

- prostitution: determinants, human rights and health needs. *Transcul Psychiatry*. 2007; 44(3): 338-358.
12. Family Violence Prevention Fund. Turning pain into power: trafficking survivors' perspectives on early intervention strategies [Internet]. San Francisco, CA: Family Violence Prevention Fund; 2005 [cited 2014 Oct 5]. Available from: [www.childhood-usa.org/upl/files/4109.pdf](http://www.childhood-usa.org/upl/files/4109.pdf).
  13. Baldwin SB, Eisenman DP, Sayles JN, Ryan G, Chuang KS. Identification of human trafficking victims in health care setting. *Health Hum Rights*. 2013; 16(2).
  14. Miller E, Decker MR, Silverman JG, Raj A. Migration, sexual exploitation, and women's health: a case report from a community health center. *Violence Against Women*. 2007; 13: 486-97.
  15. Barrows J, Finger R. Human trafficking and the health care professional. *South Med J*. 2008; 101: 521-524.
  16. Wong J, Hong J, Leung P, Yin P, Stewart D. Human trafficking: an evaluation of Canadian medical students' awareness and attitudes. *Educ Health (Abingdon)*. 2011; 24(1).
  17. Sabella D. The role of the nurse in combating human trafficking. *Am J Nurs*. 2011; 111(2): 28-37.
  18. Abdulla N. Fraser Health launches online learning module to help staff identify victims of human trafficking [Internet]. [cited 2014 Oct 6]. Available from: <http://news.fraserhealth.ca/News/September-2014/Fraser-Health-launches-online-learning-module-to-help-staff-identify-victims-of-human-trafficking>.
  19. Clancey A, Khushrushahi N, Ham J. Do evidence-based approaches alienate Canadian anti-trafficking funders? *Anti-Trafficking Review*. 2014; (3): 87-108.
  20. Stanford School of Medicine. Human trafficking [Internet]. [cited 2014 Dec 6]. Available from: <http://humantraffickingmed.stanford.edu/>.
  21. Munoz J. How to recognize, treat victims of sex trafficking [Internet]. [cited 2014 Dec 6]. Available from: <http://www.acepnow.com/article/recognize-treat-victims-sex-trafficking/>.
  22. Zimmernan C, Borland R. Caring for trafficked persons: guidance for health providers [Internet]. International Organization for Migration, 2009. [cited 2014 Dec 6]. Available from: [http://publications.iom.int/bookstore/free/CT\\_Handbook.pdf](http://publications.iom.int/bookstore/free/CT_Handbook.pdf).
  23. Tsutsumi A, Izutsu T, Poudyal AK, Kato S, Marui E. Mental health of female survivors of human trafficking in Nepal. *Soc Sci Med*. 2008 Apr; 66(8): 1841-7.
  24. Ahn R, Alpert EJ, Purcell G, Konstantopoulos WM, McGahan A, Cafferty E, et al. Human trafficking: review of educational resources for health professionals. *Am J Prev Med*. 2013; 44(3): 283-289.
  25. International Organization for Migration. Budapest declaration on public health and trafficking in human beings [Internet]. Budapest: Regional Conference on Public Health & Trafficking in Human Beings in Central, Eastern, and Southeast Europe; 2003 March [cited 2014 Oct 10]. Available from: [http://www.iom.int/china\\_conf/files/organizers/iom/budapest\\_declaration.PDF](http://www.iom.int/china_conf/files/organizers/iom/budapest_declaration.PDF).

## Workplace Psychological Health among Canadian Nurses

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### abstract

Due to the demanding nature of their work, nurses are at higher risk of developing work-related psychological distress and associated psychological illness when compared to the general Canadian workforce. Nurses experience high levels of physical and psychological injury, job burnout and depression, which are associated with increased levels of absenteeism, disability claims and compromised patient care. We advocate for improvements to workplace psychological health for Canadian nurses at an organizational level. This is an occupational health and safety matter that has the potential to enhance both nurse and patient health.

### introduction

The risk of psychological distress is exceptionally high among nurses.<sup>1</sup> The 2005 National Survey of the Work and Health of Nurses (NSWHN) found that 9% of nurses (both women and men) experienced clinical depression within the previous year, compared to 7% of women and 4% of men in the general Canadian workforce.<sup>2</sup> Research shows that the high physical and psychological demands of the nursing profession are strongly associated with job burnout, job disengagement, job dissatisfaction, anxiety, and depression.<sup>3,4,5,6,7</sup>

This results in an increased number of employee disability claims, turnover; and

absenteeism, which in turn imposes additional challenges to the already burdened health care system.<sup>8,13</sup> Mental health claims account for 30% of short- and long-term disability claims and 70% of disability costs in Canada.<sup>9</sup> Arguably, the most alarming concern is the impact that nurse psychological distress has on the quality of patient care that they are able to provide.<sup>10</sup> Recent legislation requires health care organizations in British Columbia to enforce the Worker's Compensation Amendment Act (Bill 14), which emphasizes the protection of employee psychological health from the cumulative long-term effects of work-related stress.<sup>11</sup> The psychological health concerns of nurses are becoming increasingly evident, and it is therefore crucial

that they are recognized and addressed.

Nurses comprise the backbone of Canada's health care system, and as such, the prevalence of workplace-related psychological distress is an occupational matter that needs to be acknowledged and managed according to the Canadian Occupational Health and Safety standards. In this commentary, we will highlight factors with the potential for organizational level improvements: physical and psychological aggression and violence, excessive workload, and organizational support. These factors were chosen based on a literature review, which explores workplace psychological risk factors among health care workers, as well as the 2005 NSWHN.

## factor 1: physical and psychological aggression and violence

Physical, psychological, and emotional violence are commonly experienced by nurses in the workplace.<sup>12,13,14</sup> A study conducted by Henderson (2010) found that all nurses experienced physical violence, or threat of physical violence, at least once throughout their career, as well as some form of verbal abuse on a daily basis.<sup>13</sup> Although physical assault is identified as the greatest risk to their physical safety, verbal assaults can result in many similar negative psychological health outcomes, including concern for personal security and feelings of anger and fearfulness.<sup>12,14</sup> In response to these events, study participants demonstrated an increase in sick-leave substance use, job resignation, and patient avoidance.<sup>13,15</sup>

## factor 2: excessive workload

A manageable workload is essential to a psychologically healthy work environment.<sup>16</sup> The 2005 NSWHN explored this link and found that nurses have higher workloads compared to other professions, which leads to an increased risk of poor mental health.<sup>2</sup> Specifically, the survey found that nurses often work overtime without full compensation, skip breaks, arrive early and leave late, and feel there is insufficient time to complete their work. In fact, 67% of nurses reported feeling that they were assigned too much work, and 45% reported that they had insufficient time to complete their duties.

## factor 3: lack of organizational support for psychological health

Organizational support offered for psychological distress, plays a key role in the psychological health of employees.<sup>17</sup> At an organizational level, psychological support is defined by a work environment that promotes employee psychological health

and wellness, and in which supervisors appropriately respond to the psychological concerns of their employees.<sup>19</sup> Multiple components of workplace organization are related to poor psychological health among nurses, including strained relationships between physicians and nurses, ineffective use of nurses' skills and training, and limited autonomy.<sup>2</sup> These dynamics can result in decreased job commitment and productivity, and increased probability of making medical errors.<sup>18</sup> Unfortunately, since nurses commonly feel that administrative staff do not listen and respond appropriately to their concerns, many of these factors, including workplace bullying, often go unreported.<sup>18</sup>

## discussion

Awareness of the serious negative health implications that result from a failure to address the workplace psychological health of nurses at an organizational level is growing. The creation of psychologically healthy workplaces can help counter outcomes, such as nurse psychological and emotional distress, mental illness, and compromised patient care. Improved workplace psychological health has motivated the development of a national standard targeted at organizational changes intended to create psychologically healthy work environments for Canadian workers.

In 2013, the Canadian Standards Association (CSA Group), the Bureau de Normalisation du Québec (BNQ), and the Mental Health Commission of Canada (MHCC) released the National Standard of Canada for Psychological Health and Safety in the Workplace (or, more simply, the National Standard). The National Standard is a set of guidelines intended to help employers promote psychological health and prevent psychological illness and distress among their employees. It provides employers with a framework to develop strategies that enhance psychologically healthy and safe working environments. The National Standard is based on a large body of scientific evidence, which includes thirteen evidence-informed psychosocial factors.<sup>19</sup> It emphasizes that certain psychosocial factors, such as psychological and physical protection, workload management, and organizational psychological support, are key to safeguard the psychological health of the Canadian

workforce.

It is recognized that the implementation of the National Standard can be a daunting endeavour for health care organizations. First, healthcare organizations should aim to achieve measurable psychological health and safety goals.<sup>20</sup> Objectives should be defined using a collaborative inter-sectorial process, and could include organizational departments such as Workplace Health and Safety and Organizational Development. Furthermore, nurse input is essential in promoting work engagement, which is associated with increased self-efficacy and reduced burnout.<sup>21,22</sup> Second, the implementation of the psychosocial factors should be staged and piloted. Integrating a few high priority psychosocial factors in a staged manner reduces organizational change resistance, promotes change adoption, and identifies initial challenges.<sup>23</sup> Third, strategies and programs aimed to improve workplace psychological health and safety should be evaluated. This will assess whether goal targets are met and identify areas in need of improvement.<sup>20</sup> The Centre for Applied Research and Mental Health and Addiction (CARMHA), based within the Faculty of Health Sciences at Simon Fraser University, is currently involved in research exploring the process of implementation of the National Standards across a variety of Canadian organization. The purpose of this research is to provide insight into current implementation strengths and challenges and the ways in which implementation of the National Standard can be supported in the future.

Adhering to the National Standard can lead to many positive benefits for a workplace environment, including greater job satisfaction, stronger organizational commitment, enhanced teamwork, reduced sick leave, and less turnover.<sup>24</sup> Healthcare organizations, nurses, and patients are stakeholders who all benefit from the promotion of psychological health and the prevention of distress in the workplace. It is important that nurses are able to participate in the discussion of actions that affect their psychological health at work. Healthcare organizations should strive to implement measurable policy objectives to reduce psychological illness related to disabilities, and increase opportunities to promote workplace psychological health and well-being.<sup>1</sup>

## references

- Adams, LY. *Workplace Mental Health Manual for Nurse Managers*. Springer Publishing Company; 2014.
- Shields, M, Wilkins, K. Findings from the 2005 National Survey of the Work and Health of Nurses [Internet]. Statistics Canada; 2005 [cited 2014 September 18]. Available from: [http://www.hc-sc.gc.ca/hcs-sss/alt\\_formats/hpb-dgps/pdf/pubs/2005-nurse-infim/2005-nurse-infim-eng.pdf](http://www.hc-sc.gc.ca/hcs-sss/alt_formats/hpb-dgps/pdf/pubs/2005-nurse-infim/2005-nurse-infim-eng.pdf)
- Ball J, Pike G, Griffiths P, Rafferty A, Murrells T. RN-4CAST nurse survey in England [Internet]. National Nursing Research Unit; 2012. Available from: <http://tinyurl.com/d5dunaj>
- Watts, J, Robertson, N, Winter, R. Evaluation of organisational culture and nurse burnout: A study of how perceptions of the work environment affect morale found that workplaces considered by employees as innovative and supportive had a positive effect on their wellbeing. *Jenny Watts and colleagues report*. *Nursing Management*. 2013; 20(6), 24-29.
- Bilsker, D, Gilbert, M, Myette, TL, Stewart-Patterson, C. Depression and Work Function: Bridging the Gap between Mental Health care and the Workplace [Internet]. 2005 [cited 2014 September 16]. Available from: <http://site.ebrary.com/lib/sfu/docDetail.action?docID=10222632>
- Shernoff, NW. Assessing the impact of the workplace social climate on the job satisfaction levels of hospital nurses. *Dissertation Abstracts International Section A*. 2004; 64, 4646.
- Quine, L. Workplace bullying in nurses. *Journal of Health Psychology*. 2001; 6(1), 73-84.
- Cavanaugh, S. Improving psychological health in the workplace. *Mental Health Commission of Canada*. 2014; 110(3), 30-33.
- Dewa, CS, Chau, N, Dermer, S. Examining the comparative incidence and costs of physical and mental health-related disabilities in an employed population. *Journal of Occupational and Environmental Medicine*. 2010; 52(7), 758-762.
- Aiken, LH, Sermeus, W, Van den Heede, K, Sloane, DM, Busse, R, McKee, M, Kutney-Lee, A. Patient safety, satisfaction, and quality of hospital care: cross sectional surveys of nurses and patients in 12 countries in Europe and the United States. 2012; *BMJ*, 344.
- Province of British Columbia. Bill 14 - Worker's Compensation Amendment Act [Internet]. 2011 [cited 2014 September 16]. Available from: [http://www.leg.bc.ca/39th4th/3rd\\_read/gov14-3.htm](http://www.leg.bc.ca/39th4th/3rd_read/gov14-3.htm)
- Farrell, GA, Shafiei, T, Chan, SP. Patient and visitor assault on nurses and midwives: An exploratory study of employer 'protective' factors. *International Journal of Mental Health Nursing*. 2014; 23(1), 88-96.
- Henderson, A. Nurses experience of workplace violence: towards effective intervention [Internet]. *WorkSafeBC*; 2010 [cited 2014 September 17]. Available from: [http://www.worksafebc.com/contact\\_us/research/funding\\_decisions/assets/pdf/2006/RS2006\\_OG17.pdf](http://www.worksafebc.com/contact_us/research/funding_decisions/assets/pdf/2006/RS2006_OG17.pdf)
- Bilgin, H, Buzlu, S. A study of psychiatric nurses' beliefs and attitudes about work safety and assaults in Turkey. *Issues in Mental Health Nursing*. 2006; 27(1), 75-90.
- O'Connell, B, Young, J, Brooks, J, Hutchings, J, & Loft-house, J. Nurses' perceptions of the nature and frequency of aggression in general ward settings and high dependency areas. *Journal of Clinical Nursing*. 2000; 9(4), 602-610.
- Dykstra, C, Bridges, E. Intensity Index: Quantifying workloads and balancing assignments. *Nursing Management*. 2012; 43(10), 36-42.
- Rhoades, L, Eisenberger, R. Perceived organizational support: A review of the literature. *Journal of Applied Psychology*. 2002; 87(4), 698-714.
- Farrell, GA, Bobrowski, C, Bobrowski, P. Scoping workplace aggression in nursing: findings from an Australian study. *Journal of Advanced Nursing*. 2006; 55(6), 778-787.
- Samra, J, Gibert, M, Shain, M, Blisker, D. *Guarding Minds @ Work* [Internet]. 2012. Available from: <http://www.guardingmindsatwork.ca/info>
- Government of Alberta. *Best Practices Guidelines for Occupational Health and Safety in the Health care Industry* [Internet]. 2011 [cited 2014 September 28]. Available from: <http://work.alberta.ca/documents/bp013-bestpractices-volume5.pdf>
- Maslach, C, Leiter, MP. Early predictors of job burnout and engagement. *Journal of Applied Psychology*. 2008; 93(3), 498-512.
- Heather, K, Laschinger, S, Finegan, J, Shamian, J, Wilk, P. Workplace empowerment as a predictor of nurse burnout in restructured health care settings [Internet]. *Health care Quarterly*; 2003 [cited 2014 October 1]. Available from: <http://www.longwoods.com/content/17242>
- Bryson, JM. *Strategic planning for public and non-profit organizations: a guide to strengthening and sustaining organizational achievement*. John Wiley and Sons; 2011.
- CSA Group and BNQ. *National Standard of Canada: Psychological health and safety in the workplace* □ Prevention, promotion, and guidance to staged implementation [Internet]. 2013 [cited 2014 September 28]. Available from: <http://www.mental-healthcommission.ca/English/node/5346>



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