

atwork

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Psychosocial work conditions linked with both positive and negative mental health

Institute for Work & Health study finds greater job control, job security and social support are linked to lower risks of mental illness and greater likelihood of flourishing mental well-being

A growing body of evidence suggests that greater job control, job security and social support at work—working conditions that fall under the umbrella term “psychosocial factors”—are linked with lower risks of depression, anxiety and other mental illnesses among workers. However, less is known about what factors might support their positive mental health.

A new study by the Institute for Work & Health (IWH) now suggests that greater job control, job security and social support are also linked with a greater likelihood of workers' experiencing positive mental well-being—i.e. life satisfaction, personal growth, sense of purpose in life, social contribution and social integration.

What's more, the study found that the link between working conditions and mental well-being is stronger than the link between working conditions and the risk of mental illness.

“This study highlights the double value of workplace policies and practices that improve psychosocial working conditions by giving workers greater job control, job security or social support,” says IWH Senior Scientist and Associate Scientific Director Dr. Peter Smith, the lead researcher on this study.

The study was published in the June 2019 issue of the *Annals of Work Exposures and Health* (doi:10.1093/annweh/wxz028).

“Better workplace conditions are linked not only with lower risks of mental illnesses, but also with an increased likelihood of workers having flourishing mental health,” Smith adds.

“This study also reaffirms that not having a mental illness and having good mental health are related, but distinct, concepts. They can be influenced by psychosocial factors differently.”

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IWH's Dr. Arif Jetha receives federal grant for innovative research

Institute for Work & Health (IWH) Scientist **Dr. Arif Jetha** has been awarded a grant from the New Frontiers in Research Fund. The grant, sponsored by Social Sciences and Humanities Research Council (SSHRC), Canadian Institutes of Health Research (CIHR) and Natural Sciences and Engineering Research Council (NSERC), will support a new project examining the future of work and how the changing labour market may impact young people with disabilities. The New Frontiers in Research Fund supports high-risk, high-reward and interdisciplinary research projects that use different perspectives to solve existing problems. For more about the project, go to: www.iwh.on.ca/projects/future-proofing-young-canadians-with-disabilities-for-changing-labour-market.

New project to examine financial incentives to encourage the hiring of people with disabilities

When and how do financial incentives work to encourage the hiring of people with disabilities? Despite polarized views about wage subsidies and similar types of supports, the research on the effectiveness of these policy instruments is surprisingly scarce. In a new research project funded by SSHRC, a team co-led by IWH Senior Scientist **Dr. Emile Tompa** and McMaster University's **Dr. Rebecca Gewurtz** aims to produce guidelines and resources on best use of financial incentives. For more on the project, go to: www.iwh.on.ca/media-room/news-releases/2019-jun-27.

Call for abstracts for World Congress 2020 soon to come

On September 15, 2019, the call for abstracts for the XXII World Congress on Safety and Health at Work will open. Abstracts aligned to Congress theme and topics can be submitted in English or French through to December 15, 2019. The World Congress is being co-hosted by IWH and the Canadian Centre for Occupational Health and Safety (CCOHS) on October 4-7, 2020, in Toronto. For more about this event, go to: www.safety2020canada.com.

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What Research Can Do

How IWH findings, methods and expertise are making a difference

IWH research helps prevention system shift focus from young to new workers

You know research has had an impact when it changes the language used to frame an issue, and the findings become so ubiquitous they are considered part of the "common wisdom"—so much so that citing the source is no longer considered necessary. The Institute for Work & Health (IWH)'s research on injury rates among new workers has had this effect.

As early as 2003, IWH reported the findings of one of its scientists, Dr. Curtis Breslin, that all workers, regardless of age, were at a much greater risk of injury in the first month on the job. In 2006, he and a fellow scientist, Dr. Peter Smith, authored a paper published in the journal *Occupational and Environmental Medicine* that outlined their findings about the significantly increased risk of injuries among people new to their job.

In 2013, Breslin and Smith authored another paper published in *OEM* that updated this research and looked at injury rates over a 10-year period. They found that injury risk among new workers remained consistently high, with workers in their first month on the job having three times the risk of a lost-time injury as workers with over a year's job experience.

MOL changes focus from 'young' to 'new'

Over the years, these findings made people in Ontario's occupational health and safety prevention system sit up and take notice. The Ministry of Labour was one of them.

For example, in July 2004, the Ministry of Labour announced it was beefing up its enforcement strategy, mentioning that one of its aims was to increase workplace awareness of injury risk, with a special emphasis on young workers. New workers were not mentioned.

Four years later, that had changed. In 2008, the Ministry introduced a new enforcement strategy that included "blitzing" Ontario workplaces to eliminate health and safety hazards, concentrating on workplaces with workers aged 24 and under as well as those employing workers of any age who were new to their jobs.

Wayne Del'Orme confirms that IWH's research was behind the change. "We changed the wording [from 'young' to 'new and young'] because of that [IWH] study," says Del'Orme, who was the provincial coordinator of the Industrial Program within the MOL's Occupational Health and Safety Branch from 2006 to 2010, the period during which the change was made.

As Del'Orme explains, "When we saw that new workers were at the same risk as young workers, we asked, 'Okay, what is the commonality among these groups?' We believed it was time on the job rather than age, which meant we needed to rethink our previous understanding about the cause of increased injury rates among young people."

The focus on young and new workers continues to this day. In a news release dated July 15, 2019, the Ontario Ministry of Labour announced its annual summer inspection blitz "to support new and young worker safety." The Minister of Labour Monte McNaughton was quoted in the release, saying "New workers are three times more likely to be injured during their first month on the job. That's why we're doing this. Families should expect that when their sons and daughters go to work each day, they'll come home safely."

Today, government bodies, OHS professional groups, and OHS and human resources publications generally accept it as common knowledge that it's new workers, which includes young workers new to the workforce or new to a job, who are at increased risk of work injury. The Institute's research played a key role in shaping that shared wisdom. As Wayne Del'Orme comments, "This was landmark research, and it did have an impact."

This column is based on an IWH impact case study, published in December 2015, available at: www.iwh.on.ca/impact-case-studies.

Despite pain and fatigue, older workers with chronic conditions want to work to age 65

IWH study of retirement expectations finds boomers with health issues have same plans as healthy peers

Having a health condition or a chronic disease can be challenging for older workers, but it doesn't necessarily decrease their intention to work or hasten their retirement. With appropriate policies and practices, older workers with health limitations can be supported to remain active in the labour force.

That's according to a recent study from the Institute for Work & Health (IWH), led by Senior Scientist and Associate Scientific Director Dr. Monique Gignac and published in February 2019 as an open access paper in the *Canadian Journal of Aging* (doi: 10.1017/S0714980818000685). The study suggests concerns about a shrinking labour force due to an aging population can be addressed in part through workplace policies.

"It's important to remember that older workers often want to remain working, regardless of whether they have a chronic disease or not," says Gignac. "And they want to work partly for financial reasons, but also because of a desire to remain productive and to keep the social interactions that work provides."

Cross-Canada survey of boomers

To conduct the study, Gignac and her team drew on a cross-Canada survey of about 1,500 working baby boomers, born between 1946 and 1964 and aged 50 to 67 at the time of the survey. About 600 of them had arthritis, 300 had diabetes, and 100 had both diabetes and arthritis. The remaining 500 with neither condition served as a comparison group.

The study set out to examine the retirement expectations of older workers with chronic conditions and the extent to which these expectations differed from those of older workers without chronic conditions. Specifically, it asked older workers about their planned age of retirement, whether they expected to retire sooner than planned

due to their health, whether they had previously retired and were now working again and, if so, why.

The study found that, despite experiencing more pain and fatigue, older workers with arthritis, diabetes or both were not different from their healthy peers in their retirement plans. Across all groups, survey respondents planned to retire from their current job around the age of 65. Half expected to keep working part time up to the age of 66, and one in 10 said they never wanted to stop working.

Older workers' retirement plans were sometimes influenced more by work-related factors—for example, by the type of work they did and the perceptions they had of their work—than by their health conditions, according to the study. People who expected to retire at a younger age were less likely to see work as having a positive value. Those with lower career satisfaction were more likely to say they might have to retire sooner than planned. Those working in smaller organizations were more likely to be unsure about when they would retire.

Retiring then returning to work

However, study results did reveal a few differences between those with and without health conditions. One difference was the extent to which people with health conditions felt unsure about their ability to retire when planned. While only six per cent of healthy respondents said they might have to retire sooner than intended due to health issues, a greater percentage of respondents

with arthritis or both arthritis and diabetes said the same thing (22 and 25 per cent, respectively).

Another notable difference was the rate at which workers with health conditions had returned to the workforce after retiring from a previous job. While only 13 per cent of healthy respondents reported having retired and returned to work, the percentage of respondents with arthritis or diabetes who reported doing so was 20 and 27 per cent, respectively.

Indeed, respondents with both arthritis and diabetes were 2.5 times as likely as their healthy peers to have returned to work after

previously retiring. And those who had returned to work were also more likely to be working part time and making use of available workplace accommodations.

"Given that the people who responded to the study survey were 50 to 67 years old,

those who reported they had returned to work after previously retiring were likely referring to an early retirement," says Gignac.

"Our take on this is a subset of people with chronic diseases such as arthritis and diabetes will retire early and come back to work after retiring. If so, we think they are often looking for certain kinds of jobs and workplaces that will enable them to work. They are looking for flexible workplaces that, for example, offer employees opportunities to work part time or that provide accommodations to help make jobs fit workers' needs better."

Gignac notes that the study did not include people who were out of the labour market. As a result, some barriers to employment faced by people with chronic conditions may have been inadequately described in this study. ■



Construction safety association develops OHS assessment tool with IWH's expertise

Construction Safety Association of Manitoba teams up with IWH to produce health and safety leading indicator dashboard and benchmarks for members

As a not-for-profit run by and for building construction companies in Manitoba, the Construction Safety Association of Manitoba (CSAM) provides education, training and consulting on occupational health and safety (OHS) to its 7,000-plus members. It's also one of the province's only two authorized providers of Certificate of Recognition (COR™) and Small Employers Certificate of Recognition (SECOR™) certification.

In 2016, the association decided it wanted to offer more to members. Namely, it wanted to offer resources that let workplaces measure their safety culture, assess their health and safety leading indicators, and compare their health and safety performance with that of industry peers. That was why, under the leadership of then executive director Mike Jones, the association teamed up with the Institute for Work & Health (IWH) to turn a set of evidence-based OHS leading indicators developed by IWH into a digital OHS performance assessment and benchmarking tool. The result is the INDICATOR dashboard, which went live in April 2019 (available at: <https://indicator.constructionssafety.ca>).

A sizeable number of CSAM members—about 900—already do the COR™ or SECOR™ audit every year. “But giving companies the opportunity to look at statistics that show how their safety programs compare with others would, we believe, help to spur on their safety programs even further,” says Jones, a co-principal investigator on the project to develop the dashboard. “With this dashboard, members get to compare themselves with what everybody else is doing. ‘Are we on the top? Are we in the middle? Or do we have a long, long way to go because we’re right at the bottom of the benchmark?’”

Using INDICATOR, building construction companies in Manitoba can complete

a 15-minute survey that includes the eight OHS leading indicator questions included in the Institute for Work & Health Organizational Performance Metric (IWH-OPM). Immediately after completing the survey, responses to the leading indicator questions are scored.

Based on these scores, building construction companies can benchmark themselves against others in various ways. They can



Photo ©FWS Group of Companies

compare their OHS performance against other companies in their geographical region, other companies of the same size, or other companies in the same construction subsector. Larger companies can use the survey to compare different site locations or departments. “Companies can also retake the survey and compare themselves against themselves, year over year,” adds Jones.

Scientifically credible

At IWH, research from a prior project has shown that OHS leaders use benchmarks to make or support OHS and organizational decisions (see sidebar on the next page). To be useful, OHS benchmarks have to be scientifically credible, and that was where Institute expertise came in, says IWH Senior Scientist Dr. Ben Amick, Jones' co-principal investigator on the project.

Amick's IWH team contributed to INDICATOR in two ways. First, the team

worked with CSAM to develop the survey questions based on the IWH-OPM. The eight leading indicator questions in the IWH-OPM were developed by consensus by a team of health and safety professionals representing the breadth of Ontario's prevention system. The eight questions have been tested for their validity and reliability, and have also been found to be linked to workers' compensation claims rates in an

Ontario sample of 600 workplaces and a New Brunswick sample of 250 workplaces. That is, higher IWH-OPM scores were linked to lower rates of workers' compensation claims.

The IWH team also brought its expertise to the building of benchmarks specifically designed for Manitoba's building construction sector.

Between January and October 2018, the team recruited over 910 building construction employers to complete the survey. Drawing on its analysis of all firms covered by the Workers Compensation Board (WCB) of Manitoba, the team assigned weights to survey responses to ensure the benchmark sample was representative of the building construction industry in the province.

“That is what differentiates this benchmark from many benchmarks in the market that are essentially based on data that consulting firms have accumulated over the years,” says Amick. “We don't know whether those data are representative of all employers within a sector or all regions within a province. With INDICATOR, we know they are.”

The recruitment took quite a bit of time and effort, says Amick, noting that 90 per cent of construction firms in Manitoba are small firms of fewer than 20 employees or very small firms of fewer than five. “The

very small firms are usually excluded from benchmarks. They're hard to get; they're very busy. They're one- or two-person shops and they don't have time to answer the phones or complete surveys."

The rare inclusion of very small firms in this INDICATOR benchmark is important because, as the team learned in its analysis of survey responses, "the very small companies look very different from everyone else," says Amick. For example, very small firms don't have a lot of injuries, but when they do, their injury rates skyrocket because they have so few people on staff.

"Construction companies that use this benchmark can be confident that they are comparing themselves with their peers—in terms of subsectors and size—and that the overall profile of the benchmark is representative of the industry in Manitoba," says Amick.

"What we have in INDICATOR is an evidence-based resource unique to building construction employers in Manitoba, and they can use it to improve their performance by assessing how they manage their broader health and safety issues."

A conversation starter

One feature that Jones finds exciting about the INDICATOR dashboard is its potential to help workplaces take the OHS conversation beyond the scores. When participating companies see their scores displayed on the INDICATOR dashboard, they can click on a leading indicator score and be taken to a resource page on the CSAM website that helps them address that area.

"We've given workplaces an opportunity to say, 'This is where I'm not good. I want to improve on this. What resources are available to me?'" says Jones. "Those resources could be training, consulting or templates and forms that can help them improve

specific parts of their OHS program. That's the magic of this."

As an example, he recalls a small electrical company that sought out CSAM's help as a result of doing the benchmarking survey during the development phase of the INDICATOR dashboard.

"When the safety professional at this company did the survey, it prompted her to

say, 'They're asking about this. We don't have it. We should do it.' So, before she received her benchmarking report, she was already making improvements to her program," says Jones.

"I don't think she and I would have had that conversation, or that she would have contacted CSAM, had she not done the survey. That's a success for the project."

CSAM Training and Development Manager Meghan Storey,

who took over the lead of the dashboard project after Jones left to become director of health, safety and environment at the FWS Group of Companies, speaks of another way INDICATOR can help CSAM improve its services. She says the association can examine the aggregate scores of its members (individual company scores are confidential) to identify what elements of members' OHS programs need additional attention.

"We are able to look at the benchmarks specific to [workers' compensation] rate codes, to see the pattern of low scores in specific elements of the survey. And where there is a pattern, CSAM can evaluate our resources and training to see if they are sufficient, or whether we should be developing additional tools and resources to assist our members in the areas of greatest need," says Storey.

"That's how we feel we can use the benchmarking to our greatest advantage. We would be making targeted, data-driven decisions to ensure we continue to provide practical solutions for a safer workplace." ■



Dr. Ben Amick

HOW DO OHS LEADERS USE HEALTH AND SAFETY BENCHMARKING?

In 2011-2013, about 2,000 Ontario organizations in eight sectors (education, electrical and utilities, health care, construction, manufacturing, pulp and paper, service, and transportation) took part in an Institute for Work & Health (IWH) project testing the validity and reliability of occupational health and safety (OHS) leading indicators.

At each organization, the person most knowledgeable about OHS practices completed an online questionnaire about organizational policies and practices. The results were used to create benchmarks for each of the eight sectors. Participants received benchmarking reports indicating how their scores compared with those of their industry peers.

From among the original respondents, an IWH research team co-led by Senior Scientist Dr. Ben Amick and Scientist Dr. Dwayne Van Eerd interviewed 30 OHS decision-makers to learn about their use of the benchmarking reports. The findings were published in the July 2019 issue of *Safety Science* (doi:10.1016/j.ssci.2019.03.016) in a paper authored by IWH Research Associate Dr. Basak Yanar.

The research team heard:

- Participants valued the ability to compare their scores to those of sector peers.
- Participants used benchmarking to help identify, and increase awareness of, areas that needed improvement.
- When reports matched participants' assumptions about their OHS performance, it helped reinforce current practices or justify OHS decisions already made.
- Some used the reports to help convince leadership to identify new priorities, develop action plans and re-examine processes.
- Some used the report to institute changes, such as purchasing new equipment, investing in supervisor training, etc.

For more about this study, go to: www.iwh.on.ca/summaries/research-highlights/how-do-ohs-leaders-use-health-and-safety-benchmarking.

Raising awareness about caregiver supports results in savings for employer: study

Cost-benefit analysis examines information campaign targeting university staff with caregiving duties

According to a Statistics Canada survey, nearly half of Canadians 15 years or older have, at some point in their lives, taken care of a family member or a friend with a health condition, disability or age-related need (i.e. eldercare). Of these, three in 10 had provided care in the previous 12 months.

Providing care while holding down a job can take a toll—on the employee with unpaid caregiving responsibilities, on his or her employer and on society at large. For the caregiver employee, the additional responsibilities can result in adverse mental and physical health outcomes, lower work performance and work disruptions. For the employer, the impact can include costs associated with absenteeism, presenteeism and turnover.

Workplace policies that support caregivers include flexible hours, telecommuting, paid or unpaid time off, and access to an employee assistance program (EAP). However, it's one thing to have the policies in place; it's another to raise awareness among employees and their supervisors about these options. Educational programs about caregiver support policies can play a critical role in enabling timely access to such supports.

That is why management at one Canadian university decided to launch an information campaign to raise awareness among its 5,300 full-time employees about the supports available to those with caregiving responsibilities. It developed posters, pamphlets, workshops and web resources for all staff, as well as in-person training for supervisors and managers about caregiver accommodation best practices.

The university also worked with a research team to evaluate the costs and benefits of the initiative. According to this evaluation, the employer saved itself somewhere from \$48,000 to \$677,000, depending on different scenarios with respect to the effectiveness of the campaign.

"This wasn't about offering new programs to support caregiving employees as much as it was about getting the word out that support programs were already available," says Dr. Amir Mofidi, a post-doctoral fellow at the Institute for Work & Health (IWH) and lead author of the article on the economic evaluation of the initiative, published in the *Journal of Occupational and Environmental Medicine* in June 2019 (doi: 10.1097/JOM.0000000000001564). "In some cases, it was about getting more use out of services that the university was already paying for, such as its under-used EAP."

Three questions

To do the cost-benefit evaluation, the research team, which included scientists at IWH, McMaster University, University of Waterloo and University of Guelph, conducted a survey to gather baseline data about caregiving employees among the post-secondary institution's workforce. Of the 751 full-time employees who took part in the survey, 15 per cent were caregivers (90 per cent of whom were women, and 75 per cent of whom were 47 years or older). Using this information and applying cost-benefit evaluation models and techniques, the team set out to answer three questions.

(1) What is the economic burden for caregivers and their employers in the absence of supportive workplace policies?

According to the cost analysis by Mofidi and IWH Senior Scientist Dr. Emile Tompa, the estimated economic impact on each caregiving employee at the post-secondary institution amounted to an average of \$33,000 per year. This included the caregiving employee's loss of income, time and labour spent in caregiving, and out-of-pocket costs such as meals, transportation, and goods and services.

This was only the tip of the iceberg when it came to the costs for individual caregiving

employees, says Mofidi. It did not include indirect costs such as the time and labour taken away from domestic chores, loss of career opportunities and loss of pension contributions. Nor did it include intangible costs to the caregiver, such as adverse health outcomes, loss of leisure time and loss of social role engagement.

For each individual caregiver, the estimated average cost to the employer was \$9,000 per year. This estimate included costs related to caregiver absenteeism and presenteeism, loss of co-worker and supervisor productivity (estimated to be 12 hours of productive time per year) and turnover. (The costs of recruiting and training someone to replace caregiving employees were based on a turnover rate of seven per cent—the percentage of caregiving employees at the university who indicated in the baseline survey that they had considered quitting in the previous 12 months.)

(2) What are the potential benefits (averted costs) of a workplace program that promotes awareness of supportive workplace policies for caregivers?

To estimate the cost-saving impact of the communication campaign, the research team relied on previous studies on the effectiveness of caregiver-friendly policies. Caregiver supports examined in these studies included employee and family assistance plans, counselling, care specialists, flexible work hours, personal days or personal leave, bereavement leave and supplemental case benefits. Findings from these studies suggested that use of such policies can lower absenteeism rates by 10 to 20 per cent, lower turnover rates by seven to 10 per cent, and increase caregiver productivity by five to 10 per cent.

(3) Can such an awareness-raising program be cost-beneficial for the employer?

Weighing these benefits against the costs of the awareness campaign, the team concluded that the program netted \$48,000 to \$677,000 for the university, depending on different scenarios of effectiveness.

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Review confirms prevention system's message about injury risks and new workers

IWH systematic review finds evidence for higher risks of acute injuries, but inconclusive evidence for MSD risks, during workers' first year

In the past 10 years, practitioners and policy-makers in occupational health and safety (OHS) have widely embraced and shared the message that new workers, regardless of their age, are at greater risk of work injury.

This is due in part to a growing body of research on OHS and job tenure—including research conducted in 2006 and 2013 by the Institute for Work & Health (IWH). The IWH research showed that workers who had been in a job a month or less had three times the risk of a lost-time injury as those who had been in a job for over a year (see What Research Can Do column on page 2).

Yet, until recently, a systematic review of the research on job tenure and risk of work injury had never been done. Now, one of the people behind the IWH studies has published a systematic review on that very issue.

The review, led by IWH Scientist Dr. Curtis Breslin, found different levels of evidence for different types

of injuries with respect to the association between job tenure and risk of work injury. Specifically, the review found:

- confirmation that risks of acute injury are indeed higher during workers' first year at a job or a firm; and
- inconclusive evidence about the risks of musculoskeletal symptoms, injuries or disorders during workers' first year at a job or a firm.

"One of the things this systematic review made clear is that researchers and OHS

stakeholders need to be specific about how they define 'new worker' and what types of injuries they are referring to when looking at the relationship between newness and work injury," says Breslin. The review was published online in May 2019 in *Occupational and Environmental Medicine* (doi:10.1136/oemed-2018-105639).

Multiple definitions of 'newness'

To conduct the systematic review, Breslin's team searched the peer-reviewed literature for articles published between 1995 and January 2018 on job tenure and risk of work injury.

The team found 128 relevant studies that met review criteria: they were quantitative studies about people doing paid work; they

examined the length of time working at a particular job, firm or industry; and they had a method for taking into account other factors that may have affected risk of work injury. After studies were

assessed for quality, the team was left with 51 medium- and high-quality studies.

These 51 studies defined newness very differently, with varying lengths of time at a job, at a firm or in an industry. Breslin's team decided to concentrate on the findings from 12 medium- and high-quality studies that considered a new worker to be someone who had been at a job or firm for 12 months or less. "We went with what people commonly understand to be newness," says Breslin.

Out of six medium- and high-quality studies examining acute work injury among workers whose job or firm tenure was less than a year, four studies showed a significantly higher risk for new workers. Two studies found no support for a higher risk.

Out of six medium- and high-quality studies examining musculoskeletal symptoms, injuries or disorders, the evidence was inconclusive.

'Three times higher' statistic still stands

What does the new review mean for the frequently heard message that workers are three times more likely to be hurt in their first month in a job than they are after their first year? Breslin says safety advocates and practitioners, particularly those in Ontario's prevention system, can still confidently cite that statistic.

The 2006 and 2013 studies underpinning that message were strong because they accounted for age and they drew on workers' compensation lost-time data to quantify workers' increased risk specific to their first month, says Breslin. No study in the review attempted to replicate that finding, nor did any refute it, he adds.

Despite the evidence for, and widespread recognition of, the higher risks linked with newness, Breslin notes that we need further research to better understand the underlying reasons for this link.

"Is it because new workers lack familiarity with the setting, because they lack the skills to do the job or to wear personal protection properly, or because they don't feel empowered to speak up or ask questions?" asks Breslin.

"Or is it because they're the ones doing the more hazardous jobs? We actually don't have a good understanding of the extent to which workers are exposed to hazards when they're new to the job." ■



AT WORK

At Work is published by:
Institute for Work & Health
Editor: Uyen Vu
Layout: Uyen Vu, Jan Dvorak
Communications Manager: Cindy Moser
President: Cameron Mustard
Issue #97 / Summer 2019 / ISSN # 1261-5148
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INSTITUTE FOR WORK & HEALTH

481 University Avenue, Suite 800
Toronto, Ontario M5G 2E9
Phone: 416.927.2027 Fax: 416.927.4167
Email: atwork@iwh.on.ca

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Job security, control, social support linked to both mental illnesses and well-being

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Smith's research team conducted the study by drawing on Statistics Canada's 2012 Canadian Community Health Survey (CCHS). It asked people across 10 provinces about a wide range of health-related topics, including their health status and health behaviours, their psychosocial work environment, and other work and personal factors.

This study focused on the survey results of about 10,000 people aged 15 to 74, who worked at least eight hours a week and were not self-employed. It zeroed in on their responses to questions about work conditions (e.g. job control, psychological demands, social support and job security), mental health disorders (e.g. major depressive episodes, generalized anxiety disorder and bipolar disorder) and positive mental health (e.g. life satisfaction, personal growth, purpose in life and social integration). It also looked for differences in responses between men and women.

The study found that psychosocial work conditions were linked with both mental disorders and positive mental well-being. All else being equal, a higher level of job control, job security and social support at work increased the odds of a worker being free of mental health disorders by eight to 15 per cent. They also increased the odds of a worker experiencing positive mental

well-being by 10 to 14 per cent. The findings were similar for both men and women, once personal factors were taken into account.

When comparing the effects of psychosocial work factors on the negative and positive mental health outcomes reported by the workers surveyed, the research team found a stronger relationship between working conditions and flourishing mental health than between working conditions and having a mental disorder. In other words, as workers reported higher levels of job control, social support or job security, their mental well-being improved more than their risks of mental disorders declined.

Conversely, as these work conditions deteriorate, their impact on worsening mental well-being may be more acute than their effect of raising the risks of mental illnesses, notes Jonathan Fan, an IWH S. Leonard Syme fellow and lead author of the study.

"Workplaces that implement policies and practices to tackle mental illnesses such as depression and anxiety will be encouraged to know that their efforts may have an impact in more ways than one," says Fan. "That is, by improving work conditions, they may not only reduce mental disorders; they may also go even farther in raising workers' satisfaction with life, their sense of purpose and their connectedness to community." ■

Greater use of caregiving supports shouldn't cost employer more: researcher

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The team's analysis did not include the costs of providing supportive policies for caregiving employees because, in most instances, the additional use of such policies would be cost-neutral, says Tompa. Increased use of the EAP, for example, would not cost the post-secondary institution any extra, nor would the use of flexible scheduling or work-from-home policies, he explains.

"If anything, greater use of these types of support would result in greater productivity. If employees aren't stressed out because

they're late for work coming from a medical appointment, they may be able to focus on their work better and be more productive," says Tompa.

As the Canadian population ages, so are working caregivers, most of whom are at the peak of their careers, says Mofidi. "As a society, we should try to come up with better solutions than to have the most productive, most valuable people in the labour market needlessly reduce their time at work due to caregiving." ■