PRELIMINARY REPORT
Social Services: Stress, Violence and Workload Research Project
Site Three

Authors:


The authors of this report wish to thank the staff, management and clients of Site Three for their cooperation and commitment to this project. Funding for the project from the Worker's Safety Insurance Board of Ontario is gratefully acknowledged.

Introduction

The purpose of this study is to generate a detailed portrait of work life in three case study sites in order to identify factors that precipitate and contribute to injuries, stress and health problems in the social services. Further, the study will make recommendations and identify prevention strategies and “best practices” that can contribute to the reduction or elimination of injuries, stress and health hazards in social service workplaces. The study was conducted by a research team centred at McMaster University that included experts on work organization, social work, violence and health and safety. Site Three provided the research team with very generous access to workers, managers and supervisors, agency programmes, and documentary data.¹

¹ For a more detailed discussion of the methodology please contact Professor Donna Baines, Labour Studies and Social Work, McMaster University - bainesd@mcmaster.ca.
The Agency

Site Three is a not-for-profit, community agency providing support to people with intellectual disabilities. Services emphasize personal growth and social development. Like other agencies in this sector, the client population is aging which increases the lifting and transferring of staff and creates challenges in terms of age appropriate programming and activities. As many of the clients have limited mobility, the support provided to these individuals involves 24 hour care in which the staff provide full or partial assistance with the tasks associated with daily living including but not limited to eating, dressing, bathing, toileting, transferring, transportation, daily programming and stimulation, dispensing medications and giving home-based medical treatments. Cleaning and maintenance of the group homes and grounds is also the responsibility of front-line staff as is food purchasing, preparation and clean-up. Eighty five front-line, direct-service staff, four supervisors, three managers and three and a half office staff provide service and support to roughly 100 adults with intellectual disabilities. The front-line, direct-service staff includes 45 full-time and 40 part-time workers.

Methodology

This study undertook thirteen in-depth, audio tape recorded interviews, four participant observations, and a review of documents related to health and safety. A purposive (Lincoln and Guba, 1985) sample was built for the key informants such as the executive director, union president, managers and so forth. The sample of front-line workers was drawn from a staff list supplied by the Executive Director. Starting at a completely random point in the list, every ninth worker was contacted and asked to participate in the study. This process continued until a full sample of nine was achieved. The average age of those interviewed was 37.5 with an average of 11 years employment in the agency. Similar to the broader
social services field, the sample was predominantly female. Interviews were transcribed verbatim and read multiple times for similarities and differences.

The four participant observation sites were selected through a process in which key informants were asked to suggest program sites that might provide the most valuable data. Recommendations were cross referenced and the most often mentioned sites were selected. Field notes were taken at the participant observations which averaged 6 hours each. Observation and field notes were typed up and coded along with the interviews using a master code list. Data was analysed for commonalities and differences using a qualitative data processing package called NUD*IST 5 until a mapping of the data could occur. Document data was compiled and compared across reporting forms, and statistical profiles were developed.

**Broader Social Context**

The developmental services field has undergone extensive changes in the last thirty years. In the 1970s, people with developmental disabilities were usually institutionalized and treated as “patients”. De-institutionalization meant that between 1970 and 2000, the number of people with intellectual disabilities living in institutions in Ontario fell from 10,900 to less than 1000. While some argue that cost cutting underlay deinstitutionalization, the introduction of the Canadian Charter of Rights and Freedoms during the

---

2 In order to ensure confidentiality in this site, certain details on the composition of the sample have been omitted although they will be included in the final report as the data pool will be larger and it will be possible to provide anonymity to research participants. Please refer questions on the methodology or requests for copies of the final report to Professor Donna Baines, Labour Studies and Social Work, McMaster University, Hamilton, Ontario M6R 2A9 - (905)-525-9140 - bainesd@mcmaster.ca.
same period reflected a growing recognition of the rights of people with disabilities and society's responsibility to provide services that facilitate individual growth and self reliance in the context of a caring community. Unfortunately, resources have not been sufficient to realize these goals.

Often at the forefront in lobbying for rights and resources, agencies working with people with intellectual disabilities have significantly altered how they provide services. Supports for people with intellectual disabilities have tended to be medically(hospital)- or family-based. Community services have sought to include aspects of both as well as a recognition of the individual in relation to a larger social system of opportunities and responsibilities. At present, most community agencies work within an “empowerment model” wherein people with disabilities and their families are encouraged to make choices regarding work, education, residence and lifestyle. Funding cuts across the health and social services sector has made many of these choices difficult or impossible to fulfill as a general lack of resources has limited meaningful options for well being and individual development.

Funding began to be restricted in the human services sector starting in the early 1980s. In most cases, funding for community agencies serving people with intellectual disabilities has not been increased in eight years. Diminished hospital and home-based supports have increased demands on these agencies resulting in program and staffing stress. Recently, the management at Site Three was able to take on the operation of an existing community day programme for people with intellectual disabilities. This alleviates funding difficulties and provides more options for client activity. As noted earlier, Site Three has an aging client population which increases lifting, transferring, bathing, and creates challenges in terms of age-appropriate activities and programming. Whereas programming may have formed the
central core of worker interaction with clients some years ago, hands-on physical care of clients as well as cleaning the house and grounds now form the central part of daily work for most employees. The expansion of physical labour has increased the occurrence of slips, falls, lifts and transfers resulting in back, leg and ankle injuries.

Site Three has come through a difficult time in which employees and senior management were in direct and open conflict. The year 2001 saw a two month strike/lock out. Management and workers agree that since the end of the strike, morale has been low while the stress level has been high. This study was seen as a chance to build a shared understanding of health issues and hazards in the work environment. Our data reveal a number of places where positive action and intervention could reduce health hazards.

**Work Organization: Work Load, Stress, Violence and Well Being**

Responding to reduced funding and changing client needs, Site Three, has undergone significant restructuring. Site Three is experiencing some of the negative side effects of work place reorganization including high levels of work place anxiety, low employee morale and a sense that restructuring never end and that one's job may disappear or may be significantly altered with little notice or discussion. Despite everyone's best efforts, in a direct service organization such as Site Three, clients may also be experiencing the stress of ongoing change and disruption.

Site Three has a rather large management component in relation to front-line service workers with a ratio of roughly one manager for every 12.5 workers. Our other case studies had ratios of 1 manager for every 16 workers and 1 for every 25 workers. Since the strike, supervisors have experienced an
increase in their duties as they resumed direct supervision of front-line staff. The managers interviewed for this study reported their workload to be heavy but not overly stressful.

In contrast, SiteThree direct-service workers reported feeling stretched, stressed and under resourced. Front-line workers often worked alone during their shifts or with only one or two other workers. They have few opportunities to build a shared sense of purpose, problem solving or agency-level identity and almost no possibilities for input into agency level decisions, problem solving or policy development. All but one of the workers interviewed reported experiencing negative health impacts from stress, heavy work loads and low morale.

Our data show that stress does not originate in the relationship between clients and workers. Workers reported and were observed to have a positive connection with and strong commitment to their clients. Workers displayed and reported a high level of skill and praxis knowledge. Praxis knowledge is the kind of detailed, in-depth knowledge and skill that employees gain from working closely with a particular client or group of clients over a long period of time. Finding ways to formally integrate this praxis knowledge into the running of the agency generally benefits staff, clients, management and community.

Our interviews and observations suggest that stress at Site Three, and the negative health effects stress engenders, originates in how the work is organized (that is, work load, pace, tasks, intensity) and work place climate (support versus lack of support, opportunities to enact positive change, access to fair and transparent processes, shared goals). Stress is particularly acute for part-time employees. During the early years of restructuring jobs were redesigned and reassigned. Many workers found themselves in
part-time rather than full-time positions. Most part-timers do not receive enough hours to support themselves and reported a high level of stress associated with making ends meet financially as well as keeping themselves free of other commitments so they can pick up extra shifts when they become available. Our data show that Site Three's process for filling extra shifts generates significant stress for part-timers. The process operates in this way. If a staff member is unable to take a shift and turns it down, these hours are counted against the maximum 70 hours/week that part-timers will be allowed to work in any two week period, in other words, if the staffer turns down a 10 hour shift, s/he is considered to have only 60 left to work in that 2 week period. It is hard to see how penalizing part timers can ensure that shifts are filled. Rather than a negative incentive program, positive incentives such as guaranteeing sufficient numbers of hours to part-timers is likely to reduce stress and result in greater availability.

In addition, because of the search for increased flexibility in scheduling, part-timers were and are assigned a variety of split shifts in which they may work as little as one hour early in the morning and further hours later in the day. This type of work schedule makes everyday life outside of work time extremely difficult to plan especially since refusing, canceling or changing shifts is frowned upon. Many organizations are aware of the stress problems associated with flexible work forces and have started providing solutions for a better balance between work and family (Ontario Women's Directorate, 1990). Given the predominantly female staff, the difficulties of juggling work and family in a part-time job with split shifts and rigid schedules should be regarded as a serious problem that requires management attention. In order to reduce this stress, we recommend that the agency find ways to guarantee sufficient hours to part time workers so that they can sustain themselves. Split shifts should be avoided and a more flexible attitude towards refusing, rescheduling and canceling shifts needs to be adopted.
During the course of restructuring, jobs have been reorganized multiple times in different directions giving the work force the impression that there is no long-term strategy for the agency. Prior to the strike last year, workers were part of self-directed teams in which they assumed responsibility for payroll, scheduling, maintenance and other managerial tasks. Staff and management reported that while this model had some strengths, increased work load as well as inadequate training, support and no power to suggest or make policy resulted in increased tension among workers and a sense among management that the model was not working. After the strike, self-directed teams were abolished and managers assumed many of these responsibilities.

Workers and management agreed that work reorganization since the end of the strike has increased front-line staff workloads. The layoff of all housekeeping and maintenance workers resulted in the reassignment of their tasks to front-line counselors and registered practical nurses. Many employees commented that their pace of work has increased to the point where they leave work exhausted. In winter, the work load increases even more dramatically when snow shoveling is added to cleaning and personal care duties for night staff.

Other health concerns include the noise levels at some group homes which is at decibel levels that may actually be harmful not only to stress levels but also to hearing (see Steenland, 2000 for discussion of noise and cardiovascular disease). While staff normalized and largely overlooked violence from clients, incidents such as hitting, biting, hair pulling, abusive language and kicking are commonplace occurrences in the average shift. Employers are responsible for making work places safe, and
violence in the work place must be addressed as a health and safety issue. Research shows that violence in the work place increases stress (Northwestern National Life, 1993). Solutions to these problems include adequate staff levels, more use of staffs' praxis knowledge on how to best work with and positively engage overly noisy and occasionally violent clients, team work and stable environments for clients who may become easily upset and lash out with changes in their environment.

Site Three maintains very little documentation on violence in the work place. We recommend that the agency document not only violent incidents but all other forms of injury in the form of incident reports in order to get a clear picture of health risks and impacts. Without standardized reporting practices, it is difficult to compare the health and safety record of Site Three to other agencies in the sector. We have no way of knowing if levels of injury and illness are actually lower or merely unrecognized and undocumented. This also makes it impossible to develop informed policies and solutions to address occupational health problems. As the chart below shows, half of reported injuries did result in medical attention and approximately half resulted in WSIB compensation. However, when reporting practices are not standardized it is difficult to know if this represents the totality of injuries assumed on the job.

<table>
<thead>
<tr>
<th>Percentage of Reported Injuries involving medical attention (1997-2002)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Known</td>
</tr>
<tr>
<td>55%</td>
</tr>
</tbody>
</table>
Standardizing reporting practices will allow this site to trace changes and developments over time.

Site Three has another health hazard common to this sector: back injuries, strains, muscle pain and so forth. Management and workers agreed that new equipment for lifting, transferring and bathing clients is needed in order to make the increased pace of work safer for clients and workers. The chart below shows that injuries related to heavy work such as lifting, cleaning, snow shoveling and so forth are the most frequent type of reported injury. These data clearly reveal that these heavy work tasks are impacting negatively on the health of employees. New equipment is one important way to reduce the risk of further reported injuries. It is also a wise way to prepare for the future needs of the increasingly frail and incapacitated client population.
Site Three is not unique in having occupational health issues. However, what is specific to Site Three is the length of time it takes for the agency to act on health hazards. For example, a serious (Level 4) mold issue on one of the residences took over two and a half years to begin to address and considerable evidence exists that suggests that the mold problem has not been fully eradicated. This research team is concerned not only about the health of the workers at that particular residence but also the health of the clients, most of whom are exposed to the mold hazard 24 hours a day. Management and workers at Site Three need an entirely new approach to health and occupational problems in the agency. Deadlines for identifying and solving health issues should be dramatically shortened. We recommend strengthening the existing Health and Safety Committee and providing it with the data and authority it needs to lead active strategies and campaigns to remove health hazards and reduce injury and illness.

**Workplace Climate**

Data collection for this research project took place after a major strike. Managers and workers admitted that tensions were running high. At the time of the study, Site Three exhibited most of the factors of a traumatic or bullying work environment. Research identifies the following risk factors as predictors of a bullying or traumatic environment: low morale, job insecurity, conflicting goals and priorities, and negative leadership behavior in managers (Brown, 2000: 161). Our findings show that Site Three is perceived by most of the employees interviewed as well as some managers to display the majority of these risk factors. Zapf (in Einarson, 1999) suggests that the following factors may be found in a traumatic or bullying environment, 1. work-related bullying which may include changing your work tasks or making them difficult to perform, 2. social isolation, 3. personal attacks or attacks on your private life by ridicule, insulting remarks, gossip or the like; 4 verbal threats where you are criticized, yelled at or humiliated in
public, and 5. physical violence or threats of violence. In order for a workplace to be classified as traumatic or bullying these factors must be in action over a period of time rather than being a one time event. Our data shows that the majority of those interviewed described a workplace in which factors 1 through 4 of Zapf’s typology were present in some form. Further, these factors were perceived to worsen after the strike but our data shows that they considerably predate the strike as well.

Site Three seems to have roughly the same type of Human Resource and operating policies as most agencies in this sector. However, data suggest that the way these policies are translated into action generates considerable concern and even fear among many employees. In particular, the research participants reported that certain individuals or groups, such as union or environmental activists, were targeted for uneven treatment of a negative or positive type. That is, a pattern was perceived to exist in which some individuals were favored while others received unfair and bullying treatment. Some research participants felt powerless to respond to these events. More over many felt that reporting these concerns to superiors would result in punitive actions. Even if respondents did not feel personally targeted, mistrust and anxiety persisted.

It is not only the favored or the disadvantaged employees who will feel stressed in such an environment. Einarsen’s (1999) studies further show that employees need not experience trauma themselves in order to be co-traumatized by merely witnessing or being associated with harmful events. Indeed, traumatic work environments produce more work related stress than all other work-related stress put together (Einarsen, 1999; Zapf et al, 1996; Niedl, 1995). Research substantiates that traumatic work environments foster harassment by managers, co-workers or both (Einarson, 1999) producing a climate that is harmful
and negative. Workers may experience symptoms including headaches, back pain, stomach ailments, insomnia, depression, post-traumatic stress disorder, chronic fatigue syndrome or suicidal feelings (Einarson, 1999; Staffordshire University Business School, 1994) Research participants reported many of these symptoms in their interviews and during our field visits.

Traumatic work environments are costly and debilitating places to work or to try to provide quality services. Where workplace trauma is present, organizations can expect to lose considerable work time and compensation, management time and legal costs, as well as an increasing number of civil law suits.

As the Staffordshire University Business School (1994) puts it, "It is an organizational issue which needs an organizational response" (p.2).

Management must take the lead in changing this negative climate as they and the Board of Directors are the only ones with the power to effect change across the agency. To be effective the desired behavior should be modeled in all interactions with staff, clients and community. We recommend the adoption of guidelines that encourage clearly transparent practices in all dealings with staff so that management practices are not only fair, but seen to be fair. Guidelines or a Code of Behavior should also be established for management including what sorts of words, phrases and behaviors are appropriate in workplace environments including social events. While informality may have been helpful to this agency when it was smaller, it is no longer productive or helpful. Recent research shows that the lack of formal rules for recruitment, assessment, and promotion in addition to the lack of transparent processes for enactment of these rules fosters common-sense biases and unconscious prejudices among management. More over it facilitates discrimination and uneven treatment of workers (Woodfield, 2000).
An independent tribunal should be set up that employees and supervisors can report to in anonymity and without fear of reprisal. This tribunal's report should be part of a clearly demarcated process of periodic review of these policies in order to build public accountability on this issues and a sense of how the agency is progressing. An independent, outside auditor who has the trust of management and employees is recommended to undertake these assessments. Periodic visits by an auditor can reduce employees feelings that they have no one to turn to and are powerless to make changes.

Team building exercises and the development of mechanisms to involve the staff in conflict resolution, problem solving and policy work are crucial to building trust between those attempting to carry out the important work of this agency and cannot be emphasized enough. On a positive note, upper management was aware of the need for more staff involvement in decision making and policy development and indicated a strong intention to make more extensive use of staff praxis knowledge and ideas. We strongly endorse this intention. Indeed, making it clear that the agency wants to involve the talents and skills of employees in the operation of the agency, rather than resorting to after-the-fact disciplinary measures, is a very positive step that can significantly lower frustration levels and build a team that is pulling together towards the goal of a healthy work force providing excellent client care.

References


