

Occupational health psychology (ohp): benefits and uses



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Occupational health psychology (OHP) is a branch of psychology that focuses on studying the health, safety and well-being of employees with respect to psychosocial factors and health hazards in the work environment. The National Institute for Occupational Safety and Health (NIOSH) defines OHP as “concerning the application of psychology to improving the quality of life, and to protecting and promoting the safety, health and well-being of workers.” Examples of topics studied in OHP include stress, burnout, interpersonal conflict, workplace violence, harassment, mistreatment and other work related safety, employment and health issues. According to Leka (2010) The main contributing fields which led to the development OHP are the applied psychology disciplines of health psychology and industrial-organizational psychology, whilst various other disciplines, such as economics, public health, sociology, industrial engineering, occupational health, and preventive medicine also provides knowledge towards OHP.

The spiritual history of OHP can be traced back to the beginning of the 20th century, although the term “Occupation Health Psychology” itself did not appear until the end of the same century. The Industrial Revolution proved to be a breeding ground for thought provoking ideas, such Marx’s *Theory of Alienation* (1984), which examined the effects of work on the masses. Further work down the decades such as Taylor’s *Principles of Scientific Management* (1911), Mayo’s research on workers at an electric plant (1933), Trist and Bamforth’s study on UK coal miners (1951), Kornhauser’s research on Michigan car manufacturers (1965) and Gardell’s research on Swedish paper mill workers (1971) steadily built up and consolidated the subject of

work related effect on workers and focused the prevention of the detrimental effects as a important topic of discussion within the field of psychology.

The term “ Occupational Health Psychology” and similar phrases started to appear in psychological literature around late 1980s, during the same period journals focused specific to this field, such as *Work & Stress* , first published in 1987, were established. According to Leka & Houdmont (2010), the term OHP was coined in *Psychology doctoral training in work and heath* by Raymond et al. (1990), which suggested that doctoral-level psychologists should undertake interdisciplinary OHP training. It was during this time the discipline of OHP was established and recognised.

The discipline developed rapidly and several influential works emerged. More specifically, works by Quick et al. (1997) and Cox et al. (2000) have greatly influenced the defining characteristics of OHP, these include recognition that OHP is an applied, multi-disciplinary science driven by evidence often collected through subject participation, and that it is focused towards practical problem solving and intervention. The emergence and rapid development of OHP as a discipline is a direct consequence of the increasing concern and awareness over work related injury and stress, especially in intrinsically or hazardous or stressful occupations, such deep tunnel miners and fire fighters. Cardiovascular diseases are common results from such working conditions (Sharp. 1988). The negative impacts of hazardous or stressful working condition include decreased efficiency, decreased productivity, increased operational cost and increased staff turnover rate for the organisation; and reduced health, motivation, happiness and creativity

for the individual workers. Overall the result is an unhealthy workforce and unhappy workplace.

Through the development of OHP, the typical risks associated with work and the negative impacts they exert on physical and psychological health are established. It is crucial to examine closely the potential factors that can affect the well-being of workers. As mentioned in Leka (2010), the practice of OHP allows an organisation to be able to identify, manipulate, prevent and anticipate the most influential detrimental factors so that the negative effects can be reduced, removed, or turned into a beneficial effect. The process of dealing with both physical risks factors and mental risk factors are similar in the sense that the risk factors have to be identified first before they can be dealt with. For example, physical hazards such as slippery stairs have to be identified before they can be treated to prevent accidents; the result is an overall increase in the physical well-being of workers. Likewise, the negative impacts caused by mental pressures have also to be identified first; however unlike physical risks, the mental risks are not quite as clear and straight forward to recognize. In OHP, these mental risk factors are known as stressors.

In order to identify and tackle the most common and important stressors, several theoretical models have emerged that tries to describe why the people often feel stress during work. The initial main development came from Karasek's Demand-Control model (1979), which focuses on the characteristics of job demands and job control. Karasek's research revealed that workers who have high levels of job demand but at the same time low job control were disproportionately more likely to suffer from fatigue, burn-

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out, depression and cardiovascular disease. It also showed, perhaps unintuitively, that workers with highest control and lowest demand did not have the lowest levels of illness; rather the healthiest groups of individuals were the ones with moderate or even high demands, but also high levels of control. Another stress model is Warr's Vitamin Model (1987) which suggests that some job characteristics have a linear effect on mental health in the way analogous to how vitamins affect the body. That is specific job characteristics can produce beneficial effects up to a certain threshold, after which increased quality or quantity will have no further effects. Examples of such job characteristics include salary, security, and task significance (Buunk et al. 1998). Alternately, other job characteristics such as job demands, social support and autonomy exhibit a curvilinear effect, where intermediate levels provide the most benefits to health, while high and low levels affect health negatively (van Veldhoven et al. 2002). In the nineties, Siegrist's Effort-reward Imbalance model (1996) provided a new perspective that focus on a worker's effort and reward ratio. People are more likely to become stressed if they put in more effort but do not see the expected results or rewards. The Effort-reward Imbalance model contains transactional features, and expands on the Demand-Control model in several areas.

These theoretical models of stress allow organizations to quickly identify the not so apparent causes of work-related stress and take the appropriate measures to prevent the problems in both employee and employer (Griffiths, 1999). By applying one or more of the models, organisations are able to set up a framework of procedures that can: anticipate potential sources of stress and minimise or eliminate them through primary intervention; deal with

employees' response to stress and control the negative impact through secondary intervention; and treat the symptoms of stress and rehabilitate those who are suffering through tertiary intervention. A well-constructed and maintained health and safety programme can achieve all of the above and provide great benefits to both the individual workers and the organisation as a whole.

In conclusion, occupational health psychology allows organisations to be as effective as possible by identifying the main sources of hazards and stress, taking the appropriate preventive measures, and setting up well-managed health and safety programmes(,). OHP aims to protect employees' health and well-being through practical management of their health and safety issues(). Procedures such as primary intervention and medical support have extensive benefits to the organisation as well as individual employees. The benefits to the organisation includes: increased profit and productivity, conforming to legal framework therefore reducing the risk and cost of potential lawsuits; improved staff attendance, motivation and performance; better worker retention thus reducing worker turnover rate; better public image and company profile making it more attractive as an employer; preventing disabling illness/disease and reduce potential for litigation; and ability to identify causes, trends and patterns of low attendance and productivity within individual divisions and departments, providing the opportunity to take preventative measure and corrective action. Whilst the benefits to employees include: safer, healthier working environment; better interpersonal relations and cooperation; greater happiness, productivity, creativity and morale; improved life-outlook, general health and job

satisfaction; enhanced self-esteem and self-worth, reduced risk of injury, stress, conflict and burn-out.

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