

Research: Psychosocial risks of healthcare workers

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Te Kāwanatanga o Aotearoa
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WORKSAFE
Mahi Haumarū Aotearoa

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Summary of survey results

Psychosocial hazards in the workplace are a risk to workers' physical and mental health.

It is not always possible to eliminate psychosocial risks in the workplace. There may not be any single cause and there could be cumulative or different ways in which risks impact workers' mental health. However, by identifying psychosocial risk factors and putting protections in place, workplaces are best placed to reduce risk exposure and harm and optimise mental health.

WorkSafe New Zealand released the results from the New Zealand Psychosocial Survey in June 2022 (WorkSafe New Zealand, 2022), where exposure to a range of psychosocial factors at work were reported by healthcare and social assistance workers.

The Psychosocial Survey of Healthcare Workers follows the New Zealand Psychosocial Survey and provides a more comprehensive analysis of psychosocial health and wellbeing specifically in the healthcare sector.

The survey used three questionnaires:

- Copenhagen Psychosocial Questionnaire (COPSOQ-III)¹
- 12-item Psychosocial Safety Climate (PSC-12)²
- World Health Organization Five item Wellbeing Index (WHO-5)³.

One of the core functions of WorkSafe is to promote and support research and education, and to publish statistics and other information relating to work health and safety. We developed this resource for primary duty holders in healthcare organisations to identify, understand and address psychosocial risks at work and promote good practices, and therefore meet their obligations to keep workers safe and healthy.

Methodology

The survey was conducted online between 25 February - 15 May 2022. It included 1,067 respondents aged 18 years and over working in the healthcare industry. The survey included people who were employees or self-employed and working in the healthcare industry. It sampled people working in hospitals, medical and other healthcare services. People working in home and community/residential or disability care were excluded from the sample.

Comparative data on psychosocial safety climate for all New Zealand workers was obtained from the New Zealand Workplace Barometer (Forsyth et al., 2021). All other data for all New Zealand workers, including healthcare workers, was obtained from the New Zealand Psychosocial Survey 2021 (WorkSafe New Zealand, 2022).

¹ For more information on COPSOQ and how to use it, please check <https://www.copsoq-network.org>.

² Dollard, M.F., & Kang, S. (2007). Psychosocial safety climate measure. Work & Stress Research Group, University of South Australia, Adelaide.

³ <https://www.psykiatri-regionh.dk/who-5/Documents/WHO-5%20questionnaire%20-%20English.pdf>

Sample overview

FIGURE 1:
Survey sample by gender

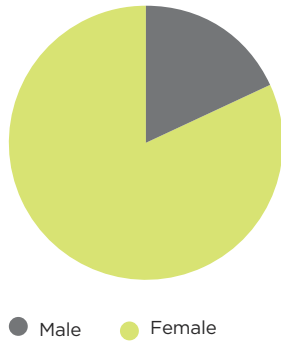


FIGURE 2:
Survey sample by region*

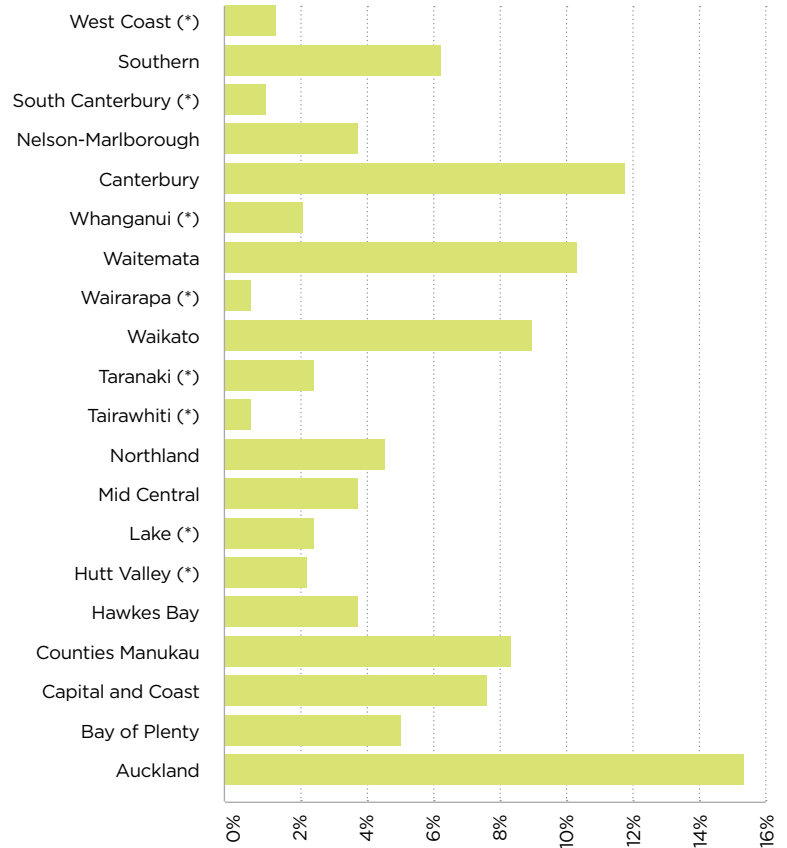
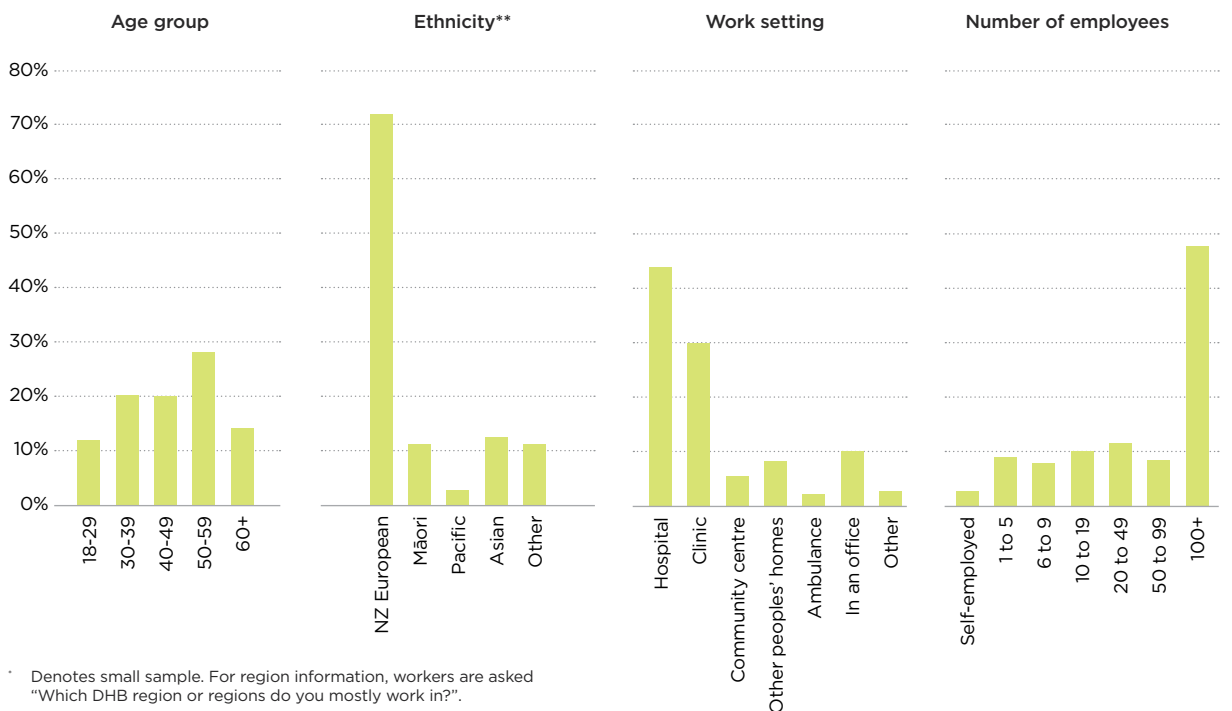


FIGURE 3:
Survey sample by key demographic and grouping variables



* Denotes small sample. For region information, workers are asked "Which DHB region or regions do you mostly work in?".

** Respondents can identify with multiple ethnicities.

Findings

PSYCHOSOCIAL SAFETY CLIMATE

An organisation's psychosocial safety climate reflects its culture and the value it places on healthy work experiences through policies, practices and procedures. The psychosocial safety climate tool measures the following:

 <p>MANAGEMENT PRIORITISATION</p> <p>How does the organisation demonstrate that staff wellbeing is a priority?</p>	 <p>MANAGEMENT COMMITMENT</p> <p>How does management address wellbeing issues and what processes are in place to facilitate this?</p>	 <p>ORGANISATIONAL COMMUNICATION</p> <p>How does the organisation ensure effective communication with staff about work-related impacts on wellbeing (i.e. psychosocial hazards)?</p>	 <p>ORGANISATIONAL PARTICIPATION</p> <p>How are staff encouraged to have input into work-related impact on wellbeing (i.e. psychosocial hazards)?</p>
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Psychosocial safety climate scores range from a low of 12 (suggests the highest risk of adverse/negative outcomes) to a high of 60 (indicates lowest risk of adverse outcomes).

Published benchmarks for psychosocial safety climate, as measured using the PSC-12, indicate a score of 41 and over is the best practice standard threshold associated with a business performing well for worker psychological health and safety and low risk of depressive symptoms and job strain. A psychosocial safety climate score of 37 or below is associated with higher psychosocial risk, and negative outcomes such as depressive symptoms and job strain.

37.0 is the overall psychosocial safety climate mean score for the healthcare sector.

39.7 is the overall psychosocial safety climate mean score for all New Zealand workers (Forsyth et al., 2021).

39.3% of healthcare workers report an overall psychosocial safety climate score greater than or equal to 41, compared to all New Zealand workers at 52.2% (Forsyth et al., 2021).



FIGURE 4: Overall psychosocial safety climate for healthcare workers and all New Zealand workers

≥ 41: (low risk) The work climate is performing well for worker psychological health and safety.

37-40: (medium risk) The work climate is just below the best practice standard threshold. More is needed to improve work climate.

27-36: (high risk) The work climate is likely to involve a high risk of depressive symptoms and job strain.

≤ 26: (very high risk) The work climate needs urgent action as there is very high risk of depressive symptoms and job strain.

43.6 is the psychosocial safety climate score for healthcare workers in the industry for less than a year, indicating a lower risk of adverse psychosocial outcomes.

35.3 is the psychosocial safety climate score for those working in the healthcare industry between four and nine years, suggesting a higher risk of depression and job strain.

OFFENSIVE BEHAVIOURS

Offensive behaviours can cause harm to the person they are directed at as well as people witnessing the behaviour. An irregular or single exposure may have low psychological risk, but repetitive or severe exposure can cause both physical and psychological harm.

The survey focuses on three types of offensive behaviours:

- Bullying
- Sexual harassment
- Threats of violence.

Over half of healthcare workers report exposure to at least one of these offensive behaviours in the last 12 months. Compared to all New Zealand workers, healthcare workers are more likely to report exposure to the three types of offensive behaviours, particularly threats of violence.

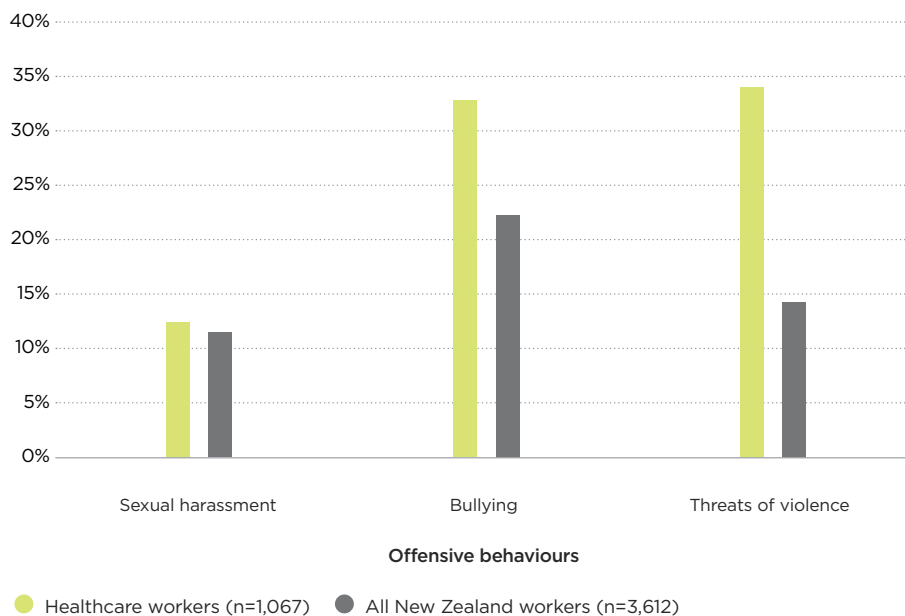


FIGURE 5: Exposure to offensive behaviours in the last 12 months in healthcare workers and all New Zealand workers

A lower psychosocial safety climate score is strongly associated with higher risk of exposure to offensive behaviours. Workers with a very low psychosocial safety climate score (less than or equal to 26) are more at risk of experiencing offensive behaviours.

They reported exposure to the following:

Risk level	Percentage of healthcare workers	Bullying	Sexual harassment	Threats of violence
Low risk (very high PSC score)	39.3	14.0	6.5	25.5
Medium risk	10.6	31.5	13.0	31.2
High risk	32.8	39.9	13.0	36.8
Very high risk (very low PSC score)	17.3	64.0	22.0	50.1

FIGURE 6: Offensive behaviours and psychosocial safety climate risk levels

DEMANDS AT WORK

Job demands refer to any physical, psychological, social or organisational aspects of a job that require constant effort on the employee’s part (Riley et al., 2021). High job demands are associated with increased risk of work strain, burnout, and physical and mental health problems (Bakker & de Vries, 2020).

‘Demands at work’ is one of the domains within the Copenhagen Psychosocial Questionnaire. It consists of the following:

- Quantitative demands (workload)
- Work pace (speed and intensity of work)
- Emotional demands (dealing with other people’s feelings or being placed in emotionally difficult situations)

Healthcare workers report significantly higher scores for quantitative demands, work pace and emotional demands than all New Zealand workers. Higher scores indicate higher risk exposure. Scores over 40 indicate moderate risk, and above 70 indicate high risk.

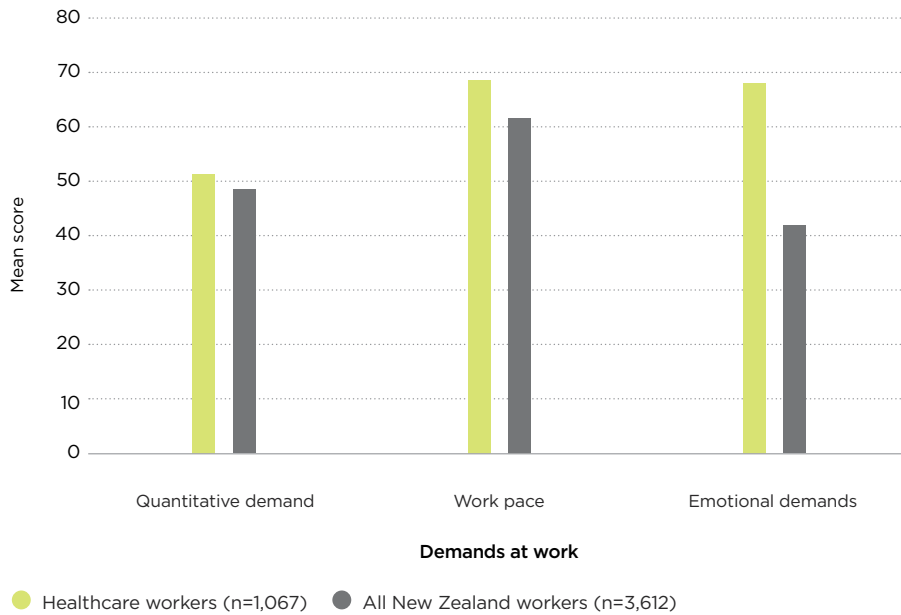


FIGURE 7: Demands at work mean score in healthcare workers and all New Zealand workers

WELLBEING

The World Health Organization-Five item Wellbeing Index (WHO-5) is a self-report measure of current mental wellbeing. It consists of five statements about how well the person felt over the previous 14 days. The total percentage score ranges from 0 (worst possible quality of life) to 100 (best possible quality of life). A score of 50 and below indicates poor mental wellbeing. Scores at or below 20 are indicative of depression.

50.6 is the mean score for healthcare workers.

47.1% of healthcare workers report a wellbeing score of 50 and below.

11.1% of healthcare workers report a wellbeing score of 20 and below, suggesting a higher risk of clinical levels of depression.

SELF-RATED HEALTH

Self-rated health is a widely used indicator for monitoring quality of life and population health. It measures a person’s perception of their overall health and is an alternative source of data from objective measures of health status.

75.8% of healthcare workers rate their health as good and above, compared to 80.7% of all New Zealand workers.

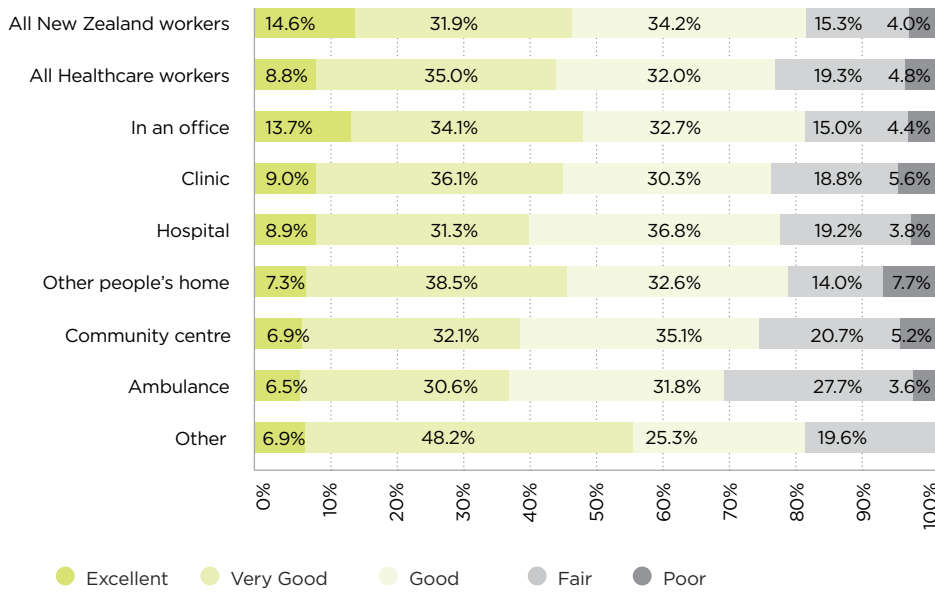


FIGURE 8: Self-rated health in all New Zealand workers, healthcare workers and health settings

The survey results show a correlation between psychosocial safety climate and self-rated health. Healthcare workers who indicate psychosocial safety climate scores greater than or equal to 41 (low risk) rate their health significantly better than those who report a lower psychosocial safety climate score (high risk).

PSYCHOLOGICAL DISTRESS

Psychological distress is associated with fluctuations in levels of arousal and mood. High distress can be a precursor to or part of a more serious mental health condition.

High psychological distress can be associated with:

- burnout (physical and emotional exhaustion resulting from chronic stress),
- stress (high arousal), and
- cognitive stress (problems concentrating, high distractibility)

14.0% of healthcare workers report experiencing at least one form of psychological distress all the time.

The percentage of healthcare workers who report signs of distress reported experiencing the following symptoms *part of the time* or *all of the time*:

72.5% Physical exhaustion.

67.7% Emotional exhaustion.

57.9% Stress.

46.4% Cognitive stress.

23.3% Report no exposure to any form of distress.

NIGHT WORK

Working in healthcare can involve shift work and long and irregular working hours. Mental health and wellbeing have been shown to be negatively impacted by shift work (Reinganum & Thomas, 2023). Shift workers are more likely to be at risk of depression, burnout, anxiety and insomnia (Dall’Ora et al., 2023; NHS Staff Council, 2020).

Those who work night shifts (“In the last four weeks did you do paid work for at least three hours between midnight and 5am?”) report higher risks from work pace, emotional demands, role conflicts and burnout. These workers also report significantly lower recognition, influence at work, social support from supervisors, job satisfaction, vertical trust and organisational justice. Workers who work night shifts report significantly lower psychosocial safety climate scores than those who do not work night shifts (34.8 compared to 37.7). However, these workers are more likely to receive social support from their colleagues than those who do not work between midnight and 5am (76.3 compared to 71.6).

Healthcare night shift workers are more likely to report a wellbeing score of 50 and below (indicating poorer wellbeing).

Exposure to bullying, sexual harassment and violence is significantly higher when working night shift.

NEGATIVE FACTORS	POSITIVE FACTORS
<ul style="list-style-type: none"> ▲ work pace ▲ emotional demands ▲ role conflicts ▲ burnout ▼ recognition ▼ influence at work ▼ social support from supervisors ▼ job satisfaction ▼ vertical trust ▼ organisational justice ▼ psychosocial safety climate score 	<ul style="list-style-type: none"> ▲ social support from colleagues ▲ meaning of work ▲ possibilities for development
<p>▲ = indicates higher score than for those who do not work night shifts</p> <p>▼ = indicates lower score than for those who do not work night shifts</p>	

LONG WORKING HOURS

Long working hours are shown to negatively impact health in direct and indirect ways. Working long hours can negatively affect psychological health as well as physical health, with studies reporting an increased risk of depression, coronary heart disease and other conditions (Wong et al., 2019).

According to the survey, some 24% of healthcare workers in New Zealand report working long and irregular working hours. Healthcare workers who work more than 51 hours per week are:

- 1.2 times more likely to report a mean score of wellbeing under 50 (indicating poorer wellbeing).
- more likely to report exposure to threats of violence (46.7% compared to 34.1% of all healthcare workers).

NEGATIVE FACTORS	POSITIVE FACTORS
<ul style="list-style-type: none"> ▲ quantitative demands ▲ work pace ▲ emotional demands ▲ role conflict ▲ job insecurity ▲ work-life conflict ▲ burnout 	<ul style="list-style-type: none"> ▲ influence at work ▲ possibilities for development ▲ role clarity
<p>▲ = indicates higher score than for those who do not work night shifts</p> <p>▼ = indicates lower score than for those who do not work night shifts</p>	

ORGANISATIONAL SIZE

The survey shows that psychosocial risks differ by organisation size. Workers in large healthcare organisations with over 100 employees (three-quarters of large organisations are hospitals) were more likely to report higher psychosocial risks than the average. These workers report higher exposure to quantitative demands, work pace, role conflicts and emotional demands. They report lower predictability, role clarity and recognition of their work. They also report the lowest psychosocial safety climate score of 34.6, suggesting a high risk of depression and job strain.

Workers in organisations with over 100 employees report higher exposure to bullying, sexual harassment and threats of violence, with over half of workers in organisations of over 100 people reporting exposure to at least one offensive behaviour in last 12 months.

DIFFERENCES WITHIN SETTINGS

Healthcare workers in a hospital report greater exposure to psychosocial risks than those in other healthcare settings, such as a community centre, clinic or office.

47.2 is the mean wellbeing score for those working in hospitals, the lowest score of all healthcare workers.

Healthcare workers in a hospital setting have significantly lower overall psychosocial safety climate scores than workers in other healthcare settings, meaning they are at higher risk of experiencing adverse outcomes.

Those who work in a hospital are more likely to report:

- physical exhaustion
- emotional exhaustion
- stress, and
- greater exposure to offensive behaviours.

Those working in ambulance services report higher exposure to offensive behaviours and higher emotional demands. Ambulance workers report a higher level of social support from colleagues.

Community and personal service workers report more exposure to bullying and threats of violence than other healthcare workers.

POSITIVE PSYCHOSOCIAL FACTORS

Research shows good work can mitigate psychosocial risk factors and support a workplace's goals to reduce the hazards. By paying more attention to positive psychosocial factors, employers can improve their workers' mental and physical health.

The survey results show that healthcare workers report a greater number of positive psychosocial factors than all New Zealand workers. These factors include social support from colleagues (72.7 versus 68.4 for all New Zealand workers) and a sense of community at work (80.5 versus 76.1). Horizontal trust is the trust built among employees and if the employees trust each other. Horizontal trust is significantly higher for healthcare workers at 68.0 compared to all New Zealand workers at 66.4. Healthcare workers also report a higher quality of leadership compared to all New Zealand workers (59.2 versus 55.5)

Reflective of healthcare work being an essential service, healthcare workers report lower job insecurity (19.0 compared to 40.0 for all New Zealand workers) and lower insecurity of working conditions (15.6 versus 24.3).

Studies show that finding meaning in your work provides a sense of purpose and fulfilment which helps support mental wellbeing.

Possibilities for development are opportunities for learning and development not only in the job, but also at the personal level.

Healthcare workers report higher meaning of work (81.6 versus 70.7) and possibilities for development (72.8 versus 64.7) than all New Zealand workers.

Survey implications

These survey results help to build a picture of the current psychosocial risks that healthcare workers are exposed to, and identify psychosocial factors which may be having a positive impact on workers.

There are a range of psychosocial risks that have been reported by healthcare workers through this survey including high levels of offensive behaviours such as threats of violence and bullying. Healthcare workers report a high level of work demands including work pace and emotional demands. Psychological distress is common part or all of the time and reported wellbeing scores are low.

Despite these higher exposures, healthcare workers also report positive psychosocial factors in their work compared to all New Zealand workers, such as higher levels of meaning of work and possibilities for development. These factors present opportunities to harness, but do not negate the need for control measures to mitigate or minimise psychosocial risks.

The survey findings contribute to the information available to healthcare leaders, managers and workers regarding psychosocial risks that are common in healthcare organisations.

Under the Health and Safety at Work Act 2015, healthcare organisations have a primary duty to ensure that the health and safety of their workers and others is not put at risk from work carried out. This means finding a balance that ensures the health and safety of workers and others affected by the risks arising from work, so far as is reasonably practicable. Others includes health service users or patients.

Organisations that prioritise workers' mental health have higher rates of job satisfaction and engagement among workers. As well as helping to create a positive working environment, managing psychosocial risks can help improve productivity and organisational resilience.

WorkSafe has resources to support organisations with managing risks in healthcare organisations <https://www.worksafe.govt.nz/topic-and-industry/healthcare>.

References

- Bakker, A.B. & de Vries, J.D. (2021). Job Demands–Resources theory and self-regulation: New explanations and remedies for job burnout. *Anxiety, Stress, & Coping*, 34(1), 1-21. DOI: 10.1080/10615806.2020.1797695.
- Dall’Ora, C., Ejebu, O.Z., Ball, J. & Griffiths, P. (2023). Shift work characteristics and burnout among nurses: Cross sectional survey. *Occupational Medicine*, 73(4), 199-204.
- Forsyth, D., Ashby, L., Gardner, D., & Tappin, D. (2021). *Psychosocial safety climate and worker health-findings from the 2021 New Zealand Workplace Barometer*. <https://ns-proxy1.massey.ac.nz/massey/fms/021%20New%20Zealand%20Workplace%20Barometer%20Report.pdf?810D72DE3A60334D4B159A811339D72C>.
- NHS Staff Council (2020). The health, safety and wellbeing of shift workers in healthcare environments. https://www.nhsemployers.org/system/files/media/Supporting-the-wellbeing-of-shiftworkers-in-healthcare_0.pdf.
- Reinganum M. I. & Thomas J. (2023). *Shift work hazards*. StatPearls Publishing.
- Riley, P., Rahimi, M., & Arnold, B. (2021). *The New Zealand primary principal occupational health, safety and wellbeing survey: 2020 data*. https://principalhealth.org/reports/NZ%20Primary_Principals_H&W%202020.pdf.
- Wong K., Chan A.H.S., & Ngan S.C. (2019). The effect of long working hours and overtime on occupational health: A meta-analysis of evidence from 1998 to 2018. *International Journal of Environmental Research and Public Health*, 16(12):2102. DOI: 10.3390/ijerph16122102.
- WorkSafe New Zealand (2022). *New Zealand psychosocial survey 2021*. <https://www.worksafe.govt.nz/research/new-zealand-psychosocial-survey>.

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