

## Context

- Psychological health refers to the ability to think, feel, and behave in a manner that enables being able to deal with challenges and contribute to our work environments, personal lives, and society at large.(1)
- Psychological safety at work is the act of the workplace promoting employees' psychological well-being and actively works to prevent harm through taking precautions to avert injury or danger.(1)
- The rapid evidence profile provides high-level findings from relevant evidence syntheses and primary studies to understand the impacts of workers being engaged in creating and promoting psychological health and safety at workplaces.

## Questions

- What is the impact of worker engagement and participation in creating psychological health and safety at work?

## High-level summary of key findings

- We identified one evidence synthesis and eight single studies relevant to the question, of which only one single study was determined to be highly relevant.
- Most of the findings focused on coping mechanisms and supports that workers use to deal with maintaining their own psychological health and safety to improve well-being, satisfaction, and productivity.
- Significant gaps in the literature from the past five years were identified, including:
  - very limited evidence that assesses current workplace policies and regulations related to psychological health and safety at work
  - almost no evidence that considers how workers are and can be directly involved in establishing programs, training, and rules to create standards of maintaining psychological health and safety at work
  - lack of in-depth understanding about how different engagement approaches can be effectively utilized in the context of workplace environments to engage and participate in creating psychological health and safety through the efforts of workers.

## Rapid Evidence Profile

### Examining the impact of worker engagement and participation in creating psychological health and safety at work

20 December 2023

[MHF product code: REP 61]

#### + Global evidence drawn upon



Evidence syntheses selected based on relevance, quality, and recency of search

#### + Forms of domestic evidence used (🇨🇦 = Canadian)



Evaluation



Qualitative  
insights

#### \* Additional notable features

This is part of a series of four rapid evidence profiles focused on employment topics, with the others focused on: 1) views and experiences with workplace-injury remediation and its impact on return-to-work timelines; 2) features and impacts of incentive programs for return-to-work after a period of disability; and 3) features and impacts of models of care to facilitate a successful return-to-work following a mental-health injury claim.

- Our jurisdictional scan of six countries (Australia, New Zealand, Denmark, Finland, Sweden, and United Kingdom) and Canadian provinces and territories most commonly identified policies and procedures as well as workplace committees that are in place to engage their employees in health and safety initiatives at work.
- We also identified a number of guidance documents as well as resources available through government organizations to promote psychological health and safety in the workplace.
- While our jurisdictional scan identified a number of approaches and initiatives that promote worker engagement in creating psychological health and safety at work, we did not find detailed information on the impact of these initiatives.

## Framework to organize what we looked for

- Engagement approach
  - Sharing
  - Consulting
  - Deliberating
  - Collaborating
  - Co-designing
- Type of engagement
  - Policies and procedures related to psychological health and safety
  - Psychological health and safety training
    - Participating in training
    - Delivering training
  - Monitoring, evaluation, and enforcement of psychological health and safety
  - Workplace committees focused on psychological health and safety
- Outcomes
  - Psychological health
  - Psychological safety
  - Worker satisfaction
  - Workplace culture and environment
  - Costs and productivity

## Box 1: Approach and supporting materials

We identified evidence addressing the question by searching Health Systems Evidence and Social Systems Evidence for evidence syntheses, and PubMed, PsychInfo, and Web of Science for single studies. All searches were conducted on 13 November 2023. The search strategies used are included in Appendix 1. In contrast to synthesis methods that provide an in-depth understanding of the evidence, this profile focuses on providing an overview and key insights from relevant documents. We also hand searched government and stakeholder websites of Canadian provinces and territories and six countries (Australia, New Zealand, Denmark, Finland, Sweden, United Kingdom) to identify any guidelines or guidance relevant to the question.

We searched for full evidence syntheses (or synthesis-derived products such as overviews of evidence syntheses) and protocols for evidence syntheses.

We appraised the methodological quality of evidence syntheses that were deemed to be highly relevant using AMSTAR. AMSTAR rates overall quality on a scale of 0 to 11, where 11/11 represents a review of the highest quality. The AMSTAR tool was developed to assess reviews focused on clinical interventions, so not all criteria apply to evidence syntheses pertaining to delivery, financial or governance arrangements within health systems or to broader social systems.

A separate appendix document includes:

- 1) methodological details (Appendix 1)
- 2) details about each identified synthesis (Appendix 2)
- 3) details about each identified single study (Appendix 3)
- 4) programs and guidelines identified through a jurisdictional scan of select countries and Canadian provinces and territories (Appendices 4 and 5)
- 5) documents that were excluded in the final stages of review (Appendix 6).

This rapid evidence profile was prepared in the equivalent of three days with a ‘full court press’ by all involved staff.

## What we found

Our searches of the literature from the last five years identified nine evidence documents relevant to the question. This included one evidence synthesis and nine single studies, of which only one single study was deemed to be highly relevant.

### Key findings from existing evidence syntheses and single studies

The only evidence document that was identified as highly relevant explored how the mediating role of a promotive voice can impact psychological health and safety. The study found that a culture of positive voices needs to be developed to promote voice at work and this culture of speaking up therefore evokes the tendency of people to feel secure when they notice their peers also sharing their voices and securing their image and position. As workers are part of an organization, they are bounded by a system of social connectivity that enables them to behave similarly and learn cognitively, which promotes a culture of empowerment to enable a positive employee voice to create psychological health and well-being.(2)

In addition, an evidence synthesis reported that there is a lack of focus on mental health promotion and psychosocial risk reduction among the laws, legislations, policies, financing, and organization of workplaces in heavily industrialized countries such as Australia, Canada, Finland, France, Germany, Ireland, Italy, Japan, Netherlands, Poland, U.K., and U.S.(1)

The remaining literature primarily identified coping mechanisms, supports, and strategies to help deal with psychological health safety at work, which includes:

- job crafting to provide workers with control over their positions by allowing them to modify their roles to make their work more satisfactory
- social support from colleagues, acknowledging personal limits, counselling services, and encouraging work-life boundaries
- transformational leadership to facilitate positive worker psychological empowerment and wellness.(3-9)

### Gaps in existing evidence syntheses and single studies

There are many gaps in the literature identified in relation to the systems of engaging workers to create and participate in approaches to create psychological health and safety at work. Internationally, there is a lack of key developments to ensure psychological risk management and mental health promotion through policies and regulations. There is also a lack of recognition of workers as key stakeholders in this process of co-designing programs, training, committees, and evaluations to ensure psychological health and safety is being positively promoted, maintained, and actioned when needed to support a standard of conduct.

### Key findings from jurisdictional scan

#### *Worker engagement in workplace psychological health and safety in select countries*

We identified several approaches to ensuring worker engagement in creating psychological health and safety at work from our jurisdictional scan of six countries (Australia, New Zealand, Denmark, Finland, Sweden, United Kingdom). Most commonly we found policies and procedures as well as workplace committees are put in place to require employers to engage their employees in health and safety initiatives at work. Businesses in New Zealand are [legally required](#) to engage workers in improving workplace health and safety through ongoing mechanisms to voice their suggestions and concerns, and employers in Finland are encouraged to use the Occupational Health and Safety Administration's [psychosocial workload factors survey](#) and interview employee representatives to ensure that they identify psychosocial workload factors that can have an adverse impact on their workers. In consultation with

employees with lived experience of mental health issues, the Australian Public Service (APS) Commission created a [guide](#) for promoting mental health and well-being at work that is organized around four principles (people management, prevention, early recognition, and rehabilitation) of best practice for psychological health and well-being.

In terms of workplace committees, we identified health and safety committees composed of both employee and employer representatives that require specific training, which are common within workplaces in [Denmark](#) and [New Zealand](#). The [Work Environment Act](#) in Sweden requires employers to have a safety representative for their work environment, elected by employees, who is granted several powers, including receiving training, involvement in actions related to work environment relationships, and participation in the planning of new premises and changes in existing premises. The [Finnish Institute of Occupational Health](#) (FIOH) offers [online coaching programs](#) to employees in Finland and has a project that focuses on promoting mental health and work ability through the [development of mental health expertise and regional co-operation \(MYÖTE\)](#).

Lastly, we identified a [report by WorkSafe New Zealand](#) that examined psychosocial hazards in work environments and found that while organizational-level psychosocial intervention (e.g., addressing working conditions) is effective at producing positive impacts at both the individual and organizational levels, individual-level intervention (e.g., addressing work stress) is less effective at producing such impact at the organizational level.

#### *Worker engagement in workplace psychological health and safety in Canadian provinces and territories*

Our jurisdictional scan of Canadian provinces and territories identified approaches to engaging workers in psychological health and safety initiatives at work that are similar to those identified in other countries. We identified legislation in most provinces and territories (e.g., [British Columbia](#), [Alberta](#), [Saskatchewan](#), [Ontario](#), [Manitoba](#), [Newfoundland and Labrador](#), [Nunavut](#)) that requires businesses to have a workplace health and safety committee composed of both employer and worker representatives. Typically, employers are legally required to set up and maintain an occupational health and safety committee by providing training when they have 10 or more workers, and those with less workers are required to appoint an occupational health and safety representative.

In terms of other initiatives, Alberta has an [Occupational Health and Safety \(OHS\) Prevention Initiative](#) that aims to raise awareness on preventing workplace injury and illness, including issues related to psychosocial health and safety, and British Columbia has a voluntary certification initiative called the Partners Program or [Certificate of Recognition](#) (COR) that aims to motivate employers to proactively engage in work-related health and safety management based on predefined standards set by the WorkSafeBC Board. WorkSafeBC also developed the [Psychological Health and Safety Planned Inspectional Initiative](#) to manage psychological risks leading to workplace injuries or illnesses by targeting high-risk areas, and utilizing consultation, education, and enforcement to enhance psychological safety and overall mental well-being in the workplace. In comparison, [Psychological Health and Safety in the Workplace programs](#) that are offered to employer/employee groups within the Yukon Territory by the University of Fredericton in partnership with the Yukon Workers Compensation Health and Safety Board (YWCHSB) supports YWCHSB's strategic vision that all Yukoners participate in a culture of safety and prevention of psychological injury.

Finally, we identified a number of guidance documents as well as resources available through government organizations to promote psychological health and safety in the workplace. SafeWork Manitoba developed the province's five-year [strategy on psychological health and safety in the workplace](#) in collaboration with multiple stakeholder representatives that emphasizes promoting open dialogue, encouraging [worker participation](#) and engagement, and sharing ideas with senior leadership to improve health and safety. Similarly, the [Workers' Safety & Compensation Commission](#) (WSCC) in Newfoundland and Labrador published an [Employers' Guide to Psychological Health and Safety in the Workplace](#) that encourages employee participation in discussions and decisions about addressing psychosocial hazards in order to improve employee well-being. Employers and employees seeking resources to assist in the promotion of psychological health and safety in the workplace may be

able to benefit from the [Employee and Family Assistance Services \(EFAS\)](#) by TELUS Health, the [provincial grant for workplace mental health resources](#) in B.C., the resources of [WorkSafe Saskatchewan](#), [Workplace Safety and Insurance Board](#) (WSIB) Ontario, the [Ontario Medical Association](#), and [Mouvement Santé Mentale Québec](#) (MSMQ) on workers' engagement and participation, and [Safety Services Manitoba](#) consulting teams.

While our jurisdictional scan of select countries and Canadian provinces and territories identified a number of approaches and initiatives that promote worker engagement in creating psychological health and safety at work, we did not find detailed information on the impact of these initiatives.

## **Next steps**

Additional next steps could focus on efforts to fill gaps in the literature, which include:

- primary research on worker perspectives and how capacity can be built to support workers in their engagement of creating psychological health and safety
- evidence syntheses on current programs, policies, and practices to support worker psychological health and safety
- efforts to establish standardized guidelines on worker engagement approaches
- evaluations of the impact of initiatives to promote psychological health and safety at work.

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