Award in Managing Chemical, Biological and Psychological Risks

Work-Related Stress and Psychosocial Hazards in Occupational Health Psychology

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Undergraduate Diploma in Occupational Health and Safety

Learning Outcomes

- **Define** the multidisciplinary nature and vision of OHP.
- **Analyse** the evolution of stress models from linear stimulus-response to dynamic transactional frameworks.
- **Evaluate** the role of organisational culture and social capital in worker well-being.
- **Categorise** psychosocial hazards using standard OHP taxonomies.
- **Map** the physiological and psychological pathways from workplace exposure to chronic health outcomes.

Module 1:
Introduction to Occupational Health Psychology

Defining Occupational Health Psychology

- **Core Definition:** The contribution of applied psychology to the promotion of occupational health.
- **Scope:** The interdisciplinary partnership of psychological and occupational health professionals.
- **Focus:** Psychological, social, and organisational aspects of health and safety.

The Creation of "Healthy Workplaces"

- **Primary Vision:** Environments where people use their talents to achieve high performance, satisfaction, and well-being.
- **Humanistic Objective:** To create workplaces in which people may produce, serve, grow, and be valued.
- **Proactive Stance:** Advocating for healthful policies beyond just fixing problems.

Historical Evolution of the Discipline

From Industrial Fatigue to Psychosocial Risk

- 1915 (UK): The Health of Munition Workers Committee investigates industrial fatigue.
- The Swedish Tradition: 1970s focus on employee participation and cardiovascular health.
- 1990 Milestone: The term "Occupational Health Psychology" is officially coined in Hawaii.

Why OHP is Essential Today

Addressing the "Modern" Hazard Profile

- Traditional Safety Limits: Designed for physical, biological, or chemical agents.
- Emerging Risks: Work intensification, job insecurity, and poor work-life balance.
- Psychosocial Pathway: Aspects of work design that cause psychological or physical harm.

Module 2:
Theoretical Perspectives on Work-Related Stress

Categorising Scientific Frameworks

- Early Theories: Mechanistic "Stimulus" and Physiological "Response" models.
- Contemporary Theories: Structural "Interactional" and Process-oriented "Transactional" models.
- Commonality: Most modern theories focus on the dynamic between the person and the environment.

Early "Engineering" Models

The Stimulus-Based Perspective

- Concept: Stress is an external force or "load" applied to the individual.
- Mechanistic View: "Stress is what happens to the man, not what happens in him" (Symonds, 1947).
- Focus: Identifying "Stress Thresholds" and breaking points.

Early "Physiological" Models

The Response-Based Focus

- Concept: Stress is the individual's biological reaction to a threatening environment.
- Hans Selye: Defined stress as the non-specific changes within the biologic system.
- General Adaptation Syndrome (GAS): A standard three-stage response pattern.

The General Adaptation Syndrome (GAS)

Stages of Biological Defense

- Alarm Stage: The initial "fight-or-flight" emergency reaction.
- Resistance Stage: The body repairs damage and stores energy while the stressor continues.
- Exhaustion Stage: Resources are depleted; leads to burnout, depression, or illness.

The "Perfect Fit" (Interactional Theory)

The Person-Environment (P-E) Fit

- Structural Basis: The mismatch between individual abilities and environmental demands.
- Types of Misfit: Demands exceed the employee's ability. The environment fails to meet the employee's needs.
- Impact: Leads to sleep disturbances, anxiety, and raised blood pressure.

Job Demand-Control (JDC) Theory

The Karasek Model (1979)

- Job Demands: Mental requirements and workload.
- Job Control: Decision latitude and skill discretion.
- The Hypothesis: High demands + low control = maximum psychological strain.

Occupational Scenarios in the JDC Model

Categorising Job Strain

- High Strain: High Demand + Low Control (Highest Risk).
- Active: High Demand + High Control (Promotes growth and learning).
- Low Strain: Low Demand + High Control.
- Passive: Low Demand + Low Control (Leads to demotivation).

The Iso-Strain Extension

The Power of Social Support

- Integration: Johnson and Hall (1988) added Social Support to the JDC model.
- The "Iso-Strain" Condition: High Demands + Low Control + Low Social Support.
- Matching Hypothesis: Support must be "fit for purpose" for the specific stressor.

Effort-Reward Imbalance (ERI) Theory

The Principle of Social Reciprocity

Concept: Stress as a violation of social reciprocity in a "psychological contract".

The Mismatch: High Effort (demands) is not compensated by adequate Reward (money, respect, security).

Outcome: ERI is a significant predictor of myocardial infarction (heart attack).

Transactional Stress Theory

The Cognitive-Emotional Process

- Process View: Stress is a dynamic "transaction" between person and environment.
- Cognitive Appraisal: The subjective mental process of evaluating threat vs. resources.
- Recursive Loop: Coping success or failure feeds back into future stress reactions.

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Module 3:
Work Organisation and Healthy Culture

Understanding Work Organisation

The Systemic Roots of Well-Being

- Integrated Responsibility: Optimising well-being is a shared responsibility of individuals and organisations.
- Resource Perspective: Viewing health as a strategic asset and the "motor of development".
- Macro-Influences: Government policy and societal arrangements shape internal firm culture.

Corporate Culture as a Determinant

"How We Do Things Around Here"

- Tacit Influence: Unconscious values and norms that guide behaviour.

Levels of Culture:

- Basic Assumptions: Hidden, deeply-rooted beliefs.
- Espoused Values: Proclaimed goals (e.g., mission statements).
- Artefacts: Visible behaviour and office structures.

Leadership and Management Style

The Human Driver of Social Capital

- Supportive Leadership: A critical job resource that buffers stress and facilitates growth. "Bullied Boss"
- Phenomenon: 30% of managers report being bullied by subordinates.
- Servant Leadership: Leaders prioritise the growth and empowerment of their staff.

Corporate Social Responsibility (CSR)

Integrating Ethics into Health Management

- Definition: Incorporating social and ethical concerns into business operations.
- Internal CSR: Socially responsible practices concerning employee safety and well-being.
- Employer of Choice: Companies that prioritise health are seen as more attractive to talent.

Psychosocial Risk Management

The PRIMA-EF Framework

- Standard Paradigm: Treating mental and social risks with the same rigor as physical ones.
- Systematic Problem Solving: Identification > Assessment > Control > Evaluation.
- Evidence-Informed: Using data to identify likely risk factors and prioritise action.

Module 4:
Taxonomy of Psychosocial Hazards

The "Hidden" Threats at Work

- General Definition: Aspects of work design, management, and context with the potential for harm.
- Situational Nature: What affects one worker might not affect another; context is key.
- Emerging Risks: "New and increasing" threats related to global competition and technology.

Hazard Category: Job Content & Control

The Meaning of the Task

- Content Hazards: Lack of variety, fragmented work, or meaningless tasks.
- Control Hazards: Low participation in decision-making and lack of say over pacing.
- Impact: Lack of control impedes "mastery" over the environment, leading to incompetence.

Hazard Category: Workload & Work Pace

The "Intensity" Factor

- Quantitative Overload: Too much work required in too little time.
- Qualitative Overload: Tasks that exceed the worker's skills or resources.
- Time Pressure: Significantly linked to high levels of strain, anxiety, and depression.

Hazard Category: Work Schedules

The "Chronobiological" Threat

- Schedule Hazards: Night shifts, unpredictable hours, and inflexible schedules.
- The "Red Line": Working over 48 hours/week is a threshold for significant health risk.
- Control: Lack of choice over start/finish times exacerbates schedule stress.

Hazard Category: Roles and Careers

The Uncertainty of Identity

- Role Ambiguity: Uncertainty about duties and lack of clear information.
- Role Conflict: Being pulled in different directions by incompatible demands.
- Career Factors: Stagnation, job insecurity, or poor pay.

Hazard Category: Interpersonal Relationships

The Social Context

- Social Isolation: Lack of physical or social contact with colleagues.
- Relationship Hazards: Interpersonal conflict and lack of social support.
- Support Types: Instrumental (help with work) and Emotional (listening).

Hazard Category: Physical Workspace

The "Symbolic" and Functional Environment

- Direct Stressors: Noise, poor lighting, and lack of space.
- Psychological Support: An environment symbol status; poor maintenance symbol "no support".
- Environmental Load: Overstimulation in open-plan offices leads to loss of privacy.

Hazard Category: Anti-Social Behaviours

The "Dark Side" of Organisations

- Workplace Aggression: Hostility, obstructionism, and ridicule.
- Workplace Bullying: Systematic negative behaviour from managers or peers.
- Harassment: Organisational climate is the strongest indicator of harassment.

Module 5:
Link Between Hazards and Health Outcomes

The Hazard-Risk-Harm Pathway

The Biological Bridge

- Mediator: Stress is the primary "pathway" from workplace exposure to health harm.
- Cumulative Erosion: Repeated activation of the GAS defense erodes bodily systems.
- Mechanism: Psychosocial hazards trigger neuro-endocrine responses (Cortisol/Adrenaline).

Psychological Health Outcomes

Affective and Cognitive Impairment

- Mental Disorders: Clinical anxiety, depression, and dejection.
- Burnout Syndrome: Exhaustion, cynicism, and professional ineffectiveness.
- Somatic Symptoms: Sleep disturbances, fatigue, and persistent minor illness.

Physical Health Outcomes

The "Hard" Biological Costs

- Cardiovascular: Hypertension, high cholesterol, and risk of heart attack.
- Musculoskeletal: Back, neck, and shoulder pain linked to high-strain jobs.
- Metabolic: Increased Body Mass Index (BMI) and lifestyle risk factors.

Behavioural and Lifestyle Outcomes

Maladaptive Coping and Impaired Performance

- Substance Misuse: Increased reliance on tobacco and alcohol to "cope".
- Activity Levels: Exhaustion reduces the likelihood of exercise and healthy diet.
- Work Safety: Fatigue and stress lead to mistakes, accidents, and "near misses".

Economic and Organisational Impacts

The "Business Case" for OHP

Withdrawal: Increased sickness absence, sick leave, and turnover intentions.

Productivity: "Presenteeism" (being at work while ill) often costs more than absence.

Financial Burden: Workplace mental health disorders cost the EU 132 billion EUR in 2004.

Moving Toward Positive OHP

Focus on Engagement and Optimal Functioning

- Beyond "Four Ds": Moving past Damage, Disease, Disorder, and Dysfunction.
- Work Engagement: A state of vigor, dedication, and absorption.
- Positive Spillover: Experience in a healthy work role increases quality of family life.

Conclusion

Building the Resilience of the Work System

Primary Prevention: Sustainable health requires fix the system, not just the worker.

Team Effort: Healthy people, healthy work, and healthy organisations are **interdependent**.

Closing Vision: OHP is the science that builds the shield protecting workers in the 21st century.