Evaluative research intervention to optimize the psychosocial and organizational work environment for caregiving staff

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Key implications for decision makers

Both short- and long-term caregivers face many constraints in their work, as well as many mental health problems. Implementing a participatory intervention initiative designed to optimize the psychosocial work environment has had positive effects on reducing constraints at work and on the health of these caregivers. The results show the usefulness of intervening in the work environment to reduce constraints with a view to primary prevention of mental health problems.

The research shows that:

- Several characteristics of way work is organized can help reduce work constraints and improve caregivers’ quality of life:
  - stable work teams characterized by respect, mutual assistance, fairness, and empowerment of all staff;
  - regular team meetings;
  - good communication (circulation of information vertically, from management to staff, and horizontally, between work teams or shifts);
  - sound leadership by management staff;
  - training to manage verbal and physical aggression of clients and families (in long-term care); and
  - elimination of disruptive behaviour by problem employees toward their colleagues.

- The success of a participatory intervention initiative depends on several factors, including:
  - commitment, involvement, and support by senior management;
  - the intervention initiative reflecting a priority of the institution’s management and board of directors;
  - the importance of management assigning responsibility for smooth progress of the intervention initiative to a person recognized as a leader in the institution; and
  - leadership, credibility, and communication and listening skills of members of intervention groups who are agents for change.

- The intervention initiative should be implemented in a context where all the organizational changes introduced can be determined, to be able to distinguish the benefits of the project from the effects of routine administrative decisions unrelated to the project but with a potential impact on the work organization aspects targeted by the research.
Executive Summary

Background

Mental health problems are among the most common, costly, and disabling challenges faced by the working-age population. Several studies have documented the effect of psychosocial constraints at work on the emergence of mental health problems. There is also recognition that one-third of days absent from work that are attributable to mental health problems are related to the work itself and to the conditions in which that work is performed. In addition, implementing adequate interventions in the workplace to prevent the appearance of mental health problems and thus reduce the decline in worker productivity cannot fail to interest managers and decision makers.

Identifying the changes that need to be made to how work is organized to reduce psychosocial constraints and their adverse effects on health is based on two theoretical models supported by a large number of empirical studies: Karasek’s “Demand-Latitude-Support” model and Siegrist’s “Effort/Reward Imbalance” model. In addition, the research proposes a participatory intervention approach designed to reduce the psychosocial constraints at work and prevent mental health problems in caregiving staff.

Consequences

The tools required to introduce such an initiative and the factors that facilitated or hindered implementation of the initiative will guide the directors of healthcare institutions seeking to improve the organization of caregivers’ work while maximizing organizational efficiency. Reducing mental health problems among caregivers could also have positive effects on quality of life and satisfaction among clients, families, and volunteers.

Approach (methods)

The research was conducted in 14 long-term care residential centres (CHSLD) and two general and specialized care hospitals (CHSGS) in the Quebec City area and included all caregiving staff in direct contact with clients. An intervention initiative was implemented
in four long-term care centres and one hospital. The methods used are qualitative (observation, individual and group interviews, and a participatory initiative to identify constraints and solutions) and quantitative (the effects of the intervention are assessed with a quasi-experimental before/after approach with a control group). The assessment is conducted through a questionnaire containing validated instruments for measuring the targeted psychosocial constraints and mental health problems among caregiving staff in institutions where the intervention is conducted and in comparable institutions without an intervention. The same measurements are taken three times, before the intervention, 12 and 36 months after the intervention.

Results

The prior risk assessment revealed a significant presence of psychosocial constraints and psychological distress among caregivers at long-term care facilities and hospitals, compared with workers in the general population. These findings have revealed the empirical presence of the targeted psychosocial constraints. A participatory initiative with an intervention group in each test centre identified several constraints and their solutions. The intervention targets were related to work and team spirit, the assignment and replacement process, the organization of work, training, communication, and ergonomics.

Effectiveness of the intervention was assessed 12 months after the start of the initiative. In the hospitals, the findings indicate a significant decline in three targeted psychosocial constraints and one health problem in the test group, especially a decline in the prevalence of high psychological demand, poor reward, imbalance between effort and reward, and sleep problems. No decline in these constraints was observed in the control group. In addition, a significant deterioration in five constraints was observed in the control group, while no deterioration was observed in the test group.

In the long-term care facilities where an intervention initiative was implemented, the results at 12 months indicate a significant decline in five targeted psychosocial constraints and one health problem: a decline in the prevalence of limited decision-making latitude, the combination of high demand and limited latitude, intimidation at
work, aggressive behaviour by residents, emotional demands, and sleep problems. A single significant change was observed in the control group: a decline in aggressive behaviour by residents.

**Conclusion**

The findings suggest beneficial effects from the participatory intervention, although only 12 months have elapsed since the start of the intervention. A follow-up at 36 months is necessary to determine whether the observed effects continued over time. In light of these findings, we believe that continuing the intervention will help achieve a greater reduction in psychosocial constraints at work. We must expect the intensity of the intervention to have a direct impact on its beneficial effects. The long-term effects will depend, however, on the willingness of management and staff to appropriate the process for identifying psychosocial constraints at work and adopt methods to reduce them.

The participatory initiative, focusing on involvement by management and staff, uses recognized conditions for success with preventive interventions. The methodological strengths of the research (based on solid theoretical models, a quasi-experimental approach including a control group, and use of validated instruments) promote its generalization outside the hospital sector. Although the psychosocial constraints and solutions identified in this study are specific to the healthcare sector, the intervention process used (a problem-solving participatory initiative) is highly transferable to other work settings.