

HUMAN RESOURCES – Psychological Injuries

Psychological injuries can negatively impact the quality of patient care and can lead to decreased staff morale, increased absenteeism, increased interpersonal conflict and lack of confidence. A workplace environment that does not demonstrate a strong culture of openness and support can lead to psychological injuries such as burn-out, post-traumatic stress disorder and acute stress. This document contains information entered by HIROC subscriber healthcare organizations (acute and non-acute) in the Risk Register application to help you in your assessment of this risk.



Ranking / Ratings¹

- Likelihood – average score 3.54
- Impact – average score 3.62

The Risk Register allows for risks to be assessed on a five-point likelihood and impact scale, with five being the highest.

Key Controls / Mitigation Strategies

- Education / Training
 - ✓ Pre-employment training on mental health wellness
 - ✓ Training for managers:
 - Workplace mental health leadership
 - Code of conduct, health and performance appraisal
 - Road to mental readiness (R2MR)
 - ✓ Increase staff awareness and knowledge on topics such as:
 - Code of conduct
 - Partnership pledge with patients and families
 - Workplace civility and respect
 - Difficult conversations / situations
- Programs and Initiatives
 - ✓ Programs:
 - Peer support (e.g. peer to peer program)
 - Employee Assistance Program / Employees and Family Assistance Program to provide support for work and personal wellbeing (e.g. counselling, training sessions, trauma response)
 - Workplace flexibility
 - Employee benefits
 - Employee recognition
 - Mental health wellness at work
 - Performance management
 - Ability management that focuses on the strengths of the employees
 - Early intervention programs with immediate attention and treatment (e.g. Traumatic incident response plan and operational pauses)
 - Psychological health, safety and wellness program
 - Fatigue risk management system (FRMS), including FRMS committee, policies, procedures, roles, training, reporting mechanisms



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- ✓ Initiatives:
 - Mindfulness (e.g. reinforcing self-compassion)
 - Spiritual and religious care department
 - Chaplaincy meditation room
 - Individual counselling
 - Alternate / flexible work schedules
 - Scheduled breaks
 - Quiet room
 - Monthly events calendar
 - Mental wellness team
 - Mental health float pool
 - Onsite social worker
 - Work space redevelopment



- Occupational Health and Safety (OHAS)
 - ✓ Review and update all health and safety policies and programs to include psychological health and safety risk and hazard identification and assessment in the workplace (in addition to physical risks and hazards)
 - ✓ Complaints investigation
 - ✓ Incident reporting and investigation
 - ✓ Absence management program, including referrals to community providers and accommodations
 - ✓ Disability Claims Manager (e.g. oversee and monitor claims, successfully reintegrate a returning worker from disability leave)
 - ✓ Occupational Health and Safety Nurse
 - ✓ Occupational Health and Safety clinic
 - ✓ Joint OPSEU / ONA committee
 - ✓ Psychological Health and Safety committee
 - ✓ Wellness Centre (e.g. seated massage therapy)

Monitoring / Indicators

- Workplace Safety and Insurance Board (WSIB) claims (e.g. traumatic mental stress)
- Sick time / leave, modified work time, lost time, disability statistics
- Employee attrition
- Staff turnover
- Fatigue risk management reports (e.g. FRMS data, fatigue indicator in safety survey)
- Monitor healthcare professional burnout levels
- Overtime hours
- Short staffing reports
- Shift overrun
- Absenteeism rate
- Post-traumatic stress disorder (PTSD) claims
- Number of employees using Employee Assistance Program / Employees and Family Assistance Program (e.g. by services, tools and resources accessed)
- Education / training (% completion)
- Employee engagement survey
- Workplace audit results
- Compliance with the Psychological Health and Safety in the Workplace Standard developed by Canadian Standards Association (CSA)