

Fact sheet 1-C: “Occupational health activities or policy” indicator



Supplement to the Tool for Identifying Psychosocial Risk Factors in the Workplace

Indicators included in the tool

1- Work context and prevention measures in place

- A. Job and work context
- B. Illness absenteeism and presenteeism
- C. Occupational health activities or policy
- D. Activities or policy against violence and harassment
- E. Return-to-work activities or policy
- F. Work/life-balance activities or policy

2- Key components of work organization

- A. Workload
- B. Recognition at work
- C. Social support of immediate supervisors
- D. Social support of colleagues
- E. Decision-making autonomy
- F. Information and communication

What is prevention in occupational health?

The “occupational health activities or policy” indicator included in the tool is designed to ascertain the importance that is attached by an organization to the prevention of health problems in general and psychological health problems in particular. Doing an assessment of prevention activities implemented, be they grouped into a formal policy or not, makes it possible to evaluate the means employed and the efforts made by an organization to protect the health of its employees.

According to the World Health Organization, prevention encompasses all actions aimed at promoting individual and collective health. Three types of prevention activities can be defined, depending on when they are implemented:

Primary prevention: This type of prevention is implemented before the risk of illness appears, so as to act on the illness’s causes and thus prevent it from appearing. For example, setting up a committee with equal labour-management representation helps to identify and act on psychosocial risk factors.

Secondary prevention: This type of prevention is implemented during the early stages of an illness when effective measures can be taken to assist the individuals involved. For example, activities to raise awareness about psychological health may be offered to employees.

Tertiary prevention: This type of prevention is designed to reduce relapses and disabilities and to limit the complications and sequelae of an illness. For example, a return-to-work program can be put in place following an illness-related absence.

Why be concerned about this?

The fact that an organization is engaged in prevention activities reflects its culture and prevention values. An integrated health program covers the three realities of primary, secondary and tertiary prevention and generally leads to a decrease in absences and to positive effects on workers' health.

Primary prevention interventions act directly on the causes of work-related stress that are present in an organization in order to reduce their negative impact on the mental health of individuals. They also help to reduce or eliminate, at the source, the emergence of mental health problems at work. In addition, when prevention interventions are an integral part of day-to-day management activities, they have sustainable effects.

Secondary prevention interventions act on personal factors so that workers can better adapt to their work environment. They are designed to help individuals develop knowledge and skills that will enable them to better recognize and manage their reactions to stressful situations.

Tertiary prevention interventions target consequences with the goal of easing the suffering of people faced with mental health problems at work. They aim to treat, rehabilitate, reinstate and provide follow-up for people who have or have had a mental problem at work. The services that result from tertiary interventions are voluntary and confidential. In addition, since they are focused on the individual rather than on the work situation, they are generally designed to reduce the risk of relapses.

The more involved an organization is in primary prevention, the more effective it is in preventing psychosocial risk factors in the workplace.

What practices should be implemented?

Here are some examples of organizational and management practices that are likely to have a positive impact on the “occupational health activities or policy” indicator:

- Take action on all three levels of prevention (i.e. primary, secondary and tertiary) while giving priority to primary prevention where possible
- Set up an active occupational health and safety committee that has equal labour-management representation and is officially recognized within the organization
- Do an assessment of the presence of psychosocial risk factors and implement an action plan to reduce those factors
- Carry out activities designed to improve key work organization components
- Evaluate managers on the adoption of management practices favourable to health:
 - social support
 - recognition
 - rapid conflict management
 - autonomy
 - consultation and participation
 - communication

References and useful links

1. Brun, J. P. (2004). *La santé psychologique au travail... de la définition du problème aux solutions. Faire cesser le problème. La prévention du stress au travail*. Chaire en gestion de la santé et de la sécurité du travail dans les organisations. <http://cgsst.com/wp-content/uploads/2016/07/Fascicule-3-Faire-cesser-le-probl%C3%A8me-La-pr%C3%A9vention-du-stress-au-travail.pdf>
2. International Labour Office (2012). *Solve: Integrating Health Promotion into Workplace OSH Policies*. http://www.ilo.org/wcmsp5/groups/public/@ed_protect/@pr otrav/@safework/documents/instructionalmaterial/wcms_178397.pdf
3. Groupe interdisciplinaire de recherche sur l'organisation et la santé au travail (2009). *Guide de pratiques organisationnelles favorables à la santé au travail*.