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Abstracts

Is organizational justice associated with perceived quality of care and affective commitment? - A multilevel study

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According to The Swedish National Board of Health and Welfare 2016, the regions are facing an imbalance between the demand and the supply of dental staff. In the present study we aim to investigate whether a central job resource, i.e., organizational justice at the clinical unit level, is associated with staff's perceptions of care quality and affective commitment to the workplace.

Methods

The study adopts a cross-sectional multilevel design. All staff from public dental health services of four county councils in Sweden (a large convenience sample) was invited to participate in an electronic survey and a response rate of 75% was obtained. The study was approved by the Regional Ethics Board in Southern Sweden and informed consent was obtained from respondents. In the present study we included non-managerial dental nurses, hygienists and dentists working in general practice from units with at least five respondents (n=900 from 68 units). A set of Level-2 random intercept models were built to predict individual-level affective organizational commitment and perceived quality of care from unit-level organizational justice. On an aggregated level organizational justice can be understood as a climatic factor of how the group as a whole is treated regarding justice. We controlled for the potential confounding of group size, gender, age and occupation.

Results

The results of the empty model showed substantial between-unit variation for both affective commitment (Intra-class correlation, ICC-1 = 0.17) and quality of care (ICC-1 = 0.12). The overall results showed that the shared perception of organizational justice at the clinical unit level was significantly associated with perceived quality of care and organizational affective commitment ($p < 0.001$). No significant between-unit variance in affective commitment was left to explain after the introduction of unit-level justice.

Conclusions

In the population studied, the results indicate a potential for enhancing affective organizational commitment and opportunities for quality care delivery by promoting organizational justice at the clinical unit level. This could be part of a strategy for preventing future staff turnover.

COPSOQ III - a Scandinavian perspective

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Background

Human service workers constitute around one fourth of the labour force in Sweden today. The majority of these work in the public sector, which is under substantial pressure. Risks in the psychosocial work environment have proven to be difficult to handle which has led to introduction of new Swedish provisions in 2016. Central for these provisions is a new concept of *organisational and social working environment*, which underline a broadened scope for prevention and health promotion at workplaces.

Emphasis is placed on organizational and social conditions contributing to healthy workplaces where staff and managers thrive and can do a good job. On this background, scales addressing climate and social relation as well as the new COPSOQ III scales quality of work and Utrecht work engagement are of particular relevance.

The aim of this presentation is thus to present results from preliminary validation analyses of COPSOQ III in Sweden with special emphasis on the scales for work engagement and quality of work.

Material and methods

All items included in the Swedish middle version of COPSOQ III have been tested in cognitive interviews with employees from different occupational groups and size of workplaces before inclusion in surveys and psychometric testing.

At the workshop data collected spring 2017 in a large municipality of Sweden. All social workers employed were April 2017 invited to participate in an electronic survey and a response rate of 80% was obtained (N=831). The study was approved by the Regional Ethics Board in Southern Sweden and informed consent was obtained from respondents. Distributional and correlational analyses were applied.

Results and conclusion

Psychometric characteristics and bivariate correlations to other scales corroborate construct validity of the scales for quality of work and work engagement. Further, practical relevance of the scales were confirmed by interviews. In contrast, items addressing insecurity in employment and work insecurity as well as suggested alternative items for work-family-conflict showed to be of less relevance in a Swedish context.

COPSOQ and individual screening of Burn Out

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Aims

COPSOQ is a tool for collective assessment of psychosocial risk. Though, we seek to determine if its use can be relevant in individual assessment

The objective of this research is to analyse if certain scales of COPSOQ predict psychological disorders such as Burn Out.

Method

Analyses were carried out on a sample of 1500 people, representative of all French employees according to criteria such as sex, age, geographical location, professional status, line of business, etc. Respondents completed the questionnaires: Need For Recovery Scale, Maslach Burnout Inventory - General Survey, Perceived Stress Scale, Hospital Anxiety and Depression Scale, and the COPSOQ "Values Conflict", "Sense of Work" and "Burn out" Scales.

Results

First analyses show that the "sense of work" scale is the most relevant for individual assessment, as most of employees with an unfavorable score on this scale also have a score of MBI "Cynicism" (or a "Professional Efficiency" score) unfavorable. The link between the three scales of COPSOQ and the other questionnaires will be presented.

Conclusion

It seems -but this remains to be defined more precisely- that, from an individual point of view, certain COPSOQ scales deserve to be analysed in detail because they are likely to reflect underlying psychological disorders.

Is the association between psychosocial factors at work and deterioration of self-rated health the same for older and for younger workers?

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Objectives

Few epidemiological studies have examined whether associations of psychosocial working conditions with risk of poor health differ by age. Based on results from mostly cross-sectional studies, we test whether – psychosocial relational factors (social support) are more strongly associated with declining health of older than younger employees; – psychosocial job factors (work pace, influence, possibilities for development) are more strongly associated with declining health of younger than older employees.

Method

From the Danish Work Environment Cohort Study (DWECS), the 2000-05 and 2005-10 cohorts were extracted. The participating 5281 employees with good self-rated health (SRH) at baseline were observed in 6585 five year time windows. Using log-binomial regression analyses, we analysed whether psychosocial factors at work predicted five year deterioration of self-rated health (SRH). Effect modification by age was estimated by calculating Relative Excess Risk due to Interaction (RERI).

Results

High work pace in men, low influence at work, and low social support from colleagues in women and low possibilities for development and low social support from supervisors in both genders predicted five-year decline in SRH. Of the 20 interaction analyses, only 1 was statistically significant and this was in the direction opposite of what was hypothesized (higher risk for declining SRH among middle aged men with low possibilities for development compared to the young men with high possibilities for development).

Conclusion

Psychosocial working conditions predicted decline in SRH in this 5-year follow-up study. We did not find that psychosocial factors at work had another effect on self-rated health for older workers than for younger workers.

A Pilot Cross Sectional Study of Public Servants in Portugal (CoPsoQ III)

Coelho DA, Tavares CSD & Lourenço ML

The third generation of the middle version of the CoPsoQ was translated into Portuguese and back to English (reversed translation) for validation purposes. Authorization was sought and once granted, the questionnaire was advertised to public servants of several public universities in Portugal, and disseminated via electronic version, as a short invitation text, accompanied by a text link. The scales included (core and middle versions with recommended extra questions, for a total of 63 questions) were: QD quantitative demands, WP work pace, ED emotional demands, HE hiding emotions, IN influence at work, PD possibilities for development, CT control over time, MW meaning of work, PR predictability, RE recognition, CL clarity of work role, CO conflicts, IT illegitimate tasks, QL quality of leadership, SCX Social support from colleagues, SSX Social support from supervisors, SW Community at Work Perception, JI job insecurity, IW insecurity at work, QW quality of work, TM trust in management, JU justice in organization, WF work family conflict, JS job satisfaction, GH general health. 90 valid responses were collected (to date), covering the following districts of Portugal: Castelo Branco (65 responses), Vila Real (10 responses), Faro (7 responses), Ponta Delgada – Azores (3 responses), Lisboa (1 response), Guarda (1 response). The results are analyzed according to steering committee guidelines.

Testing the Psychometric Properties of the COPSOQ-II Questionnaire in a Sample of Australian School Principals

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In this presentation, we explore the psychometric properties of the COPSOQ-II instrument: evaluating all three versions with regard to factor structure, longitudinal, discriminant and convergent validity using latent structural equation modelling, which controls for measurement error, in a large and representative sample of Australian school principals. The COPSOQ-II which purposely includes multiple related scales of the same domains, made it necessary to use statistical models, such as exploratory structural equation modelling (ESEM) that allow relaxation of the overly restricted assumption of confirmatory factor analysis (CFA), where each item is hypothesized to load on one and only one factor. We compared CFA, ESEM, higher-order factor, and bifactor models for each version of the COPSOQ-II. Results reveal that both latter models, which integrate an overarching domain-like structure, did not produce a good fit. However, the ESEM model fits the data best. Further a multi-trait-multi-method model reveals longitudinal validity, while correlations with other scales provide strong evidence for convergent and divergent validity of the COPSOQ-II.

Psychosocial risk assessment: French validation of the Copenhagen Psychosocial Questionnaire (COPSOQ)

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Aims: This study presents a French version of the Copenhagen Psychosocial Questionnaire (COPSOQ) and analyses its psychometric properties for the purpose of validation. The questionnaire assesses psychosocial risk factors at work. The French questionnaire (derived from the Danish short version) is composed of 32 items grouped into 17 scales measuring five domains and eight additional questions assessing aggressive behaviour at work.

Method: The questionnaire was administered to 935 employees of a large firm in the Parisian area.

Results: All psychometric analyses performed (internal consistency of the scales, exploratory factor analysis, concurrent validity analysis) gave satisfactory results and demonstrated the validity of the French COPSOQ.

Conclusions: A new questionnaire is now available in French. A large body of data is currently being gathered in view of comparing occupations and types of firms using this new instrument.

COPSOQ in Chile. Determination of action threshold based on levels of psychosocial risk

Gonzales

Background

COPSOQ in its medium version, adapted to Chile, started his application in 2009, and since 2013 is mandatory in all types of institutions and companies. To date there is a database of just over 38,000 records, which allows an analysis of the behavior of the instrument in an extensive population of workers.

Objective

Construction of an action threshold based on relation between psychosocial risk levels and SF-36's health scales.

Results

The risk level was determined for each of the five general dimensions, and then -1 value was assigned to dimensions at low risk, 0 for middle risk and +1 for high risk dimensions. SF36's mental health score was analyzed using ANOVA in each of the risk levels, and Duncan's post hoc test showed three significantly different behavior: low-level exposure [-5 to 0], medium-level exposure [+1 to +3] and high-level exposure [+4 and +5].

Discussion

It's possible to identify action thresholds for levels of exposure to occupational psychosocial risk. Health-scale scores less than 2 SD, likely indicating potential pathology, are concentrated in the high-level group of exposure. While the increased cases of possible symptomatology, health-scale scores less than 0.5 SD, are manifested above the medium-level exposure.

Psychosocial Risk Factors and Related Factors among Architects working in Istanbul

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Architecture is a profession that has its operations in various spaces including offices and construction sites. There have been efforts to demonstrate the employment status and concerns regarding economic rights of architects by the Chamber of Architects. However up to our knowledge this study serves as one of the first inquiries aiming to understand the general health status, psychosocial risk and related conditions among architects. This is a cross-sectional study conducted in collaboration with Istanbul Chamber of Architects. The target population is architects working in Istanbul. Data was collected via an online self-administered questionnaire consisting of 101 questions in total including middle version of Copenhagen Psychosocial Risk Questionnaire (COPSOQ) along with demographic and social information, general health status and questions on occupational health services. The data collection started in April 31 and will be completed in July 31. Up to now 206 participants completed the survey of whom 59.1% are women. According to the preliminary analysis of COPSOQ data the mean score of quantitative, cognitive and emotional demands were 10.7 ± 3.4 , 7.6 ± 2.8 and 8.7 ± 3.1 respectively for male; 10.4 ± 3.4 , 7.8 ± 2.7 and 8.1 ± 2.8 respectively for female ($p > 0.05$). The presentation will further address other sub-categories of COPSOQ questionnaire.

COPSOQ 3 in Germany – first experiences and insights

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In Germany the COPSOQ 3 questionnaire was launched in January 2017. Since then the FFAW (Freiburg research center for occupational sciences) is offering to all customers to access the new version of the questionnaire both for risk research as for scientific purposes. Thus, it is likely than an amount of data is collected until Santiago conference that allows extensive statistical testing ($n > 6000$) as well on single item as on scale levels.

Fundamental descriptive measures help to observe distributions and frequencies, while with more complex methods like factor and regression analysis are used to investigate coherence and differences between various aspects of work stress and strain in a statistical sense. Of course, comparison with the former German COPSOQ version is interesting, but analysis may also lead to discuss theories on psychosocial working conditions and their modelling on an empirical ground.

From this point of view it becomes clear that moving to version 3 after more than 10 years that COPSOQ has been validated in Germany is by far more than just a technical issue. The main promise of version 3 is the opportunity to have international comparability (core items) and a certain openness for custom use (integration of topics of local interest) at the same time. Therefore it is important to reflect on the implementation strategy of FFAW and customers' reactions.

Validation of the labor psychosocial risk questionnaire istas21 copsoq version 2 in different economic activities in Peru

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Abstract

Since work interacts with workers, it is always influencing them, and vice versa. In this interaction the psychosocial labor factors could be present; however, if this is not appropriate, it could trigger alterations in their health. Therefore, it is necessary to identify and to measure such risk factors with instruments validated to Peruvian reality. The objective of this research is to validate Iistas21 CoPsoQ version 2 Questionnaire for the assessment of occupational psychosocial risks in different economic activities in Peru. Methodology: scale validation study where 1708 workers from different economic activities were enrolled. It is expected to obtain a validated instrument able to measure reliably psychosocial risk factors in Peruvian context.

Participatory implementation of the Psychosocial Risk Protocol (SUSES-21) in the Chilean Copper Mining industry

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Introduction: psychosocial risk surveillance is mandatory in Chile since 2013. SUSES ISTAS-21, the Chilean adaptation of the COPSQ questionnaire, has been used to assess psychosocial factors in Chilean workers. The aim of this presentation is to share the main results, interventions and challenges related to psychosocial working conditions in a public mining company.

Methods: 1200 workers from the main Company and more than 4000 subcontractors have answered the questionnaire. The first challenge was to properly define the analyses units, considering the area of work and shift. Sensitizing unions, workers and specially managers required several meetings and communication strategies. Implementation protocol of Chilean Ministry Health was not completely clear about some methodological aspects, especially those related to confidentiality, anonymity and validation of the process through participation of workers leaders or representatives. Operative workers were first assessed as all other occupational risk exposures are usually higher among them. Results were presented to workers by each analyzed unit in participatory 5-hour focus groups, in which concrete interventions were agreed and proposed to bosses and/or managers. Follow up and re-assessment was made according to basal risk level and prioritization. Since 2016, Superintendencia de Seguridad Social (SUSES) has set more detailed methodological aspects to better define training requirements for psychosocial professionals, conformation of Implementation Committees in ever Company and obligations and duties of occupational health insurance companies. This has definitely led to improving quality and reliability of the whole assessment processes.

Results: psychosocial risk levels are highly variable among different analyses groups. The highest levels of risks were consistently related to social support dimension. Focus-groups were highly useful to understand the causes and potential solutions of risk conditions. Some important psychosocial risk conditions not included in the questionnaire were detected in focus group: violence at work, *mobbing* and double-presence situations related to mining workers lifestyle and culture.

Discussion: participatory implementation of Psychosocial Risk Protocol has been a powerful tool to assess working conditions and work organization in the mining industry. Results have shown a correlation with occupational incidents and injuries, sick absence from work and productivity. In our setting, this protocol has helped to increase the number of instances to discuss about human relations, work organization and workers' well-being. Violence at work, mobbing and sexual harassment are topics that ISTAS-21 questionnaire does not include but are often told by employees as major causes of work-related distress.

Keywords: psychosocial risk at work; mining industry; psychosocial interventions.

Characteristics of COPSOQ III in Spain

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Objective

This presentation deals with the validation of middle and core versions of COPSOQ III- in Spain.

Methods

All core, middle and some long items of the COPSOQ III Beta were included in the Psychosocial Risks Survey of 2016 (ERP 2016). The ERP 2016 consisted of a representative sample of wage earning population in Spain (N=1807). The questionnaire was administered by CAPI at respondent's home, participation being voluntary and confidential after prior consent. Interviewing was conducted in the period October - December 2016. Response rate was 70.3.

The analysis consisted of three phases. First, core and middle scales were computed and their psychometric characteristics studied. Regarding Work Life Conflict –with no CORE items decided in COPSOQ III Beta, all possible two-item combinations were computed. Second, we checked that associations between the psychosocial scales and selected outcome scales – Job Satisfaction, General Health, Mental Health, and Sleep Troubles, were in the expected directions. Finally, core and middle versions were compared.

Results

Items CT5 (Do you have to do overtime?) did not load in the expected factor. The two items of Horizontal trust (TM4: Are the employees able to express their views and feelings? and TE1: Do the employees withhold information from each other?) loaded in different factors. For middle scales, internal consistency (ICC) was higher than 0.7 for all but four scales (Working overtime: 0.69; Work pace: 0.69; Demands for hiding emotions: 0.62; and Horizontal trust: 0.33). Role clarity showed the highest ceiling effect (37.9%) and Quantitative demands the lowest (0.2%); while Work-life conflict had the highest floor effect (31.9%) and Sense of Community (0.4%) the lowest. Score distribution across occupational groups showed expected results (i.e. occupational class gradient for Influence and Possibilities for development, gender gradient for Work Life Conflict), and score associations to outcome scales –job satisfaction, sleeping troubles, mental health (SF36), general health were as expected.

The three demands CORE scales –Quantitative, Work Pace, Emotional; and Role Conflict showed lower internal consistencies – below 0.70. Influence showed the lowest correlation to its equivalent middle scale: 0.799. Core scores followed the same distribution across occupational classes and gender, with wider confidence intervals. For Work Life Conflict, the items WFX1 (Are there times when you need to be at work and at home at the same time?) and WF3 (Do you feel that your work takes so much of your time that it has a negative effect on your private life?) were selected as the best two-item combination to be the core.

Discussion

Internal consistency was good in general but weak for Demands and poor for Horizontal Trust, with some high floor and ceiling effects. Correlations to other dimensions and associations to outcome scales were as expected. But Horizontal Trust does not work at all and Work Life Conflict showed different possible combinations of items to be selected as CORE. Middle scales look to fit better our data than core since show more precise scores scales but lower ceiling and floor effects and consistent distribution by occupational class and gender.

Is the Demands-Control-Support Model a good predictor of sickness presenteeism in Spain?

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Objective

To explore the Demands-Control-Support Model as a predictor of sickness presenteeism (SP) among the wage-earning population in Spain.

Methods

Population-based cross-sectional study. Data was obtained from the third edition of the Spanish Psychosocial Risks Survey, 2016. The specific sample for this study corresponds to n=678 workers who had worked for at least nine months during the last year and who had self-reported some episode of poor health in the same period. The CoPsoQ dimensions “Quantitative Demands” and “Work Pace” were used in order to construct the dimension “Psychological demands” of the Karasek’s Model. “Job Control” was created with both “Influence” and “Possibilities for Development”; “Social Support” was made considering support from colleagues and superiors. The CoPsoQ “Job Insecurity” dimension and a mix of “Emotional Demands” and “Demands for Hiding Emotions”, in addition of sex, age and occupational class, were used to adjust. The prevalence of SP was estimated using two cut-offs: a) two or more episodes of attending work while sick (common criterion in the literature); b) five or more episodes.

Results

Using two episodes as cut-off, SP prevalence is 53.0% (46.8%-59.0%), becoming 64.1% (52.8%-74.1%) among workers in high strain jobs and 63.6% (51.4%-74.2%) in iso-strain ones. The crude results show that Job Demands and Job Control have independent effects: high Demands increase the prevalence of SP, PR=1.31 (1.06-1.62), as well as low Control, PR=1.16 (0.96-1.39). Social support is not associated with SP. In the adjusted model the effect of Job Demands disappears, remaining relevant Job Control, aPR=1.22 (1.01-1.49).

When the cut-off is five episodes the prevalence of SP is 18.0% (13.7%-23.3%), becoming 32.0% (22.8%-42.7%) among workers in high-strain jobs and 36.6% (23.6%-52.0%) in iso-strain ones. Job Demands and Job Control are independently associated with SP, both in the crude and adjusted models: PR=2.04 (1.22-3.39) and aPR=1.83 (0.97-3.47), for high Demands, and PR=1.54 (0.94-2.50) and aPR=1.79 (1.10-2.94) for low Control. Likewise, social support doesn't show any association with SP.

Discussion

We don't observe any relevant association between Social Support and SP and Job Demands and Job Control have independent effects. The intensity of the associations between Demands and Control and SP is greater when the cut-off used is “five” compared with “two”. Then, it seems that Demands and Control could be better predictors of SP for workers with high frequency episodes.

A Survey on the perception of COPSOQ-International-Network by the network members

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Background

Cooperation on health-related topics is an emerging trend in the prevention and promotion of health hazards at workplace. The COPSOQ-international-Network was founded in 2009 and aims, among other things, to facilitate international cooperation between different groups, coordinate discussions as well as to provide statistics and comparisons on psychosocial work environments. It is assumed, as the network members show different intensities and application areas of COPSOQ, that the perceived use, satisfaction and future perspectives may be varied.

Method

Data were collected within the 90 network members in March and April 2017 through an online questionnaire especially developed for the COPSOQ-network. The Data were analysed using SPSS and qualitative content analysis and structured by 10 categories (e.g. COPSOQ-usage, steering committee, workshops, strength and weaknesses) wherein each category consists of at least one construct. For comparisons between different groups, each category was analysed by subgroups, such as active vs. passive members, member since five or less years vs. members for six or more years.

Results

36 network members from 15 different countries took part in the survey. Results showed no significant differences between active (n=20) and passive (n=15) members, except for participation in general in the network (mean: 3,42 vs. 2,87; p=.041) as well as in the workshop (mean: 2,4 vs. 1,58; p=.016). More significant differences were seen between members, who are part of the network since 5 or less years (n=18) vs. those for 6-10 years (n=17), regarding the perceived structure and program of the workshop (mean: 4,03 vs. 4,52; p=.027) as well as for its communication (mean: 3,32 vs. 4,27; p=.031), the availability of the steering committee (mean: 3,37 vs. 4,2; p=.008) as well as its performance (mean: 3,6 vs. 4,23; p=.025). Weaknesses or Challenges of the network are seen e.g. in financial, structural and resource-related aspects. Strength are perceived e.g. in the internationality, in the participating members, in the possibility for exchange, cooperation and support.

Conclusion

As the network consists of more than the 36 participating members of the survey, the results must be interpreted with caution. The network is perceived as a useful and well organised network with some aspects to face in the future, but also with resources to base on. To pursue the aims of the network and its members, a special focus should be laid on international cooperation and comparisons and the continuing development of COPSOQ and its international visibility.

Are reference data of the COPSOQ database suitable for a JEM to psychosocial factors at work?

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Background

The assessment of exposure through occupation or activities by using a job exposure matrix (JEM) is a proven process in many areas of work epidemiology.

Objective

The present study examined whether and to what extent such an assignment can also be successful in the field of psychosocial factors.

Material and methods

Based on 10,000 profession-representative cases from the COPSOQ database, the variance in 25 constructs on demands, influence and development possibilities, social relations and leadership, job insecurity and the outcome factors was analyzed in relation to the occupation classification (KldB92).

Results

The strength of the relationship of psychosocial workplace factors to occupation is dependent on the subject area and the relationships are in the range of moderate to weak (eta coefficient = 0.11–0.43). For the field of influence and development possibilities, the highest eta values up to 0.43 are reached, for the scales regarding demands and job insecurity values of approximately 0.3 result and the weakest relationship to the occupational group is found for constructs on social relations and leadership (eta values of approximately 0.2) and for outcome factors (0.14–0.19).

Discussion

While for hazardous substances or even some psychosocial topics, such as influence or emotional requirements, the JEM provides a good or justifiable estimate of the exposure based on occupation or activity, this is not the case in particular for relevant parameters in the area of social relations and leadership. Here a viable assessment of exposure and stress can only be achieved by analyzing the organizational units at the workplace.

Keywords

Job exposure matrix, Psychosocial factors, COPSOQ, Risk assessment, Work epidemiology.

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Psychometric Properties of the Canadian English & French COPSOQ III (Core) Survey

Oudyk J

Prior to COPSOQ III we had been using the COPSOQ II Short version along with all the symptom questions from the long version (except for the “depressive symptoms” questions). The new COPSOQ III Core questions were added to the existing survey. The COPSOQ II questions were retained so that our data would be comparable with previous data.

In February and March 2016 a polling company was retained to administer the survey to a sample of working Canadians. A total of 4113 responses were collected online. Respondent were recruited from two panels, one of which was political opinion panel, the other was consumer panel based in Quebec (French speaking province in Canada).

An additional random selection of panel members (54 English and 35 French) were asked repeat the survey within roughly 10 days to two weeks of the initial survey administration to evaluate the reliability. The requested psychometric measures will be reported. We also conducted a confirmatory factor analysis. We have also administered the new survey in a number of workplaces.

We have an app version of the short survey and are planning to make survey administration/report generation available online.

COPSOQ in Chile. Lights and shadows of a mandatory application questionnaire

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THIS WORK IS IN PROGRESS AND WILL BE FINISHED FOR THE WORKSHOP OF NOVEMBER

Background

COPSOQ in its medium version, adapted to Chile, has been applied in this country since 2009, and since 2013 its application is mandatory in all types of institutions and companies. To date there is a database of just over 38,000 records, which allows an analysis of the behavior of the instrument in an extensive population.

Objective

To analyze the behavior of COPSOQ scales and questions in the available database.

Results: Contrary to what was observed in the validation work, the COPSOQ I scales have a low relation with other relevant parameters, such as the health scales of the SF-36, or days of sick leaves. There is no significant difference in psychosocial risk levels determined by the COPSOQ I between workplaces with a professional mental disease case and other places with no such cases. Other parameters, not included in COPSOQ I, seem to be more related to absenteeism by sick leaves, for example, the same SF-36 health scales, the difficulty in paying personal debts, salary levels or even working as a civil servant. The high risk measured by COPSOQ I only seems to be associated with prolonged sick leaves.

Discussion

Observed discrepancies may be due to the difficulty of answering the questionnaire with absolute veracity in an environment where the application of the instrument is mandatory, which could pose a threat to the reliability of the results.

Dirty and demeaning. Psychosocial risk in female domestic workers in Chile

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Summary

Introduction

Paid domestic work is socially undervalued and is estimated to be an activity with high psychosocial risk.

Aims

A descriptive study of health and psychosocial risk variables among female domestic workers (FDW) in Chile.

Material and methods

Complete version of SUSES0 / ISTAS21 Questionnaire was applied, modified by FDW themselves, consigning care activities (children, elderly, sick persons, pets) on a *domestic risk* scale. The analysis conducted with the FDW union leaders was recorded.

Results

A total of 291 questionnaires were analyzed. Health scores were lower than in other workers, without associations with sociodemographic variables, although they were associated with emotional demands, hiding emotions and integration in the company. Prevalence of high risk was concentrated in emotional demands, possibilities of development and relationship with superiors. Lower risk sub-dimensions were associated with time control, cognitive demands and role conflict. There was no correlation between sub-dimensions of RPSL and socio-demographic, work or domestic risk variables.

Discussion

The work of FDW is autonomous, with low quantitative requirements, but routine and without development possibilities.

The high risk of emotional demands, hiding emotions and integration in the company, scales that show a greater correlation with mental health and vitality, as well as low health levels which are not associated to almost any of the measured sociodemographic variables, suggest that poor mental health and vitality of the FDW is linked to elements that are not being measured with the instrument applied, nor with the sociodemographic variables recorded, among them the *domestic risk*. We suggest that the low levels of health and the high risk of emotional demands on these workers could be associated with the "dirty work delegation", the self and social contempt for an activity that "nobody wants to do", in an environment where they are acutely aware of the difference of social levels between the house where they work and their own homes, which probably causes shame and low self-esteem. The classic models of psychosocial risk at work are insufficient to address paid domestic work.

Age differences and age moderators in the COPSOQ

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Psychosocial stress compromises occupational health, including increased burnout and diminished work ability. The COPSOQ assesses a range of factors in the psychosocial work environment; we examined age differences in selected COPSOQ scales, and how age moderates their associations to burnout and work ability. Our sample was actively working nurses in a private hospital system in the United States (N = 402). Burnout was operationalized with the Oldenburg Burnout Inventory, and work ability with the Work Ability Index. COPSOQ scales included: 1) Quantitative Demands, 2) Degree of Freedom at Work, 3) Influence at Work, 4) Possibilities for Development, 5) Role Clarity, 6) Leadership Quality, 7) Social Support, and 8) Job Security. Compared to younger workers, older workers reported higher levels of Influence at Work and greater Degree of Freedom, but fewer Possibilities for Development and greater Job Insecurity. Younger workers reported relatively less burnout with higher Degrees of Freedom at Work. Older workers reported relatively better work ability with greater Possibilities for Development. Results suggest providing more autonomy to workers at younger ages may reduce burnout, whereas providing more job growth opportunities to older workers may improve work ability. Future versions of the COPSOQ should consider age relevance of scale items.

Principal Health and Wellbeing in Australia Ireland and New Zealand: Similarities trump differences

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After 6 years of data collection in Australia, 2 in Ireland and 1 in New Zealand a pretty clear picture of principals' work-life is emerging from the 7,072 school leaders' responses in those countries. The job is rewarding, meaningful and satisfying, but it is also very demanding. The demands are increasing and the resulting occupational stress is a significant threat to the sustainability of the profession. This is most easily seen in long hours principals have to put in to keep up with the workload.

Average Working Hours

Australia: Average working hours have remained stable over the 6 years of the survey (2011-2016). On average, 55% of principals worked upwards of 51-56 hours per week during term with ~27% working upwards of 61-65 hours per week. During school holidays, ~22% work upwards of 25 hours per week.

Ireland: In 2014 approximately 39.3% worked upwards of 46 hours a week during term with just under 14% working upwards of 56 hours per week. During school holidays, 23.6% worked upwards of 25 hours per week. In 2015, 36.2% worked upwards of 46 hours a week during term and 10.7% working upwards of 56 hours per week. During school holidays 24.6% worked upwards of 25 hours per week.

New Zealand: In 2016, approximately 72% work upwards of 51 hours per week during term with 25% working upwards of 61 hours per week. During school holidays, ~92% work upwards of 10 hours per week, and 52% worked >25 hours per week.

The long working hours are largely the result of administrative demands from employers. Increasingly principals have to spend large amounts of their time on accountability and compliance requirements (see Figure 1 and 2). In particular, as shown in Figure 2, principals in all countries find the sheer volume of administrative work the highest stressor as it prevents them from attending to their most important role: attending to teaching and learning.

Using the COPSOQ in the workplace (methods, problems, advantages and disadvantages, relationship with regulation)

Challenges of COPSOQ use in Brazil

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Abstract

The world of work has undergone changes in the last decades, following the global changes of the new economic domains, political, technological and social scenarios. In this panorama, we can see the tendency of organizations to take a differentiated view of health and safety promotion, considering not only biological, physical, chemical and ergonomic risks, but also an understanding of the psychosocial factors inherent in the work environment, which interact and tend to impact both the positive and negative psychosocial climate of the company and the physical and mental health of the workers. However, attention to psychosocial factors in developing countries, specifically in Brazil, encounters some barriers, from the conceptual consensus of the variables involved and most pertinent to the Brazilian reality, the opening of organizations for the evaluation and intervention of these phenomena, and the existing legislation in the health and safety at work. The purpose of this presentation is to demonstrate the initial results of research conducted since 2014 with COPSOQ in the Brazilian context, the most relevant scales, adequacy to the work environment reality and research agenda.

Keywords

Workplace; occupational health; COPSOQ

Configural, Metric, and Scalar Invariance of Colquitt's Organizational Justice Scale Across Workers Belonging to Different Industrial Sectors in Chile

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Organizational Justice (OJ) has been studied in various job contexts and related to different organizational outcomes such as Performance, Withdrawal and Counterproductive Behaviors. At the same time, in a psychosocial risks context, OJ has been related to Mental Health, Work-Related Stress, Work-Family Conflict, Job Satisfaction and Sleeping Problems, proving the importance of OJ research. Likewise, the most used measure to test the workers OJ perceptions is the scale developed by Colquitt (2001), which consists in 20 items distributed in four sub-dimensions: procedural, distributive, interpersonal and informational justice. The aim of this study is to examine the measurement invariance of Colquitt's Organizational Justice Scale across samples of workers that belong to four different industrial sectors in Chile: Mining ($n = 418$), Retail ($n = 266$), Health ($n = 269$) and Education ($n = 159$). Multigroup confirmatory factor analysis was used to estimate a measurement model of the OJ construct and its measurement equivalence across Chilean workers. The results confirm configural, metric and scalar invariance of this scale. These results can allow researchers to make more valid inferences about the differences in the Organizational Justice scores, both for Chilean workers and workers from countries where this scale has been validated.

Keywords

Organizational justice, measurement invariance, multigroup confirmatory factor analysis, psychosocial risks.

Domains and measurements of insecurity and their relation to mental health in 2016 in Spain

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Background

Insecurity implies uncertainty and discomfort among salaried workers who see their main source of livelihood and their ability to make decent living plans in jeopardy. It is a complex phenomenon. Hence the different domains that have been conceptualized and ways of inquiring about it. This paper focuses on two issues related to this. On the one hand it explores the relationship between different domains of insecurity (employment insecurity, a combination of fear about losing the current job and finding a new one if became unemployed; and insecurity over working conditions, which includes worsening of salary, schedule, tasks and workplace) and mental health. On the other hand, we compare the relationship with mental health of cognitive and affective ways of measuring employment insecurity.

Methods

Population-based cross-sectional study. Data from the third edition of the Spanish Psychosocial Risks Survey, 2016. The two CoPsoQ insecurity scales are dichotomized according to their means and then combined into a four-category typology that reflects the high or low concern about staying employed (EI) and the high or low concern regarding worsening working conditions (WCI). Mental health is measured using the Spanish adaptation of the SF36 instrument. Age, sex and occupational class (manual vs. non-manual) are used as controls.

Results

Prevalence of occupational insecurity (defined as including at least one domain of insecurity of the typology) is 61.8% (59.6-64.1%).

There is an association between insecurity and poor mental health in the expected direction. In all cases where there is presence of one or both of the domains of insecurity there is a greater risk of experiencing worse mental health than when there is little or no insecurity. The highest risk is when workers experience EI and WCI at the same time. Apparently, the association with mental health is stronger with WCI than with EI.

The descriptive analysis of the cognitive and affective forms of employment insecurity reveals that these variables have statistically different means although they are correlated. The observed association with mental health is positive and statistically significant ($p < .001$) in both cases, but the intensity of their associations is slightly different.

Discussion

The results regarding the association with poor mental health of occupational insecurity are compatible with the results observed by other authors. It is new to observe a stronger association between WCI and mental health than between EI and mental health. The results regarding the question of the affective/cognitive measure of EI are in line with what was published previously and possibly the affective measure includes the cognitive one. The association of insecurity with poor mental health is sensitive to changes in the labor market. It would be advisable to study the possible influence of this factor in the future.

Psychosocial work environment as determinant of healthy life expectancy

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Background

Life expectancy has increased over many decades or centuries in most of the world. It has, however, been unclear to what extent this means that people live longer with good health or if the gains in life expectancy are followed by an expansion of morbidity. Governments, including the European Union, are therefore increasingly focussing on healthy life expectancy (HLE) as an important policy target. Few studies have so far been able to study prospective determinants of HLE, and no study has, to our knowledge, investigated the impact of the psychosocial work environment on HLE.

Methods

Data were derived from four European cohorts with repeat prospective data: the Finnish Public Sector Study (Finland), GAZEL (France), the Swedish Longitudinal Occupational Survey of Health (Sweden), and Whitehall II (UK). Partial life expectancy from age 50 to 75 in good self-rated health and without chronic disease, respectively, was calculated in relation to demands, control, efforts and rewards at work using a micro simulation approach.

Results

The results show that both job strain and effort reward imbalance were associated with loss of healthy life years between 50 and 75 years of age. The association with social class will be presented.

Conclusion

The psychosocial work environment may have a substantial impact on the time that middle aged people can expect to live in good health.

Psychosocial Risks Questionnaire, COPSOQ-ISTAS21. Cultural adaptation and validation for Argentina

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Abstract

In this presentation we propose to transmit the work of Cultural Adaptation and Validation of the questionnaire COPSOQ-ISTAS 21. The importance of cultural adaptation and validation of this instrument / method, lies centrally, to have a theoretical-methodological tool That allows to measure the factors of psychosocial risks. These risks have taken on a centrality in the work relations in the organizations since they impact and influence as much in the processes of work as in the health of the workers. Hence the relevance of the validation of this instrument in our country. We have used the long version of a Spanish version made by ISTAS21, since it allowed us to inquire about the validity and reliability of the instrument being the most relevant version for adaptation and validation. For the cultural adaptation, 18 interviews were carried out with workers from different sectors of activity and different levels of education, considering as important variables for this first sample the age, sex and educational level of the interviewees. For the Validation, we constructed a sample of 200 Cases, segmented by sex, in four zones: Autonomous City of Buenos Aires (CABA), Avellaneda, Morón and Vicente Lopez. Each was divided into 5 sampling points, with 10 surveys being carried out at each point. The tracing at the sampling point was by timbre. For the statistical analysis we used Cronbach's, alpha, as well as the factor analysis that was consistent.