

# Your work, your health: The role of industrial organizational psychology in health & health care in Canada

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For many, the workplace would not be the first place to consider when addressing questions related to health and health care; however, given that the average individual will spend more time at work than any other context (excluding sleeping<sup>i</sup>), perhaps it should be. Interactions between work and health include (1) the physical tolls of work, (2) the psychological tolls of work and the (3) social dependence on work.

The physical tolls of work have traditionally been those associated with manually laborious and risky work. However, modern working conditions are also riddled with potential physical dangers as they become increasingly sedentary in nature. A vast number of injuries directly related to sedentary work conditions have become more prominent and are hailing greater concern from both health professionals and the general public<sup>ii</sup>. Increased occurrences of employees being overweight, suffering from poor circulation, carpal-tunnel syndrome, 'tennis elbow', wrist tendinitis, and lower-back injury are but a few of the health-related issues that come along with sedentary work.

Not only is work wrought with potential risks to employee physical well-being, there is an increasing body of literature examining the psychological tolls associated with maladaptive working conditions. According to a survey conducted by Statistics Canada

in 2004<sup>iii</sup>, approximately 3,400,000 Canadians were suffering from burnout, and 48% of absenteeism contained a "mental health component". In addition, the survey found that 49% of men reported difficulty balancing work-life demands, with an even higher proportion of women reporting the same difficulty. Moreover, recent research on workplace violence (active and passive) has found that victims endure psychological (e.g. reduced morale, anxiety), psychosomatic (e.g. sleep apnoea) and social (e.g. family tension) repercussions<sup>iv,v</sup>.

In addition to the aforementioned tolls, it is also important to address the role of organizations in relation to their employees' health. In Canada, organizations are not legally bound to provide any form of health care or pension plan, both of which are benefits<sup>vi</sup>. The extent to which one's employer provides these benefits has an impact on the health services one can access and thereby on one's health. In addition, for the most part, organizations make the rules surrounding the number of sick days and access to leaves of absences. These rules can create conditions for *presenteeism* or when an employee goes to work but does not fulfill his or her role or job to the detriment of the employee's health, productivity, and the health of co-workers. This may result in greater costs to have the person present than absent.

Industrial Organizational (I/O) makes important contributions to employee health. For example, in the field of motivation, a significant amount of attention has been directed toward understanding the motivational underpinnings of employee burnout and job satisfaction. In regards to selection, research has demonstrated that the proper fit between the individual, the job and the organization can be critical in increasing job satisfaction, and decreasing the risk of excessive stress<sup>vii</sup>. Additionally, research has also demonstrated that training is central to empowering employees, helping to buffer against stress and cope with workplace demands<sup>viii</sup>.

A comprehensive understanding of the relationships between employees and the organizations for which they work is critical to an understanding of the health issues and needs of Canadians.

Given that approximately 61.6% of the Canadian population is currently employed (2010<sup>ix</sup>), evidence-based improvements made to the workplace offer an almost unparalleled opportunity to make a dramatic and positive contribution to society and the health and lives of countless Canadians.

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