



WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
Ministry of Health

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Vol. 39 No.06

04th – 10th February 2012

Management of Work- Stress (Part II)

This is the second in a series of two articles on Management of Work stress. The first article described causes, effects, risk assessment of work stress. This article describes Stress risk management and prevention of work stress.

Essential steps in Stress risk management

Risk management proceeds through a cycle of five actions:

- Analysis of the situation and risk assessment
- Design of an action plan to reduce the risk of work stress
- Implementation of the action plan
- Evaluation of the action plan
- Learning and further action based on the results of that evaluation

Basic Steps in Stress Risk Management

- Think about the different work groups or workplaces that make up the organization. Find out which are likely to be the most stressful.
- What evidence have you got for this? (e.g. high absence rates, poor health records, high accident rates, poor morale, worker or trade union complaints, poor productivity etc).
- Investigate the way in which the work of these groups or workplaces is designed and managed and examine their working conditions.
- Identify, collect and discuss the evidence that is available
- Work in a team with others who understand the work groups and workplaces. Consult the employees and trade unions possibly through group discussions.
- Identify the main problems and their effects.
- Discuss this information with the responsible superiors and other relevant people, such as Occupational Health specialists and trade unions.
- Develop an action plan that is appropriate, reasonable and practical.
- Discuss how this plan might be implemented and made to work. Inform the employees of the plan and how it will be implemented.
- Before its implementation, determine how this

plan might best be evaluated.

- Implement and evaluate the action plan.
- Discuss the results of the evaluation. What can be learned from the successes and failures of the action plan? What can be done now?
- Revise action plan and implement a new one to target unaccounted risks.

Prevention of work stress

Primary prevention

- Ergonomics
- Work and environmental design
- organizational and management development

Secondary prevention

- Worker education and training

Tertiary prevention

- Developing more sensitive and responsive management systems and enhanced occupational health provision.

The organization itself is a generator of different types of risks. Tertiary prevention in organizations places an emphasis on the provision of responsive and efficient occupational health services. Contemporary work stress management should, therefore, encompass tertiary prevention.

A good employer designs and manages work in a way that avoids common risk factors for stress and prevents as much foreseeable problems as possible.

Well-designed work should include:

- Employees should be provided with clear information about the structure, purpose and practices of the organization.
- Each employee's skills, knowledge and abilities should be matched as much as possible to the needs of each job. Candidates for each job should be assessed against the job requirements. Suitable training should be provided where necessary.
- Effective supervision and guidance is important and can help protect staff from stress.
- A job description will depend on an understanding of the policy, objectives and strategy of the organization. It is important that an employee's superiors are aware of the relevant details of the job and make sure that demands

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are appropriate. The better the superior's understanding of the workers' job, the more they will be able to direct the appropriate efforts towards doing it well. Superiors should talk to their staff, listen to them and make it clear that they have been heard. Communication of work expectations should be comprehensible, consistent with the job description and complete. Commitments made to staff should be clear and should be kept.

- A reasonable level of socializing and teamwork is often productive as it can help increase commitment to work and to the work group. In an existing workplace it may be far from reasonable to expect all these factors to be present or introduced where they are absent. It might therefore be better to identify any mismatch between demands and pressures on one hand and workers knowledge and abilities on the other.

Solving work stress problems

Work Redesign

The best strategies for work redesign focus on demands, knowledge, abilities, support and control. These include:

- Changing the demands of work (e.g. by changing the way the job is done or the working environment, sharing the workload differently).
- Ensure that employees have or develop the appropriate knowledge and abilities to perform their jobs effectively (e.g. by selecting and training them properly and by reviewing their progress regularly).
- Improve employees' control over the way they do their work (e.g. job-sharing and more consultation about working practices).
- Increase the amount and quality of support they receive (e.g. introduce 'people management' training schemes for superiors, allow interaction among employees, encourage cooperation and teamwork).

Stress Management Training

- Classes on relaxation, time management, assertiveness training or exercise can be arranged for employees.

Ergonomics and Environmental Design

- Improve equipment used at work and physical working conditions.

Management Development

- Improve superiors' attitudes towards dealing with work stress, their knowledge and understanding thereof and their skills to deal with the issue as effectively as possible.

Organizational Development

- Implement better work systems and management systems.
- Develop a more friendly and supportive culture.

Early detection and prevention of work stress-related problems:

- Regular monitoring of staff satisfaction and health.
- Making sure staff knows whom to talk to about problems.
- Knowing where to refer employees to for professional help when they appear to be experiencing real difficulties (e.g. doctors/counsellors)

It is essential to confirm the effectiveness of the measures taken to correct work stress. Progress should be followed up after a suitable period of time and compare initial assessment. If necessary, the approach to work stress problem should be revised.

Caring for troubled workers

This is tertiary prevention to work stress. When all efforts towards preventing work stress and controlling foreseeable risk have failed, action should be taken swiftly and appropriately to deal with workers who are being hurt by the experience of work stress.

In cases that cannot be handled by the employees' superiors, expert assistance should be sought.

Steps of tertiary prevention of work stress:

- Work stress is usually revealed by observations of worker difficulties or worker complaints of difficulties and ill health.
- Signs include irritability, aggression, errors, decreased performance, increases in smoking, drinking and substance abuse, higher levels of absenteeism and service recipient's complaints.
- Changes in workers' behaviour or health should never be ignored. When these signs coincide with excessive work pressures or demands, workers may be suffering from work stress.

What can be done to help employees with work-stress?

- The individual worker's problems and the solutions to these problems should be discussed with the worker and agreed upon by all parties.
- Timing of such discussions may depend on worker's state of well-being.
- Possible interventions, both individual (e.g. training, medical treatment, counselling) and organizational (e.g. job re-design, changes in management practices) should be planned, implemented and evaluated.

Records

- Careful records should be kept and progress should be evaluated.
- Records should be accurate and should deal with facts and points of evidence. Opinions and judgments should not be represented as facts.
- Proposed actions and the reasons for their selections should be agreed where possible and recorded.

Organizational culture

Organizational culture is reflected in the attitudes of staff and their shared beliefs about the organization, their shared value systems and common and approved ways of behaving at work. Organizational culture also concerns how problems are recognized and solved. It can affect what is experienced as stressful, how that experience translates into health difficulties, how both stress and health are reported and how the organization responds to such reports.

Employers, managers and trade union representatives must therefore become aware of the culture of an organization, and explore it in relation to the management of work stress. If necessary, these parties must engage in culture change activities as an important aspect of improving the management of stress at work.

Resources for managing work stress

All superiors should carefully consider the systems that they have in place for assessing, preventing and otherwise managing work stress. Superiors must be aware of the organization's systems and resources for managing stress. Internal resources may include occupational health services, human resource management (personnel), training departments or other individuals with the responsibility for staff well-being and health.

Individual problems which are complex, difficult and not manageable internally are best dealt with by a psychologist, counsellor or an occupational physician who may consult with other specialist functions when necessary. Identification of any groups at risk within the organization is crucial and should accompany the examination of available organizational resources for managing work stress.

Source available from

http://www.who.int/occupational_health/publications/stress/en/index.html

Compiled by Dr. Madhava Gunasekera of the Epidemiology Unit

Table 1: Vaccine-preventable Diseases & AFP

28th January– 03rd February 2012 (05th Week)

| Disease | No. of Cases by Province | | | | | | | | | Number of cases during current week in 2012 | Number of cases during same week in 2011 | Total number of cases to date in 2012 | Total number of cases to date in 2011 | Difference between the number of cases to date in 2012 & 2011 |
|-------------------------|--------------------------|----|----|----|----|----|----|----|-----|---|--|---------------------------------------|---------------------------------------|---|
| | W | C | S | N | E | NW | NC | U | Sab | | | | | |
| Acute Flaccid Paralysis | 00 | 00 | 01 | 00 | 01 | 00 | 00 | 00 | 00 | 02 | 02 | 11 | 10 | + 10.0 % |
| Diphtheria | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | - | - | - | - | - |
| Measles | 00 | 00 | 00 | 01 | 00 | 00 | 00 | 00 | 00 | 01 | 00 | 05 | 04 | + 25.0 % |
| Tetanus | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 01 | 02 | - 50.0 % |
| Whooping Cough | 00 | 00 | 00 | 00 | 00 | 01 | 00 | 00 | 00 | 01 | 01 | 08 | 05 | + 60.0 % |
| Tuberculosis | 73 | 18 | 03 | 33 | 22 | 16 | 00 | 02 | 31 | 198 | 145 | 1055 | 832 | + 26.8 % |

Table 2: Newly Introduced Notifiable Disease

28th January– 03rd February 2012 (05th Week)

| Disease | No. of Cases by Province | | | | | | | | | Number of cases during current week in 2012 | Number of cases during same week in 2011 | Total number of cases to date in 2012 | Total number of cases to date in 2011 | Difference between the number of cases to date in 2012 & 2011 |
|---------------|--------------------------|--------------------|----|----|----|------------|--------------------|------------|------------|---|--|---------------------------------------|---------------------------------------|---|
| | W | C | S | N | E | NW | NC | U | Sab | | | | | |
| Chickenpox | 24 | 06 | 18 | 02 | 04 | 10 | 02 | 02 | 22 | 90 | 88 | 414 | 414 | - 0 % |
| Meningitis | 00 | 07 KD=1 ML=6 | 00 | 00 | 00 | 03 KR=3 | 00 | 01 BD=1 | 02 RP=2 | 13 | 14 | 80 | 98 | - 18.4 % |
| Mumps | 05 | 03 | 12 | 01 | 17 | 07 | 02 | 04 | 09 | 60 | 18 | 398 | 184 | + 116.3 % |
| Leishmaniasis | 00 | 00 | 00 | 00 | 00 | 00 | 05 AP=4 PO=1 | 00 | 00 | 05 | 11 | 64 | 44 | + 45.5 % |

Key to Table 1 & 2

Provinces: W: Western, C: Central, S: Southern, N: North, E: East, NC: North Central, NW: North Western, U: Uva, Sab: Sabaragamuwa.
 DPDHS Divisions: CB: Colombo, GM: Gampaha, KL: Kalutara, KD: Kandy, ML: Matale, NE: Nuwara Eliya, GL: Galle, HB: Hambantota, MT: Matara, JF: Jaffna, KN: Killinochchi, MN: Mannar, VA: Vavuniya, MU: Mullaitivu, BT: Batticaloa, AM: Ampara, TR: Trincomalee, KM: Kalmunai, KR: Kurunegala, PU: Puttalam, AP: Anuradhapura, PO: Polonnaruwa, BD: Badulla, MO: Moneragala, RP: Ratnapura, KG: Kegalle.

Data Sources:

Weekly Return of Communicable Diseases: Diphtheria, Measles, Tetanus, Whooping Cough, Chickenpox, Meningitis, Mumps.

Special Surveillance: Acute Flaccid Paralysis.

Leishmaniasis is notifiable only after the General Circular No: 02/102/2008 issued on 23 September 2008. .

Dengue Prevention and Control Health Messages

Reduce, Reuse or Recycle the plastic and polythene collected in your home and help to minimize dengue mosquito breeding.

Table 4: Selected notifiable diseases reported by Medical Officers of Health
28th January–03rd February 2012 (05th Week)

| DPDHS Division | Dengue Fever / DHF* | | Dysentery | | Encephalitis | | Enteric Fever | | Food Poisoning | | Leptospirosis | | Typhus Fever | | Viral Hepatitis | | Human Rabies | | Returns Received |
|------------------|---------------------|-------------|-----------|------------|--------------|-----------|---------------|------------|----------------|-----------|---------------|------------|--------------|------------|-----------------|------------|--------------|-----------|------------------|
| | A | B | A | B | A | B | A | B | A | B | A | B | A | B | A | B | A | B | % |
| Colombo | 215 | 1264 | 1 | 13 | 2 | 4 | 5 | 28 | 0 | 3 | 1 | 9 | 0 | 0 | 4 | 8 | 0 | 1 | 77 |
| Gampaha | 117 | 899 | 0 | 12 | 0 | 0 | 1 | 7 | 0 | 0 | 4 | 18 | 0 | 1 | 4 | 28 | 0 | 1 | 47 |
| Kalutara | 67 | 247 | 4 | 14 | 0 | 0 | 1 | 9 | 3 | 3 | 2 | 18 | 0 | 0 | 0 | 4 | 0 | 0 | 69 |
| Kandy | 66 | 336 | 2 | 14 | 0 | 0 | 0 | 3 | 0 | 4 | 0 | 14 | 3 | 19 | 0 | 2 | 0 | 0 | 91 |
| Matale | 12 | 54 | 1 | 15 | 0 | 1 | 1 | 4 | 0 | 1 | 2 | 8 | 0 | 1 | 0 | 2 | 0 | 0 | 83 |
| Nuwara | 7 | 31 | 1 | 10 | 0 | 1 | 1 | 4 | 0 | 0 | 0 | 3 | 2 | 10 | 1 | 4 | 0 | 0 | 62 |
| Galle | 14 | 115 | 1 | 13 | 0 | 1 | 2 | 5 | 0 | 1 | 1 | 10 | 2 | 4 | 1 | 1 | 0 | 0 | 63 |
| Hambantota | 13 | 69 | 3 | 7 | 0 | 0 | 0 | 0 | 0 | 1 | 2 | 11 | 1 | 12 | 1 | 3 | 0 | 0 | 58 |
| Matara | 42 | 228 | 2 | 10 | 0 | 1 | 0 | 6 | 4 | 4 | 3 | 15 | 2 | 12 | 3 | 21 | 0 | 0 | 100 |
| Jaffna | 8 | 99 | 2 | 25 | 0 | 1 | 0 | 75 | 2 | 8 | 0 | 2 | 23 | 157 | 0 | 2 | 0 | 0 | 75 |
| Kilinochchi | 0 | 8 | 0 | 4 | 0 | 0 | 9 | 6 | 0 | 35 | 0 | 1 | 0 | 12 | 0 | 0 | 0 | 0 | 25 |
| Mannar | 10 | 48 | 0 | 4 | 0 | 1 | 0 | 4 | 8 | 8 | 0 | 6 | 2 | 10 | 0 | 1 | 0 | 0 | 60 |
| Vavuniya | 2 | 15 | 0 | 1 | 3 | 11 | 0 | 2 | 0 | 2 | 1 | 8 | 0 | 0 | 0 | 1 | 0 | 0 | 100 |
| Mullaitivu | 0 | 2 | 0 | 2 | 0 | 1 | 0 | 2 | 0 | 1 | 0 | 2 | 0 | 1 | 0 | 0 | 0 | 0 | 75 |
| Batticaloa | 23 | 284 | 2 | 18 | 0 | 0 | 1 | 5 | 0 | 5 | 0 | 2 | 0 | 0 | 1 | 3 | 0 | 0 | 57 |
| Ampara | 0 | 18 | 2 | 17 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7 | 0 | 0 | 0 | 0 | 0 | 0 | 43 |
| Trincomalee | 7 | 30 | 2 | 20 | 0 | 1 | 0 | 5 | 1 | 1 | 4 | 7 | 0 | 0 | 1 | 1 | 0 | 0 | 75 |
| Kurunegala | 50 | 203 | 2 | 17 | 1 | 4 | 0 | 17 | 0 | 4 | 6 | 24 | 1 | 12 | 1 | 10 | 0 | 0 | 100 |
| Puttalam | 4 | 134 | 0 | 12 | 1 | 1 | 5 | 1 | 0 | 0 | 1 | 6 | 0 | 5 | 0 | 0 | 0 | 0 | 42 |
| Anuradhapu | 4 | 42 | 1 | 11 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 23 | 1 | 4 | 0 | 7 | 0 | 0 | 42 |
| Polonnaruw | 6 | 31 | 2 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7 | 0 | 1 | 0 | 1 | 0 | 1 | 57 |
| Badulla | 3 | 43 | 2 | 9 | 0 | 2 | 0 | 6 | 0 | 0 | 1 | 4 | 0 | 3 | 3 | 8 | 0 | 0 | 71 |
| Monaragala | 1 | 17 | 2 | 9 | 0 | 1 | 0 | 6 | 0 | 0 | 3 | 19 | 4 | 8 | 3 | 8 | 0 | 0 | 64 |
| Ratnapura | 27 | 134 | 4 | 31 | 1 | 8 | 2 | 7 | 0 | 2 | 7 | 50 | 2 | 3 | 5 | 17 | 0 | 0 | 78 |
| Kegalle | 38 | 211 | 2 | 7 | 1 | 1 | 3 | 8 | 0 | 5 | 5 | 16 | 1 | 3 | 11 | 65 | 0 | 0 | 82 |
| Kalmune | 09 | 49 | 0 | 26 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 46 |
| SRI LANKA | 745 | 4611 | 34 | 327 | 09 | 40 | 32 | 212 | 18 | 89 | 43 | 290 | 44 | 278 | 39 | 197 | 00 | 04 | 69 |

Source: Weekly Returns of Communicable Diseases WRCD).

*Dengue Fever / DHF refers to Dengue Fever / Dengue Haemorrhagic Fever.

**Timely refers to returns received on or before 03rd February, 2012 Total number of reporting units 329. Number of reporting units data provided for the current week: 229

A = Cases reported during the current week. B = Cumulative cases for the year.

PRINTING OF THIS PUBLICATION IS FUNDED BY THE WORLD HEALTH ORGANIZATION (WHO).

Comments and contributions for publication in the WER Sri Lanka are welcome. However, the editor reserves the right to accept or reject items for publication. All correspondence should be mailed to The Editor, WER Sri Lanka, Epidemiological Unit, P.O. Box 1567, Colombo or sent by E-mail to chepid@slt.net.lk.

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