Mental wellbeing at work: a history and a future

Risking Australia’s future as a clever country

Monash Education Department Business Breakfast, 11 September 2013

by Professor Niki Ellis
Understanding of stress and health

- 1930s recognition that exposure to environmental threats can cause disease (person environment fit model, Cannon)
- 1960s concept of well-being at work followed OHS and WW2 (Demand/control model, Karasek)
- 1970s development of models for stress in workplaces
- 1980s Siegrist’s Effort Reward Imbalance model
Job characteristics and prevalence and incidence of CHD indicator
(Swedish males: 1974, N = 1,621; 1968—74, N = 1,461)
CHD Indicator 1974 cross-sectional prevalence and incidence (1968-1974) among asymptomatic respondents in 1968, by Job Characteristics:

Source: Karasek & Theorell, 1990
Psychological demands: decision latitude

- high strain
- active
- low strain
- passive

Source: Karasek & Theorell, 1990
Strain Phenomenon

- rigidly constrained behaviour
- situations of increased demands
- no control of burden
- unable to let off steam
- heavy deadline pressure
- threat of layoff
- bureaucratic rules

The occupational distribution of psychosocial characteristics
N: 2897 males

Source: Karasek & Theorell, 1990
High Effort     Low Reward

Extrinsic (demands, obligations)  Intrinsic (coping)  Money Esteem Status Control

Effort – reward, imbalance

Siegrist, 1996
Ralph Waldo Emerson

Life stress + work stress + individual vulnerability = stress symptoms/outcomes

We boil at different degrees

Ralph Waldo Emerson
ILO cornerstone publication
Model of occupational stress and organisational impact

Occupational Stressors

Way work is organised:
- Job security
- Workload
- Control
- Job Content
- Scheduling
- Social environment
- Physical environment

Way people are managed:
- Relationships
- Role definition and feedback
- Change management
- Opportunity for learning and development

Individual Factors

Personality traits
Stage of career development

Buffer Factors

Non-work Factors
Financial status
Family situation

Coping Factors
Social Support

Acute Stress Responses

Psychological
Depression, anxiety, etc.
job dissatisfaction

Physiological
Heart rate
Blood Pressure

Behavioural
Sleep problems
Substance use/abuse

Illnesses caused by occupational stress
CHD
Type 2 diabetes
MSD
Mental Illness

Organisational Impact

- Increased absenteeism
- Increased workers compensation claims
- Increased injury frequency rates
- Increased staff turnover rates
- Decline in productivity
- Decline in quality
- Increased use of OHS and EAP

Source: Ellis, 2001
The Job Stress Process: modifying variables and interventions points

**Primary Intervention**
To eliminate or reduce job stressors

**Secondary Intervention**
To alter the way individuals perceive or respond to job stress

**Tertiary Intervention**
To treat, compensate, and rehabilitate workers with job stress-related illness

Working conditions -> Distress -> Short term response -> Enduring health outcomes

**Modifying variables: Individual or Situational Characteristics**

- **Social**
  - Non work related stressors
  - Socioeconomic status

- **Biophysical**
  - Age
  - Sex
  - Health status

- **Psychological**
  - Personality
  - Coping abilities

- **Behavioural**
  - Exercise
  - Recreational activities
  - Nutrition

- **Genetic**
  - Inherited predisposition to mental illness, heart disease

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Figure 1: The Job Stress Process: Modifying Variables and Interventions Points (LaMontagne, Keegel et al., 2007)
UK Health and Safety Executive Stress Management Standards, mid 2000s

Sequence of events in work related stress:
- presence of demands;
- perception of demands (threat, exceed individual capacity)
- response that has a negative impact on wellbeing.

Six work-related stressors:

**Job Content:**
- **Demands:** workload, work patterns
- **Control:** discretion over use of skills in the job
- **Support:** encouragement, sponsorship and resources

**Job context**
- **Relationships at work:** dealing with conflict and unacceptable behaviour
- **Role:** understand organisational role, no conflicting roles
- **Change:** managed and communicated

Source: Ellis, 2007, HSE website
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<tbody>
<tr>
<td>1</td>
<td>Identify Hazards</td>
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<td>2</td>
<td>Obtain management approval and engage employees</td>
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<td>3</td>
<td>Assess nature and extent of risk</td>
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<td></td>
<td>- Analyse HR data</td>
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<td>- Conduct a survey</td>
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<td>- Undertake a workplace inspection</td>
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<td>4</td>
<td>Confirm risk assessment and get ideas for action</td>
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<td></td>
<td>- Focus Groups</td>
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<td>5</td>
<td>Develop an action plan</td>
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<td>- Workshop</td>
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<td>6</td>
<td>Monitor and review</td>
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Professor Niki Ellis, Director, Centre for Military and Veterans Health, University of Queensland

Niki Ellis is one of Australia's leading occupational physicians and an expert in assisting organisations to manage workplace stress. She was the Inaugural President of the Australasian Faculty of Occupational Medicine from 1992-94 and has written a book for Oxford University Press called Work and Health: Management in Australia and New Zealand.

Her interest in occupational stress began when she was Director of the Repetition Strain Injury National Strategy for the National Occupational Health and Safety Commission in the 1980s. By the end of the RSI epidemic in Australia most people realised that job stressors such as low job control and high workloads, or poor relationships at work, were important contributors to this costly problem. This work led to her focus on organisational health - the link between work organisation and health and productivity. After that Niki shifted her attention to occupational stress as workers compensation for psychological injuries began to increase. She was asked by Comcare Australia to develop practical interventions for workplaces to assist organisations to identify the nature and extent of stressors in their working environments and, more importantly, to take action to reduce them.

Throughout the 1990s, through her consultancy firm NE&A Pty Ltd, she conducted stress audits for workplaces in the communications, financial, education, health, mining, penal and social welfare industries.

From 2002 to 2005 Niki worked in London on the history of well-being with an honorary appointment at the Wellcome Trust Centre for the History of Medicine, and on health modernisation for the Department of Health and London South Bank University. She also established contact with the government OHS authority, the Health and Safety Executive, and studied the work which had been done to develop stress management standards which were released in their final form in 2006. The methods which Niki uses in workplaces generally, and on Stress Buster, are consistent with the HSE standards.

She returned to Australia in 2005 to take up her current position of Foundation Director and Professor of the Centre for Military and Veterans' Health and the University of Queensland. In that capacity she has been able to extend her interest in the role psychosocial factors play in illness and wellness.

Niki can be contacted on nikiellis@btopenworld.com.
Traditional OHS: injury prevention

**HEALTH GAINS**
- HEALTH PROMOTION: Promote health and well-being
- HEALTH PROTECTION: Prevent harm

**ORGANISATIONAL GAINS**
- Improvements to productivity

**OHS**
- Health promotion in the workplace
- Reduce losses

**Work-related conditions**
- Physical environment
- Psycho-social environment

**Non work-related conditions**

**Promote health** and well-being

**Prevent harm**
Integrated Approach to Workplace Health and Safety

Health Gains:
- Health Promotion:
  - Organisational Health and Safety Management

Health Protection:
- Physical Environment
- Organisation Social Environment
- Family and Community

Organisational Gains:
- Improvements to Productivity
- Reduced Losses

Social Capital Gains:
- Reduced Social Isolation

SOCIAL CAPITAL GAINS

- GAINS
- REDUCED SOCIAL ISOLATION

ORGANISATIONAL GAINS

- +
- -
- +
- -
- +
- -
Evidence based model for integrated approach

- Intervention targets for worker health and well-being
- Work Environment: Physical, Organizational and Psycho-social
- Work-Family-Community Interface
- Individual Health-Related Behaviors

Source: NIH and CDC workshop, 2010, Am J PH
Current best practice - Talking Health, Thinking Safety: Parmalat

Motivated by poor Worker Health Check results

“By offering people advice on healthier lifestyle options, we could not only potentially lower our work related injuries, but also give people the opportunity to embrace a healthier lifestyle and take responsibility for their own wellbeing.”
Current best practice - Talking Health, Thinking Safety: Parmalat

Program includes:

• making healthier food choices

• quitting smoking

• dealing with depression

• the importance of exercise and stretching prior to work
Current best practice - Talking Health, Thinking Safety: Parmalat

Impact:

• 54.5% decrease in MTI and LTI during 2011

• Health behaviour changes
VI. A holistic framework for action

1. Action in four realms:
   - Physical work
   - Psychosocial environment
   - Personal health
   - Community involvement

2. A model of continuous improvement
Evidence based guidelines on mental wellbeing at work

- Develop positive work environment that supports and encourages mental health
- Balance job demands with job control
- Appropriately reward employee efforts
- Create a fair workplace
- Provide workplace supports
- Effectively manage performance issues
- Provide training to develop management and leadership skills
- Supportive change management processes
- Development a mental health and wellbeing policy
- Provide mental health education

SHOWCASE YOUR BUSINESS

Call for Good Practice

The Call for Good Practice provides an opportunity for businesses of all sizes and across all industries to demonstrate leadership and showcase their approach to creating a mentally healthy workplace.

START HERE

“...having a healthy workforce is fundamental to the success of any business...”

Jennifer Westacott,
Chief Executive, Business Council of Australia,
Chair, Mental Health Council of Australia

Register your interest

for future updates and opportunities to get involved.

Sign up
• Interventions to identify and assist distressed employees (secondary prevention) have been common practice in workplaces for some time

• Efficacious primary prevention interventions have been developed, but have been resisted

• Currently there is a groundswell of support for an integrated approach to mental wellbeing at work:
  
  ➢ Protect mental health by reducing work-related risk factors
  
  ➢ Promote mental health by developing the positive aspects of work and worker strengths and capacities
  
  ➢ Address mental health problems in workers whatever the cause (La Montagne)
A joint initiative of

Thank you
“FIT” to Teach:
How do initial motivations & coping strategies impact early career teachers’ effectiveness and wellbeing?

Paul W. Richardson & Helen M. G. Watt
Monash University, Australia

www.fitchoice.org

FIT-Choice is funded by the ARC: DP0666253 & DP0987614

Monash Business Breakfast
12 September 2013
Key Questions

In a first large-scale longitudinal study of beginning teachers in Australia, our FIT-Choice project continues to track the experiences of 1,651 future teachers from the time they entered into teacher education in 2002/3, until their early career teaching experiences of up to 7 years (of the 842 retained participants, 738 worked as teachers).

1. Which expectancies, values and goals are relevant for future teachers? (How) do they matter?

2. What happens to initial motivations when beginning teachers enter the profession? Why?

3. How do beginning teachers cope?

4. What are the risks for teachers’ effectiveness and wellbeing?
Phase 1: entry to teacher ed.

- Task demand
- Skilled career
- High demand
- Task return
- Social status
- Teacher morale
- Salary

Self perceptions
- Perceived teaching abilities

Socialisation influences
- Social dissaision
- Prior T & L experiences
- Social influences

Intrinsic value
- 2nd choice career
- Intrinsic career value
- Personal utility value
- Job security
- Time for family
- Job transferability
- ‘Bludging’
- Social utility value
- Shape future of children / adolescents
- Enhance social equity
- Make social contribution
- Work with children / adolescents

Phase 2: prior to qual.

Self-efficacy for teaching
- Instructional strategies
- Classroom management
- Student engagement
- Reflective practice
- Ethical practice
- Reporting
- Collegial interactions
- Community interactions

Professional commitment
- Satisfaction with choice
- Planned effort
- Intentions to continue
- Development aspirations
- Leadership aspirations

Professional commitment
- Satisfaction with choice
- Planned effort
- Intentions to continue
- Development aspirations
- Leadership aspirations

Environment
- School characteristics
- Community characteristics

Psychological distress
- Stress
- Anxiety
- Burnout

Phase 3: early career teaching
1. Why does anyone choose to teach?
Phase 1: Motivations

@ Entry to Teacher Education

- ability
- shape future
- work with youth
- intrinsic value
- social contribution
- prior TL
- job security
- social equity
- job transferability
- time for family
- social influence
- fallback career
Phase 1: Motivations
@ Entry to Teacher Education

- ability
- shape future
- work with youth
- intrinsic value
- social contribution
- prior TL
- job security
- social equity
- job transferability
- time for family
- social influence
- fallback career

The chart shows the motivations for entering Teacher Education, with 'social values' on the right side.
Phase 1: Motivations
@ Entry to Teacher Education

- ability
- shape future
- work with youth
- intrinsic value
- social contribution
- prior TL
- job security
- social equity
- job transferability
- time for family
- social influence
- fallback career

[Bar chart showing the distribution of motivations with social values and personal values categories]
Phase 1: Perceptions
@ Entry to Teacher Education

- demands
  - difficulty
  - expertise
  - dissuasion

- returns
  - social status
  - salary
  - satisfaction

FITCHOICE
Factors Influencing Teaching Choice
Motivations Matter…

- Beginning teachers rarely chose teaching as a “fallback” career. Instead, mainly ability-related, intrinsic and altruistic social motivations to help and nurture young people and contribute to society:
  - *important corrective to stereotypes*

- Initial motivations impact professional engagement and *positive* (expectations, relatedness, structure) vs. *negative* (sarcasm, yelling, embarrassment) teaching style up to 7 years later:
  - *Positive motivations*: Intrinsic, Social values, Ability beliefs, Prior TL (role models)
  - *Negative*: Fallback career, Social influences
  - *Not predictive*: Personal values

- With a common measurement platform (widely translated) “natural experiments” yield valuable information:
  - *eg: adjustments to salary alone are unlikely to alter career satisfaction or retention*
2. Why do motivations become frustrated?
Person-Environment “Mismatch”

- Work intensification, higher levels of auditing and accountability, and reduced autonomy can reduce opportunities for the relational work that is central to teachers’ goals.

- Increasing accountability and bureaucracy undermines intrinsic and social motives:

  → motivation becomes a “double-edged sword” when highly valued goals cannot be attained

“I found it satisfying to see the students that I work with do well, and I love organising and developing curriculum and then delivering it.”

“I find it satisfying if I can build a rapport with a kid who's maybe, not as interested in school.”

“Motivate them to learn, and make them, each one of them, achieve the best that they could do at their own level and just prepare them for life.”
Changes in Career Choice Satisfaction & Planned Persistence -- the First 5 Years

Satisfaction

Phase 1  Phase 2  Phase 3

Highly Engaged Persisters
Highly Engaged Switchers
Lower Engaged Desisters

* $p < .05$
Changes in Confidence: Highly Engaged Persisters

* * * * * *

* p < .05

Community interactions
Value cultural diversity
Help failing students
SC & interest
Disruptive behaviour
Critical reflection
Assessment & reporting
Classroom routines
Respect confidentiality
Mandated ethical req'ts

FIT_CHOICE
Factors Influencing Teaching Choice

- P2
- P3
3. How do beginning teachers cope?
Sparing

Good health

Burnout

Excessive Ambitious

Healthy Ambitious

hi-hi

hi wellbeing- lo commitment

lo-hi wellbeing- hi commitment

lo-lo

professional commitment

psychological wellbeing
Sparing

Good health

Burnout

Excessive Ambitious

Psychological wellbeing

Professional commitment

Healthy Ambitious

(Path to) Burnout

hi well-being - lo commitment

hi-hi

lo well-being - hi commitment

lo-lo

FITCHOICE

Factors Influencing Teaching Choice
Sparing

Good health

Healthy Ambitious

Burnout

Excessive Ambitious

Worn Out

S

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A

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hi-hi

hi well-being-
lo commitment

lo well-being-
lo commitmen}

professional commitment

psychological wellbeing

(Path to) Burnout
Barriers & Supports

To what extent do beginning teachers believe they are attaining their goals?
- (path)Burnout and Wornout lowest
- (h)Ambitious and Sparing highest

What prevents them?
- (path)Burnout higher than all others on lack of school support
- (path)Burnout and Wornout highest on lack of skills/abilities; h(Ambitious) & Sparing lowest

What supports them?
- h(Ambitious) and Sparing higher on school support; (path)Burnout and Wornout lowest
- h(Ambitious) and Sparing higher on own skills/abilities; Wornout and Good health lowest

More men: Sparing / Good health; More women: (h)Ambitious / (path)Burnout
No differences for secondary / primary / early childhood teachers
4. What are the risks for teachers’ effectiveness and wellbeing?
Consequences for Engagement & Wellbeing

• **Career satisfaction & Planned persistence:**
  - highest: (h)Ambitious, Good health & Sparing
  - lowest: (path)Burnout & Wornout

• **Leadership aspirations:**
  - highest: (h)Ambitious & Good health
  - lowest: Wornout & (path)Burnout

• **Stress & Anxiety:**
  - highest: (path)Burnout & Wornout
  - then: (h)Ambitious
  - lowest: Good health & Sparing

• **Depression:**
  - highest: (path)Burnout
  - then: Wornout, Good health & (h)Ambitious
  - lowest: Sparing
Consequences for Teaching Style

- **Positive Expectations:**
  - highest: (h)Ambitious & Sparing
  - lowest: Wornout, (path)Burnout & Good health

- **Relatedness:**
  - highest: (h)Ambitious & Sparing
  - then: Good health & (path)Burnout
  - lowest: Wornout

- **Structure:**
  - highest: (h)Ambitious
  - then: Sparing & Good health
  - lowest: Wornout & (path)Burnout

- **Negativity:**
  - highest: Wornout, Good health & (path)Burnout
  - lowest: (h)Ambitious & Sparing
“Provocations”

Who (and how) can best intervene, to:

1. assist teachers to **achieve their goals** and positive reasons for entering the profession; and
2. equip them with **strategies to cope** with structural and interpersonal demands of teaching?

What are the imperatives for next research, for:

3. attracting and **sustaining effective** teachers; and
4. whether different **types of teachers** thrive in different types of workplace contexts?
Monitoring the occupational health, safety and wellbeing in Australian school principals

Philip Riley

www.principalhealth.org
Welcome Phil

Click on one of the following options to view your results compared with other Principals in 2012 and the general population on the subscales of the Health and Wellbeing questionnaire.

COPSOQ-A | COPSOQ-B | AQOL-8D | AUDIT | PWI
COPSOQ-A: Copenhagen Psychosocial Questionnaire
My results compared with other principals

Interpersonal Relations & Leadership

Click to select year results displayed: 2013 2012 2011

Your score
Group Maximum
75th Percentile
Group Mean
25th Percentile
Group Minimum

The COPSOQ II was developed in response to the need for a validated and standardised instrument that would accurately measure a broad range of psychosocial factors across many occupations.

The COPSOQ II has seven scales, each containing between 4-8 subscales. You can download a copy of the questionnaire to see what questions are in each subscale. You can also download the paper describing the construction and validity of the COPSOQ II.

"High scores correspond to high values on the respective dimensions. Thus, a high score on burnout level means a high burnout level, and a low score on influence means a low level of influence at work. In most cases high levels are 'good' or 'healthy'. The exceptions are Amount of Work, Work Pace, Emotional Demands, Hiding Emotions, Role Conflicts, Job Insecurity, Work-Family Conflict, Family-Work Conflict, Burnout, Stress, Sleeping Problems, Depressive Symptoms, Physical Symptoms of Stress, and Cognitive Stress. It should be noted that high levels of cognitive demands are considered "healthy" and stimulating."[1]

If you do not see a blue dot representing your score on any graph it is because you did not complete that scale or because your result was the same each year.

View your answers from 2013 | View all graphs on one page
Our study

Pejtersen et al. (2010)

Higher stimulation by work content

Higher demands

Commitment to the workplace

Meaning of work

Variation

Possibilities for development

Influence

Demands for hiding emotions

Emotional demands

Cognitive demands

Work pace

Quantitative demands
Our study

Pejtersen et al. (2010)

Much higher W-F conflicts
Values at the workplace

- Trust regarding management
- Mutual trust between employees
- Justice
- Social inclusiveness

Health and well-being

- Self-rated health
- Burnout
- Stress
- Sleeping troubles
- Depressive symptoms

More positive values at the workplace

Poorer health and well-being
## Offensive Behaviour

### Subscales of the COPSOQ-II

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<th>Prevalence (%)</th>
<th>Sexual Harassment</th>
<th>Threats of Violence</th>
<th>Actual Physical Violence</th>
<th>Bullying by a Colleague or Superior</th>
<th>Unpleasant Teasing</th>
<th>Conflicts and Quarrels</th>
<th>Gossip and Slander</th>
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<td>Principals</td>
<td>2.64</td>
<td>37.76</td>
<td>26.98</td>
<td>34.16</td>
<td>6.83</td>
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<td>Population</td>
<td>2.90</td>
<td>7.80</td>
<td>3.90</td>
<td>8.30</td>
<td>8.30</td>
<td>51.20</td>
<td>38.90</td>
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Offensive Behaviour (%)

- Colleagues
- Manager/Superior
- Subordinates
- Parents
- Students

Bullying
- Violent Threats
- Physical Violence

PRINCIPAL HEALTH & WELLBEING SURVEY
Principals Bullied by Subordinates disaggregated by School Sector and Type

- **Primary**
  - Government
  - Catholic Subordinates

- **Secondary**
  - Independent
I am frequently depressed about my job

- 20% neutral to strongly agree
- 43.7% strongly disagree

... at certain times of the year

- 36.9% neutral to strongly agree
- 30.7% strongly disagree