Wed 8th May 2019
Auckland, New Zealand

The Socio-political Context of Physician Health and Wellbeing

Ferguson-Glass Oration

Prof Maureen Dollard, University of South Australia
Asia Pacific Centre for Work Health and Safety,
A WHO Collaborating Centre in Occupational Health
RACP Congress in Auckland, 6-8 May, 2019.
maureen.dollard@unisa.edu.au

Outline

1. Mental Health Costs
2. Levels and Causes of Work Stress Generally and in Physicians
3. PSC Theory and Evidence Basis
4. The Value of PSC- Human & Economic Case
5. Solutions-What Can Be Done?

maureen.dollard@unisa.edu.au

Mental Health Costs

- The scale of mental ill-health in society is being described by some as a crisis.
- According to the WHO (2016) the burden of depression and other mental health conditions is on the rise globally.
- Mental health problems are a major contributor to the overall disease burden worldwide accounting for 21.2% of years lived with disability (Vos et al, 2013).
- 300 million of all ages suffer from depression ---a main contributor to overall disease burden -- leading cause of disability (WHO, 2016).
- Calls for national policy responses to tackle the rising burden of mental health have come from the WHO and the ILO.

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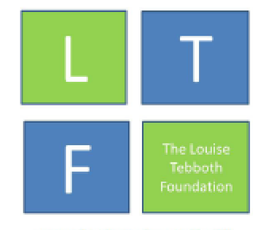
EXCELLENCE

Mental Health Costs

- In Australia 2014-15, almost one in five people had a mental health or behavioural condition = suicide is the leading cause of death for working age (ABS, 2015).
- Australia has the second highest level of antidepressant use in the OECD (OECD, 2015).
- Only 52% of Australian workers consider their workplace to be mentally healthy; 56% believe that their most senior leaders value their mental health.
- Doubly important issue for Physicians -- the go-to-profession for workplace mental health problems yet also are at risk themselves.

2. Levels and Causes of Work Stress in Physicians and In General



What could make a difference to the mental health of UK doctors? A review of the research evidence

Authors:
Gail Kinman
Kevin Teoh

Sept 2018

Levels of Distress (Kinman & Teoh, 2018)

- Doctors are at considerable risk of work-related stress, burnout and mental health problems such as depression and anxiety.
- Survey by beyondblue - 21% of doctors reported ever being diagnosed with depression (Ward, 2019)
- The risk of suicide, especially among general practitioners, psychiatrists and trainees, and among women, is high compared to the general population.
- General practitioners are more vulnerable to burnout (particularly emotional exhaustion), work-related stress and common mental health problems than doctors in most other specialities.
- Trainee and junior doctors are also at particular risk of mental health problems. Of particular concern is the evidence that many doctors are experiencing symptoms of burnout and distress so early in their career.
- Levels of sickness absence and presenteeism are particularly high among doctors.

- Doctors work while sick for several reasons such as short-staffing, feelings of responsibility to their patients, fear of letting colleagues down, the need to present a 'healthy' image at work and concerns for their future career prospects. Working while unwell can have serious implications for the wellbeing of doctors and for patient safety.

maureen.dollard@unisa.edu.au

Causes of Distress (Kinman & Teoh, 2018)

- High workload, growing intensity and complexity of the work, rapid change within healthcare, reducing resources (low control and support) and personal experiences of bullying and harassment.
- Conflict between work and personal life especially among GPs.
- Implications for retention and turnover rates in the medical workforce in the UK, especially among GPs.
- And patient outcomes and the financial performance of healthcare organisations, but more research is needed.
- The stigma associated with mental health problems and a perceived "failure to cope" mean that many doctors are reluctant to disclose such problems for fear of sanctions and job loss. Only 28% of doctors in Australia feel comfortable seeking help for mental health conditions (Ward, 2019)

What trainees say are their stressors (May 2019)

	Groups
Isolation "Too often doctors feel alone and unsupported in decisions which is very stressful"	4
Assessment demands	4
Balancing work, study, family	3
Constantly changing/ unclear expectations (e.g., assessment and accreditation)	3
Bad jobs (work pressure, increased workload, lack time, resources, breaks, bullying)	3
Training & learning opportunities (more rotating training posts, support in training within organisations)	3
Fear of making mistakes (defensive medicine/complaints/ blame culture)	2
Stigma/ Culture of not asking for leave or assistance/ presenteeism	2
Company pressures on professional practice	2

maureen.dollard@unisa.edu.au

Perspective

Burnout in the medical profession: not a rite of passage

Establishing mentally healthy workplaces will reduce the risk of burnout

It is an attention-demanding tragedy when doctors' deaths are attributed to their work, which, after all, is in the service of others. "Epidemic", "crisis" and "urgent need" are words accompanying discussions of burnout and doctor suicides. Yet, despite this bombardment, there has been no sustained approach to achieve an effective national response. Recently, responding to calls for action, the Victorian government lau...

MJA The Medical Journal of Australia
Australia's most trusted source of medical information

Volume 208, Issue 11
June 2018
Pages 471-472

Perspective

Burnout in the medical profession: not a rite of passage

Advertisement

Michael Baigent, Ruth Baigent

Calls for mentally healthy workplaces" to reduce burnout in doctors in an Editorial in the MJA.

Frontline Healthcare Workers

"I've been nursing for nearly 40 years and I think that the pressure over those years outweighs the rewards, but it is still a rewarding career, and its very collegial. But there's certainly one day out of ten that I would say; 'jee, I feel really great today, I've had a lovely day, and my patients really loved me, and thanked me,' and I'll have nine days out of ten where I'll say; 'I felt pressured today, I felt unsafe at times, I felt overworked, and my patients were lashing out at me…' and I'm the person that takes the brunt of that home at the end of the day.."

- **Full title:** "The dynamic interplay of physical and psychosocial safety in frontline healthcare workplaces in Australia and Malaysia"**Investigators:** Prof Maureen Dollard; Dr Michelle Tuckey; Prof Peter Chen; Prof Bill Runciman; Dr Sharon Morton; Ms Mardi Webber, and; Dr Awang Idris; **Participating Organisations and Groups:** University of South Australia; SafeWork SA; University of Malaya; Southern Adelaide Local Health Network; Flinders Medical Centre, and; Calvary Health Care Group.

maureen.dollard@unisa.edu.au

Sarven.McLinton@unisa.edu.au

I think that Work stress is an infinite problem under extreme capitalism (unequal power, unfair resourcing)

Politics of the Mind, Marxism and Mental Health, Iain Ferguson (2017) highlights the link between the economic and political system we live under – capitalism – and the extremely high levels of distress evident in the world today.

Even the Pope is talking about the perils of capitalism- poverty, climate! (inclusive growth for all)

Capitalism and controlling climate change incompatible
Naomi Klein 'This Changes Everything: Capitalism vs The Climate 2014

“the fiction of perpetual growth on a finite planet”
Rob Nixon (November 6, 2014). The New York Times

maureen.dollard@unisa.edu.au

International Labour Organization 100

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The Work Stress Conundrum

News and statements >

Areas of work >

Maureen Dollard & Daniel Neser

"work stress is a recursive and growing problem in a capitalist political economy which relies on resource acquisition, competition, profits and productivity growth by employers and society".

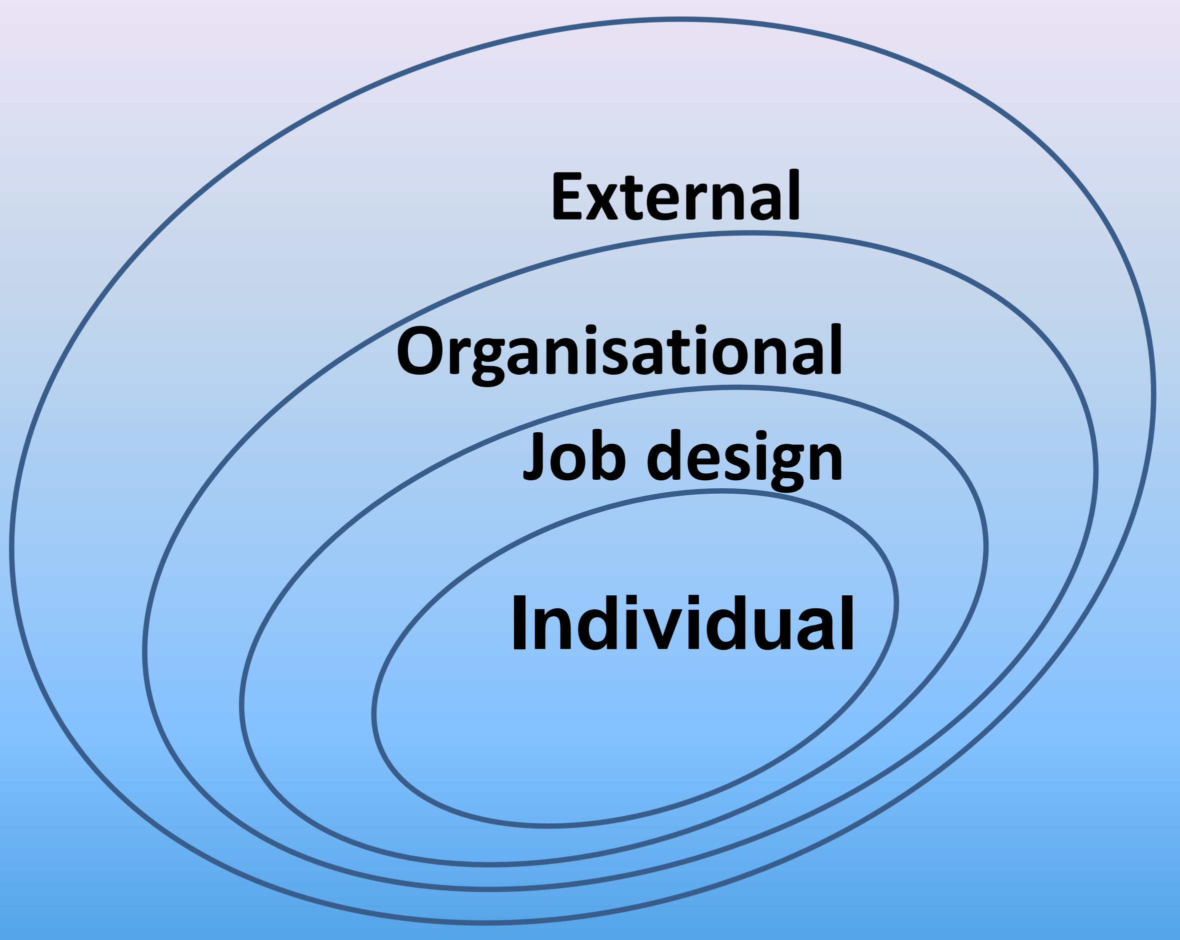
maureen.dollard@unisa.edu.au

Political economy and work conditions

- Developing economies moving to extreme capitalism
- The driving beat is economic rationalism; the drummers are the economists!
- Costs to workers → mental and physical ill-health
- Costs to organisations → high rates of sickness absence and reduced performance
- Costs to society → loss of potential labour supply and high rates of unemployment, burden on health system

maureen.dollard@unisa.edu.au

3. PSC Theory and Evidence



Layers of influence on worker health

maureen.dollard@unisa.edu.au

Multi-level model of psychosocial factors at work (Dollard, 2013)

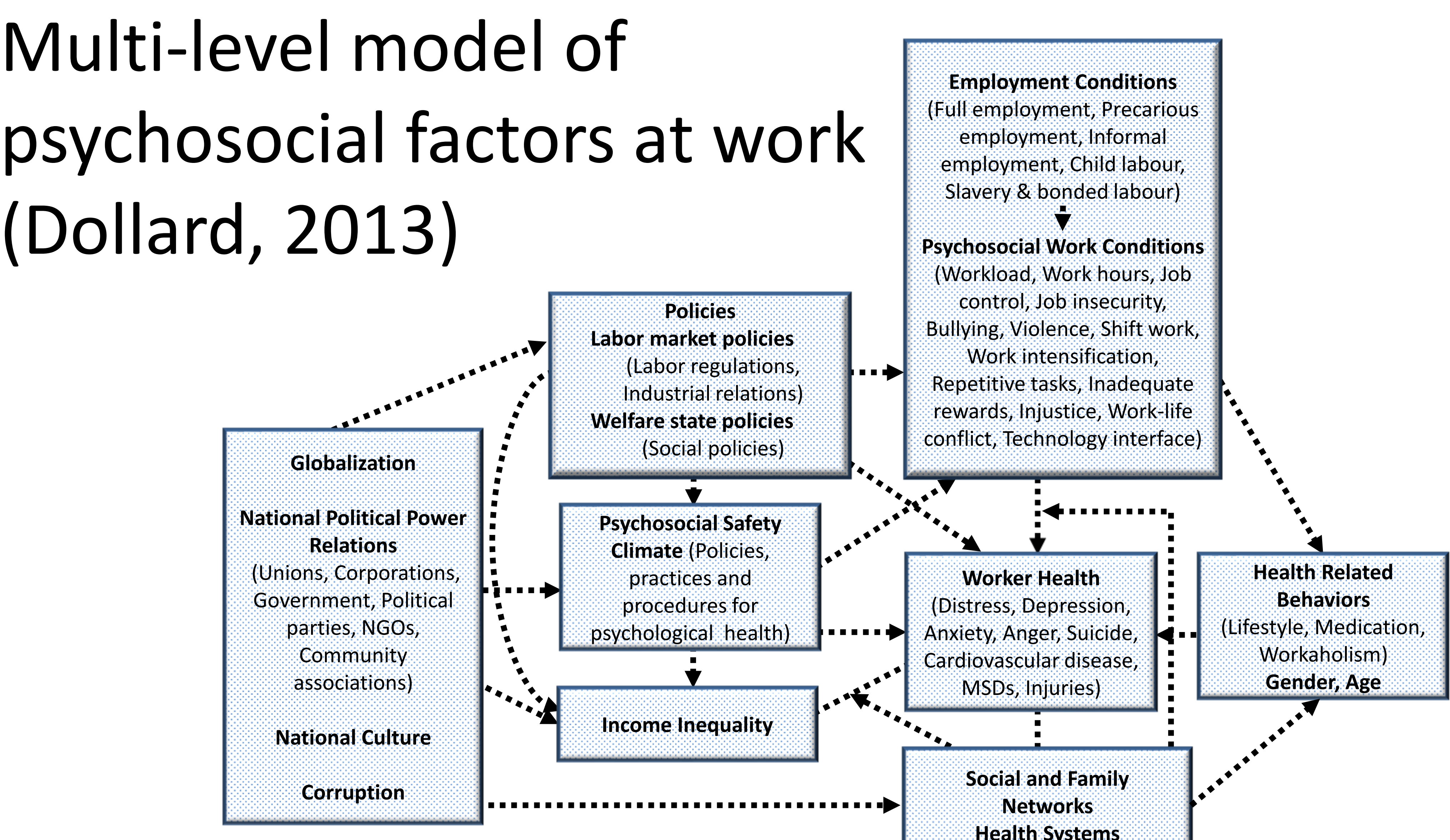


Fig. 1.3
Dollard, M.F., Shimazu, A., Nordin, R. Bin, Brough, P., Tuckey, M.R (Eds.), (2014). *Psychosocial Factors at Work in the Asia Pacific* Dordrecht; Springer International Publishing. 978-94-017-8974-5

maureen.dollard@unisa.edu.au

Psychosocial Safety Climate

- Psychosocial safety climate addresses value conflict: about priority given to worker psychological health vs productivity imperatives
- Psychosocial safety climate (PSC) offers a point of resistance to capitalist pressures.
- *Psychosocial safety climate (PSC)* refers to shared perceptions regarding policies, practices, and procedures for the protection of worker psychological health and safety

maureen.dollard@unisa.edu.au

PSC-12 Measure

Management commitment

1. In my workplace senior management acts quickly to correct problems/issues that affect employees' psychological health
2. Senior management acts decisively when a concern of an employees' psychological status is raised
3. Senior management show support for stress prevention through involvement and commitment

Priority

4. Psychological well-being of staff is a priority for this organization
5. Senior management clearly considers the psychological health of employees to be of great importance
6. Senior management considers employee psychological health to be as important as productivity

Communication

7. There is good communication here about psychological safety issues which effect me
8. Information about workplace psychological well-being is always brought to my attention by my manager/supervisor
9. My contributions to resolving occupational health and safety concerns in the organization are listened to

Participation and involvement

10. Participation and consultation in psychological health and safety occurs with employees', unions and health and safety representatives in my workplace
11. Employees are encouraged to become involved in psychological safety and health matters
12. In my organization, the prevention of stress involves all levels of the organization

Hall et al., 2010 International Journal of Stress Management

The Cause of the Causes of Work Stress

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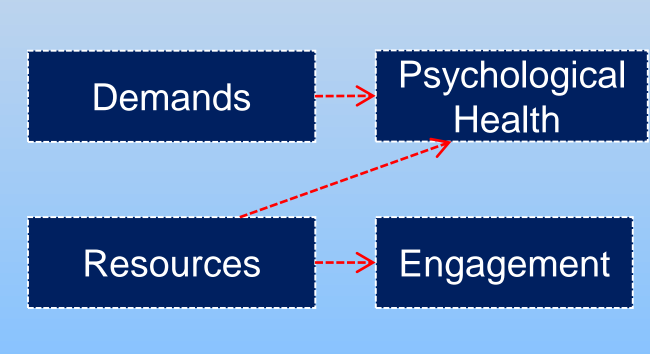
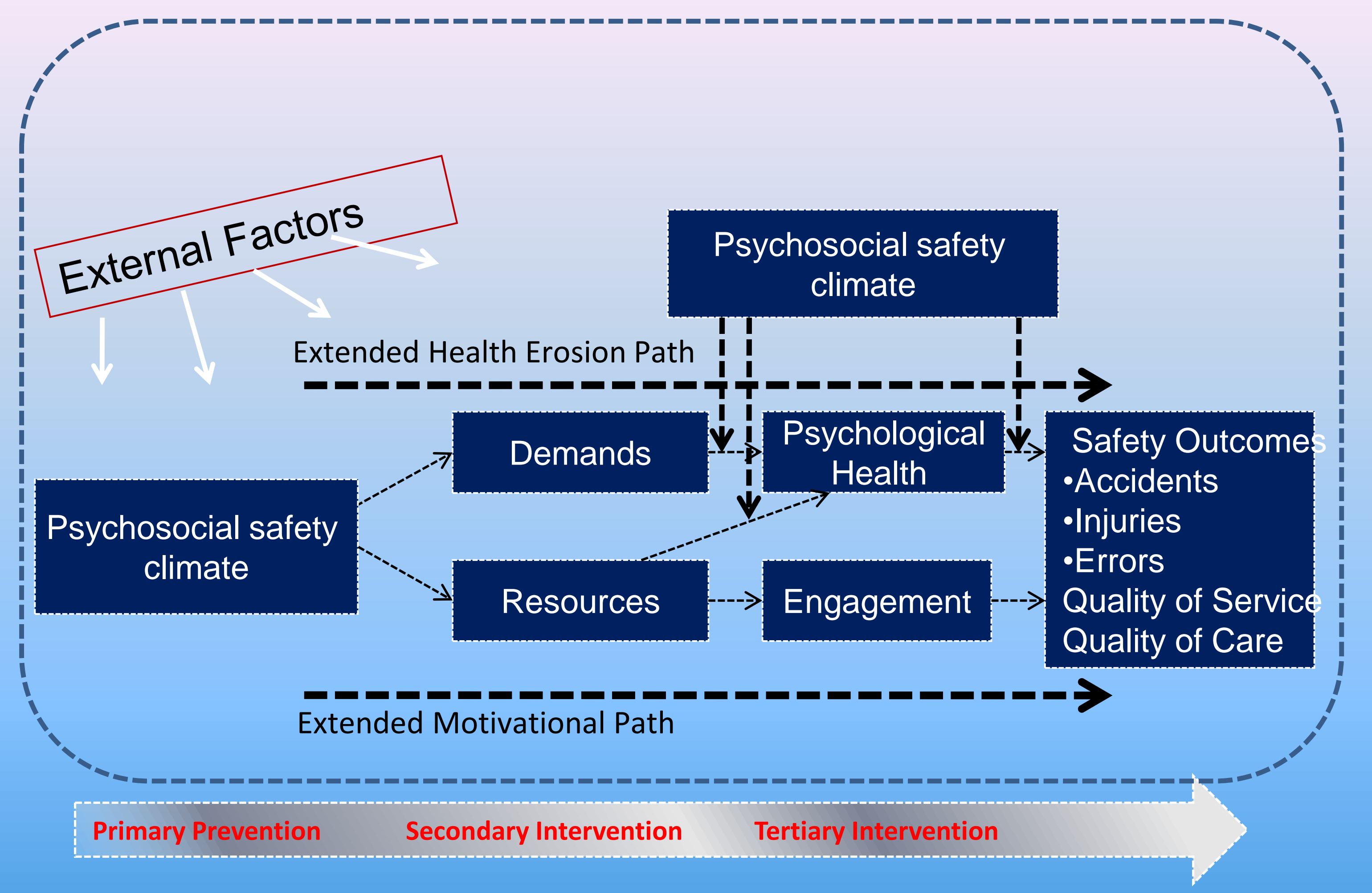
Where does
job design come from



Job Demands-Resources Model
Demerouti, Bakker et al., 2001

maureen.dollard@unisa.edu.au



Epidemiology and Psychiatric Sciences (2011), **00**, 1–7. © Cambridge University Press 2011
doi:10.1017/S2045796011000588

EDITORIAL

Psychosocial safety climate: a multilevel theory of work stress in the health and community service sector

M. F. Dollard* and W. McTernan

Journal of Occupational and Organizational Psychology (2009), in press
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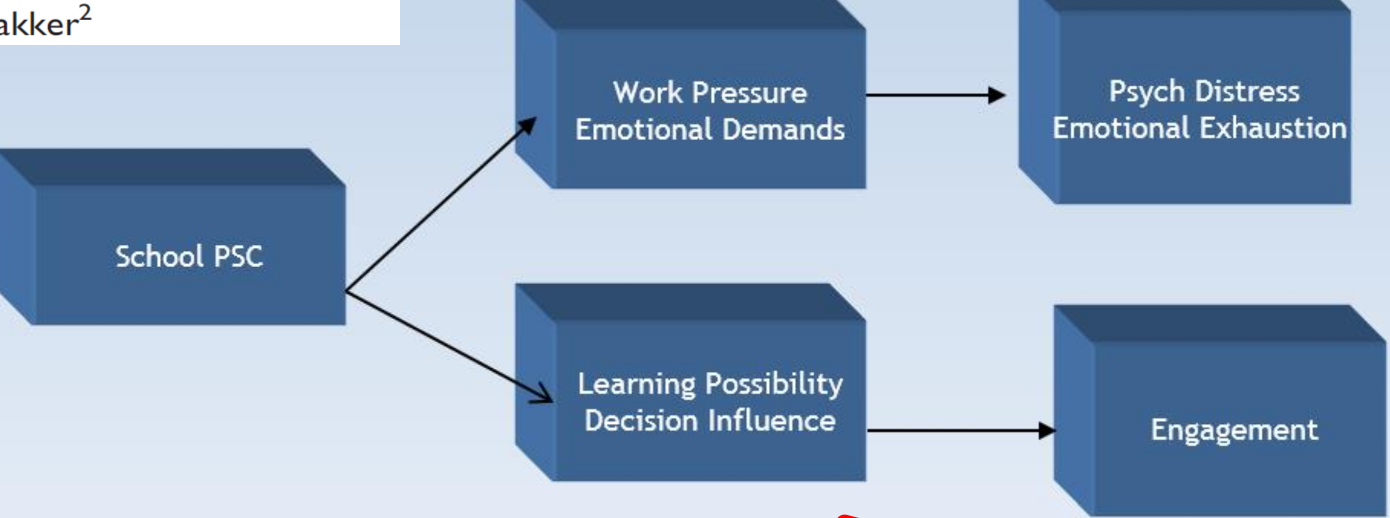
www.bpsjournals.co.uk

Psychosocial safety climate as a precursor to conducive work environments, psychological health problems, and employee engagement

Maureen F. Dollard[1]* and Arnold B. Bakker[2]



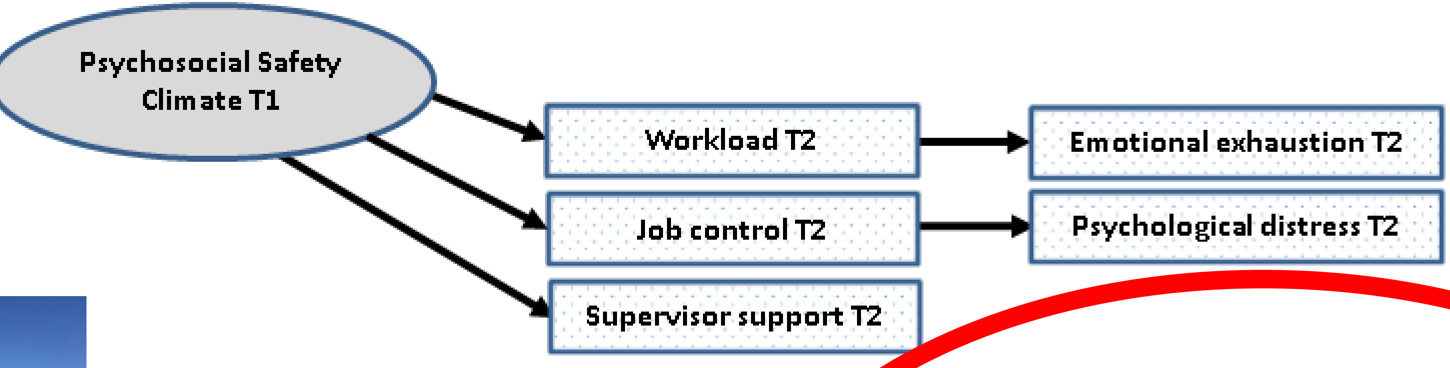
Controls for Time 1 Dependent measures

N = 262 Time1; N = 196, Time 2
18 schools

PSC predicts future work conditions, psychological health and engagement

maureen.dollard@unisa.edu.au

Psychosocial safety climate as an antecedent of work characteristics and psychological strain: A multilevel model



Sample T1 (N = 202)	Sample T2 (N = 163)

- Independent samples matched by work unit (
- Time 1 → Time 2 24 months

Main effects and mediation mode

PSC predicts future work conditions, psychological health and engagement in other workers

(2012). Maureen F. Dollard, Tessa Opie, Sue Lenthall, John Wakerman, Sabina Knight, Sandra Dunn, Greg Rickard & Martha MacLeod

Work & Stress
2012, 1–20, iFirst article

International Journal of *Environmental Research and Public Health*

Article

Predicting Circulatory Diseases from Psychosocial Safety Climate: A Prospective Cohort Study from Australia

Harry Becher [1], Maureen F. Dollard [1,2,*], Peter Smith [3,4,5] and Jian Li [6]

PSC predicts circulatory disorders over 5 years

Table 3. Predicting Circulatory Diseases at Time 2.

Models	Variables	B	SE	Wald	Sig.	Odds Ratio	Low CI	High CI
Model 2	Constant	−3.08	0.98	9.81	0.00	0.05	0.01	0.31
	Age Time 1	0.04	0.01	12.99	0.00	1.04	1.02	1.06
	Education Time 1	−0.13	0.06	4.84	0.03	0.87	0.78	0.99
	Effort-Reward Imbalance Time 1	0.51	0.47	1.18	0.28	1.66	0.66	4.18
	JCQ Job Strain Time 1	−0.47	0.45	1.08	0.30	0.62	0.26	1.51
	Psychosocial Safety Climate Time 1	−0.02	0.01	4.34	0.04	0.98	0.96	1.00

Note: PSC was entered as a continuous measure as was effort-reward ratio. Job strain was entered with 3 other dummy variables. SE: standard error.

Received: 12 November 2015 | Revised: 25 November 2016 | Accepted: 14 December 2016
DOI 10.1002/smi.2740

WILEY

RESEARCH ARTICLE

Psychosocial safety climate, emotional exhaustion, and work injuries in healthcare workplaces

Amy Jane Zadow[1] | Maureen Frances Dollard[1] | Sarven Savia Mclinton[1] | Peter Lawrence[2] | Michelle Rae Tuckey[1]

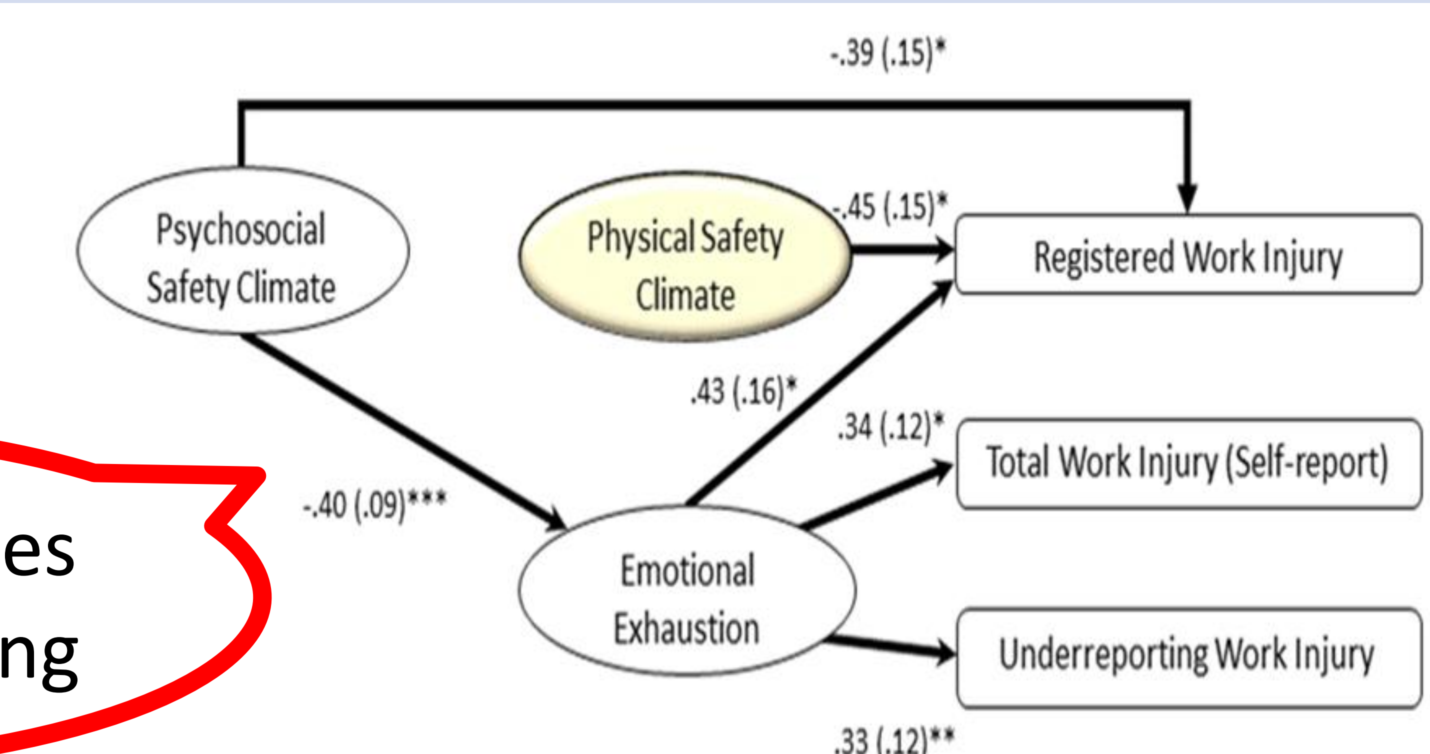
[1]Asia Pacific Centre for Work Health and Safety, University of South Australia, Adelaide, Australia
[2]Calvary Healthcare Adelaide, Little Company of Mary Health Care Ltd, Adelaide, Australia

Correspondence
Amy Jane Zadow, Asia Pacific Centre for Work Health and Safety, University of South Australia, GPO Box 2471, Adelaide 5001, South Australia.
Email: amy.zadow@unisa.edu.au

Abstract
Preventing work injuries requires a clear understanding of how they occur, how they are recorded, and the accuracy of injury surveillance. Our innovation was to examine how psychosocial safety climate (PSC) influences the development of reported and unreported physical and psychological workplace injuries beyond (physical) safety climate, via the erosion of psychological health (emotional exhaustion). Self-report data (T2, 2013) from 214 hospital employees (18 teams) were linked at the team level to the hospital workplace injury register (T1, 2012; T2, 2013; and T3, 2014). Concordance between survey-reported and registered injury rates was low (36%), indicating that many injuries go unreported. Safety climate was the strongest predictor of T2 registered injury rates (controlling for T1); PSC and emotional exhaustion also played a role. Emotional exhaustion was the strongest predictor of survey-reported total injuries and underreporting. Multilevel analysis showed that low PSC, emanating from senior managers and transmitted through teams, was the origin of psychological health erosion (i.e., low emotional exhaustion), which culminated in greater self-reported work injuries and injury underreporting (both physical and psychological). These results underscore the need to consider, in theory and practice, a dual physical–psychosocial safety explanation of injury events and a psychosocial

Psychosocial safety climate, emotional exhaustion, and work injuries

(Zadow, Dollard, McLinton, Lawrence, & Tuckey, 2017)



PSC predicts injuries and under-reporting

Participants included 214 hospital employees (18 teams) linked to the hospital workplace injury register (T1, 2012; T2, 2013; T3, 2014).

Concordance between survey-reported and registered injury rates was low (36%).

amy.zadow@unisa.edu.au

Predicting Happiness in Australian Workers Over 5 years, 2014-2015 (National Sample)

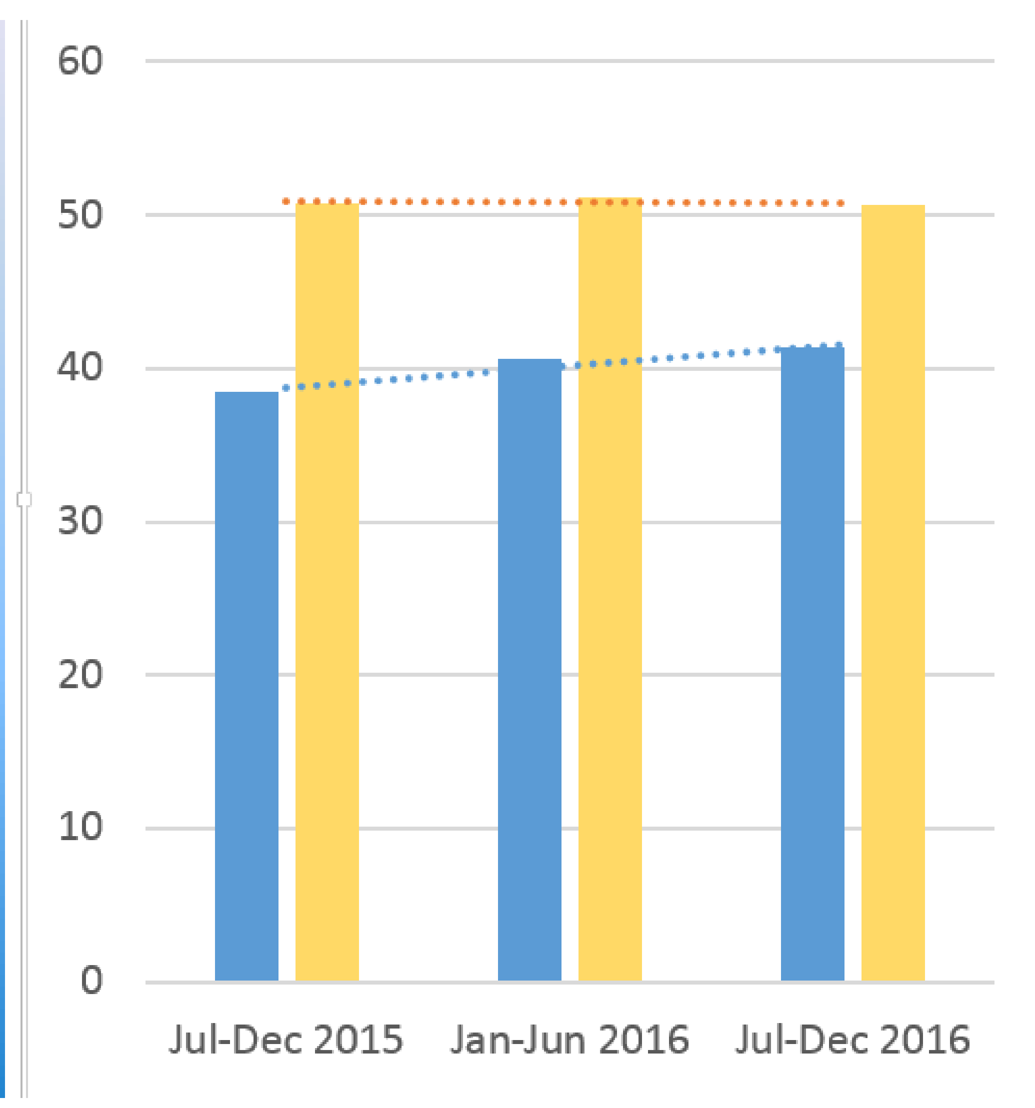
2009-2010	B	SE	Beta	t	p
(Constant)	5.99	0.36		16.61	.000
Age	0.00	0.00	0.00	0.06	.949
Gender	0.09	0.08	0.03	1.11	.268
Psychosocial Safety Climate	0.02	0.00	0.15	4.78***	.000
Bullying	-0.06	0.02	-0.10	-3.51***	.000
Skill Discretion (Control)	0.02	0.01	0.07	2.28*	.023

Gender, 1 = Males, 2 = Females

N = 1139

maureen.dollard@unisa.edu.au

PSC Team Vs PSC Leadership



PSC Team (Blue) Vs PSC Leadership (Yellow)

How leaders rate their PSC leadership and how team members see the PSC is very different

Graph Sarven McLinton

PSC predicts future pro-social procedures (job design, social relational)that prevent bullying

Psychosocial Safety Climate T1

Psychosocial Safety Climate T2

PSC Enacted
Mistreatment Climate T2
Work Design T2
Conflict resolution T2

Bullying T1

Bullying T2

Psychological Health Problems T1

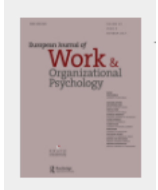
Psychological Health Problems T2

.55***
.30***
0***
-.25***
.08*
.24***
-.41***
.06*
.25***
.70***
.40***
-.29***
-.08
.33**
-.08
.12*

2010-2011

n = 1062

2014-2015



European Journal of Work and Organizational Psychology ›

Original Articles

Psychosocial safety climate (PSC) and enacted PSC for workplace bullying and psychological health problem reduction

Maureen F Dollard, Christian Dormann, Michelle R. Tuckey & Jordi Escartín

PSC used to evaluate the 4-day working week—the NZ innovation

4. The Practical Value of PSC-Human and Economic Case

A National Standard for Psychosocial Safety Climate (PSC): PSC 41 as the Benchmark for Low Risk of Job Strain and Depressive Symptoms

Tessa S. Bailey, Maureen F. Dollard, and Penny A. M. Richards
University of South Australia

Journal of Occupational Health Psychology
2015, Vol. 20, No. 1, 15–26

PSC Standards	Range 12 – 60	
Low risk (High PSC)	41 or above	
Medium risk PSC	38 – 40	
High risk PSC	37 or below	(35% of respondents)
Very High risk PSC	**26 or below**	

Elimination of low PSC –
14% reduction in job strain
16% reduction in depression

Urgent action to prevent further dramatic increases in depressive periods.

Translating cross-lagged effects into incidence rates and risk ratios: The case of psychosocial safety climate and depression

Christian Dormann[a,b], Mikaela Owen[b], Maureen Dollard[b] and Christina Guthier[a]

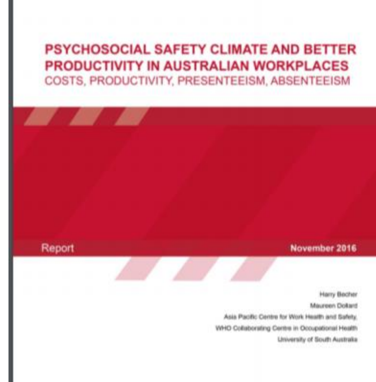
[a]Johannes Gutenberg-University, Mainz, Germany; [b]Asia Pacific Centre for Work Safety & Health, University of South Australia, Adelaide, Australia

Work & Stress (in press)

maureen.dollard@unisa.edu.au

Using PSC to estimate productivity loss

(Becher & Dollard, 2016)



Workers PSC	Annual sickness absence (hours)	Cost via sickness absence	Productivity Loss	Cost via presenteeism
Low	60.3	$2,109	5.5%	$3,113
Moderate	59.1	$2,067	5.4%	$3,042
High	42.3	$1,479	3.2%	$1,856

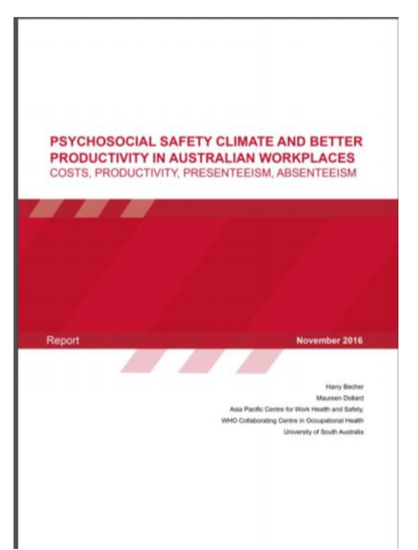
Becher, H., & **Dollard, M. F.** (2015). Psychosocial and human capital costs on workplace productivity, Safe Work Australia, www.safeworkaustralia.gov.au

maureen.dollard@unisa.edu.au

Australian Government
Australian Research Council

Using PSC to estimate productivity loss

(Becher & Dollard, 2016)
A Pro-Social Approach to Productivity using the Australian Workplace Barometer

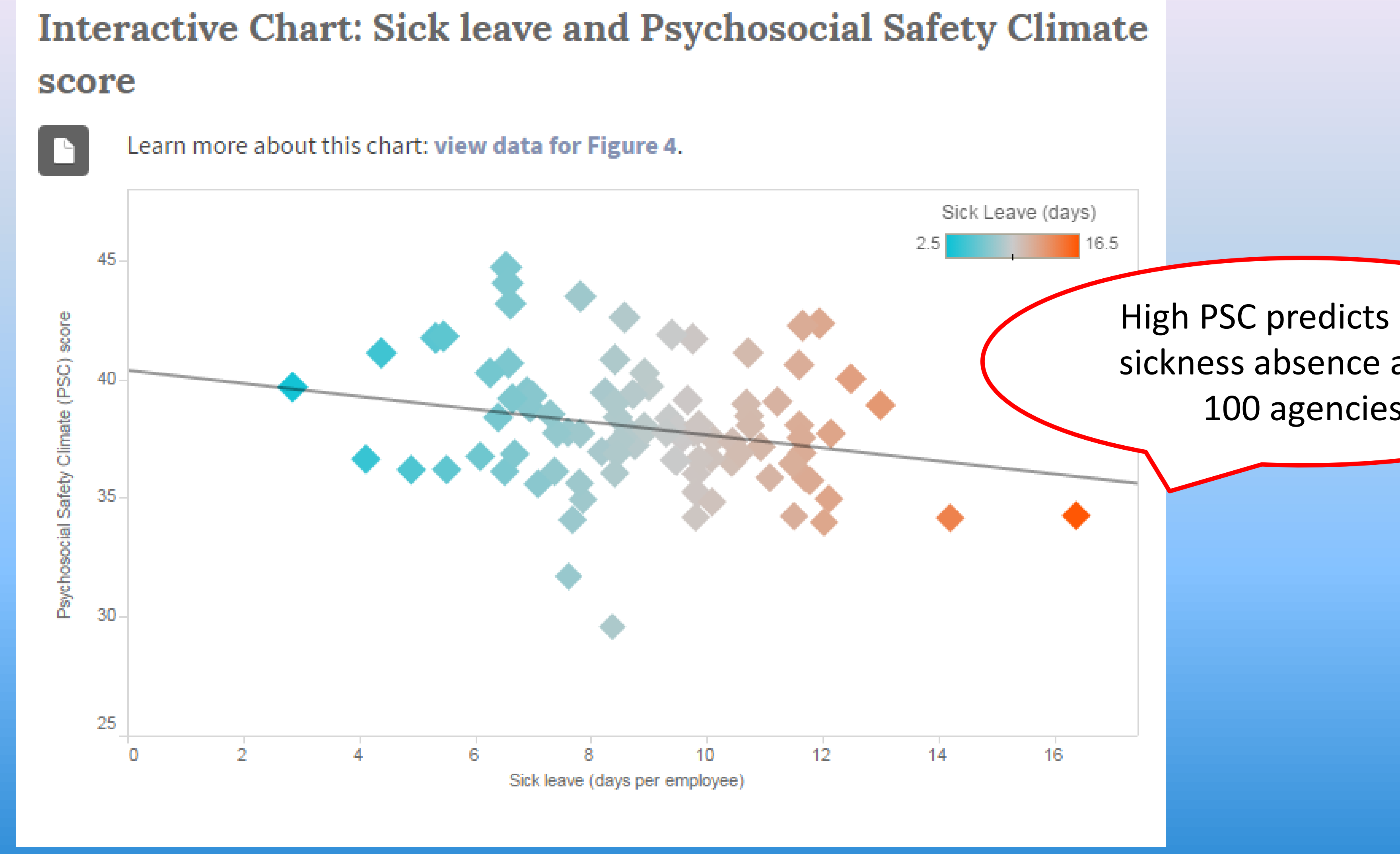


Cost of low PSC via sickness absence:	AUD 2.4 billion p.a.
Cost of low PSC via presenteeism:	AUD 3.6 billion p.a.
Total cost of low PSC to employers:	**AUD 6 billion p.a.**

Becher, H., & **Dollard, M. F.** (2015). Psychosocial and human capital costs on workplace productivity, Safe Work Australia, www.safeworkaustralia.gov.au ; Funding from the Commonwealth Government Agency Safe Work Australia, SafeWork SA, Australian Research Council Discovery Grants [DP0879007 & DP140103429] and an Australian Research Council Linkage Grant [LP100100449].

maureen.dollard@unisa.edu.au

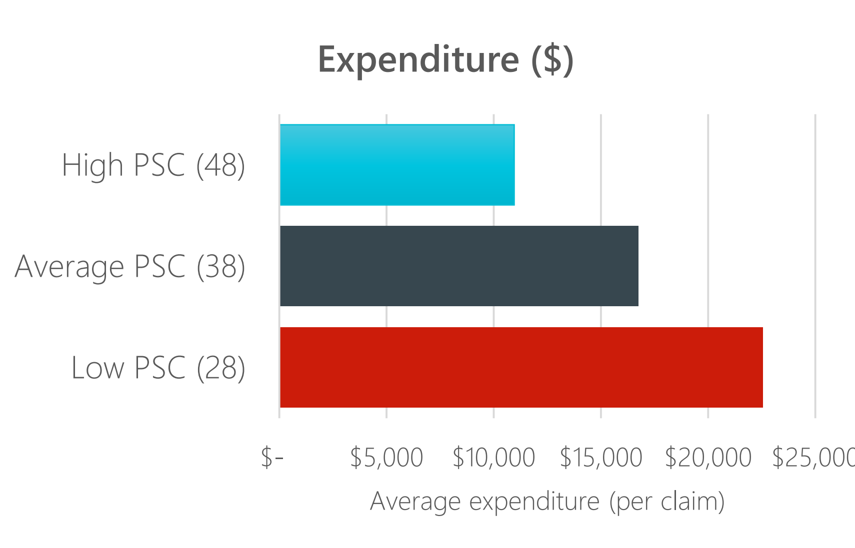
Australian Public Service



maureen.dollard@unisa.edu.au

PSC and Workers’ Compensation in South Australia

Harry Becher & Maureen Dollard



PSC and Workers’ Compensation Expenditure

PSC levels in organisations (AWB data) is significantly linked to Expenditure in SafeWork SA data.

The average compensation claim in SA is $16,753.

The average PSC in this sample was 38.

Each PSC point above 38 can save approximately $580.

In a company with low PSC of 28 we expect average claim cost of $22,550.

In a company with a high PSC of 48 we expect average claim cost of

The really amazing thing about this research is that we can predict future WC Time OFF and Expenditure by knowing about company PSC

Demographic variables (Socioeconomic status, gender, and age) were controlled in all analyses.
PSC was measured in 2010, workers compensation claims include those made between 2011 and 2014 Harry Becher Slide.

5. Solutions: What can be done

What to do ..for Physicians (Kinman & Teoh, 2018)

- More support is urgently needed to help improve the mental health of doctors from recruitment to retirement. Available support should reinforce help-seeking, challenge stigma, and be communicated more effectively and its uptake encouraged.
- Interventions need to be **fundamentally primary** (aim to eliminate or reduce the exposure to such poor working conditions), rather than secondary (help the individual doctor cope with their work environment) and tertiary (treat those already struggling).
- Some interventions that are currently available in many healthcare settings in the UK, such as Schwartz Rounds®, job crafting and employee participation approaches, should be evaluated in the UK.
- More prospective longitudinal studies are urgently needed to assess the mental health of doctors over time and provide insight into the occupational, organisational and individual factors that contribute to positive wellbeing as well as distress.
- Build a culture within medicine that explicitly recognises how the job can impact on the wellbeing of doctors and promotes mental health and self-care from first year of medical school, with the Deans, Trusts and Royal Colleges being responsible for developing and communicating evidence-informed initiatives and sharing best practice.

Study 1. Understanding and preventing suicide and mental health problems in doctors

Aims & Objectives

- Our project aims to investigate the impact of three structural factors influencing mental health and suicide risk
  - 1) professional culture (e.g. expectations from professional colleges)
  - 2) organisational climate (e.g. the day-to-day working expectations)
  - 3) health service context (primary care/hospitals, urban/rural).
- The research questions (RQ) include:
  - RQ 1. How do the structural factors contribute to doctors' mental health and suicide risk?
  - RQ 2. What are doctors' experiences of the structural factors in their working lives?
  - RQ 3. How can suicide risk factors be reduced through structural solutions?

Paul Ward
Professor and Head of Public Health
Flinders University

paul.ward@flinders.edu.au

- Prof Sharon Lawn, Flinders University
- Prof Michael Baigent, Flinders University/ SALHN
- A/Prof Michelle Tuckey, UniSA
- Prof Maureen Dollard, UniSA
- Prof Fran Baum, Flinders University
- Prof Tim Carey, Flinders University
- Prof Lucie Walters, Flinders University
- Prof Michael Kidd, University of Toronto

Mental Health and Wellbeing: The Minimum Data Set

Version 5.2 March 2018

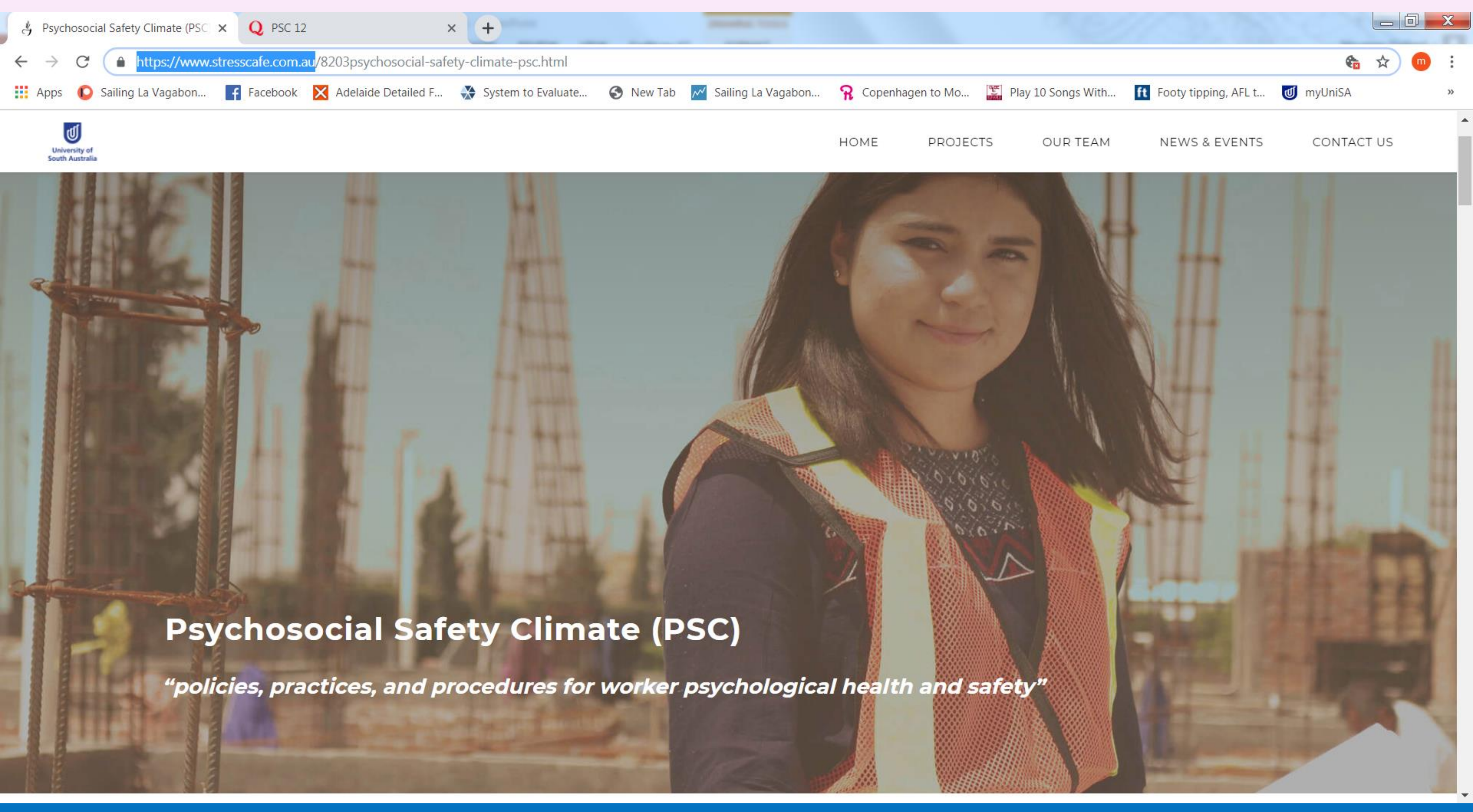
Psychosocial Safety Climate is included in the minimum data set!!

VICTORIA State Government

Victorian Public Sector Leadership Group endorsed the following key approaches to assist employees (March 2018):

1. performance indicators relating to mental health and wellbeing (related incidents, training/instruction, induction, and employee survey results) to be used for each department's baseline, measure improvement, and benchmark across similar organisations to assist with continuous improvement on learning and mental health and wellbeing outcomes

maureen.dollard@unisa.edu.au


Psychosocial Safety Climate (PSC
PSC 12
https://www.stresscafe.com.au/8203psychosocial-safety-climate-psc.html
Apps
Sailing La Vagabon...
Facebook
Adelaide Detailed F...
System to Evaluate...
New Tab
Sailing La Vagabon...
Copenhagen to Mo...
Play 10 Songs With...
Footy tipping, AFL t...
myUniSA
University of South Australia
HOME
PROJECTS
OUR TEAM
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CONTACT US
Psychosocial Safety Climate (PSC)
“policies, practices, and procedures for worker psychological health and safety”

https://www.stresscafe.com.au

Many Thanks for Your Participation.

Your PSC Score is: **46**

In order to interpret your results, you may be interested to know that Psychosocial Safety Climate is measured using a 12 item scale (PSC-12). Scores range from 12 to 60.

The following benchmarks show risk levels and prognosis for PSC scores, based on a large sample of Australian workers.

Please compare your score with the benchmark scores to find the range in which your results are located.

PSC Standards	Range 12 — 60	Prognosis
Low-risk PSC (High PSC)	≥ 41	Performing well, improvements in PSC levels might be noted; increased leader performance in PSC
Medium-risk PSC	41 < and > 37	Steady state, need more enacting of PSC principles
High-risk PSC	37 ≤ and > 26	Increasing PSC levels from low could reduce depression by 16% and job strain by 14%
Very high-risk PSC (Very low PSC)	≤ 26	Urgent action required to prevent further dramatic increases in depressive periods, and worsening conditions (e.g. increased bullying)

Please print this page and provide it to whom it may concern (e.g., your manager, your union representative, your GP).

Study 2; Using PSC in Clinics to Contextualise Workers—Looking for partners

Further planning ANZSOM Annual Scientific Meeting in Adelaide October

maureen.dollard@unisa.edu.au

Conclusions

1. Economists of a capitalist kind have too much say in running the world—we need more pro-social influences—that means you!
2. PSC is an important theoretical construct to link the external social political pressures with internal organisational functioning
3. PSC is an evidence based leading indicator and risk factor, best target for stress prevention/intervention (top management support, all levels involved etc).
4. PSC should be a KPI for strategic ethical management—and can be used to contextualise health for any worker presentation to health clinic- (use in Canadian Occupational Medicine clinics—looking for partners)
5. AUS, NZ, UK, Canadian benchmarking research
6. In summary, we have discussed contemporary economic policies, work stress issues, PSC theory and evidence-based implications for organisations.

maureen.dollard@unisa.edu.au

Thank You Very Much for Listening

Please contact: maureen.dollard@unisa.edu.au

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Published Papers on PSC

Books/ Book Chapters

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maureen.dollard@unisa.edu.au

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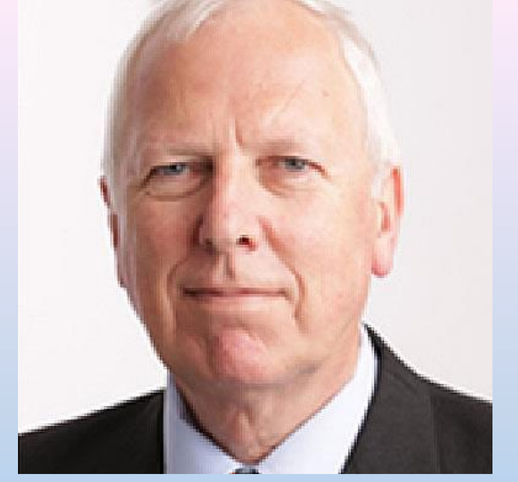
Potter et al., 2017; An Evaluation of the WHS Policy Framework: *Stakeholder perspectives of the achievements, challenges and needed future directions.* Aimed to evaluate the effectiveness and implementation of the current WHS/OHS regulatory framework in relation to the management of psychosocial risks and psychological health.
Stakeholders interviewed across Australia (WA, Vic, Qld, SA and NSW)

maureen.dollard@unisa.edu.au



Working for world class performance; …..in WorkSafe NZ

Ross Wilson ILO Think Piece

- Evidence that improvement in health and safety performance over the past 5 years is levelling off and more systemic initiatives are required, capacity to address chronic exposures and health issues (including mental health, bullying and harassment) is immature compared with many other comparable countries, and further work needs to be done to ensure that the catastrophic harm potential of some high hazard organisations is adequately regulated

Occupational Health: A value proposition

A report from the Society of Occupational Medicine

Occupational health: the value proposition

Occupational health specialists enhance employee health, workforce productivity, business performance and the economy

Occupational health → Employee health → Workforce productivity → Business performance → Strong economy

"This report provides a comprehensive analysis and evidence review of the value of occupational health. It comes at a critical time for the policy agenda for work and health, and the challenge of the productivity gap. It is essential reading for managers, clinicians and policy makers."

Lord Blunkett, SOM Patron

A report from the Society of Occupational Medicine May 2017

"Workplace health promotion ought to follow from an organisation's values i.e. many organisations state that employees are their most important asset. However, in recent years the emphasis has shifted from being values-driven to demonstrating return on investment" pg 24

The business case should reflect value in the broadest sense and not focus on financial value – moral, financial, legal

maureen.dollard@unisa.edu.au

Table 1: The benefits provided by occupational health services

Employees	Employers	Economy
Protect and promote health	Help reduce sickness absence	Reduce NHS care costs
Help prevent work-related illnesses	Improve business performance	Reduce the cost of state benefits
Manage return to work after illness	Avoid litigation	Increase tax revenues
Maintain earnings	Improve corporate image	Revitalise the UK economy
Maintain quality of life		

Table 2: Employer costs related to employee ill health (* additional costs associated with work-related illness)

Tangible costs		Intangible costs
Direct	Indirect	
• Restricted duties • Sick pay • Disability pension • Fines* • Legal costs* • Compensation*	• Overtime cover • Temporary agency staff • Management time • HR / payroll time • Recruitment fees • Training of replacements	• Presenteeism • Lost productivity • Engagement • Staff turnover • Lost productivity • Employee relations • Corporate image

maureen.dollard@unisa.edu.au

On judging the US by its GDP

GDP is the total market value of all goods and services produced in an economy in a country in a year.

Robert F Kennedy
Remarks at the University of Kansas March 18, 1968

It does not include the beauty of our poetry, or the strength of our marriages, the intelligence of our public debate or the integrity of our public officials. It measures neither our wit nor our courage, neither our wisdom nor our learning, neither our compassion nor our devotion to our country. It measures everything in short, except that which makes life worthwhile.

maureen.dollard@unisa.edu.au

Work Stress and Values

Values that underlie views of occupational stress

(a) a humanistic-idealistic desire for a good society and a good working life;

(b) a drive for health and well-being;

(c) a belief in worker participation, influence, and control at the individual level; and

(d) economic interest in competitiveness and profits of the business organisation and the economic system" (Levi, 1990, p. 1144).

Placed within this framework occupational stress is a social and political problem as much as a health problem (Levi, 1990).

Creation of a value conflict..

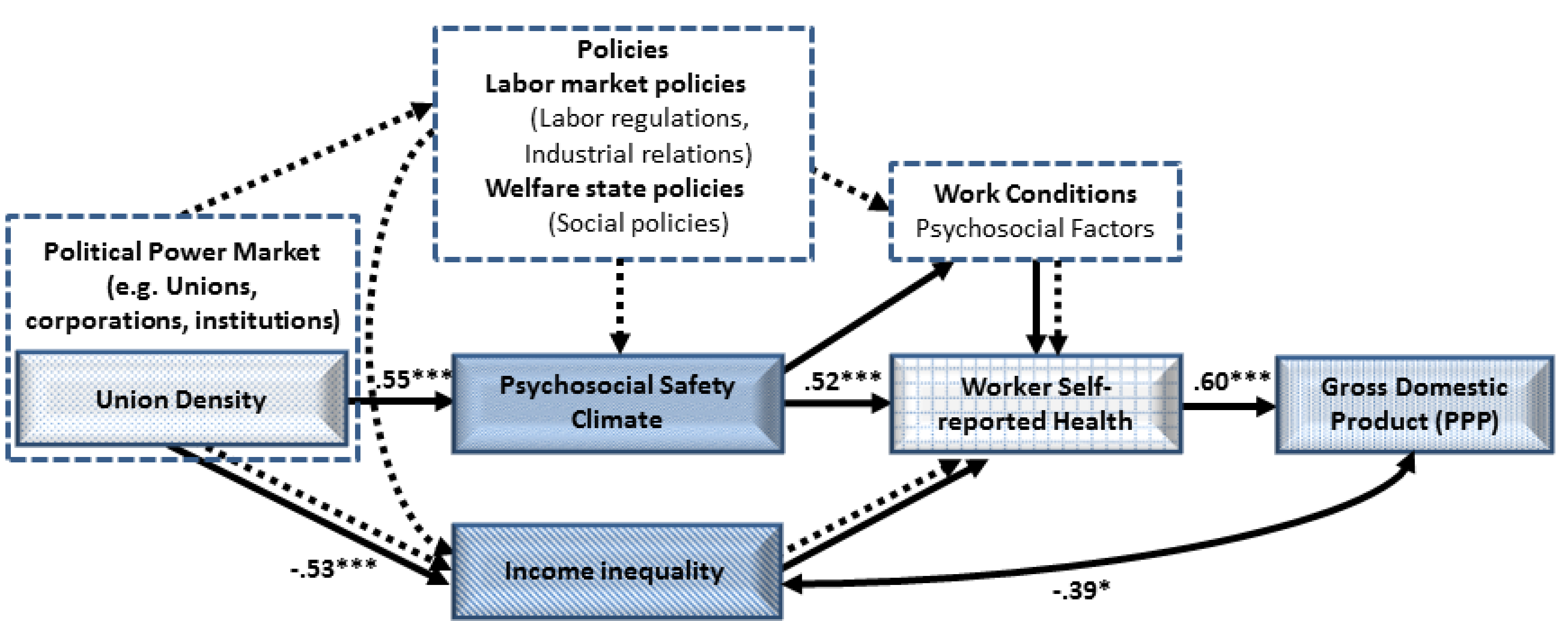
maureen.dollard@unisa.edu.au

Outstanding question…
4. Where does PSC come from?

The cause of the cause of the cause

The context

maureen.dollard@unisa.edu.au



proposed by Benach et al., 2007

tested empirically

Solid boxes reflect the final model, different shades reflect different data sources

*/*** Beta values significant in final model, P < .05; P < .001

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Worker health is good for the economy: Union density and psychosocial safety climate as determinants of country differences in worker health and productivity in 31 European countries

Maureen F. Dollard*, Daniel Y. Neser

Centre for Applied Psychological Research, School of Psychology, Social Work and Social Policy, University of South Australia, Magill Campus, Adelaide, Australia

maureen.dollard@unisa.edu.au