
UNIT 2 PREVENTION

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2.0 INTRODUCTION

Stress among healthcare personnel, caused by psychosocial hazards can affect individuals, their family, society, their organization and most importantly the patients under their care. From the previous unit we would have understood that the causes of exposures to psychosocial hazards is multi-factorial. Hence, it is important we take a multi-dimensional approach in preventing or minimizing the exposure to these psychosocial hazards.

Prevention and management are usually said in the same breath. Prevention is where we eliminate the exposure or limit and control the exposure before the hazard has caused damage. Whereas management is what we do after the hazard has made an impact.

It is not possible to eliminate all psychosocial hazards especially when they are integral part of the services, for example shift work, however there are means and methods to regulate them to a certain extent. This can be achieved by actions either through individual approach or at the organizational level.

Similarly, other hazards can also be controlled to a certain extent but not entirely. It has to be understood that the implications of psychosocial hazards depend on how the mind perceives them. It is not possible to understand or control something

as complex as the human mind but steps can be taken on a general understanding of the how we expect the mind to react to a psychosocial hazard.

Under prevention of psychosocial hazards, we will be discussing how we can check the exposure to the hazards we had discussed in the previous unit. We will look into the role of the individual, the management, the community and the legal aspects in this context.

2.1 OBJECTIVES

At the end of studying this unit, you will be able to:

- detect the onset of stress due to psycho social hazards;
- take proactive measures to prevent psycho social hazards; and
- identify the roles at individual level and management level.

2.2 DETECTION OF PSYCHOSOCIAL HAZARDS EXPOSURE

Any sort of psychosocial hazard exposure that is likely to compromise on health and well-being of the HCW should not be allowed. Unlike chemical and physical hazards which have standard guidelines for detection, psychosocial hazards do not have such established guidelines. The set guidelines for psychosocial hazard detection is usually vague and non-specific in most cases.

However, considering the long term well-being of the HCW, and the fact that there should not be any decrease in their ability to provide quality medical care, it is important that exposures to psychosocial hazards need to be detected early and controlled. Psychosocial work conditions need to be monitored regularly.

2.2.1 Tools and Techniques for Detection

Questionnaire

A questionnaire is an effective tool for assessment of the psychosocial environment. It is possible to a certain extent to measure some key areas that contribute to a healthy and productive work place with the aid of a questionnaire. The questionnaire can be made more accurate, valid and trustworthy by ensuring confidentiality of the responders.

The key areas to be addressed in the questionnaire should include

1. Mental energy and well-being (available mental energy for staff to carry out their job)
2. Work climate (congenial atmosphere and relationship)
3. Work load stress (time available to plan, execute, improve)
4. Feedback from management (Appraisal and clarity of expectation from management)
5. Participation (employee engagement in decision making)
6. Skills development & training (optimal usage of existing skills and further training)

7. Mission clarity (clarity on departmental goals)
8. Efficiency of the organization (how efficient they consider the work process within the organization)
9. Leadership (styles of managers)
10. Employee ownership (what degree do employees seek information and push for change)

Several questionnaires have been developed based on the above mentioned 10 points. These include

1. General Health Questionnaire – 12 item version
2. The Hospital Anxiety & Depression Scale (HADS)
3. Life Events Questionnaire
4. Cooper & Robertson Occupational Stress Indicator (OSI) and Pressure Management Indicator (PMI)
5. ASSET Questionnaire
6. UK Health & Safety developed on-line questionnaire

The limitations are however uniform in all the questionnaires which include subjectivity of response and uncertainty over truthfulness of the answers.

Discussions at work place

It is important to encourage discussions among leadership and management based on facts. Analysis of periodic surveys will help understand the cause and effect relationships. Initiatives to improve the psychosocial environment at work can be identified from these discussions. Improvement initiatives can further be developed in small working groups which are aware of their limitations of authority.

Neutralizing stress

Probing and interrogation following an emotionally taxing day is a common place occurrence in the hospital atmosphere. A simple method to diffuse tensions after such a day is to have *end of the day* talks with work team to touch on daily experience, concerns and emotions. It is important to identify and provide subtle psychological support at the end of a busy day rather than months later. This does not require an external agent, the team leader or the personnel themselves can prompt a discussion of the day's happenings.

Management role

Just asking the staff how they feel at work on a regular basis can go a long way in keeping up to date with psychosocial health status of the HCW.

Indicators of the psychosocial environment

Staff turnover: Most people will attempt to reduce pressure where it is causing them stress and an obvious way to do this is to leave their current stressful job. Thus staff turnover can be a good indicator of existing stressful environment at the workplace. In departments with a high turnover it is important to identify issues such as poor management, poor levels of training, inadequate skill, poor equipment or other factors.

Sickness absence: Increased sickness absence is often due to social or managerial problem rather than a medical cause. This is true if the sickness absence is frequent and short term and is due to lack of motivation or incentive to work.

Stress questionnaire: Discussed above.

2.2.2 Resilience Programmes

People are often subject to mental and emotional pressures as a part of their work. These pressures can be related to working conditions, competing priorities, demanding schedules, management or team practices, standards of quality or work life balance. When the pressures become too great, people can experience stress. Stress can cause a variety of illnesses, both mental and physical. Resilience, the ability to maintain and enhance well-being under difficult conditions or to recover from the results of stress, enhances individuals' capabilities to work safely and effectively.

Enhancing the resilience of the organisation can enhance employees' commitment, increase productivity and improve the recruitment and retention of talented people.

There is an important positive relationship between employees' well-being, the organisational culture and business results. When they are supportive, these organisational factors positively impact employees and business results. When unsupportive, these factors negatively impact the organisation by increasing levels of stress, illness, burn-out and work-life conflicts and decreasing employees' morale, commitment and productivity.

Resilience is the set of skills and behaviours necessary to be successful, both personally and professionally, in the midst of a fast-paced and continuously changing environment.

Resilient individuals:

- demonstrate confidence, adaptability and flexibility, even in a fast-paced and continuously changing environment (i.e. well-being);
- display energy and stamina in meeting challenging goals (i.e. good physical health); draw on all areas of life to maintain a healthy and balanced perspective.
- Resilience programmes focus on 2 areas
- how to provide risk-based assistance to promote organizational general well-being and coping skills;
- how to identify and manage, where necessary, those organisational factors that either support or hinder well-being, team performance, and business results.

Identify key areas that need to be addressed:

The first step in identifying and assessing the impact of job-related well-being is to gather and examine data on key performance indicators at the organizational or team level that can be negatively affected by stress. This usually involves a two-step process, comprising:

- a review of selected financial, health, and productivity performance indicators;

- the identification of key sources of stress, organisational coping skills and other risk factors.

The effort typically requires combining information from line management, legal, employee health and Human Resources functions.

The first step of the assessment typically involves gathering the following types of aggregate data involving key performance indicators at the departmental team level and comparing them to local or an organizational benchmark data:

- reportable occupational injury and illness patterns and relevant employer liability claims,
- non-occupational sickness absence patterns and associated costs, emphasising the contribution of mental illness,
- summaries of employee health risk information obtained from health-enhancement programmes or other sources,
- patterns of employee relations issues, particularly performance management, bullying, harassment or other claims and ,
- key issues from local or global employee survey data,
- other key local business and HR measures that can be influenced by resilience issues, such as recruitment, employee turnover, use of vacation, work hours, overtime patterns, healthcare benefit costs, and employee productivity;
- relevant local legislation.

If a significant business impact from stress or team crisis is identified, the second assessment step should be completed. This step assesses the current level of team resilience, identifies any work-related risk factors and establishes a team or organisational baseline.

Selection and use of the appropriate tools are best done by managers in conjunction with employee health and HR professionals; the tools are not intended for use to assess individuals.

Three available tools are:

- **Pressure Curve Tool:** a reference sheet to help managers to conduct an initial assessment of how much stress or strain their teams are under and quickly identify appropriate interventions and resources
- **Resilience Assessment Questionnaire:** an anonymous questionnaire, which will provide data that can be used to:
 - identify areas for immediate intervention;
 - prioritise areas for discussion in the Post-It Exercise
 - track group progress through time
- **Post-it Exercise:** an intra departmental team discussion tool to identify and prioritise action areas and to identify issues that may benefit from referral to a professional for review.

Psychosocial Hazards

The tools can compare a team's coping ability and key sources of stress versus norms. They also identify key sources of job-related pressure and stress. These sources typically fall into six categories as shown in the following table:

Work demands practices	Management	Relationships norms and work environment	Cultural support and development	Career	Control and processes
Workload Technology Travel Role ambiguity Job fit Task design Prioritisation Role conflict Management of meetings	Prioritisation Feedback and recognition Flexibility Style Accountability Coaching Respect for people and their priorities Performance management	Managers Colleagues Customers Inter-departmental Social support Interpersonal communication Workplace treatment	Trust Communication Change Respect Inclusiveness working Resources Programmes to support health and resilience	Reward and recognition Equity Job fit Job security Under or over promotion Opportunities Pace of development or enhancement	Autonomy Work schedule Decision making Influencing Risk taking Work task and design Travel

Training managers on effective management of the identified stressors

Skills to manage pressure effectively and recognise its adverse effects at the team level can be learned through training and developed with knowledge and practice. Generally, training of managers and employees should include:

Skills to manage pressure effectively and recognise its adverse effects at the team level can be learned through training and developed with knowledge and practice. Generally, training of managers and employees should include:

- an overview of resilience, including risk factors, and potential impact on the local operation
- early recognition of adverse effects and when to seek professional help from employee health or HR
- resources available to hospital managers and employees to use to enhance their resilience, including
 - health-related programmes (e.g. site fitness centres, Employee Assistance Programmes (EAPs), care for children or elderly relatives)
 - organisational programmes (e.g. training and skill-building, organisational development, and flexible work options)
- the following key behaviours, which managers and employees should use each day to manage work pressures and which, when used consistently, have been shown to promote a positive and productive organisational environment:
 - **clarify:** ensure that there is understanding and clarity of roles, goals, and expectations so that managers and employees work effectively to achieve both business and personal objectives
 - **support:** ensure that management and employees demonstrate support, trust and mutual respect for both business and personal priorities

- **experiment:** be willing to try new ways of working that will better meet business goals and personal needs (applies to both management and employees).

The training should be provided at induction and periodically refreshed. Repeat training is most appropriate when there are significant organizational changes or indicators of worsening organizational and individual pressure (e.g. negative trends in employee survey data, new cases of work-related illness, organizational downsizing). Any training should be supported by local senior management and adequate time should be allowed for it.

Action to be taken

Basic organisational resources should be provided to maintain organisational resilience. While these core resources will vary based on location, legislation and culture, several resources are almost always universally appropriate, including:

- employee health resources
- training for managers and employees
- a process for setting and tracking objectives;
- processes for managing employees' development and reviewing their performance;
- access by employees to basic preventive and corrective health care;

Additional organisational resources and actions should be identified and implemented based on the local culture, job market and key priorities identified by an assessment of workplace stressors. They may include programmes such as flexible work options, mentoring programmes, elder- or child-care, fitness centres and EAPs.

Where the questionnaire and Post-It Exercise have been used to assess specific teams or organisations, more detailed action plans should be developed to address any identified issues. Actions should be prioritised according to the severity of the hazard, likelihood of a harmful outcome from it, the number of people at risk and the degree to which the team or business has control over the issue. Action plans typically focus on:

- daily practices and behaviours that will address the issues and create a more supportive team environment;
- process improvements that are within control or influence of the team;
- maximising the use of currently available resources.

The action plan should include the designation of persons responsible and a time-frame for completion of the actions. The action plan should be periodically updated and reviewed by the manager (in conjunction with their supporting HR, or employee health professional) and the team.

Facilitate access to treatment and support

Whether work-related or not, health issues are major causes of absence and poor performance. The management should consider facilitating access to services that support employees. Such services might include:

Psychosocial Hazards

- access to confidential counselling via EAPs or other means;
- a process to assess the contribution of illness to performance problems and assist managers in addressing such situations;
- inclusion of out-patient and in-patient mental health coverage in medical benefit plans;
- health education materials, e.g. on depression, anxiety, fitness or use of alcohol;
- training on resilience, coping strategies, relaxation etc.

These support services are liable to be ineffective if they are not appropriately marketed and management do not support their use.

Confidentiality

With issues relating to the well-being of employees, confidentiality is of particular importance. Well-being is often a very personal subject and employees are unlikely to come forward to have issues addressed if they are not handled sensitively and confidentially. This applies equally to clinical employee health and manager-employee interactions.

Confidential medical information should be kept in designated medical records, which should be separate from non-medical files. The medical records should be stored in a secure location and access to them should be restricted to employee health professionals who have signed a confidentiality agreement. Line and HR management should not have access to medical records. Employees should be allowed to see information held within their own medical record, unless there are sound medical grounds for this not to be the case.

Evaluate the effectiveness of the resilience programmes

The easiest ways to assess the effectiveness of resilience interventions and support services include:

- post-intervention uses of the questionnaire, with a comparison of data from before and after the intervention
- review or audit of department action plans on resilience
- conducting organisational surveys and analysing trends in key aspects
- conducting customer-satisfaction survey and analysing trends
- analysing data to determine patterns in occupational and non-occupational illness and related absence

Check Your Progress 1

1. What are key areas to be addressed in the questionnaire to detect mental wellbeing?

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2. What are the sources of work pressure?

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3. What behaviours should employees should use each day to manage work pressures

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2.3 PREVENTION OF PSYCHOSOCIAL HAZARDS

Psychosocial issues need to be integrated with the overall business to create a healthy workplace. Identifying the hazards alone will not suffice.

2.3.1 Creation of Psychosocial Health

Organizational efficiency

Participation of the HCW in the management practices of the organization with clarity of goals help handle the process changes more efficiently. The psychosocial environment of the workplace is a major determinant of how employees are going to react. Increased production does not mean increased stress.

In healthcare organizations, work load is a major factor of concern. This is true as restructuring and cut backs on costs is an on-going process. It thus becomes important to engage all employees in discussions focussing on goals of the workplace, realistic production and on methods to increase efficiency of work.

Studies have proven that departments where employees develop and utilize more of their professional skills, mental energy and well-being increased at the same time. Whereas in departments where efficacy decreased and there was no optimal utilization of skills or their development, suffered mental fatigue. There is also a positive relationship between staff-rated organisational well-being and patient rating of the quality of care.

Clarity of goals

Improvement of mental energy and thus counter effect to burnouts was noticed among departments where there was clarity of goals of the work units. Employees who were not aware of the goals were unable to prioritize their work to improve the efficiency of their organization and hence were mentally fatigued.

Leadership styles

Type of leadership plays an important role for mental well-being. In places where leadership skills are developed has a better state of mental well-being. An important determinant to enhance organisational efficacy is enhanced performance feedback by the immediate manager.

Skills development

There is rapid development of technology in the medical field. HCW therefore need to constantly develop their skill sets. The organisation must ensure that employees have sufficient access to training and skill development.

In addition to this HCW need skills to be more professional in their interaction with patients and ensure that they do not over commit themselves. This will prevent them from emotional and intellectual burnout.

Participatory management

Participatory management is important in the health care sector. Employees ideas need to be incorporated into every day work processes in order to ensure healthy and efficient work practices. If the management does not support such participation, it will result in a psychosocially unhealthy environment and frustrated workers who may leave the organisation.

Cross functional teams

Cross functional teams need to be encouraged for more efficient team efforts. This way the onus of performing well is distributed among multiple teams and the pressure on one individual or a single team is dissipated. This also promotes comradery among the HCW from different departments.

2.3.2 Counseling and Preparing the Person for the Job

Employees in need should be offered professional counselling, both individually as well as in groups.

Counsellor

For counselling to be effective the counsellor should be a respected person in the eyes of the counslee. Besides adequate knowledge on the subject, an ideal counsellor should be

1. Perceptive (Understand the other person's feeling)
2. Positive (help resolve or reduce the problem)
3. Patient (listen sympathetically)
4. Persuasive (subtly influential)
5. Persistent (not give up)

Types

Counselling can be broadly classified into one-on-one (individual approach) and group. The terms are self-explanatory. One-on-one counselling is more effective than group counselling but it is time consuming and expensive. No counselling can be completed in a single session; multiple sessions will be required to achieve for adequate follow-up and to confirm that the desired change has been achieved.

The following are the theories and approaches in counselling. They are explained in brief for academic purposes.

- Psychoanalytical counselling: This is a type of counselling which is practiced by qualified psychiatrists and psychologists. This is taking a person into a

partly or fully unconscious state to recognize the deep-rooted cause for their behaviour and addressing those causes.

- **Humanistic Approach:** This is more of an empathetic style of counselling, where the counsellor does not highlight the negative behaviour but focuses on self-growth. The counsellor helps the counselled realize their ability to change to the desired behaviour.
- **Cognitive therapy:** This type of counseling ignores the past and focuses only on the current undesirable behaviour and how that maybe rectified.
- **Behavioural therapy:** This form of counselling involves rewarding and penalizing behaviour. This is based on the principle that primary learning comes from previous experience which have either been either good or bad.
- **Holistic therapy:** This is an integrated approach involving all the four cited theories mentioned above. It also includes hypnotherapy and guided imagery.

Each approach or theory is neither superior nor inferior to the other. It is for the counsellor to choose one or all of the approaches in different situations. The effectiveness of the counselling lies in bringing about the change we wish to see or achieve.

Group counselling

Group counselling may be very beneficial following stressful circumstances, such as a major event or unexpected complication in medical care process.

Check Your Progress 2

1. How do you create psychosocial health at your workplace?
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2. What are the attributes of a good counsellor?
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2.4 PREVENTION OF VIOLENCE AT WORKPLACE

2.4.1 Violence in Health Care Industry

Earlier, violence in a healthcare sector was only associated with behaviour by mentally ill patients in a psychiatric setting. This was viewed as part of the job. However, in recent years’ violence has gained recognition as an occupational hazard for HCW. The intentional use of physical force to inflict bodily harm, verbal aggression, threats and sexual harassment have been increasing in the healthcare sector. This has been found to have profound negative health effects on the HCW.

Negative effects

Though majority of the violent incidents directed towards HCW do not result in serious physical injury, they cause severe short term and long term psychological effects including burnouts and post-traumatic stress. These have led to unwanted life style issues such as excessive smoking, abuse of available psycho-active drugs, alcohol and even excessive coffee consumption.

More so, as HCW have the tendency of blaming themselves when patients become very sick or die, feeling they have failed as care-givers.

2.4.2. Detection of Negative Health Effects

The cause of violence must be clearly understood to develop an effective prevention method. When such violence was prevalent only in psychiatric wards, strategies dealt with attempting to predict violent behaviour. Reporting only highly violent behaviour and investigating the cause will not be beneficial and will result in incomplete information.

Every type of violent behaviour however less significant they are should be recorded and analyzed. Regular review of such threatening violent behaviour or incidents is the key to understanding the risk and safety factors in one’s work area. Routine monitoring of events may also improve the possibility to detect negative health effects on staff, both physiological, psychological and emotional, that can have a negative impact on work satisfaction and ultimately on the quality of health care provided.

2.4.3 Strategies for Prevention of Violence in Health Care Industry

The individual health care work place should have an established safety policy regarding violent or threatening behaviour. Debriefing or discussion with colleagues and supervisors can help a victim of such violence. More serious incidents may require professional counselling.

Staff should receive training on a regular basis to identify and recognize risky situations for violence and to familiarize themselves with the safety procedures. Alarm systems either personal or installed in the workplace may be necessary for places that are isolated. There should be adequate lighting and easy access to and from rooms. In the current day and age, installation of CCTV cameras will help.

Staff should be trained in non-violent defense techniques with regular refresher courses.

All types of violent events must be reviewed in order for an accurate assessment of the workplace to be made. Violence against HCW should be openly discussed in staff meetings as willingness on the part of both management and staff is a necessary pre-requisite for prevention of workplace violence.

Check Your Progress 3

- 1. What are the negative effects due to workplace violence?

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2. Explain one method for detecting workplace violence

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2.5 SHIFT WORK

The ill-effects of shift work, especially night shift was discussed in the previous unit (Overview). We shall discuss methods and strategies to be adopted to negate these effects.

2.5.1 Individual Level

Individual strategies have been followed to cope with the ill-effects or undesirable effects of shift working. These are experimented by shift workers to alleviate the harmful effects of night or shift work.

<i>Individual Habits</i>	<i>Coping strategies</i>
Improvement of sleep	<ul style="list-style-type: none">● Noise & light reduction● Ask co-operation of family members· Using comfortable beds
Sleep behaviour modification	<ul style="list-style-type: none">● Attempt sleep on returning home from work and evening after night shift· Relaxation training / meditation
Eating and Drinking	<ul style="list-style-type: none">● Avoid drinking coffee or tea within 5 hours of bedtime● Eat light before bedtime● Avoid alcohol before bedtime
Activity and exercise	<ul style="list-style-type: none">● Avoid strenuous physical and mental activity just before bed● Exercise at least 3 time a week
Social activities	<ul style="list-style-type: none">● Plan to co-ordinate family's social life
Medication	<ul style="list-style-type: none">● Use sleep medication only as the final measure
Night shift	<ul style="list-style-type: none">● Consumption of coffee only before 3 hours of completion of shift● Avoid self-driving / use public transport● Avoid critical jobs towards end of the shift● Provide adequately bright light at work

2.5.2 Preventive Measures in Workplace

The organization should adopt preventive measures related to shift work, legal aspects, medical checks, education and also provide the necessary resources.

Measures to prevent ill effects of shift work

1. Night work should be reduced as much as possible
2. Quick rotating shift system
3. Permanent night shifts should be avoided
4. Extended work days should be considered based on the nature of the work
5. An early start for day shifts should be avoided
6. Quick changeovers must be avoided
7. The number of consecutive working days should be limited to 5 days a week
8. Every shift system should include free weekends
9. Forward moving shifts (morning to afternoon to night) followed by an off day

2.5.3 Medical Surveillance

Regular medical surveillance is required to deem a person is fit to perform shift duties. This becomes important as if there are compromises in the fitness of individuals it may lead to personal or property loss.

Relative contraindications for shift work are

1. Morning sickness
2. Sleep rigidity
3. Insomnia
4. Mild asthma
5. Diabetes
6. Age above 40 years
7. Cardiac risk factors
8. Clinical depression
9. Seizures
10. Frequent indigestion and digestive disorders
11. Family instability
12. Excessive family responsibilities
13. Long distance commutation
14. Psycho-active medication

Definite contraindications for shift work are

1. Epilepsy

2. Coronary heart disease
3. Asthma
4. Insulin dependent Diabetes
5. Uncontrolled hypertension
6. Recurring peptic ulcers
7. Psychiatric disorders
8. Severe gastrointestinal disorders
9. Multiple medications
10. Pregnancy

Education and resources

Emphasis must be laid on educating employees on early identification of health effects related to shift work and reporting them to the occupational health or employee health services. Employers must provide canteen and recreational facilities for supporting shift workers

Check Your Progress 4

1. List the organizational measures to counter health hazards in shift workers

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2. What are the definite contraindications for shift work?

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3. Which factors makes the health care settings vulnerable to sexual harassment?

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4. What advice you will give to the management to prevent sexual harassment in workplace?

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2.6 SEXUAL HARASSMENT

Hierarchical structure, male dominated environment, night work, necessity of physical contact as a part of professional services and dealing with strangers are important factors that make an organization prone to sexual harassment. Health care settings has all these characteristics making it one of the most common site to witness sexual harassment. Sexual harassment in health care settings is not a new phenomenon. Florence Nightingale, the famous 19th century nurse popularly known as “Lady with the Lamp” being concerned with the sexual harassment of her female colleagues by the male surgeons provided guidance to the nurses on how to prevent sexual harassment.

According to Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013 any of the following act will be considered as sexual harassment. (1) Any unwelcome physical contact and advances, including unwanted and explicit sexual overtures, a demand or request for sexual favours, showing someone sexual images (pornography) without their consent, and making unwelcome sexual remarks. (2) Forcing a woman to undress (3) Watching or capturing images of a woman without her consent (voyeurism). (4) Following a woman and contacting her or trying to contact her despite her saying she does not want contact. (5) Monitoring a woman using the internet or any other form of electronic communication (stalking). (6) Insulting the modesty of a woman by saying any word or sound or making any gesture which intrudes on her privacy.

Consequences of sexual harassment to the victim are many and serious. Even relatively infrequent and less severe, harassment can have significant negative effects on psychological well-being and work behaviours consisting of anxiety, sleep disturbance, low self estimate, eating disorders, lack of concentration, distraction, increased errors and negligence which can have serious consequences for the patient. One of the serious and long term consequence is Post Traumatic Stress Disorder (PTSD) characterized by re-experiencing the trauma through intrusive distressing recollections of the event, flashbacks, and nightmares, emotional numbness and avoidance of places, people, and activities that are reminders of the trauma and increased arousal such as difficulty sleeping and concentrating, feeling jumpy, and being easily irritated and angered.

The effects may not be limited to the victims but can also have adverse impact on the witnesses. It may affect team spirit which is an essential component of health care system. The resultant decreased efficiency, motivation, absenteeism and employee turnover will be harm the interests of the organization.

Prevention of sexual harassment in HCF need joint effort from employers and employees. It should begin with the statement from highest level in the management on zero tolerance policy and what is being done to prevent sexual harassment in the workplace. The document should be widely circulated and shared with all employees. It should provide guidance to the employees on “dos and don’ts” to avoid situation leading to sexual harassment, promise confidentiality and ensure prompt impartial action. The management should assess for the risk factors, and preventive actions in place. In collaboration with the employees it conduct climate surveys to assess the extent to which harassment is a problem within their organization. All employees should be made aware of the legal provisions and the rights of the victim.

2.7 KEY WORDS

Cognitive Behaviour Therapy is a time-sensitive, structured psychotherapy aimed at solving problems through ignoring past and live in present. It is used in treating dysfunctional thinking and behaviour, phobias, addictions, depression, and anxiety.

Counselling is professional help and guidance in solving psychosocial problems.

Dependency Syndrome: A cluster of behavioural, cognitive and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulty in controlling the use, persisting in its use despite harmful consequences, a higher priority given to drug use than other activities and obligations, increased tolerance and sometimes withdrawal state.

Participatory management is the practice of empowering members of a group, such as employees of a company or citizens of a community, to participate in organizational decision making

Pressure Curve Tool: a reference sheet to help managers to conduct an initial assessment of how much stress or strain their teams are under and quickly identify appropriate interventions and resources

Resilience Assessment Questionnaire: an anonymous questionnaire, which will provide data that can be used to identify areas for immediate intervention; prioritise areas for discussion in the Post-It Exercise AND track group progress through time

Resilience is the set of skills and behaviours necessary to be successful, both personally and professionally, in the midst of a fast-paced and continuously changing environment.

Staff Turnover refers to number or percentage of workers who leave an organization and are replaced by new *employees*.

2.8 LET US SUM UP

Psycho-social hazards are those that have a potential to cause psychological, mental harm or physical diseases. Though the psychosocial risk factors are ubiquitously present, the workers of service sector in general and health care sector in particular are more likely to be affected. The vulnerability of health care workers is attributed to direct dealing with patients and their relatives, emotional stress due to constant experience of human sufferings and death, heavy work load and effort-reward imbalance. The final outcome is deterioration of quality of the health care characterised by poor staff-patient relationship, errors in diagnosis and treatment, increased complications and sufferings of the patient. Prevention of psychosocial hazards is therefore important.

Prevention of psychosocial hazards begins with detection of the hazards. Various tools and techniques are available for detection and characterization of psychosocial hazards. This includes surveys using standard questionnaire and analysis of incidence of psychosocial indicators such as staff turnover and sickness absenteeism. The next step is enhancing the resilience in the organization. Resilience is the set of skills and behaviours necessary to be successful, both personally and professionally, in the midst of a fast-paced and continuously changing environment. Assessment

of well being of the workers is identified in two step process (1) a review of selected financial, health, and productivity performance indicators; and (2) the identification of key sources of stress, organizational coping skills and other risk factors. Some of the important stress factors can be reduced by flexible work options wherever feasible, mentoring programmes, and employee assistance programmes (EAPs). There should be periodic evaluation of resilience interventions and support programmes through (a) post-intervention uses of the questionnaire, with a comparison of data from before and after the intervention and (b) review or audit of department action plans on resilience. The preventive programmes should include creation of psychosocial health through organizational efficiency programme consisting of clarity of goals, leadership styles, skills development, participatory management and cross functional teams.

The steps for prevention and management of violence at work place should include recording of all types of violent behaviours, their health effects on the staff, establishment of safety policy and installation of safety alarms and CCTVs. Shift work is an integral part of health care system. Preventive measures include minimizing night work, medical surveillance for early detection of adverse health effects, avoidance of allocating night duty to people with medical conditions such as epilepsy, diabetes mellitus, cardiac disorders, bronchial asthma etc. To prevent sexual harassment at work place, definite policy guide lines and strict adherence to legal requirement stipulated by the relevant law.

2.9 ANSWERS TO CHECK YOUR PROGRESS

Check Your Progress 1

1. The key areas to be addressed in the questionnaire should include
 - 1) Mental energy & well-being (available mental energy for staff to carry out their job)
 - 2) Work climate (congenial atmosphere and relationship)
 - 3) Work load stress (time available to plan, execute, improve)
 - 4) Feedback from management (Appraisal and clarity of expectation from management)
 - 5) Participation (employee engagement in decision making)
 - 6) Skills development & training (optimal usage of existing skills and further training)
 - 7) Mission clarity (clarity on departmental goals)
 - 8) Efficiency of the organization (how efficient they consider the work process within the organization)
 - 9) Leadership (styles of managers)
 - 10) Employee ownership (what degree do employees seek information and push for change)
2. The identified sources of pressure are
 - 1) Work demands and processes

- 2) Management practices
 - 3) Relationships
 - 4) Cultural Norms
 - 5) Career support & development
 - 6) Control
3. The behaviours employees should use to manage work pressures and which, when used consistently, have been shown to promote a positive and productive organisational environment:
- **clarify:** ensure that there is understanding and clarity of roles, goals, and expectations so that managers and employees work effectively to achieve both business and personal objectives
 - **support:** ensure that management and employees demonstrate support, trust and mutual respect for both business and personal priorities
 - **experiment:** be willing to try new ways of working that will better meet business goals and personal needs (applies to both management and employees).

Check Your Progress 2

1. The following have to be addressed to create psycho social health at workplace
 - 1) *Organizational efficiency*
 - 2) *Leadership styles*
 - 3) *Skills development*
 - 4) *Participatory management*
 - 5) *Cross functional teams*
2. An ideal counsellor should be
 1. Perceptive (Understand the other person's feeling)
 2. Positive (help resolve or reduce the problem)
 3. Patient (listen sympathetically)
 4. Persuasive (subtly influential)
 5. Persistent (not give up)

Check Your Progress 3

1. Short term and long term psychological effects including burnouts and post-traumatic stress. These have led to unwanted life style issues such as excessive smoking, abuse of available psycho-active drugs, alcohol and even excessive coffee consumption.
2. Every type of violent behaviour however less significant they are should be recorded and analyzed. Regular review of such threatening violent behaviour or incidents is the key to understanding the risk and safety factors in one's

work area. Routine monitoring of events may also improve the possibility to detect negative health effects

Check Your Progress 4

1. Measures to prevent ill effects of shift work
 - 1) Night work should be reduced as much as possible
 - 2) Quick rotating shift system
 - 3) Permanent night shifts should be avoided
 - 4) Extended work days should be considered based on the nature of the work
 - 5) An early start for day shifts should be avoided
 - 6) Quick changeovers must be avoided
 - 7) The number of consecutive working days should be limited to 5 days a week
 - 8) Every shift system should include free weekends
 - 9) Forward moving shifts (morning to afternoon to night) followed by an off day
2. Definite contraindications for shift work are
 - 1) Epilepsy
 - 2) Coronary heart disease
 - 3) Asthma
 - 4) Insulin dependent Diabetes
 - 5) Uncontrolled hypertension
 - 6) Recurring peptic ulcers
 - 7) Psychiatric disorders
 - 8) Severe gastrointestinal disorders
 - 9) Multiple medications
 - 10) Pregnancy
3. Hierarchical structure, male dominated environment, night work, necessity of physical contact as a part of professional services and dealing with strangers are important factors that make health care setting prone to sexual harassment.
4. The organization should take following steps to prevent sexual harassment in workplace. (1) Issue the statement from highest level in the management on zero tolerance policy and what is being done to prevent sexual harassment in the workplace. (2) It should provide guidance to the employees on “dos and don’ts” to avoid situation leading to sexual harassment. (3) Promise confidentiality and ensure prompt impartial action. (4) Assess for the risk

factors, and preventive actions in place. In collaboration with the employees it conduct climate surveys to assess the extent to which harassment is a problem within their organization. (5) Make all employees aware of the legal provisions and the rights of the victim.

Prevention

