

UTILITY OF ACL AS A CONSENSUS BUILDING TOOL

Table 5. Relations between the five factors based on the questionnaire results and the 11 thematic clusters for grouping trainees' statements

Factors	Theme category	Thematic areas
F ₁ : Ease of application	Easy-to-use training tool adjusted to local conditions	A: Utilizing the ACL as an action-oriented training tool for proposing improvement actions B: Easy-to-use C: Necessity of continuous use D: Adjusting to work site conditions
F ₂ : Practical solutions	Broadens the scope to present simple improvements	E: Presenting simple and low-cost solutions F: Increasing knowledge
F ₃ : Group interaction	Encourages an exchange of experiences to link with management goals	G: Use of the ACL as a positive training tool H: Sharing practical experience in group work I: Increasing productivity
F ₄ : Multifaceted perspective	Encompasses multiple aspects of work	J: Identifying necessary improvement actions
F ₅ : Active involvement	Promotes active involvement	K: Strengthening collaboration

Table 6. Overarching themes extracted from key statements obtained from expert trainers

Theme	Key statements
Agreement with the utility of the ACL	1. It is simple and easy to reach consensus in making actions 2. It encourages trainees to find both the good points and for improvement 3. Continuous use is important – so be patient and don't expect immediate results! 4. Trainees are not familiar with the discussion surrounding the use of the ACL
Ideas to promote active involvement	5. There should be fewer than 40 checklist items 6. Trainees should be acknowledged and encouraged 7. Ensure that responses to trainees are polite and respectful 8. Trainers must be reminded that this is a trainee-centered tool 9. Trainers must have a passion to facilitate 10. Facilitating skills development through activities such as games and role-play scenarios is important. 11. Classrooms should be rearranged to optimize the atmosphere and improve delivery of training 12. Although this is a participatory program it is not always easy to achieve full involvement of the trainees 13. Trainees should be reminded not to rely on the ACL but to exchange opinions with others
Methods for finding examples of good practice	14. The positive aspects should be identified first 15. Trainers have to change workers' perspectives on their own working conditions 16. It is important to identify key people locally to find examples of local good practice 17. Don't try to aim for perfection at all times 18. There are already many good points 19. Show many examples of good practice to the trainees 20. Visit the workplace before implementing the ACL
Advice for linking training with management goals	21. Government support is needed 22. There is no objective data for measuring productivity increases 23. A cost-benefit analysis is needed 24. There is a lack of understanding of the programs objectives on the part of the manager 25. Motivation and work satisfaction contribute to high productivity
Methods for broadening the scope	26. Follow-up activity is important 27. Trainees already know examples of good practice when exchanging ideas 28. This is a step-by-step process – so don't rush things!

tive use of ACLs for building consensus and improving working environments in a range of settings. The practical

insights regarding the use of ACLs identified by this study may be of use in addressing this question.

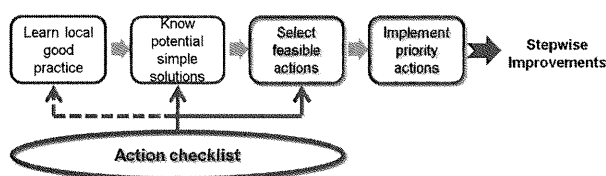


Fig. 1. Steps taken in PAOT programs in relation to the use of an action checklist.

A previous study has described the features common to all PAOT ACLs, which included 1) direct reference to checkpoints that could be used directly as an action-oriented training tool, 2) presenting ways of making simple improvements reflecting basic ergonomic principles, and 3) designing action items based on good practices to suggest locally feasible actions^{7,9}. The present study revealed five factors which could form a basis upon which the utility of ACLs could be measured. First, each ACL is, on a fundamental level, a simple and training tool adjusted to local conditions. Precious work by Kogi has highlighted that it is an action-oriented training tool for assisting trainees in finding points for improvement¹⁹. Meanwhile, Kawakami has also emphasized that photo sheets with examples of good practice can provide clear guidance for trainees regarding workplace procedures and management priorities¹⁷. In other words, by implementing direct improvement actions, each trainee is encouraged to improve working conditions, and, where necessary, make updates to the ACL as part of a continuous, stepwise process^{11,20}. The key statements identified as part of our study included “the action checklist help identify points to be improved”, “it is easy to understand the meanings of the illustrations” and “we left a blank items in the ACL for workers to add new ones in case it is needed in their section”. These statements were representative of the ‘easy application’ theme – as shown using factor analysis. The priority implicit within this theme is to propose improvement actions. By updating and adjusting its content to specific needs at different work sites, ACLs may be used in a continuous fashion to create momentum for progress and further improvement^{21,22}. As a general point, recognition of the importance of locally adjusted action-oriented training tool tends to contribute to the total utility of ACLs. Our results confirmed that this held true in a range of Asian settings (4.87 ± 0.40). This result also implies that the easy application of ACLs varies by country and is dependent on local socioeconomic factors as well as occupational safety and health policy on the national level and the effectiveness of workplace risk management. However, this

also appears to confirm our hypothesis that ACLs when adapted to local conditions, can be similarly effective in promoting consensus building across a number of Asian countries despite differences with regards to social and economic conditions and overall inequities in occupational safety and health.

ACLs can also be instrumental in broadening the scope and presenting simple workplace improvements in an easy-to-understand way. Previous studies in this area have focused on low-cost solutions based on the local good practice^{7–11, 15, 16}. Their results have shown that ACLs also present avenues for practical improvement in a broad range of technical areas^{11, 13, 20–22}. The key statements identified by the present study also included “we proposed an idea to assemble a low-cost toluene ventilation system” and “we learned how important the unused machinery cover was”. These statements corresponded with the “practical solutions” factor which emphasized finding simple, low-cost solutions and increasing trainees’ knowledge.

Furthermore, ACLs promote an exchange of experiences to link workplace improvements with management goals. By facilitating group discussions, ACLs encourage the articulation of different viewpoints, allowing participants to reach a consensus in a timely manner and to identify priority actions^{2, 19}. This is important given that low productivity and poor quality of work are often the result of hazardous workplace conditions and a lack of effective organization. Previous work has also shown that productivity is enhanced when conditions in the work place are improved¹³. One key statement identified in the present study, which encapsulated the “group interaction” factor, was “during group work with other department, we shared good examples”. However, given the relatively high rate of agreement with the statement “we don’t know whether it is linked to expand production”, it was unclear whether encouraging exchanges of experience through group discussion could be directly linked to high productivity.

ACLs also cover multiple aspects of the trainees’ work, and could therefore be of value in encouraging them to evaluate their own working conditions in multiple technical areas to identify effective action points and appropriate solutions for workplace improvement². In our study, the key statement in this area was “we made the doorsill for disabled children to aid their cognitive development”; which represents the “multifaceted perspective” factor. Finally, ACLs promote active workplace involvement and in previous studies checklists and so on have been designed to achieve participation from both employers and employ-

ees alike^{5, 13, 16}). Our results therefore suggest that “ideas to promote active involvement” is the most important of the themes identified from the ACL for promoting workers’ involvement. Moreover, the use of ACLs encourages an exchange of experiences¹¹).

Another key statement identified was “the results depend on whether the manager has an interest in the ACL”. This statement fell under the “active involvement” factor, and emphasizes the fact that ACLs should be designed with both employers and employees in mind as both play an instrumental role in facilitating improvement actions. ACLs are also useful in providing a structure for group work and encouraging workers to exchange examples of good practice^{6, 20}). This may imply that the “group interaction” factor is pivotal for promoting trainees’ active involvement. To ensure this, trainers should have knowledge in the relevant technical area, experience in implementing low-cost solutions and the ability to engage trainees and secure their active involvement²³).

The present study pinpointed a number of positive messages regarding the real-world utility of ACLs, in addition to lessons for their future development as a training tool for stimulating improvements in workplace environments. Despite this, utility scores for key statements relating to linking with management goals and promoting active involvement were found to be relatively low – particularly in Korea and Japan. However, we were not able to assess how management goals could be incorporated into the use of ACLs; particularly in settings where processes are already in place to measure their utility. This could indicate that practical applicability of the “group interaction” factor may be less flexible and that its outcomes may be determined by the social and economic context, occupational safety and health policies on the company level and the goals of management at the work site. One possible cause of this may be the burden for both employees and employers in implementing ACLs, as is especially the case in Japan and Korea. Trainers are also faced with a lack of awareness on the part of employers regarding the benefits of improved working conditions. This issue could potentially be resolved, however, by presenting objective evidence, such as cost-benefit analyses, to convince both employer and employee that the use of ACLs has a positive impact on productivity. If this is not practically feasible in a given setting, however, efforts should be made to identify relevant case studies, and if necessary, carry out a cost-benefit analysis on-site. Given that employers play a decisive role in facilitating improvement actions, efforts to increase awareness of the benefits of ACLs are most likely

to provide impetus for improving working conditions. This suggests that simplifying their use and reducing their burden on employers may facilitate greater involvement on the part of the employee if employers consider such programs a constructive use of working hours.

This study showed no statistically significant differences in mean scores for the utility of the ACLs between countries. The degree of utility of the ACLs, as measured using the survey responses, was found to be high across the majority of survey items and across different Asian countries. These results may imply, therefore, that ACLs may be an effective tool for consensus building regardless of the setting.

The present study has some limitations, however. First, we were able to recruit only eight trainees for the in-depth interviews – thereby reducing the reliability of our results. Additionally, there were other important factors which we could not adjust for such as job category. Finally, our analysis was limited to the positive aspects of ACLs and did not cover any of the negative aspects which may hinder their real-world utility.

Conclusion

Our results revealed that both trainees and trainers made effective use of ACLs in their participatory training activities as an effective means of facilitating the participatory process and improving both working conditions and the workplace environment.

The ACLs presented in this study are likely to be most effective in real-world practice when they are adapted to local conditions and make reference to local knowhow and examples of good practice. Our factor analysis of the questionnaire responses identified five factors relating to the utility of the ACL. These factors indicated that “ease of application”, “practical solutions”, “group interaction”, a “multifaceted perspective” and “active involvement” are instrumental for the successful application of these ACLs in real-world contexts.

The present study shows that ACLs based on practical improvements can be applied in local settings in multiple aspects of work, and that they are particularly useful for enhancing participatory training programs. Situation-specific design and effective use of ACLs is essential for building active interest in implementing immediate improvements in a wide range of workplace scenarios.

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EVALUATION OF PARTICIPATORY TRAINING IN MANAGING MENTAL HEALTH FOR SUPERVISORY EMPLOYEES IN THE FINANCIAL INDUSTRY

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ABSTRACT

Industry-specific primary prevention measures for promoting mental health of workers were undertaken in 2008 and 2009 as a result of participatory training involving 130 supervisory employees in workplaces of the financial industry. These measures included the following five points suggested to be effective in the industry: 1) proper opportunities for training and career building, 2) control of work time and improving work organization, 3) standardization of tasks, 4) job rotation for sharing work responsibilities, and 5) increasing communication and mutual support. A post-training follow-up survey revealed that participatory, action-oriented training facilitated sharing of feasible measures and mutual support, leading to the development of measures easily introduced and established at each workplace. We concluded that mutually supportive group work of teams composed of members who held similar duty positions and were engaged in similar operations, using the Mental Health Action Checklist as a guiding tool, was effective for realizing implementation of optimally practical and specific measures.

INTRODUCTION

Interventions for improving workplace environments have proven effective for occupational stress reduction as means of primary prevention (Egan et al., 2007; Kompier, 2001; Lamontagne, et al., 2007). Attempts aimed at improving workplace environments have a wide range of targets including improvement of the workplace layout, improvement of operational procedures, activation of teamwork or small group activities, and arrangement of operational rotations (Lamontagne et al., 2007). Interventions which are reportedly effective not merely exert effects on behaviour change and amelioration of symptoms, but also focus on redesigning the workplace and the working environment to eliminate factors that may induce diseases (Egan et al., 2007). These interventions can be carried out by anyone, not necessarily an expert. Characteristically, these interventions are implemented with an emphasis placed on the systematic approach by which the organization provides employees with opportunities to learn (Lamontagne et al., 2007). In Japan, some intervention studies have addressed workplace environments, with attention to stress management by means of improving the workplace environment (Kawakami et al., 1997; Kobayashi et al, 2008; Tsutsumi et al., 2009). Improvement of the workplace environment has been applied to work sites of various industries, because it directly deals with psychosocial factors related to occupational stress. Similar interventions are spreading over a wide variety of workplaces, and considered to provide more sustainable effects than those applying individual-oriented approaches (Karasek, 2004; Kompier, 2001). Interventions focusing on improving workplace environments are cost-effective, as compared with various other measures for dealing with occupational stress (Eguchi et al., 2012).

The intervention tool adopted is important in the implementation of primary prevention measures for occupational stress through improvement of workplace environments (Kogi, 2012; Leka et al., 2011). For

instance, there is the Mental Health Action Checklist (MHACL), which was developed as a tool for improving workplace environments as a means of addressing the mental health of workers (Yoshikawa et al., 2007). In intervention studies using such intervention tools in the workplace, poor mental health was improved significantly (Kobayashi et al., 2008; Tsutsumi et al., 2009). These interventions are currently adopted in various ways by securing appropriate opportunities for training and career building, improving work time arrangements and work organization, increasing communication and mutual support, etc. Therefore, when planning occupational stress primary prevention measures through improving workplace environments, choosing the intervention tool suitable for the characteristic features of the workplace and its effective application should be sufficiently taken into account.

When formulating the primary prevention measures against occupational stress, it is important to define the target of intervention (Kompier, 2001; Leka et al., 2011). Supervisory employees are usually key persons who can control occupational stress affecting rank-and-file employees. Supervisory employees play an important role in primary prevention of occupational stress (Tsutsumi, 2010). Among other management capabilities, supervisory employees are required to be able to carry out planning of occupational stress measures at each workplace based on accurate knowledge about mental health (Takao et al., 2006). In this regard, it is necessary to consider the contents of training programmes for supervisory employees, tailoring these activities to suit the conditions of each workplace.

Various intervention programmes tailored to the features of the workplace have been reported (Hassard, 2011; Leka et al., 2011). These programmes include those aimed at manufacturing workers (Kawakami et al., 1997; Kobayashi et al., 2008; Tsutsumi et al., 2009), civil-service employees (Bond and Bunce, 2001; Orth-Gomér et al., 1994), postal employees (Mikkelsen and Saksvik, 1999), and healthcare service workers (Bourbonnais et al., 2006; Mikkelsen et al., 2000). In contrast, there have been few reports addressing improvement of workplace environments aimed at preventing occupational stress in workers dealing with information and intangible services such as finance. In particular, in job types characterized by special information that is apt to depend on individual capacity, occupational stress primary prevention measures can be devised by implementing and evaluating the training of supervisory employees addressing practical anti-stress measures derived from improvement of the workplace environment, including those for coping with occupational stress factors involving communication support and career building. To identify effective types of stress-reducing measures, it is necessary to assess the applicability of occupational stress intervention suited to job characteristics.

Therefore, we investigated differences in the actions proposed for improving workplace environments, with the aim of preventing occupational stress among supervisory employees of the financial industry. Effective training programmes for such employees in this industry are discussed.

METHODS

Study design

This study had a quasi-experimental design in which the effect of participatory intervention for workplace improvement among supervisory employees was examined. Participatory training in managing mental health for these employees was conducted in 2008 and 2009. Results of group discussions in the training and implementation actions for improving working environments by using the Mental Health Action Checklist (MHACL) were reviewed six months after the training. A new version of the MHACL was designed for direct use by supervisory employees working for a financial institution with 970 full-time employees. An occupational health staff team tasked with improving occupational safety and health in the institution studied existing and potential preventive measures and selected those suitable for consideration by the supervisors.

Subjects

This study was conducted at a health insurance company that develops products pertaining to health insurance and provides health insurance related services. The subjects were 130 full-time supervisory em-

ployees who were working at two workplaces, A and B. Four workshops were conducted from February to March 2008 in which a total of 119 supervisory employees participated. There were 116 men and three women, with a mean age of 44 years (standard deviation 7.9 years). In total, 68 and 42 persons worked at sites A and B, respectively, while nine did not provide information about their work sites. Workplace A dealt mostly with planning jobs, and workplace B dealt mostly with routine tasks such as receiving documents from customers, agreement confirmation, and sending documents to customers. In 2009, four similar workshops were carried out, and 120 supervisory employees participated.

Intervention

In the training, the team-based, problem-solving intervention used in the current study was based on active supervisory employee involvement, shared work-related goals, and action planning to improve the work environment so as to achieve stress reduction. The first participatory workshops were conducted using the MHACL, composed of 24 countermeasure items aimed at job stress reduction, in February 2008, and the second workshops were held using case studies in addition to the MHACL in February 2009. The MHACL used in this study was a modification (Yoshikawa et al., 2007); it was prepared by occupational health nurses and industrial health staff in the target workplaces. The new version was comprised of 24 action items that corresponded to workplace measures for reducing psychosocial stress at work in five technical areas (Table 1).

Table 1. Technical areas commonly applicable to job-stress reduction in the mental health action checklist (MHACL) adjusted to the financial industry.

Action areas	No. of items	Examples of checklist items
A Participation in work planning and sharing of information	5	Group planning, limited workload, sharing information, etc.
B Improving working time arrangements and work organization	5	Non-overtime day, shift schedule, flexible and resting hours, facilities, etc.
C Ergonomic work methods and workplace physical environment	6	Materials handling, labels, avoiding mistakes, emergency smoking controls, etc.
D Mutual support at work	4	Supportive climate, newsletter, e-mail, proper training
E Preparedness and care	4	Counseling, self-care, primary care, predictability, etc

Figure 1 shows the study design. The first session of participatory training, a 120-min workshop, was carried out at workplaces A and B in 2008. In each workshop, participants learned from a 45-minute pres-

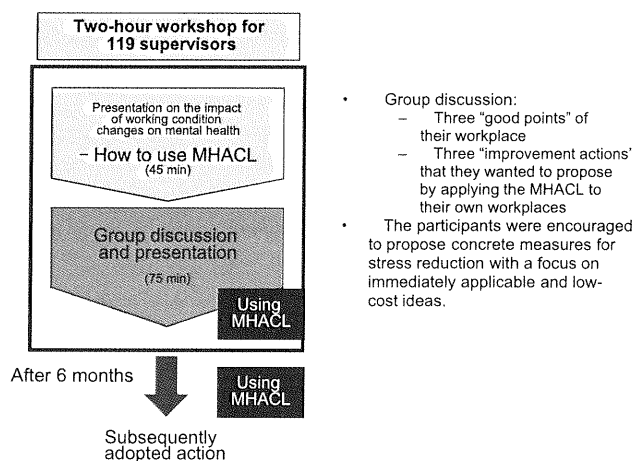


Fig.1. Participatory training program for supervisors in the financial industry in 2008.

1. Hold regularly a short meeting before work of the staff member of a section about the work schedule of the day.

Do you propose this action?

No, I don't propose

Yes, I propose

priority

A B C

Remarks: _____

Fig.2. An example of a mental health action checklist item in the area of “participation in work planning”.

entation about the role of primary prevention in mental health issues and practical workplace improvements applicable to the financial services sector. Subsequently, group discussions and presentations of the results were carried out during a period of 75 min. Participants first conducted a checklist drill and their personal work, and were then divided into groups of five to seven members to hold group discussions. These group discussions had the task of identifying three "good features" of their workplaces and three "improvement actions" that they wanted to propose by applying the MHACL to their own workplaces. The participants were encouraged to propose concrete stress reduction measures with a focus on immediately applicable and low-cost ideas. The results of checklist application and group proposals were evaluated. Each group carried out a workshop with the same contents.

Outcomes

The following two primary outcomes were adopted: actions proposed through the workshop using MHACL and changes resulting from the implementation of these actions. The study also evaluated changes in the rates of the proposed items from the MHACL six months after the workshops by applying questionnaires. The data were analyzed using the Chi square test.

Ethical considerations

This study was designed by occupational health staff members at the target workplaces, and implemented after review by the in-house safety and health committee. The results obtained were compiled and analyzed while maintaining the confidentiality of all participating individuals. Occupational health staff members who conducted the participatory training informed the way of the use of results of groupwork to participants of each workshop in both the document and oral before workshop. They also explained in both the document and oral that there is no disadvantage in that you do not answer to the questionnaire. Furthermore, consent for publication of useful data was obtained prior to conducting the study.

The use of results

The information and results of workshop waer kept strictly confidential and used purely for improving. Before participatory training workshop, occupational health staff inform participants information will not be use against you in any way and will not interfere with normal care you receive here in future. The result of the analysis of the information you will give will not enable a third party to identify you.

RESULTS

Existing good practices and proposed measures

By applying the checklist, the participating supervisory employees pointed out many items corresponding to existing good practices, and proposed a number of new measures. The items checked by individual supervisors served as useful inputs in the subsequent group discussions. The average percentage of participants who checked "Yes" as to corresponding items in each area is shown in Table 2. We analyzed

110 checklist results obtained from 119 participants in the four workshops held in 2008, and 120 checklist results from 120 participants in the four workshops held in 2009.

On average, the participants proposed 13.9 items for immediate implementation. The proposed items included a broad range of measures. Among the five areas, measures relating to "ergonomic work methods and workplace environment" were the most frequently proposed in 2008, followed by those relating to "preparedness and care". A comparison of the results obtained in 2008 and 2009 showed that the proportion giving the answer "Yes", in response to a proposal, was somewhat lower in 2009 than in 2008.

Table 2. The number and proportion (%) of checklist items with "Yes" as the response of participating supervisory employees (n=110, two workshops in 2008, n=120, two workshops in 2009) to a proposal.

Category	In 2008 (n=110)			In 2009 (n=120)		
	No. of checked items	No. of employees with "Yes" in each category	%	No. of checked items	No. of employees with "Yes" in each category	%
A Sharing work planning	151	76/110	(69.1)	220	84/120	(70.0)
B Work time and organization	168	77/110	(70.0)	213	73/120	(60.8)
C Ergonomic work methods and workplace environment	279	94/110	(85.5)	295	87/120	(72.5)
D Mutual support at work	196	89/110	(80.9)	236	88/120	(73.3)
E Preparedness and care	222	93/110	(84.5)	242	87/120	(72.5)

As measures already being practiced, the participants mentioned likewise a broad range of items, such as "hold a meeting before work to plan the work schedules" (mentioned by 87%), "use a notice board to provide correct information to all workers" (79%) and "ask each small work group to decide how to do their work" (75%). In contrast, the items proposed for immediate implementation were concentrated on teamwork arrangements and mutually supportive measures involving supervisors. Typically, proposed items included "organize training for learning self-care" (mentioned by 66%), "make sure workers feel at ease in consulting the boss" (63%) and "make workplace layout and workstations easy to use" (54%). Group discussions led to the similarly practical measures shown in Table 3. Most of these measures were confirmed to be useful for developing appropriate teamwork procedures, job skills training, career building support and communication routes.

Table 3. Typical stress-reducing measures proposed by group discussions of supervisory employees*

Typical measures proposed during group work	Examples
1) Proper opportunities for training and career building	Providing proper employee training; training and job support for mid-career workers
2) Control of work time and improving work organization	Setting target hours for work and fixing "non-overtime days"; flexible work hours to accommodate personal needs
3) Standardization of tasks	Developing manuals for work procedures; clarifying the purpose of each job
4) Job rotation for sharing jobs	Increasing multi-skilled jobs to raise sense of success; re-arranging tasks so as to avoid excessive workloads
5) Increasing communication and mutual support	Establishing a climate in which co-workers can consult with each other; Ensuring that each worker receives proper feedback about work.

*Four workshops held in 2008 and 2009. Numbers of groups in the 1st, 2nd, 3rd and 4th workshops were 4, 6, 4 and 6, respectively.

The results obtained from the evaluation sheets indicated that two-thirds of the participants were satisfied with the group work results and the participatory workshop. Some participants felt the need to provide more information about managing individual mental health cases.

Figure 3 shows the results of the post-training questionnaire inquiring about the effectiveness of the training. About 70% of the participants replied that the training was effective.

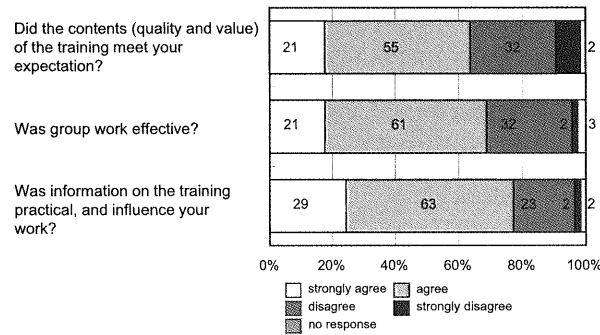


Fig.3. Evaluation of group work results in improving mental health (n=119).

Follow-up evaluation six months after the workshops

Table 4 shows the follow-up evaluation six months after proposal of the examples that were (1) improvements carried out and considered to be effective, and (2) those that were carried out but not deemed to be effective. Respondents were 38 of the 119 participants in the four workshops held in 2008. The measures already taken included securing rest breaks, establishing a system for consulting the boss, and readjustment of project master plans. All 38 respondents had taken certain actions after they participated in the training programme. The newly carried out improvement activities covered a broad range, with the following being frequent: making information known to everybody, securing working space, and ensuring opportunities for on-the-job training and education. Although activities carried out after training and eval-

Table 4. Six-month follow-up evaluation of proposed improvement activities. Top three actions already taken prior to participation in the workshop program and top three actions taken after participation in the workshop program.

	Prior to training and effectiveness						Carried out after training and effectiveness							
	Already done n=38		Effective		Not effective		Newly done n=38		Effective		Not effective			
	#	%	#	%	#	%	#	%	#	%	#	%		
1 Holding periodic brief section meetings on scheduling tasks	22	(57.9)	14	(63.6)	2	(9.1)	6	(27.3)	5	(13.2)	4	(80.0)	1	(20.0)
2 Redistributing tasks by group discussion to avoid excessive loads	27	(71.1)	21	(77.8)	0	(0.0)	6	(22.2)	7	(18.4)	7	(100.0)	0	(0.0)
3 Rearranging tasks to to allow sense of accomplishment and operability	27	(71.1)	22	(81.5)	0	(0.0)	5	(18.5)	3	(7.9)	3	(100.0)	0	(0.0)
4 Using a notice board to be used by each team for informing all workers of the team correctly	24	(63.2)	16	(66.7)	2	(8.3)	6	(25.0)	10	(26.3) *	10	(100.0)	0	(0.0)
5 Preparing against sudden urgent tasks	17	(44.7)	12	(70.6)	1	(5.9)	4	(23.5)	4	(10.5)	4	(100.0)	0	(0.0)
6 Setting work schedules to avoid overtime/excessive working hours	17	(44.7)	13	(76.5)	4	(23.5)	0	(0.0)	5	(13.2)	3	(60.0)	2	(40.0)
7 Adjusting tasks in advance to prepare for the busy period	21	(55.3)	14	(66.7)	3	(14.3)	4	(19.0)	4	(10.5)	4	(100.0)	0	(0.0)
8 Rescheduling working hours to avoid successive late-night shifts and irregular working hours	22	(57.9)	15	(68.2)	3	(13.6)	4	(18.2)	4	(10.5)	4	(100.0)	0	(0.0)
9 Considering adjustment of working hours to meet the individual's needs	29	(76.3)	23	(79.3)	2	(6.9)	4	(13.8)	8	(21.1)	8	(100.0)	0	(0.0)
10 Securing rest breaking without feeling constraints	35	(92.1) *1	25	(71.4)	0	(0.0)	10	(28.6)	7	(18.4)	7	(100.0)	0	(0.0)
11 Facilitating smooth and efficient handling of goods, documents, and/or materials	21	(55.3)	13	(61.9)	2	(9.5)	6	(28.6)	7	(18.4)	5	(71.4)	0	(0.0)
12 Improving of personnel computer environment including chairs, the mouse and keyboard in a proper layout	21	(55.3)	16	(76.2)	1	(4.8)	4	(19.0)	7	(18.4)	6	(85.7)	1	(14.3)
13 Keeping the computer desk tidy, maintaining files and goods so as to secure the working space	26	(68.4)	18	(69.2)	2	(7.7)	6	(23.1)	9	(23.7) *	9	(100.0)	0	(0.0)
14 Reducing the burden of monotonous tasks by devising a share and rotation system	26	(68.4)	18	(69.2)	1	(3.8)	7	(26.9)	6	(15.8)	6	(100.0)	0	(0.0)
15 Enhancing measures to prevent mistakes by using labels, color codes, easy-to-understand procedure manuals	17	(44.7)	12	(70.6)	2	(11.8)	3	(17.6)	4	(10.5)	4	(100.0)	0	(0.0)
16 Preventing passive smoking at workplace	15	(39.5)	10	(66.7)	0	(0.0)	5	(33.3)	2	(5.3)	2	(100.0)	0	(0.0)
17 Establishing the system of consultation seeking help from their bosses concerning problems existing in the workplace	32	(84.2) *1	23	(71.9)	3	(9.4)	6	(18.8)	7	(18.4)	6	(85.7)	1	(14.3)
18 Facilitating discussion and consultation among colleagues about problems existing in the workplace.	23	(60.5)	19	(82.6)	0	(0.0)	4	(17.4)	5	(13.2)	5	(100.0)	0	(0.0)
19 Providing opportunities for on-the-job training and education to improve skills and experience of operations	29	(76.3)	19	(65.5)	1	(3.4)	9	(31.0)	8	(21.1) *	8	(100.0)	0	(0.0)
20 Implementing necessary training regarding the evacuation route and emergency procedures for unexpected events	23	(60.5)	11	(47.8)	3	(13.0)	9	(39.1)	5	(13.2)	4	(80.0)	1	(20.0)
21 Making the consultation service well known to all employees	19	(50.0)	10	(52.6)	2	(10.5)	7	(36.8)	4	(10.5)	3	(75.0)	1	(25.0)
22 Providing information about coping skills related to the individual's health and stress reduction	11	(28.9)	6	(54.5)	0	(0.0)	5	(45.5)	2	(5.3)	1	(50.0)	0	(0.0)
23 Making the redesigned project program well known	31	(81.6) *1	17	(54.8)	2	(6.5)	12	(38.7)	3	(7.9)	6	(200.0)	0	(0.0)
24 Establishing mental health care system receiving emergency emergency mental health care	16	(42.1)	8	(50.0)	1	(6.3)	7	(43.8)	5	(13.2)	5	(100.0)	0	(0.0)

Top three actions already taken prior to participation in the workshop program and top three actions taken after participation in the workshop program.

uated as not effective were rare, they included taking measures against overtime work and long working hours, securing meeting times, and assuring that consultation services were well known.

DISCUSSION

This study analyzed the results of a participatory workshop programme for improving workplace environments that was composed of applying an action checklist and group work drills targeting supervisory employees working in the insurance and finance industry. The programme was structured to facilitate the focusing of participants on existing good practices, discuss issues to be improved, and develop concrete measures based on the needs of the job site, as judged by the participants themselves. The new measures proposed and adopted were evaluated six months after the workshop programme. The follow-up evaluation confirmed the practices of planning, scheduling, and implementation of measures by supervisory employees to be adapted to their own workplaces, and to also applicable to the insurance and finance industry in general.

The present study demonstrated the importance of taking a holistic approach in dealing with psychosocial factors at work. This is because mental health primary prevention requires interventions adjusted to working practices and types of industry, all of which have their specific working patterns (Hassard, 2011; Kompier, 2001). There are wide-ranging risks of psychosocial health problems at workplaces. Therefore, in this regard, the use of a holistic intervention approach is preferred to promote improvement of the workplace environment led by workers and supervisors on the job site (Hassard, 2011). In this study, multi-regional points of intervention were proposed through the use of a newly developed action checklist composed of 24 items representing good practices at financial workplaces (Table 2). Through group discussions among supervisory employees, these results were used to formulate typical stress-reducing measures in the insurance and finance industry. These measures are (1) provision of information for reducing stress, (2) organization of procedures for communication and consultation in emergency situations, and (3) concrete measures to facilitate easier access to consultation with and support from the boss; these measures were arranged in the order of their determined priorities (Table 3). As for the efficacy of mental health measures through improvement of the workplace environment, the effects of interventions in various workplace environments and organizations have been shown by a number of studies including randomized controlled trials (Egan et al., 2007; Lamontagne et al., 2007). Our present study provides a well-organized overview of the points relevant to primary stress prevention measures in the insurance and finance industry.

Attention is drawn to improvement characteristics of the financial industry. The issues proposed in this study dealt with improvements related to individual qualities and a person's unique way of working, rather than environmental improvements in a strict sense. For instance, there have been many reports on suitable opportunities for training and career building as a countermeasure against occupational stress (Takao et al., 2006; Tsutsumi, 2010). An article reviewed several peer-reviewed articles, and concluded that training should be planned with a focus placed on the needs and situations of the individual workplaces, the training content should be determined based on the administrative level of the subject supervisors, and stepwise education should be planned by dividing and spreading out the educational contents (Akizumi Tsutsumi, 2010). It is reasonable to incorporate the education of managers and supervisors into the programme of skill training in the insurance and finance industry.

In addition, the points pertaining to operational improvement in the financial industry were categorized into the following three topics: control of work time and improving work organization, standardization of tasks, and job rotation for sharing work responsibilities. A follow-up survey carried out 6 months after training revealed that many feasible and concrete measures had been taken (Figure 4). In particular, thorough provision of information, improvement of working space, and provision of opportunities for on-the-job training and education were considered to be effective actions which could be implemented easily and immediately. On the other hand, some supervisory employees reported that actions related to labor time, such as control of overtime hours, did not achieve effective consequences (Table 4). This may be explained

by the fact that the achievement of work in the insurance and finance industry is judged by the quality of work rather than the amount of time spent on given tasks.

Participatory methods are very relevant to improving mental health at work. The training approach of this study used participatory methods. The training was designed for supervisory employees to produce empathy regarding stress management and to support mutual learning experiences among supervisory employees by participation in small work groups. The efficacy of this procedure has been reported on an international scale. It is known that experience with significant changes resulting from participation in such training improves workers sense of control, enhances their skills, and contributes to increasing their self-esteem (Aust and Ducki, 2004; Mikkelsen and Saksvik, 1999; Rivilis et al., 2006). A democratic climate and sense of impartiality at the workplace are enhanced through participation and dialogue (Karasek, 2004; Mikkelsen et al., 2000). In addition, communication is improved, and support among colleagues is also enhanced in this manner (Bourbonnais et al., 2011; Bourbonnais et al., 2006). Learning in the organization and its lateral spread, actual involvement, and subsequent successful experiences increase the empowerment of workers (Aust and Ducki, 2004; Mikkelsen et al., 2000). This training method has generally been highly evaluated (Fig. 4). It is presumed that interaction with other supervisory employees gave the participants a deeper view on how to improve workplace environments in order to promote mental health primary prevention.

This study also revealed the action facilitating role of training tools. When providing mental health measures through environmental improvement, appropriate tools are used, the work environment and the organization are assessed by participatory methods suited to local needs, and efforts are made to support the framework of continuous improvement (Kobayashi et al., 2008; Tsutsumi et al., 2009). The procedure used in this study may be applicable to the education of non-supervisory as well as supervisory employees. In actuality, reports of interventions to improve workplace environments in a participatory manner in the medical service industry (Lee et al., 2009; Yoshikawa et al., 2006) have shown the ongoing application of participatory action-oriented training covering overall health and safety risk in the workplace.

Participatory training applying a locally adjusted action-oriented checklist covering broad areas was reported to be useful (Kogi, 2007, 2012). The MHACL, modified for use by the financial industry, enabled supervisory employees to achieve in a more systematic way to improve their workplace climates. This facilitated developing measures appropriate for their workplaces. Participants actively expressed their opinions and proposed various measures to reduce multiple aspects of stress.

The practical nature of the action checklist further facilitated the identification of priority areas for action as well as locally applicable measures for improving the workplace environment. The action checklist referring to local good practices has thus proven to be effective for organizing participatory training as the participants were able to focus on practical suggestions for immediate implementation.

There are imitations to this study. We would like to make a few suggestions for improving this type of research. Actual implementation of the aforementioned interventions requires the understanding and cooperation of employers or administrators, because these measures depend largely on redesigning workplaces at the organizational level. In addition, because this study covered only a single business institution, the results obtained need to be examined as to their applicability to the entire insurance and finance industry.

CONCLUSION

Planning of mental health primary prevention measures specific to the industry was implemented by a participatory action-oriented training programme targeting supervisory employees at workplaces of white-collar employees. The following five points were considered to be effective in the insurance and finance industry: 1) proper opportunities for training and career building, 2) control of work time and improving work organization, 3) standardization of the tasks, 4) job rotation or sharing jobs, and 5) increasing communication and mutual support. A post-training follow-up survey has shown participatory action-oriented training in facilitating sharing of measures and mutual support. The participatory methods proved useful

for resulting in the development of measures which can be easily introduced and established at each workplace. It is suggested that mutually supportive work group teams composed of members in similar duty positions and engaged in similar operations, using the MHACL as a guiding tool, can effectively achieve implementation of practical and specific measures tailored to their workplaces.

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今後の産業精神保健の課題—近年の行政施策の動向をふまえて

職場環境改善を通じたメンタルヘルス不調の未然防止への取り組み*

吉川 徹**

Key words

Workplace environmental improvements, Job stress, Primary prevention, Participatory approach

はじめに

わが国における労働者のメンタルヘルス不調の未然防止(1次予防)は、労働者の健康の保持・増進、事業場における安全・生産性の確保の観点から労使双方にとって優先順位の高い課題となっている^{8,9)}。

2014年6月には労働安全衛生法の一部を改正する法律が公布され、メンタルヘルス不調の未然防止の視点から職場環境改善により心理的負荷を軽減させ、労働者のストレスマネジメントの向上を促進することを目的に、労働者の心理的な負担の程度を把握するための制度(ストレスチェック制度)が導入されることとなった¹²⁾。本制度では労働安全衛生法の第66条(健康診断)に新しい検査項目、面接指導等の実施義務が追加されることが決まった。しかし、健康診断でストレスチェックを行うことの意義や、その結果の活用方法などについては、内外の学術団体から法制化への疑問も含め多くの議論があった⁴⁾。例を挙げれば、米国予防医療専門委員会(USPSTF)はうつ病のスク

リーニングについて、正しい診断(accurate diagnosis)、効果的な治療(effective treatment)、フォローアップ(careful follow-up)が伴わなければ一般診療においても実施する意義は乏しいとしており²²⁾、専門委員から測定する項目について多くの異論が寄せられた⁴⁾。

さまざまな議論があったが、ストレスチェック制度と職場環境改善に関連しては、今回の労働安全衛生法の一部を改正する法律案に対する附帯決議(2014年6月18日)で以下のような付帯決議が採択されていることに注目する必要がある。

「(略)二 ストレスチェック制度は、精神疾患の発見でなく、メンタルヘルス不調の未然防止を主たる目的とする位置付けであることを明確にし、事業者及び労働者に誤解を招くことのないようにするとともに、ストレスチェック制度の実施に当たっては、労働者の意向が十分に尊重されるよう、事業者が行う検査を受けないことを選んだ労働者が、それを理由に不利益な取扱いを受けることのないようにすること。また、検査項目については、その信頼性・妥当性を十分に検討し、検

* Improving Workplace Environment by Means of Primary Job Stress Prevention

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査の実施が職場の混乱や労働者の不利益を招くことがないようにすること。

三 ストレスチェック制度については、労働者個人が特定されずに職場ごとのストレスの状況を事業者が把握し、職場環境の改善を図る仕組みを検討すること。また、小規模事業場のメンタルヘルス対策について、産業保健活動総合支援事業による体制整備など必要な支援を行うこと。(略) (下線部筆者)

このことから、今回の法令改正では、単に労働者のストレスチェック(正確には「心理的負担の程度を把握するための検査」)を行うことが目的ではなく、1次予防の視点から、個人へのアプローチだけではなく、メンタルヘルス不調を生じる可能性のある職場環境を改善することも重視された法令改正であるとみることができる。

これまで労働者のメンタルヘルス不調の1次予防対策としては、(1)個人向けストレスマネジメント教育、(2)管理監督者教育、(3)職場環境改善の視点に整理され、その有効性が確かめられている⁹⁾。筆者は職場環境改善によるメンタルヘルス不調の未然防止の取り組みについて科学的根拠に基づくガイドラインを作成に参加してきた²⁴⁾。本稿では、職場環境改善を通じたメンタルヘルス不調の未然防止への取り組みについてその現状と課題についてまとめてみたい。

なお、「職場環境」の言葉の持つイメージは人によって異なり、幅広い。本稿で取り扱う「職場環境」は、物理的に暑い寒い・有害物を取り扱うといった狭義の労働環境だけでなく、仕事の指示、働き方や役割分担、労働時間、組織体制、相互支援、組織風土など、労働者と取り巻く職場全体を含む介入可能な心理社会的要因を含む労働条件や労働環境全体を対象としている。

職場環境改善によるメンタルヘルス不調未然防止の科学的根拠

仕事に関連したメンタルヘルス不調の発生には、複合要因が関連している^{1,8,24)}。たとえば、人間関係が良くないと感じる上司が職場にいるだ

けでは、部下がメンタルヘルス不調を来して休職まで至ることはまれである。現在の仕事の満足感、上司から依頼される仕事の役割や仕事の量、仕事のすすめ方の指示や裁量度、仕事のやりがいや報酬、上司への相談しやすさ、同僚のサポートや支援の状況、暑さ寒さや有害物の取り扱いといった物理的な身体的負担の高さ、困ったときにプライバシーが守られる相談窓口の存在、安心して休養できて雇用継続が補償される職場かどうかなど、多要因が複雑に関連している。仕事の原因で心身の不調を来したケースには、単一の原因で不調が突然現れるのではなく、多くの要因が関与していると考えべきである。したがって、労働者が職場で安全で健康に働き続けるためには、多層の未然防止策を講じるが必要となる。

1980年代までは心理社会要因を含む職場環境改善を通じたストレス対策の効果については必ずしも結論が出ていなかった。1990年代からその有効性を示す研究成果が蓄積されてきた^{6,7,8)}。ILOは1992年の報告書で19の事業場のストレス対策事例を比較検討し、14例の職場環境改善が有効だった事例と報告している⁶⁾。2007年には相次いで職場での心理社会要因に対する介入に関するレビュー論文が発表され具体的な介入効果の差異が整理されている^{2,13)}。Eganらのレビューは、職場の再組織化(work reorganization)が心理社会的および健康アウトカムに与える影響を系統的にレビューした初めての論文である²⁾。この系統的レビュー論文では、従業員のコントロールを向上させることを目的とした事業場ごとのマクロレベルの介入を対象としている。一方、Lamontagneらは仕事のストレスへの介入の全般的なレビューを行っており、1次予防を主眼に置き、従業員自身のストレス反応への対処よりむしろ、職場環境におけるストレスの低減を目的にしている点で従来のレビューよりも組織的介入に重点を置く点が特徴である¹³⁾。

また、わが国でも職場環境改善によるストレス対策の有効性研究はKawakamiらの研究をはじめ⁷⁾、世界の先端を進んでいる^{7,10,19,21)}。特に

Tsutsumi らは日本の製造業の労働者における無作為化対象試験で、メンタルヘルスアクションチェックリストなどの職場環境改善ツール²³⁾を活用した労働者参加型職場環境改善プログラムによって、介入群では有意に健康度 (General Health Questionnaire ; GHQ) と労働生産性 (WHO Health and Work Performance Questionnaire ; HPQ) が向上したことを報告している¹⁹⁾。

これら国内外の研究からは、特に職場環境改善の意思決定プロセスにおける労働者の仕事のコントロール感の改善や²⁾、健康指標を改善する科学的根拠が明らかであった^{2, 13, 15)}。また最近の Montano らのレビューでは、労働状況に合わせて組織や対象とする改善課題、労働時間に多要因に取り組むことが、労働者の健康支援により有効性が高かったとしている¹⁵⁾。ただし、経営合理化などの際に行われる従業員参加型の改善では、必ずしも健康指標の改善効果が得られるわけではなく、一般的に悪い労働条件による健康への悪影響から労働者を保護できるものではない²⁾。また、環境改善といっても、作業課題レベルでの多能工化、権限の付与、作業チーム再編成、生産ラインの変更などの作業課題の再構築は、労働者の要求度の増大とコントロール感の減少により、健康指標を悪化させる可能性がある¹³⁾。費用便益に関しては、職場環境改善および個人向けストレスマネジメント教育では便益は費用を上回り、これらの対策が事業者にとって経済的な利点がある可能性が示唆されている³⁾。

近年の職場のメンタルヘルス対策は、疾病対策からより予防に視点を移したリスクマネジメントを中心とする考え方が広がってきている。メンタルヘルス不調の未然防止だけでなく、企業の生産性にも寄与するような活動が目指されている⁹⁾。心理社会的要因が労働者の健康の与えるリスクの程度を評価し、予防的な対策を講じるマネジメントシステムの応用が国際水準になろうとしており、これまで専門職にまかされていた対策から、労働者が自律的に関与する職場のストレス対策に関心が高まっている²⁰⁾。また、職場の心理社会的

課題に対して、リスクアセスメントをメインに据えて PDCA サイクルをまわすアプローチを基本とした心理社会的リスクマネジメント欧州枠組み (Psychosocial Risk Management-European Framework ; PRIMA-EF) プロジェクトが、欧州横断的に紹介され展開されている¹⁴⁾。

2013 年には上記のレビュー論文や国内外で展開されているメンタルヘルス不調の改善を目的とした職場環境改善プログラムなどの事例分析および 1 次予防にシフトしている職場のメンタルヘルス対策の動向から「職場のメンタルヘルスのための職場環境改善の評価と改善のためのガイドライン (以下、職場環境改善ガイドライン)」が作成された²⁴⁾。

職場環境改善ガイドライン

本ガイドラインでは、職場の多重・多面的な心身両面にわたるストレス要因に対し、労働者参加のもと、職場の主體的な取り組みを支援する目標設定を行い、心理社会的要因や心身負担要因の多領域改善を取り上げ、改善報告会による継続改善の仕組みを重視することなどが提案されている。

職場環境改善ガイドラインは 8 項目の「推奨項目」と 4 項目の「ヒント」から構成されている (表)。推奨項目はこれまでの職場環境改善に関する研究で有効性が確認されている項目であり、「ヒント」は科学的根拠としては報告が多くないが、専門家間でその有効性についてコンセンサスが得られている項目である。またこれらの 12 項目は職場環境改善の実施手順に沿って 4 つの領域に分類されている。

各推奨項目やヒント項目は、すべて文章が動詞形で終わるアクションフレーズで表現されている。どのように改善すれば職場環境がより良くなるのかを具体的なアクションで表現しているので、具体的な行動に結びつけやすい。また、それぞれの場面で、何をすべきかを明確に平易に表現されており、メンタルヘルスに関して特別の専門知識を持たなくても、誰でも簡単に応用しやすい記述となっている。

表 職場環境改善の評価と改善に関するガイドライン

<p><計画・組織づくりに関する推奨項目></p> <p>推奨 1(事業場での合意形成) 職場環境改善の目的, 方針, 推進組織について事業場で合意形成します。</p> <p>推奨 2(問題解決型の取り組み) 問題指摘型は避け, 問題解決型で取り組みます。 ヒント 1(部門責任者の主体的な関与) 職場環境改善を実施する組織ないし部門の責任者の主体的な関与を引き出します。</p> <p><実施手順の基本ルールに関する推奨項目></p> <p>推奨 3(良好事例の活用) 実施可能な改善策を立てるために, 職場内外の良好事例を参考にします。</p> <p>推奨 4(労働者参加型で実施) 改善策の検討や実施に労働者が参加できるように工夫します。</p> <p>推奨 5(職場環境に幅広く目配り) 心身の負担に関連する職場環境や労働条件に幅広く目配りして優先順位をつけ, 改善策を検討します。</p> <p><実効性のある改善策の提案に関する推奨項目></p> <p>推奨 6(現場に合わせた提案の促進) 職場の状況・タイミング・資源を考慮して具体的な改善策を検討します。</p> <p>推奨 7(ツール提供) 現場の気付きやアイデアを引き出し, 行動に移しやすい提案を促すことができるツールを活用します。</p> <p>ヒント 2(職場の仕組みの活用) 継続的に改善の場が設定できるようにすでにある職場のしくみを活用します(安全衛生委員会, QCサークルなど)。</p> <p>ヒント 3(職場の準備状況にあわせたアプローチ) 組織としての受け入れ体制や準備状況に応じた介入方法を選びます。</p> <p><実施継続のための推奨項目></p> <p>推奨 8(フォローアップと評価) 職場環境改善の実施を継続させるために中間報告の提出を求めたり, 期間を設定して実施状況や成果を確認します。</p> <p>ヒント 4(PDCA サイクル) 職場環境改善の取り組みを計画・実施・評価・見直しのサイクルに組み込み, 継続的に実施できるようにします。</p>	<p>策の知見をもとに開発されている。</p> <p>これまでのモデル研究では多様な職場環境のストレス要因が健康に影響を与えていることが報告されている^{5,6,16,17)}。仕事のストレスに関する代表的な理論である「仕事の要求度-コントロール-社会的支援モデル」⁵⁾では, 仕事の要求度(仕事量や責任)と仕事のコントロール(自由度や裁量権)のバランスが心理ストレスに重要で, 仕事の要求度に見合うように仕事の量と質のコントロールや, 周囲からの支援を得ることが重要とされる。「努力-報酬不均衡モデル」¹⁷⁾では, 仕事の努力に対して, 他者からの評価, 給与, 安定した雇用などの報酬のバランスをとることが重要であり, 長時間労働や過大な作業量を避けることや労働者の裁量権や自由度を作業の量や責任に見合うように引き上げることが職場環境改善として重要としている。一方, 米国職業安全保健研究所は, 職場環境などの改善を通じたストレス対策のポイントを整理している¹⁶⁾。本ガイドラインはストレス理論を反映させた職場環境改善の視点を提供している。なお, 職場環境改善を通じたストレス対策の実施は厚生労働省のガイドラインなどでもこれまで推奨されてきた¹¹⁾。図には, メンタルヘルス不調予防のための職場環境改善視点をイラストで示した。</p>
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本ガイドラインは職業性ストレス理論などをもとに実施されてきたストレス 1 次予防策介入研究の効果評価結果と, わが国で近年その取り組みが広がっている職場環境改善を通じたストレス対

具体的な取り組み事例

わが国で実施されているメンタルヘルス不調の未然防止のための取り組みのうち, 自治体で広がっている取り組みは興味深い¹⁸⁾。杉原は, 机や書架の配置を変えることで, 課内の見通しが良くなり, コミュニケーションが良くなった例, 職員の年齢構成に配慮したレイアウト変更により意見交換が活発になり, 若手職員の支援, 育成が強化された例などが報告されている¹⁸⁾。

この報告では, 「部署の机のレイアウトを変える, 休憩室を設置する」といった, 直接, 個人のメンタルヘルス不調に関係しなさそうな改善でも, 不調の発生過程に目を向けると, 職場環境要因としての仕事のすすめ方やコミュニケーション

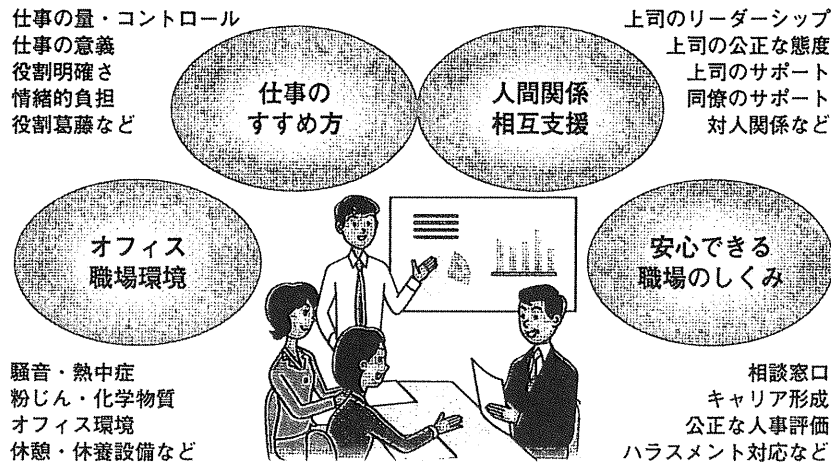


図 メンタルヘルス不調予防のための職場環境改善視点²³⁾

ン、相互支援などが関係していることを指摘している。また、「職場ドック」とよばれるメンタルヘルス1次予防策を労働者参加型の職場環境改善プログラムとして実施しているが、「職場環境改善のプロセスそのものが、相互理解を深める」と報告している。職場環境改善の結果として、ストレスが軽減し、働きやすくなることと同時に、職場環境改善の取り組みでは職場で話し合うステップが、職場のストレス予防に役立っていると解説している。職場環境改善に取り組んだ職場の職員からは「話し合うことで、他の職員が自分とは全然違うところに不安やストレスを感じていることが分かった。その気付きは大きかった。自分の思っていることを人に理解してもらえるのは、すごく気持ちの良いことだ。この取り組みがもっともっと根付くとよいと思う」と感想が述べられている。

労働者参加型の職場環境改善の有用性

本ガイドラインで触れられている労働者参加型の職場環境改善が有効な理由を主に3つ挙げる事ができる。第1に、労働者は現場(強み、課題と解決策)をよく認識しているため、環境改善の重要な前提である適切なアセスメントが可能となる。第2に、参加型職場環境改善では、自身

の参画により、有意な変化を経験し、組織としての学習と水平展開が行われる。また、実際の関与とそれに引きつづく成功体験が得られる。その結果、労働者のコントロール感覚、技能・スキル、自己効力感(セルフ・エフィカシー)、エンパワーメントなどが高められる。第3に、参加型職場環境改善のプロセスによってもたらされる参加と対話の機会は、職場における民主的な風土や公平感の醸成、コミュニケーション活性化、同僚間サポートなどを強化する。「部署の机のレイアウトを変える、休憩室を設置する」といった環境改善そのものだけでなく、環境改善のプロセスも、メンタルヘルス不調の予防に役立っていると考えられる。

課題

メンタルヘルス不調の未然防止のための職場環境改善について4つの課題を挙げげる。1点目は、職場環境改善の目的・計画・実施・評価に関する準備と手順の難しさである。対象が個人ではなく組織であるために、環境改善による作業組織や労働時間、予算を要する改善などについて管理者や企業トップの理解がないと改善は難しい。また、職場改善ニーズをグループワークなど労働者参加型でアセスメントする場合は労働者を拘束することになり、通常の業務を中断して進めるには

関係者の同意や手順などその準備に時間を要する。2点目は対象集団に合わせたプログラム修正である。職場環境改善を実際に職場で進めていく際に、企業規模や業種、作業条件、職場文化、事業者・労働者のニーズなどさまざまな要因によって、何をどのように進めれば実効性のある取り組みになるか留意する必要がある。たとえば、パワハラ多発職場、作業関連性と思われるうつ病の社員を抱えた職場などへのアプローチはプログラム修正の技術を要する。3点目は環境改善を実施する支援者の態度・技能の課題である。通常、疾病管理を得意とする医療者が職場に介入するには若干の抵抗があり、また治療ではない技術(予防技術)を要する。職場環境改善を職場のグループで討議するなどのファシリテーター技術の習得なども必要である。4点目はストレス調査結果と職場環境改善の位置付けである。労働者個人が特定されずに職場ごとのストレスの状況を事業者が把握することは比較的容易だが、ストレスが高い職場の職場環境の改善を図るのは容易ではない。ストレス調査はモニタリングと位置付け、職場環境改善を実施できる集団から先に実施して対象企業での実績をつくり、その職場文化に合わせた改善手法を横展開していくことなどが、筆者らの経験から重要であると考えられる。これらの課題解決のため本ガイドライン²⁴⁾は有用な視点を提供する。

おわりに

これまでの国内外の研究からメンタルヘルス不調の未然防止としての職場環境改善は労働者の健康指標を改善する科学的根拠は明らかである。ただし、経営合理化などの際に行われる職場環境改善では、必ずしも健康指標の改善効果が得られるわけではなく、一般的に悪い労働条件による健康への悪影響から労働者を保護できるものではない。職場環境改善の意思決定に労働者参加のプロセスがある介入(労働者参加型職場環境改善)の場合は、労働者の心理社会的要因を含む健康指標の改善のエビデンスは高くなる。国内外で展開されている参加型の職場環境改善プログラムなどの事

例からは、職場の多面的な心身両面にわたるストレス要因に対し、労働者参加のもと、職場の主体的な取り組みを支援する目標設定を行い、心理社会的要因や心身負担要因の多領域改善を取り上げ、職場環境改善の取り組みを職場のPDCAサイクルに組み込み、継続的に実施できるようにすることが有用と考えられる。

追記

本報告は平成26年度厚生労働科学研究費労働安全総合研究事業「事業場におけるメンタルヘルス対策を促進させるリスクアセスメント手法の研究(H25-労働一般-009)」主任研究者：川上憲人の分担研究の成果の一部を利用している

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