a guide to interpret these figures. They also receive average industry results and trends over time, broken down by firm size and three subsectors.

As of October 2022, the IWH-OPM had been administered three times to SCSA members. At least 400 surveys were completed each time (and over 550 in the third instance). While most of those completing the first three surveys were office workers or managers, EHS

Analytics also implemented new approaches to reach out to front-line workers. The percentage of surveys completed by professionals and front-line workers steadily increased over the first three surveys, from 21 per cent in October 2021 to 28 per cent in April 2022, and 35 per cent in October 2022.

Once the survey has been conducted for a few years, EHS Analytics will be able to see if scores on the IWH-OPM are predictive of future OHS performance. "The IWH-OPM is a valuable tool to measure workplace OHS culture," says Dr. Mohammad Khalkhali, Data Science and Analytics Team Lead, EHS Analytics. "We will also be exploring its efficacy as a leading indicator of OHS outcomes in Saskatchewan's construction industry. If so, firms receiving lower scores could be motivated to improve workplace OHS policies and practices to reduce injury risk."

Some interesting findings have already emerged from early analyses. Some SCSA members (but not all) participate in the Certificate of Recognition (COR®) program, which verifies that companies have implemented a comprehensive health and safety management system. EHS Analytics has found that, on average, COR®-certified members obtain statistically significantly higher scores on the IWH-OPM than those without COR® certification.

The firm also found that IWH-OPM participants with perfect scores had significantly fewer days lost due to workers' compensation claims in the previous three years than those without perfect scores.

"The IWH-OPM is already helping our members to measure and improve safety culture, which, in turn, will improve safety outcomes," says Pyle. "It also helps SCSA advisors to have informed conversations with their clients. We are encouraging our members to participate in the IWH-OPM surveys so that they, and the industry as a whole, can benefit from the data that we are gathering and analyzing."

This column is based on an IWH impact case study, published in November 2022, available at: www.iwh.on.ca/impact-case-studies.

IWH study finds 7 in 10 injured workers still experience pain over a year after injury

Link between pain severity and time off work also found in study of Ontario injured workers, conducted 18 months post-injury

A high proportion of injured workers in Ontario experience persistent pain for well over a year after their work-related injury.

In a study that interviewed Workplace Safety and Insurance Board (WSIB) lost-time claimants, a research team at the Institute for Work & Health (IWH) found 70 per cent of workers said they continued to experience pain 18 months after their injury.

This percentage included 45 per cent who said they had mild pain that interfered with some of their normal activity, and 25 per cent who said their pain was so severe that it resulted in substantial impairment.

“The prevalence of severe persistent pain among this group of workers is about six times higher than among Canadian and U.S. adult populations, where this level of pain is reported by about four per cent of adults,” says Dr. Kathleen Dobson, an IWH associate scientist and lead author of a paper on the study, which was published in the journal *Occupational and Environmental Medicine* in July 2022 (doi:10.1136/oemed-2022-108383). She also shared findings in November 2022, in an IWH Speaker Series webinar (www.iwh.on.ca/events/speaker-series/2022-nov-15).

The study found a relationship between pain severity and time off work. Compared with injured workers with no pain, those with mild pain were three times more likely to be on workers’ compensation benefits for at least a year. Those with severe pain were nine times more likely.

A similar pattern was found for other health-related outcomes explored in the study. The more severe the pain, the more injured workers reported taking prescription opioids, using sedatives and experiencing poor physical and mental health.

Among the injured workers in the study who had no pain, only six per cent were still receiving health-care services for their injury at 18 months. That’s compared to



28 per cent with mild pain and 56 per cent with severe pain.

“Our findings show that persistent pain of severe intensity arising from work-related traumatic injury impedes the ability to return to work,” says Dr. Cameron Mustard, former IWH president and senior scientist and principal investigator of the study. “Among the population of individuals who experience persistent pain, most are unable to work, yet express a desire to do so.”

18 months post-injury

The study draws on a longitudinal cohort (meaning a group that was followed over time) of injured workers who had a lost-time compensation claim with the WSIB.

The sample of 1,100 workers comprised three groups of workers in roughly equal numbers: those with short-duration claims (between five days and three months), those with medium-duration claims (three to 12 months) and those with long-duration claims (12 to 18 months). To obtain this sample, the team had to “oversample” or focus its recruitment on injured workers with year-long claims, as they represent only six per cent of WSIB claimants.

Study participants were interviewed 18 months after their work-related injury. The interviews included questions on a range of topics, including participants’ work,

claim experience, injury-related health-care use and current health profile. Participants were also asked how much pain interfered with their normal activity over the past four weeks and how they would rate the severity of that pain. The team also drew on the WSIB administrative data of those participants who consented to its use to get

information about participants’ time off work and health-care benefits. Results were later “weighted” to reflect the actual makeup of the three groups among WSIB claimants at large.

While previous research has shown a high prevalence of pain in the early stages of recovery after a work injury, “few studies have examined the prevalence of persistent pain beyond the acute period of injury recovery,” Dobson says.

She notes that the persistent pain observed in the study is reported both by injured workers who had returned to work and by those who remained off work. “As only six per cent of WSIB claimants remain off work 18 months after an injury, the prevalence of persistent pain we see in this study—70 per cent—means that many injured workers are experiencing some level of pain even after they’ve returned to work.”

Noting that the research literature suggests people should not wait for full recovery to return to work, Dobson adds that “the high prevalence of some level of pain among claimants reinforces the importance of modified duties (if necessary) and return-to-work planning. Involving the injured worker in consultative return-to-work planning becomes especially important to enable the worker to feel engaged and stay at work.” ■

Older workers not prone to ask for employer support, citing ageism and other issues

IWH finds concerns about privacy, reputation, job loss among reasons older workers are not inclined to share they need support to keep working

In light of the severe labour crunch seen across a broad range of sectors in Canada, it may come as welcome news to employers that many older workers are in no hurry to retire. That's according to a new study of older workers conducted by the Institute for Work & Health (IWH).

However, the study also found retention challenges related to older workers' reluctance to disclose their needs for support. The findings suggest that organizations motivated to support older workers to stay at work need to offer flexible supports that people can access without having to divulge their needs.

In the study, participants (all 50 years or older) spoke of wanting to protect their privacy, avoid gossip and guard their reputation. They were leery about ageist attitudes and stereotypes about older workers having health needs or lacking the ability to learn new skills.

Above all, they spoke about opening themselves to the risk of job loss and job insecurity. Many spoke of the difficulties older workers face when looking for work, the tendency of organizations to target higher earning older workers first when downsizing, and the decline of full-time, permanent jobs with good benefits in the labour market. These concerns added to their reluctance to share information about their support needs.

"Our study found that people really did not want to go to their managers or HR to communicate their needs and formally seek an intervention or assistance," says Dr. Monique Gignac, IWH senior scientist and scientific director, and lead author of the paper published in September 2022 in *Work, Aging and Retirement* (doi:10.1093/workar/waac029).

"That's really going to create challenges for workplaces. They may not know what's going on with their older workers who, despite wanting to keep working, may

lack the support to do so," adds Gignac, who also shared findings from her study at an IWH Speaker Series webinar in September 2022 (www.iwh.on.ca/events/speaker-series/2022-sep-20).

The takeaway for employers, she adds, is the importance of "having practices and policies that are proactive in creating flexible and supportive environments that allow any worker to access support and still maintain privacy."

She points to policies such as flexible working hours, wellness days and paid personal days as examples of "popular policies that can help all workers, including older workers, to manage many personal needs."

Citing an earlier study (www.iwh.on.ca/newsletters/at-work/95/boomers-with-and-without-chronic-conditions-have-similar-needs-for-workplace-supports), she notes that employers may want to encourage workers to be proactive in accessing workplace supports. That's because those who avoid tapping into resources until they have to—and often in a crisis—report worse outcomes, such as more work disruptions and activity limitations, than those who are proactive.

The new study findings also point to the need to address ageist attitudes in the workplace, Gignac stresses. "The negative stereotypes were most damaging when they came from senior leadership, but whatever their source, we didn't hear of workers who felt they could challenge these perceptions. Instead, most participants chose to conceal their support needs and avoid drawing attention to themselves," she says. "Many workplaces are now focusing their attention on issues of equity, diversity and inclusion. Addressing ageist attitudes needs to be part of those efforts."

What the researchers heard

The study was based on 10 focus groups conducted with 86 participants in total, in

the Greater Toronto Area in the months before COVID. Participants were people in their 50s or older who worked at least 20 hours a week. Just under half had a chronic health condition that resulted in some activity limitations. The jobs they held were a cross-section of full-time, part-time and contract work, in a range of job types and sectors.

The research team heard four themes emerge in their analysis of the focus group discussions. Below are some of the comments they heard, grouped along the following themes and topics:

Theme 1 – Perceived need for communication

The participants in the study recognized that sharing personal information was necessary to maintain good relationships and foster connections with others at work. However, they had mixed feelings about sharing certain types of information. Although they had fewer concerns about sharing their needs as caregivers to family members (unless these were prolonged), they were more reserved about sharing their need for training support or their intention to retire. They were mostly negative about sharing information about health needs, especially needs related to mental health.

Caregiving: "When my husband took sick and he had to be away, they were really, really good with me. They accommodated me, no problem." (Female, 54 years, retail salesperson)

Training and skills development: "I do feel that I have to compete with the younger [workers] in a sense of demonstrating that I'm as completely up to date in technology, and all the latest learning strategies." (Female, 63 years, teacher)

Retirement: "It's dead man walking. As soon as they know you're out the door, well,



why would I bother talking to you?... It's like you're invisible. I've seen it and it's a shame, but it has happened." (Male, 56 years, environmental analyst)

Health: "I think there's much more stigma to mental health. You know, you've got a bad hip, you've got diabetes, or whatever, you know – poor thing. [But if] he's depressed – can we count on him? I'm not so sure. If I would hide anything, I would hide mental health." (Male, 56 years, salesperson)

Theme 2 – Maintaining one's reputation

Participants spoke of the importance of others' impression of them. They talked of the considerable time and effort that went into cultivating their reputation as a productive and skilled worker over the course of their working lives. They saw their reputations as fragile and vulnerable to ageist stereotypes. Communicating support needs, especially health-related needs, could undermine their reputation and make them vulnerable to gossip or lost work opportunities.

Reputation: "I'd be afraid to say anything, especially if the person that I would have to tell is a person that has hiring authority... I'm always thinking about the consequences of my actions." (Male, 56 years, tax auditor)

Theme 3 – Trust in others and perceived support

Participants spoke extensively about how trust in others and the extent of perceived support affect decisions to communicate. The discussions centred on the prevention of gossip, the protection of privacy, and preference for informal support over formal avenues.

Organizational culture: "There's still a considerable amount of stigma around accommodation or requesting that. Folks are very private or they're afraid to come forward with that... There's always this subtle whisper around the office around what's going on there or there's suspicion around it." (Male, 52 years, public sector employee)

Formal vs. informal support: "You tell [HR] something, they're going to have to note it down, it goes in the record, and all that. If you can keep it informal, that's how I would want to go." (Male, 62 years, senior data analyst)

Trust: "You can very easily identify the ones who are trustworthy... you get to know. You wouldn't divulge things unless you had an established history, at least for a bit of time with someone, so that you could see if they could be discreet." (Female, 51 years, shipping/storage supervisor)

Attitudes of others toward older workers: "Because you're getting old and you're one of those guys who was there when you used typewriters instead of computers, you get stigmatized." (Male, 56 years, environmental analyst)

Theme 4 – Perceptions of job insecurity

Participants spoke often of job insecurity and the risk of job loss. It was discussed not only by those in precarious work situations (for example, people in contract work), but also by those with stable, secure employment. Participants with greater job insecurity were less willing to disclose their needs, more concerned about their reputations, and less trustful of others at work.

Challenges in finding a new job: "Trying to find employment... I had more success when I changed my resumé taking off the bottom half of all where I worked." (Male, 60 years, transportation logistics analyst)

Costs and benefits of older workers: "I find it heartless, especially when you have a loyal employee who has worked there for two decades and they're like, okay, out to pasture because you're too expensive." (Female, 54 years, financial services)

Labour market insecurity: "There's been a real focus on millennials being underemployed. But it's not just millennials... It's me who's working under contract for three and a half years. I don't feel like I have any sort of job protection." (Female, 54 years, financial services administrator)

This study was conducted by the same team that's conducting a larger project exploring accommodation needs and communication decisions of workers who live with episodic disabilities. A key feature of that project, Accommodating and Communicating about Episodic Disabilities (ACED), is the development of tools to provide guidance to workers with episodic disabilities, as well as their employers, managers, supervisors, disability managers and human resources personnel. For more about this larger project, go to: <https://aced.iwh.on.ca>. +

Language barriers, cultural differences among issues cited as challenges faced by workplaces that hire newcomers: study

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“While large employers tend to have the resources to deliver safety training and provide OHS supports to newcomers, smaller businesses tend to be challenged with OHS knowledge and capacity. And these are the types of workplaces where many immigrants and refugees find their first jobs,” adds Yanar, who also presented the study findings at an IWH Speaker Series webinar in October 2020. (To watch the webinar, go to: www.iwh.on.ca/events/speaker-series/2020-oct-13.)

Her study findings point to the need for a system approach to protecting newcomers’ health and safety, Yanar says. “Employers need more support from regulatory bodies to promote OHS awareness and training in the sectors and industries that hire new immigrants. Settlement agencies can also play a larger role in offering resources to the workplaces where they find job placements.”

As immigration levels grow, “and as immigrants continue to be an important labour resource for many employers to fill skills deficits in Canada,” she adds, “it becomes even more important that employers have the knowledge, skills and resources to hire, train and retain immigrants safely.”

Language barriers and OHS capacity

Drawing on interviews with employers and service providers, Yanar’s study team found workplaces faced a range of issues providing health and safety training and knowledge to newcomers. Language barriers and a lack of OHS capacity were two key barriers—especially for the small and very small workplaces where many newcomers find their first jobs in Canada.

While some larger organizations said they had videos, manuals and other training resources available in different languages, they tended to be the exception. More often, the study team heard of medium- and small-sized employers trying to overcome language barriers through more informal means, such as using online translation apps, pairing newcomers with “buddies” who spoke the same language, or asking family

members to help interpret OHS training and onboarding sessions.

“We heard from one employer who created a simpler health and safety training document in English, sat down with the newcomer worker and went through the training, page by page. That was how this employer could be sure that the new worker understood the training,” says Yanar.

Indeed, not having the confidence that new hires understood their health and safety training was something that several employer participants brought up and described as a “dilemma” they faced.

Regarding the lack of OHS capacity, interviews with employers and service providers revealed that small employers sometimes lacked the OHS policies or procedures they needed. Service providers that worked on finding job placements for their newcomer clients typically performed OHS checks to ensure employer eligibility. Sometimes, employers did not meet all criteria, such as having a Workplace Safety and Insurance Board (WSIB) registration or OHS policy manuals. In such instances, the placement process would come to a halt, and the service providers had to help the employers set up their OHS infrastructure. Some service providers spoke of newcomer workers coming back after their placements had started and asking for help to address concerns about employment standards and health and safety in their workplaces.

Yanar stressed that the practices that were found wanting largely stemmed from a lack of knowledge or resources—not ill intention. “The majority of employers we heard from in the study took seriously their responsibility to provide OHS training and knowledge to their newcomer staff. What they needed was better support,” she says.

‘Cultural differences’

Another theme Yanar and her team encountered was the attribution of unsafe practices to cultural differences. Employers in the study often pointed to cultural differences to explain newcomer behaviours, such as

ignoring safety protocols on the job, not paying attention to proper use of personal protective equipment (PPE) and prioritizing speed over safety.

“Only a minority of employers in our study spoke of job precarity or the pressure to perform as potential reasons for some immigrant workers engaging in unsafe behaviour, despite research showing the importance of these factors,” says Yanar.

Similarly, several employers said they encouraged or expected workers to come to them with concerns about hazards or unsafe situations. Only a few acknowledged the discomfort workers may feel doing so or spoke about the need to create a safe environment for workers to speak up.

“We found examples of employers being focused on newcomers’ attitudes or behaviours to explain challenges that may also stem from structural disadvantages,” says Yanar. She suggests that employers examine work terms and work conditions to ensure they don’t prioritize productivity over safety—or send such a message—especially to a worker population that is still largely unaware of its health and safety rights.

How the study was done

The study was based on interviews conducted with 33 employers and 21 service providers in the Greater Toronto Area. Employer participants included business owners, senior managers, human resource directors, supervisors and OHS managers—from firms ranging from large (500-plus employees) to very, very small (less than five employees). Service provider participants included employment counsellors, job developers, coaches and program managers.

On the research team were two researchers supported by IWH through Access Alliance’s Immigrant Insight Scholars initiative. The career-bridging program is designed to help internationally educated researchers use and strengthen their skills, and develop the local experience and professional network needed to transition to a successful career in Canada. ■

Study of educators during pandemic found conditions worse for those teaching online

Joint study also found 2 in 3 surveyed teachers reported having less than half of needed COVID protections

The fall of 2020 was a challenging time for those in Ontario's school system. Having made an emergency pivot to a virtual format the previous spring, students, families and educators entered a new school year with a sense of uncertainty—about infection risks that still remained, changes to the learning environment, and further disruptions potentially still ahead.

New classroom routines included masking, cohorting, staggering recesses and lunch breaks, posting lessons online in anticipation of student absences and school closures, and more.

A pair of peer-reviewed papers by the Institute for Work & Health (IWH) and Occupational Health Clinics for Ontario Workers (OHCOW) now paints a picture of the toll taken on Ontario educators from November to December 2020.

"The two papers highlight the psychological strain educators were under during

that unusual time," says John Oudyk, an occupational hygienist at OHCOW and co-author of the papers.

"The ones who worked or taught in a virtual environment felt isolated and unsupported, while those who taught in person experienced anxiety related to the risk of COVID transmission."

In-person vs. online work

The first of the papers compared the experiences of in-person educators with those of virtual ones. The open-access paper, published in June 2022 in *Occupational Medicine* (doi:10.1093/occmed/kqac050), found educators who taught virtually had poorer psychosocial work conditions than in-person teachers across several dimensions.

Those working virtually had higher work pace, lower supervisor and co-worker support, greater role conflict, and lower

job predictability than in-person teachers. Virtual teachers also reported more burnout symptoms than in-person teachers, but were no different in how many symptoms of poor sleep they experienced. Virtual educators and in-person educators also had similar scores for quantitative work demands.

"One of the key things we found was that many of the scores related to psychosocial working conditions were worse for educators working online, compared to those working in-person," says Dr. Peter Smith, IWH president and senior scientist and a co-author on the study.

Having vs. lacking COVID protections

The second of the two papers, which was published in November 2022 in the *Journal of Occupational and Environmental Medicine* (doi:10.1097/JOM.0000000000002693), examined the extent to which educators who physically went to work felt they had adequate protection from COVID transmission. It found two-thirds (66.5 per cent) said less than half of needed infection control protocols (ICPs) were in place. It also found this group—the ones who felt less protected—were three times more likely to have moderate or severe anxiety than those who said they had all the protections they needed.

In the study, the infection control practices most reported to be lacking included physical barriers, physical distancing from students, screening of students and visitors, cohorting of students, and masking requirements of students.

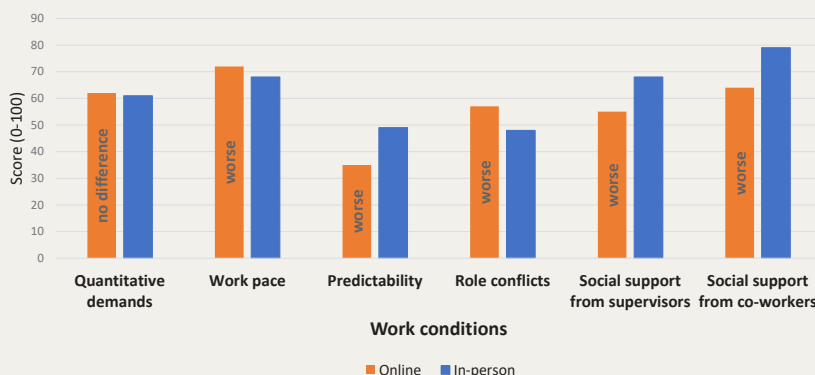
The study also asked whether participants had the personal protective equipment they needed. About one in six (17.5 per cent) of those surveyed said half of their PPE needs were unmet. Among this group—the ones who reported inadequate PPE—the likelihood of experiencing moderate or severe anxiety was about 40 per cent higher than among those who felt all their PPE needs were met.

Examples of unmet PPE needs included lack of eye protection, N95 masks, face

EDUCATORS' PSYCHOSOCIAL CONDITIONS

In a survey of 5,438 educators, questions from the Copenhagen Psychosocial Questionnaire (COPSOQ) were used to measure the conditions of work. Responses were converted to scores along a 0-100 scale. The results displayed have been adjusted to take into account differences along demographic and work characteristics (for example, age, gender, racial status, job tenure, employment relationship, among others).

How educators who worked online or in-person rated their psychosocial work conditions



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Anxiety was three times higher among educators who felt they lacked protection

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shields, and soap and running water. Notably, the lack of soap and running water was reported by one in four study participants.

Although the results showed a relatively high level of PPE implementation, prevention practices that were harder to implement were less in place, says Smith. “If we consider changes in how workers performed their duties, administrative controls to increase distancing or other engineering controls, these appeared to be less well addressed. But many would argue that addressing these higher-level controls is more effective than worker-level controls like PPE,” he adds.

The study reinforces the importance of health and safety, not only in preventing work-related illnesses and injuries but also in safeguarding workers’ mental health. “We can only assume those workers who felt protected were probably at lower risk of COVID transmission (as we didn’t measure this),” says Smith. “But we do know that when workers felt protected, they reported fewer symptoms of anxiety. So ensuring workers have adequate protection when hazards are present (in this case, COVID risks) can bring benefits for both worker physical and mental health.”

Questions from a teachers’ union

Both papers drew on a survey developed by OHCOW in collaboration with the Elementary Teachers Federation of Ontario (ETFO). The educators’ union had approached OHCOW to survey its membership because it wanted to know what members were experiencing; how well personal protective equipment and infection control practices were working; and what impact online teaching had on members’ psychosocial work conditions.

The survey asked members to rate their psychosocial work environment using a short version of the Copenhagen Psychosocial Questionnaire (COPSOQ), a measure that had been previously validated among Canadian workers. The first paper was based on these survey responses.

The survey also asked educators about the extent to which needed PPE and infection control protocols were in place, and about their mental health via a widely used anxiety clinical screening tool (the Generalized Anxiety Disorder questionnaire or GAD-7). These survey questions drew on a design that had been developed by OHCOW and used earlier in the pandemic (once in a study of health-care workers and again in a study of the general worker population, with IWH providing conceptual and analytical support for both). The second paper was based on these survey results.

The survey was administered to ETFO members in November and December 2020, a time when the province’s second wave was continuing to build (ultimately leading to a week of extended virtual learning for all schools after the winter break, followed by partial reopenings at different public health units through mid-February 2021).

Of the 5,438 workers who took the survey and were working regularly at the time, the vast majority (87 per cent) delivered in-person teaching at a school worksite. Of the study participants who taught virtually, 68 per cent worked from home and 29 per cent delivered online lessons from a school site.

Smith points to this collaboration between IWH and OHCOW as a good example of the province’s health and safety system partners working together.

“The project began with a set of questions from a stakeholder group, the ETFO. It benefited from OHCOW working with ETFO and IWH on the design of the survey and working with the ETFO on recruiting educators to respond to the questions. Our main contribution, in turn, included ensuring the scientific analyses were conducted rigorously and independently, and guiding the work through the peer-review process,” says Smith.

“Together, we were able to arrive at a better understanding of the experiences of an important group working on the front-lines during the pandemic.” ■