Enough Overwork: Taking Action On Workload
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Foreword

Pressure at work is relentless…I don’t know if it’s worthwhile to wait for it (pension)…Work all of your life and then this Board of Education working the shit out of everybody with 60-70 people off sick a day and with only 34 or 36 sick relief…I will go back to work tomorrow but I am scared, terrified of the workload…

Brother Willy, CUPE Local 40

This guideline—written by CUPE’s National Health and Safety Branch—is part of our union’s initiative to tackle overwork. It is largely based on the ideas developed by members who attended CUPE’s 8th National Health and Safety Conference, specifically, those members who participated in the workshop Enough Overwork: Taking Action on Workload.

The guideline is designed for use by CUPE members across Canada to help address and solve overwork problems as health and safety hazards. There are two main sections to the document:

- Background information on overwork, outlining what the problem is, what the causes are, who is affected, and what the hazards are.

- Actions, solutions and strategies to eliminate overwork and the health and safety hazards associated with overwork.

*Enough Overwork: Taking Action On Workload* is a tool for action with concepts, solutions and strategies that can be used by members to effect meaningful change in CUPE workplaces across the country.
Part 1

In some sectors, workload is reaching epidemic proportions. Long hours of overtime and constant pressure to speed up have a huge impact on workers and their families. This is the number one issue affecting our members’ quality of working life. The Japanese have a word for it—karoshi, which means death by overwork. It’s time to recognize how serious the problem is in Canada and to stop putting public sector workers at risk.

Judy Darcy, National President of the Canadian Union of Public Employees

1.1 Introduction to overwork

Things move more quickly these days. It’s a fact of life. Unavoidable, some say. Technological advances have given us the power to send emails or faxes to someone on the other side of the world in mere seconds. Our expectations, wants and needs are greater. We’re plugged in 24/7, 365 days a year. Labour-saving gadgets are making everything simpler. At least, this is what the politicians and advertisers want us to believe…

The truth of the matter for CUPE members in these early years of the 21st century is that work has not become easier. The exact opposite has happened: CUPE members across the country are suffering the ravages of overwork like never before. The 1990s were characterized by a political swing to the right, resulting in unprecedented cutbacks, downsizing, mergers, amalgamations and privatization. Those were the often-heard buzzwords under which governments slashed Canadian public services to make them “more efficient” and “more competitive.” Workers have
been left with a huge burden: to provide crucial public services with a severely depleted workforce. CUPE members now have workloads that are unhealthy, unfair and unmanageable.

Overwork is not just about working longer hours or being assigned more tasks. It’s about being forced to work at an accelerated and intensified pace, with fewer staff, no support when members are off sick, and under conditions of mismanagement. The result is that overwork has become a major health and safety hazard.

This guideline outlines the scope of the overwork problem as it affects CUPE members, assessing the issue, the causes, who is affected, and the hazards. It points members towards actions that can be taken, specifically outlining how to identify overwork, where solutions lie, and what strategies can deliver real change.

1.2 What is the problem?

We used to have four people on a snowplough. Now we have one, with too many buttons and devices. It’s way too much for one worker.

Glen Morgan, CUPE member, 8th National Health and Safety Conference

Overwork is a health and safety hazard that shows how workplaces have changed in recent years. A simple definition is too many duties and responsibilities for one worker, with too few hours in the day to complete all that is required. It includes fewer workers doing the same amount of work previously done by more workers. In short, overwork is a consequence of changes in work organization—specifically, cutbacks, privatization, downsizing and their effects.

But it’s also more than this. Employer schemes to micro-manage workplaces, using total quality management (TQM) techniques, continuous improvement systems, quality circles, etc., are all designed to re-organize CUPE workplaces. Control is taken from workers and placed squarely and completely with employers. For example, many CUPE members’ daily duties are charted down to the minute, leaving no time to spare, and virtually no power for workers to control what they do and how fast they do it. Washroom breaks might even be scheduled.
Canadian society is becoming increasingly polarized between those who work too much and those who do not have sufficient work opportunities. In 1998, 26 per cent of employees in Canada worked an average of more than 40 hours per week, with 15 per cent working more than 50 hours per week. Since 1976, there has been a 25 per cent increase in the number of Canadian workers who work in excess of 50 hours each week. A February 2001 poll by EKOS Research of 1,213 adults found that Canadians working full-time clocked an average of 5.5 hours more than their required number of hours per work week.

In some jobs, workers might be working excess hours because they choose to, but for CUPE members, this is not the case. What the above statistics do not chart is unofficial overtime, or extra time spent at work—those extra 15 to 20 minutes or longer that members put in before or after work to finish a task, desperately trying to relieve their workload. This is something that has become widespread in CUPE workplaces.

The result is intensified paces of work, with heaped-on responsibilities that are crushing members.

Overwork includes some or all of the following:

- Working long and difficult hours.
- Unreasonable work demands.
- Multi-tasking and multi-skilling.
- Pressured/bullied to work overtime (paid and unpaid).
- Fewer rest breaks, days off, holidays and vacation.
- Faster, more pressured work pace.
- Performance monitoring.
- Unrealistic management expectations.
- Additional, often inappropriate, tasks piled on top of “core” duties (e.g., doing more than one job).
- No replacement during sick leaves, holidays and vacations.

Overwork characterized by all or some of these attributes is extremely harmful for CUPE members, affecting their health, work performance, morale, and life outside of work.
1.3 What are the causes?

The corporate world is feeding too much crap to our members — it’s all propaganda.

Alain Galameau, CUPE member, 8th National Health and Safety Conference

The Canadian workforce has changed, particularly in the public sector. In two decades, public sector jobs dropped from one-fifth of all employment in Canada, to less than one-sixth by 1996. The most severe cuts occurred between 1992-1996 when 121,000 jobs across the country were lost. During those same years, 694,000 jobs were created in the private sector and 266,000 more people opted for self-employment. These numbers represent huge cutbacks and downsizing in the public sector, along with a massive shift towards privatization.

At the same time, public needs and expectations have not lowered. If anything, they have become greater. The Canadian public requires and expects a very high standard of service when it comes to the types of work performed by CUPE members—in sectors such as health care, social services, municipal services, education and elsewhere. With the demand for services still very high, and the supply of workers cut, the result is overwork for those workers who remain.

CUPE members have suggested many causes of overwork, including:

- Conflicting demands from employers.
- Insufficient training, guidance and support from employers.
- Too many additional responsibilities.
- Worker isolation and lack of contact with co-workers.
- Downloading of management responsibilities onto workers.
- No replacement of workers who are away sick or on holidays.
- Lower worker to client ratios and staff cutbacks.
- Changed public perceptions (about public sector efficiency).
- Changes to legislation.
- Staff not being replaced upon retirement.
- “Warm and fuzzy” joint health and safety committee meetings.
- Budgetary cutbacks.
• Restructuring and mergers.
• Too much of a team concept at work (TQM, etc.).
• Lack of modern equipment.
• Contracting out and privatization.
• More casual workers rather than full-time workers.
• Loss of control over how the job is done.
• Missing breaks and working through lunches.
• Workers feeling incompetent if they can’t finish tasks on time.
• Management surveillance, e.g., closed circuit cameras.
• Greater levels of care needed by patients and residents.

CUPE members have a strong grasp of the causes of overwork, as they have seen first hand how their workplaces have changed and the consequences of those changes.

At the 1999 CUPE Manitoba Annual Convention, members were surveyed regarding changes to their workload. One hundred and seventy delegates completed questionnaires. Among the results:

• 98% reported that their individual jobs had gone through some sort of re-organization in the past five years.
• 90% reported budget cuts.
• 85% reported cutbacks to their staffing levels.

• 45% had experienced some contracting out of work.
• 31% reported privatization of services.

There is no doubt that CUPE members’ work has changed. There has been a sharp decline in resources (human, financial and material) allocated to the public sector. Workers are expected to do more with less. The result — overwork has become a chronic health and safety hazard for thousands.
1.4 Who is affected?

*I take work home with me every night in my head.*

Marie Legare, CUPE member, 8th National Health and Safety Conference

CUPE jobs have been under attack for years. There isn’t a public service sector where CUPE members work that has not been affected by cutbacks or subsequent overwork problems.

Prior to CUPE’s 8th National Health and Safety Conference, a pre-conference survey of delegates was conducted. More than three-quarters (76.2%) of the 147 delegates surveyed said that they feel their personal health and safety to be at risk because of their workload.

A study of Ontario social service workers revealed the extent of overwork problems in that sector. Of the 714 participants in the survey, 87% said their workload had increased in the previous year (from 1998 to 1999). Two-thirds of the social service workers reported that they had trouble leaving work on time due to overwork, resulting in many members working unpaid overtime.

The EKOS Research survey of 1,213 Canadian workers asked the question: “How would you describe your current workload?” Thirty-six per cent reported they have a heavy workload. But by sector, 52 per cent of public employees reported heavy workloads, compared to 27 per cent of private sector employees. Full-time workers (47%), more than part-time (35%) or self-employed (15%) workers, reported heavy workloads. The survey also asked about changes in workload. Forty-three per cent of Canadians reported that their workload had increased in the past two years. More women (48%) than men (39%) reported an increase, and more public sector workers (56%) than private sector workers (36%) reported an increase in their workload.

These results show that overwork is affecting public sector workers more than any other group of workers in Canada.
1.5 What are the hazards?

I play hockey, when I can. Just to work off some of the stress. It doesn’t always work, or I’m just too tired to go.

Randy Venker, CUPE member, 8th National Health and Safety Conference

CUPE members are obviously suffering the burden of overwork. What then are the consequences?

Members who participated at CUPE’s 8th National Health and Safety Conference felt strongly about the issue and offered suggestions on the effects of overwork, including:

- No time for family.
- No time for hobbies/sports/leisure activities.
- No downtime to relax.
- Faster paces of work and feeling rushed all of the time.
- Personal problems—e.g., drinking, smoking, overeating, drug use.
- Lack of sex.

- Depression and fatigue.
- Trouble sleeping.
- More injuries and illnesses.
- Burnout.
- Stress, anger and anxiety.
- General public being put at risk.
- Low morale and self-esteem.
- Increased absenteeism.
- More violence and bullying from supervisors and the public.
- Headaches.
- Too “brain-dead” or burnt-out to do union work at the end of the day.
- Neck, shoulder, knee and lower back pains.

The major outcomes of overwork can be grouped under the following headings:

- Stress.
- Burnout (including exhaustion and fatigue).
- Musculoskeletal injuries.
- Depression and anxiety.
- Family conflict.
- Gastrointestinal disorders.
- Increased exposure to health and safety hazards such as noise, temperature extremes and hazardous substances.
- Karoshi (death from overwork).
**Stress**

Stress is a major health concern that goes hand-in-hand with overwork. It can be defined as:

> Stress is a combination of physical and psychological reactions to events that challenge or threaten us. In “normal” circumstances, the stress response is a powerful protective mechanism that allows us to deal with changes, dangers or immediate demands.

In overwork conditions, the protective mechanism of the stress response breaks down. The stress that is felt is not given proper time to be released and instead builds up, leading to chronic stress. Chronic stress is a condition whereby workers are under stress almost continuously or for long periods of time.

Stress can be caused by environmental factors or by work organization factors: jobs that are too fast-paced and demanding, or supervisors who push too hard. In the short term, stress can cause headaches, indigestion and fatigue. In the long term, if levels are not lowered, stress can contribute to ulcers, depression, a depressed immune system (and resulting negative health effects), heart disease and death.

A Canadian study of visits to family doctors estimated that 50-70 per cent of all visits were due to stress-related illnesses. The United Nations labelled job-related stress “the 20th century disease” and few improvements have taken place in the 21st century. Workplace stress is as bad or worse.

**Burnout**

Burnout is a term often used when talking about overwork and stress. It can occur when workers experience long periods of very demanding workloads that typically include periods of long and stressful hours. All too common these days, burnout can be characterized by lower energy levels, difficulty dealing with others and some trouble completing tasks on the job, in part because the worker might have trouble concentrating. The worker might also experience feelings of helplessness, powerlessness and perhaps isolation.

A survey of 2,000 Canadian workers in 1999 found that 35 per cent felt stressed and burnt out. Burnout often affects workers who feel a high degree of responsibility for their work, taking on or accepting added duties.

Burnout is not a healthy condition. It can lead to absenteeism or extended time away from work to recover from physical and mental exhaustion. Organizations that do not take measures to prevent burnout run the risk of losing highly committed and skilled workers.
Musculoskeletal injuries
Musculoskeletal injuries (MSIs)—also sometimes called Repetitive Strain Injuries (RSIs)—can be caused by a variety of factors, from ergonomic design to lack of training. These types of injuries are common with overwork. Our bodies are simply not designed to work faster, more vigorously, endlessly or without rest. They break down, just like machines that are overworked. Rapid, repetitive motions with insufficient rest can cause MSIs. These types of injuries are now the most-often reported form of injury in Canada.

With overwork, the body is forced to work too much with not enough time to recover. This spiralling effect—coupled with stress, another contributor to MSIs—can cause injuries that might never heal without a long-term break from their causes.

A study of the musculoskeletal hazards faced by custodians in the United Kingdom discovered that 20 per cent of custodians had been absent from work some time in the previous year due to musculoskeletal aches and pains. Fifty-two per cent of the same workers had sought medical attention for their musculoskeletal injuries. The study centred out work organization issues as one of the principle causes of the musculoskeletal injuries.

The custodians surveyed listed the causes of their musculoskeletal aches and pains, with the following results:

- 56% reported “high workload” and being under pressure.
- 26% poor training.
- 21% difficulty doing their job in the time allowed.
- 18% little appreciation for their work.

Depression and anxiety
Overwork has a definite effect on mental health, often resulting in anxiety and/or depression. Depression is characterized by low moods, reduced self-esteem, feelings of hopelessness and reduced energy levels. Anxiety can be characterized by apprehension, feelings of dread, restlessness, and tension.

Approximately 5 per cent of all Canadian workers suffer from depression. However, 20 per cent of workers will experience depression at some time, depending on their workplace circumstances. Workers between 24–44 years of age are the most likely to suffer from depression.

Depression adversely affects workers’ ability to do their jobs, causing greater difficulty making decisions and concentrating, and lower levels of enthusiasm and interest. There is also an increased risk of physical injury among workers suffering anxiety and/or depression. They may also have higher rates of absenteeism.
These negative mental health outcomes caused by overwork must be linked to the demands of the job. Too often, mental health problems are blamed on the individual, due to their medical history or personal life, rather than on workplace conditions. While illnesses such as depression and anxiety might be pre-existing conditions, workplace factors, such as overwork, can cause both conditions to emerge.

**Family conflict**
Negative effects upon family are often cited as outcomes of overwork. When members are working long hours at an exhausting pace, the impact is often felt by their families. As our society becomes more complex, the brunt is often borne by our personal and familial relationships. Overwork denies workers the time, energy and attention that they need to devote to their family to foster and maintain healthy relationships.

A Health Canada study reported that 40 per cent of Canadian workers experience high levels of conflict between work and family responsibilities. Striking a balance between work and home life is a growing problem. Children often suffer as parents are either absent or do not have enough time and energy to commit to their children’s needs. Overwork can be a factor in the breakdown of marriages and other personal relationships. Difficulties balancing family and work can lead to higher rates of absenteeism and lower productivity at work, as well as contribute to feelings of exhaustion, burnout and low morale.

**Gastrointestinal disorders**
Gastrointestinal disorders have long been known to be associated with shift work. Similar effects can result as a consequence of overwork, in large part because overwork, like shift work, puts irregular strains on the body.

Higher incidence of digestive problems, constipation, ulcers, gastrouodenitis (inflammation of the stomach and small intestine), and colitis have all been associated with workers who work irregular shifts and hours. Altered eating habits—specifically, the timing, quality and quantity of meals—caused by work-hour demands and fluctuations contribute to gastrointestinal disorders. Overwork can cause workers to skip meals, eat on the run, eat less or more, eat less nutritious foods due to their convenience and to have insufficient time to properly digest meals, all of which can contribute to gastrointestinal disorders.

Disrupted circadian rhythms (the human body’s “internal clock”) have also been associated with gastrointestinal disorders. Overwork is known to be a factor in sleep problems, which in turn may play a role in upsetting circadian rhythms and cause subsequent gastrointestinal disorders.
Increased exposure to health and safety hazards

Because CUPE members are overworked, their possible exposure to hazardous agents and materials is compounded. The fact that overwork is contributing to fatigue also renders workers more susceptible to the effects of various hazards. For example, if a worker is exposed to excessive noise ten hours longer per week than in previous years, the effects of noise exposure are intensified.

Where exposure limits to hazardous substances exist, they are set with an eight-hour day and 40-hour work week in mind and make no provisions for overwork. Workers in hazardous circumstances who are suffering from overwork are increasing their exposures due to the simple fact that they are working longer hours. That there are fewer opportunities for recovery from exposures because of fewer breaks or more weekends worked might also mean that exposures are compounded.

The outcome of this situation is difficult to determine or factor accurately with statistics. In a sense, it’s like ageing before your time; speeding up the hazardous effects of exposures to noise, temperature changes, chemicals, infectious diseases, and other agents. Accelerated paces of work due to overwork might also increase the risk of exposures to hazardous substances. For example, if a worker is so rushed to complete tasks to cope with their workload, there might be a greater chance that she/he is not properly trained to take all of the necessary precautions to prevent hazardous exposures.

Karoshi

In extreme cases of overwork death can result. In Japan, the word karoshi literally means “death from overwork”. The first documented case of karoshi was in 1969. In that case, shift work, along with increases in workload during a period of ill health, contributed to a fatal stroke for a 29-year-old shipping worker at Japan’s largest newspaper. Japan’s Workers’ Compensation Bureau recognized the case five years later.
In 1987, the Japanese Ministry of Labour began to publish statistics on *karoshi*. Their figures put annual *karoshi* deaths at 20–60, the number for which compensation was awarded. Unions in Japan disagree, estimating that 10,000 deaths each year are caused by or contributed to by overwork. To be awarded compensation in Japan for *karoshi* it must be shown that a worker suffered from high levels of stress, fatigue and depression. Unions are now using the term *karoshi* worldwide to describe the terrible effects of overwork. In a recent case of *karoshi*, a Japanese worker took his own life after working 17 consecutive months without a single day off.

Unfortunately, closer to home, CUPE has direct experience with death-by-overwork. In the case of CUPE Local 40’s Brother Willy, an extremely high workload, elevated stress levels and neglect on the part of his employer led to his death by suicide. This tragic case goes back many years, but came to a head in November 1998 when Brother Willy died of carbon monoxide poisoning in the garage of his home. Brother Willy left a diary behind, a chilling account that outlines his deteriorated health as a consequence of overwork. The diary describes Willy’s efforts to keep up with his heavy workload in detail. It was also a call for help—a call heard too late to save him.

After Willy’s death, the Alberta Compensation Board denied his widow’s claim. Despite pages of personal statements from the member outlining his desperate attempts to seek relief from the severity of his workload and accounts of his declining health, the Board claimed no connection between overwork and Brother Willy’s death existed. This should have been a benchmark case of *karoshi* in Canada.
Part 2

2.1 Do you have an overwork problem?

Quite possibly. Overwork is sometimes not seen as an obvious health and safety hazard. The key is to identify the causes and symptoms listed in Part I of this guideline and to be prepared to act on them.

On the surface, overwork may not seem as direct a threat as hazards such as asbestos, infectious diseases, or needlestick injuries. With those hazards, the threat is more clearly identifiable and the negative health outcomes are well documented and direct. Overwork is not so cut and dry. It is related to organizational issues and their outcomes. For example, understaffing is an element of overwork that can lead to MSIs, burnout, or stress. Typically, these outcomes might be attributed to some cause other than understaffing. For example, if a CUPE member is suffering a MSI, the employer might look to his/her working techniques or the equipment as the cause, rather than overwork. Likewise, burnout or stress problems are often dismissed as being caused by an individual’s lifestyle or their “inability to cope”. That incorrectly puts blame with the worker instead of with their workplace and is a classic diversionary tactic of employers.

As a result of the work that CUPE has done—surveys, workshops, material development, etc.—overwork is now front and centre in many members’ minds as being the root cause of many health and safety problems. It’s time to tackle overwork wherever it affects us.

2.2 Identify the problem

*These body maps should be shown to my employer. Then maybe they’d see what they’re doing to us with the workload we’ve got.*

Melissa Redmond, CUPE member, 8th National Health and Safety Conference

Many of us now know that overwork is what’s causing our health, job satisfaction, morale, family and personal relationships to deteriorate. Experienced CUPE members know as well that there used to be more workers on site to do the job. For example, where there were once three workers on a garbage truck, there are now only two or, in some municipalities, just one worker per truck. In all likelihood, it’s not the membership that needs to be convinced that there is a workload problem; it’s the employer.

The members, however, are the source of the information needed to make the case that workloads are excessive and that the problems caused by overwork must be addressed. Members are often at the core of strategies and solutions for change: both in terms of identifying and implementing those changes.
Surveys/questionnaires
Surveys can be widely based—across the country, as in the case of the pre-conference delegate survey conducted by the Health and Safety Branch prior to the 8th National Health and Safety Conference—or at the local or workplace level. Surveys usually involve handing out a written questionnaire. A questionnaire is a great tool for gauging the extent of a health and safety issue and how that issue is evident in a workplace. A sample overwork questionnaire is provided at the end of this guideline.

Often the employer claims that there is no evidence for a problem like overwork. When members know there is an overwork problem and can present facts compiled from a very basic questionnaire, they take a major step towards addressing overwork by gaining recognition for the hazard.

To conduct a questionnaire, it’s a good idea to have either the union, through its health and safety committee, or the joint (union/management) health and safety committee involved in the process. Prior to distributing the survey, hold some type of membership information session. This is to ensure that members know the questionnaire is confidential and to explain its purpose: to assess the overwork problem in their workplace as a first step towards making necessary improvements.

Any survey or questionnaire must be clear, concise and basic. It may be necessary for the local to have the questionnaire translated, taking into account dominant first languages among members in their workplace.

To avoid any hassles later regarding the legitimacy of the process and results, the joint health and safety committee and/or the employer should approve a questionnaire. Once the survey is ready, it should be distributed throughout the workplace, with individual committee members responsible for collecting completed questionnaires. Set some time limit for completing the questionnaire. The same person who handed out the questionnaires should also collect them.

There needs to be a plan and process in place for tabulating the questionnaire results that is agreed to by whomever is involved (e.g., union, union health and safety committee representatives, etc.). Once the results are calculated, they should be presented and discussed at a union meeting, highlighting those issues that are central to the overwork issue at your workplace. Apply the relevant sections of this guideline to help explain the overwork problem in your workplace.
At the meeting, members should be given an opportunity to voice their concerns and suggestions regarding the questionnaire results. Then, some type of formal report needs to be written to document the full extent of the overwork health and safety hazards as they affect your workplace. This report should be presented at a joint health and safety committee meeting, preferably in a session(s) dedicated solely to addressing overwork problems. Copies of the report should be presented to all members of the committee, with additional copies made available to both the union and anyone from management.

The results of the questionnaire need to be acted upon. It is not enough to take the pulse of the membership; some action must come of the survey. Conducting a survey creates the expectation that members’ ideas and concerns are being verified. Members anticipate that the issue is at the top of the agenda and will soon be tackled. The questionnaire must form the basis of further action by the joint health and safety committee to find solutions to overwork.

In the event that the employer or the management representatives on the joint committee do not want to co-operate on conducting a survey, the union should conduct a survey of the membership on its own. In this case, similar procedures to the one already described should be followed. However, the level of co-operation may not be the same, especially when it comes time to discuss the matter at the joint health and safety committee level. Perseverance will be required. The joint committee should be the staging ground to present results of the union’s survey and used as the first lever for change on overwork.

**Mapping**

Mapping techniques can also be used to assess overwork hazards in your workplace, both to identify the extent of overwork and the health effects it might be causing. In recent years, CUPE has used mapping extensively in workshops, schools and various research projects.

Mapping uses basic visual and participatory action research principles. By representing hazards and their effects visually, mapping...
makes the hazards more easily recognized and more clearly expressed than by written explanations. Mapping can be used as an alternative, or in addition, to surveys/questionnaires.

It is also a participant-driven form of collecting information. Mapping is based on the concept that workers are a source of valuable information and producers of knowledge. This knowledge must always be used to tackle workplace health and safety hazards of any kind.

Three types of mapping are typically used to assess a health and safety hazard: body mapping, hazard mapping and your world mapping. These three forms of mapping provide a comprehensive picture of the extent of a health and safety hazard such as overwork.

CUPE has developed extensive mapping materials, including some specifically designed to address overwork. These materials are available to any interested CUPE local by contacting the National Health and Safety Branch.
2.3 Actions

The joint occupational health and safety committee has got to start getting involved with overwork, I mean really taking it on.

Dominic Di Pasquale, CUPE member, 8th National Health and Safety Conference

This section covers specific actions for addressing overwork in your workplace. Together with the solutions and strategies section that follows, it is a comprehensive plan for dealing with overwork.

**Take your breaks**

It’s a simple concept but a good one. If your collective agreement states that you are entitled to coffee and lunch breaks, make sure that you are taking these breaks. Similarly, if your collective agreement states that you have specific hours of work, then stick to those hours of work.

Provisions that define breaks and the length of work days ensure that workers get a proper rest from work and that they are paid for the time spent working. If you work fifteen extra minutes on your own, that time will not be compensated.

The cumulative effect is hours of unpaid work and hours of time that you should have used to recuperate from the rigours of your job. Those hours could also have been spent relaxing with family or friends.

The body and mind need to rest. A fifteen-minute break can really help. Taking a break reminds members that they have some control over their job. It also signals to employers and supervisors that CUPE members know their rights at work and that they are able to exercise control where they have it. This is a vital point. If a supervisor sees a worker working through her/his break on a regular basis to complete tasks, that supervisor will assume that the worker does not need the break and will likely assign at least the equivalent of fifteen minutes more work to her/him. Taking breaks is also a sign of solidarity among workers, as workers in the same job should be working the same hours, at the same pace.

Regaining a high quality of life must be on the agenda when addressing overwork. In France, where a 35-hour work week has been legislated, two-thirds of people working a shorter work week say that it has improved their quality of life. Perhaps it is time in Canada to slow down a little bit and take a break from the hazards of overwork.
Right to refuse
CUPE members in most workplaces have the right or the obligation to refuse unsafe work, as stated in the federal and provincial health and safety legislation. Usually, the right to refuse involves the worker recognizing a hazardous or unsafe working condition that might affect her/his health or the health of someone else. The worker then clearly notifies the employer or supervisor that she/he is refusing unsafe work in accordance with the health and safety legislation.

Following the worker refusing unsafe work, the employer and/or the joint health and safety committee must investigate the matter. If the matter is not resolved, a government occupational health and safety officer intervenes to facilitate some resolution of the issue.

Traditionally, the right to refuse has been used in cases of overt health and safety hazards, such as possible exposure to toxic chemicals or cases where workers are required to work in confined spaces without proper engineering controls. Given the extent and the harmful health effects of overwork, it is time to start using the right to refuse in cases of overwork. The same procedure for refusing unsafe work should be used, but the grounds for refusing unsafe work should be directly stated as being due to overwork, specifying some direct manifestation of overwork (e.g., time pressures, rushing unsafely through tasks to complete work, the unmanageable list of tasks that a worker has, etc.).

Overwork creates unsafe working conditions. A work refusal is therefore a legitimate and direct way to combat the problem. Refusing unsafe work on the grounds that it constitutes overwork will force the employer and the joint health and safety committee to deal with overwork.

Report forms
CUPE has developed a Health and Safety Complaint Form and a Violent Incident Report Form. The Health and Safety Complaint Form can and should be used to report overwork health and safety complaints. These two forms are effective tools for drawing attention to a health and safety hazard, particularly because the forms are colour coded, with copies that go to the employer, the joint health and safety committee, the local union, and the worker. A paper trail is created ensuring all parties that should know about a health and safety hazard do know about that hazard. Because the joint health and safety committee receives a copy, it
should be fully aware of the overwork hazard and act upon members’ concerns. For this reason, an overwork reporting form is an effective way to highlight hazards. The form might include questions such as:

- What is the overwork problem?
- How is overwork affecting your health?
- Is this an isolated incident?
- Is there an overwork pattern?
- Are you working short-staffed?
- Do you have enough/suitable equipment?
- Does your supervisor set priorities for your work?
- Can your work be reorganized to reduce overwork?

An example of an overwork report form is at the back of this document.

**Joint health and safety committees**

Overwork cannot be tackled without direct involvement from joint occupational health and safety committees in CUPE workplaces. CUPE's National Health and Safety Branch has focussed a lot of attention on revitalizing and redirecting health and safety committees. In recent years, committees have become too “warm and fuzzy” with too much co-operative inaction on health and safety issues. The recommendation now is that CUPE members not buy into management co-operative schemes and instead realize that a health and safety committee is a mechanism for change, a place where solutions to health and safety issues can be hammered out.

Joint health and safety committees are mandatory in all but two jurisdictions in Canada (Quebec and Alberta have optional committees). CUPE has hundreds of locals representing hundreds of workplaces across the country, with CUPE members sitting on joint health and safety committees in these workplaces. Overwork should be brought to the table at all joint health and safety committee meetings. These committees are members’ prime vehicles for effecting change in their workplaces on health and safety issues. Committees are designed to offer concrete recommendations for action. Let them become the forum for solving overwork problems nation-wide. Members at the 8th National Health and Safety Conference voiced this idea in all of the overwork workshops.
2.4 Solutions and strategies for change

*We’ve really got to get contract language in place wherever we work to deal with this problem.*

Judy Henley, CUPE member, 8th National Health and Safety Conference

The solutions and strategies outlined below will complement the actions described in the previous section. Where the actions are immediate ways to confront overwork, solutions and strategies are broader policy and structural changes intended to address overwork in CUPE workplaces.

**Workplace reorganization**

Changing the way CUPE jobs are done to relieve overwork must be part of the solution. Given the weight of restructuring, cutbacks, downsizing, privatization and the rest, the workforce in many CUPE workplaces is not as broad as it once was. CUPE must press employers to provide fair and reasonable workloads and safe paces of work.

Safe staffing levels, for example, need to be established. CUPE members must be involved in determining these levels, particularly because they know from their frontline experience what staffing levels are safe and what levels are not safe. Securing sufficient staff levels is a fundamental part of reorganizing CUPE workplaces to alleviate work overload. Given the current overwork problem, clearly more staff is needed in many CUPE workplaces.

CUPE workplaces need to be reorganized differently to combat overwork. The following measures should be considered as well:

- Proper training is needed following changes to work processes and equipment, especially technical changes.
- Clear job descriptions/definitions must be provided.
- Challenge management’s practice to pressure, encourage or allow workers to be overloaded.
- Mandatory replacement of workers who are off sick, on holidays or retired.
- No downloading of management responsibilities.
• No management positions should be added at the expense of hands-on staffing ratios.
• Strict limits to overtime.
• More worker involvement in decision-making processes.
• Fair and equal treatment of part-time and casual workers; with more part-time and casual jobs being made full-time, permanent positions.
• More resources from various levels of government to finance the necessary workplace reorganization.
• Begin community debates about the health and social consequences of overwork.

These solutions to overwork should be pursued by the joint health and safety committees in CUPE workplaces at the urging of CUPE members. By offering concrete solutions, CUPE members can move beyond simply pointing out where overwork problems lie and motivate action.

**Overwork policies**

A policy is a good starting point for change on a health and safety issue. The health and safety committee should be instrumental in tabling and pushing for the adoption of an overwork policy. A policy would start from the premise that overwork is an occupational health and safety hazard, and that all steps possible should be taken to prevent the hazard, preserving the health and safety of workers. Specifics could be added to the policy. For example, it could state that safe staffing levels are required at all times. This would require some assessment of the workplace to determine what those levels might be. A policy could also include a statement about the pace of work, whereby any pace of work that poses a health and safety hazard should be prohibited.

The precise range of an overwork policy in a given workplace may vary. What should be central is the universal principle of health and safety law in this country: the employer has an obligation to protect the health of workers. A sound policy paves the way for further solutions and strategies, for example, collective bargaining language on overwork, the role of the joint health and safety committee and even changes to legislation.

**Collective bargaining language**

Overwork can be—and has been—addressed through collective bargaining. Any collective agreement language on overwork should have prevention at its core. Language should be regarded as the base minimum that will be done to prevent injuries from overwork, including provisions for the joint health and safety committee to investigate overwork and make recommendations for improvements. As well, language should define some limits on workers’ job descriptions, to avoid overwork conditions.
CUPE Saskatchewan health care workers ratified a collective agreement that includes language aimed to prevent overwork. The section reads:

*The Joint Occupational Health and Safety Committee shall have as part of its mandate the jurisdiction to receive workload concern(s). This mandate shall include the review of staffing levels, the responsibility to investigate workload concerns, the responsibility to define the workload problem, and the responsibility to make recommendations to rectify the workload concern(s).*

*The Committee shall issue a report on their recommendations for solving the workload concern(s) to the Employer and the Local of the Union within thirty (30) days of receiving the concern.*

*Within thirty (30) days, the Employer shall advise the Joint Occupational Health and Safety Committee and the Local of the Union as to what reasonable steps it has taken or proposes to take to implement the workload recommendations identified by the Committee.*

*In the event the Employer does not respond or take action, the concern(s) may be referred by either party to the Dispute Resolutions Committee.*

*The Provincial Dispute Resolution Committee shall establish an internal process in which to resolve the workload concerns.*

The Saskatchewan language is a good example. It puts the joint health and safety committee front and centre with respect to overwork, which achieves two things: it recognizes that overwork is a health and safety issue and it demands action from the committee on overwork hazards.

For other examples of contract language on overwork go to [http://www.cupe.ca](http://www.cupe.ca) and click on campaigns, then workload and finally “Send us your contract language” to view examples.

A statement defining overwork could also be included in contract language. A good standard is that workers should be able to complete by the end of the day what they are capable of comfortably accomplishing at the start of the work day.

Any local that is entering collective bargaining should look at their overwork situation and push to integrate workload language into their collective agreement.
Legislation/regulations
Governments must develop and enact preventative legislation to address overwork. Language needs to be incorporated into the health and safety legislation for each Canadian jurisdiction. Most current health and safety legislation includes a general duty clause requiring employers to provide safe and healthy workplaces. This does not go far enough to prevent overwork hazards. Legislation must explicitly deal with the health and safety outcomes of overwork. Overwork legislation should include:

- Recognition that overwork is a health and safety hazard.
- Prohibitions on overwork, ensuring that overwork is not tolerated.
- The right for joint occupational health and safety committees to investigate and resolve overwork-related health and safety complaints.
- The right to refuse work in situations where overwork compromises a worker’s or another person’s health and safety.
- Provisions on maximum levels of overtime and safe staffing ratios.

But, legislation on the books is only part of the battle. As with other health and safety issues, enforcement of the law is key to ensuring change in CUPE workplaces. CUPE locals can call in government inspectors to investigate and issue orders where workers refuse unsafe work because of overwork hazards or when workers raise overwork concerns that are ignored by the employer and/or the joint health and safety committee.

Workers’ compensation
As with stress-related illnesses and “accidents”, there has been little support for workers’ compensation claims caused by overwork. Compensation boards are behind the times in this respect. Legislative or policy changes are needed to demand that Compensation Boards first identify and track overwork-related compensation claims and then pay such claims. This process may take some time. To help further it, members who suffer overwork-related “accidents” or illnesses should highlight the overwork component of their claims, stating that overwork was a cause of their “accident”.

Given the pace of work and the workloads of many CUPE members, it could be argued that overwork plays a role in virtually any conceivable “accident” or illness. This argument must be made to hasten the process so that Compensation Boards recognize their duty to first compensate for overwork and then to administer changes to prevent overwork.
Union involvement
CUPE is committed to tackling overwork across the country and has put the health and safety component of overwork front and centre. CUPE’s website and Organize have highlighted the overwork issue and helped bring it into the every day thinking of members. A CUPE National workload kit spelling out the many aspects of overwork has been developed for use across the country. Overwork was one of four topics at the 8th National Health and Safety Conference and it has been subsequently addressed in workshops and at regional conferences. Overwork is also examined in the new CUPE basic health and safety course. Research projects have been undertaken in some provinces to assess the health effects of overwork on CUPE members and to pursue solutions. The issue has gained prominence for the simple reason that overwork affects so many members.

CUPE has numerous initiatives underway to combat overwork. What is vital to future actions and success on overwork is membership participation. Members and locals know that overwork is a widespread problem. As a health and safety hazard, it’s clear that overwork is a major contributor to many problems (e.g., stress, MSIs, burnout, etc.). In many cases overwork is the cause of health and safety problems that affect CUPE members.

Overwork is a core concern that, if addressed effectively, would lead to substantial health and safety gains for CUPE members. This is what our union and the National Health and Safety Branch are fighting for.

Regularly check the CUPE website www.cupe.ca for update information on overwork. Click on campaigns, then workload to read recent developments on overwork and suggestions for addressing the problem/hazard.
2.5 Summary: overwork dos and don’ts

**Do:**

- Raise awareness about overwork as a health and safety issue.
- Discuss overwork hazards with other members.
- Assess the overwork problem in your workplace using survey and/or mapping techniques.
- Take your breaks.
- Take your full lunch break.
- Start work on time.
- Leave work on time.
- Refuse unsafe overwork conditions.
- Report overwork health and safety hazards.
- File grievances for instances where you are told to do additional work that is not part of your job.
- Put overwork on the agenda at joint occupational health and safety committee meetings.
- Recommend work organization changes to alleviate overwork at committee meetings.
- Recommend overwork policies be implemented in your workplace at committee meetings.
- Bargain contract language on overwork in your collective agreement.
- File compensation claims for overwork-related injuries and illnesses.
- Reach out to the union to share knowledge, experience and solutions regarding overwork.

**Don’t:**

- Suffer in silence.
- Tolerate overwork in any form.
- Work beyond your means.
- Work through breaks.
- Work unpaid overtime.
- Ignore health and safety effects associated with overwork.
- Leave solutions to overwork up to the employer.
- Let overwork issues fall off the table at joint health and safety committee meetings.
Conclusion

*Working hours are out of control. But the pressure to work longer and more unpredictable hours is not about money.*

*The overwhelming picture is of workers working longer hours because of the intensification of work, because of downsizing and because of employer expectations. And if the statistics aren’t compelling, read the stories of the people who say they can no longer cope. It paints a picture of people under stress. It details attempted suicides, physical illness, family breakdown and workplace injury that is unacceptable.*

Sharan Burrow, President, Australian Council of Trade Unions

These union sister’s words may have been spoken in a country thousands of kilometres away, but the description applies worldwide. Any CUPE member could have said the same thing. In fact, these words echo those of Brother Willy, the CUPE member from Calgary who committed suicide because of overwork.

This guideline documents the widespread nature of overwork as it affects CUPE members and offers solutions and strategies to address this serious health and safety hazard. CUPE members have had enough of being worked into the ground, of debilitating workloads, of working unpaid overtime, of the harmful health effects of overwork, and of their personal lives suffering the cost of tremendous pressures from work.

When asked in the EKOS Research survey, “What priority should your union place on workload?”, 71 per cent of all workers and 83 per cent of public service workers said their union must make overwork a “high priority”. CUPE is doing this. In years past, CUPE members have won many health and safety victories on a host of issues. There is no reason to think the fight to combat overwork will not be won as well.

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Fact Sheet

Overwork

What are the problems?
Overwork is a growing health and safety hazard for CUPE members that is closely related to organizational changes in our workplaces. A simple definition of overwork is too many duties and responsibilities for one worker, with too few hours in the day to complete all that is required. It also includes fewer workers doing the same amount of work previously done by more workers.

Some or all of the following characterizes overwork:

• Working long and difficult hours.
• Unreasonable work demands.
• Multi-tasking and multi-skilling.
• Pressured/bullied to work overtime (paid and unpaid).
• Fewer rest breaks, days off, holidays and vacation.
• Faster, more pressured work pace.
• Performance monitoring.
• Unrealistic management expectations.
• Additional, often inappropriate, tasks piled on top of “core” duties (e.g., doing more than one job).

What are the causes?
Overwork is a consequence of changes in work organization. Specifically, cutbacks, privatization, downsizing and their effects all contribute to overwork. Employer schemes to micro-manage workplaces, using total quality management (TQM) techniques, continuous improvement systems, and quality circles are all designed to re-organize CUPE workplaces. With overwork, control is taken from workers and placed squarely and completely with employers.

The causes of overwork include:

• Conflicting demands from employers.
• Insufficient training, guidance and support from employers.
• Too many additional responsibilities.
• Worker isolation and lack of contact with co-workers.
• Downloading of management responsibilities onto workers.
• No replacement of workers who are away sick or on holidays.
• Lower worker to client ratios and staff cutbacks.
• Changed public perceptions (about public sector efficiency).
• Staff not being replaced upon retirement.
• Ineffective joint health and safety committees.
• Budgetary cutbacks.
• Restructuring and mergers.
• Too much of a team concept at work (TQM, etc.).
• Lack of modern equipment.
• Contracting out and privatization.
• More casual workers rather than full-time workers.
• Loss of control over how the job is done.
• Missing breaks and working through lunches.
• Workers feeling incompetent if they can’t finish tasks on time.
• Management surveillance, e.g., closed circuit cameras.
• Greater levels of care needed by patients and residents.

**Who is affected?**

CUPE jobs have been under attack for years. There isn’t a public service sector where CUPE members work that has not been affected by cutbacks or subsequent overwork problems.

Prior to CUPE’s 8th National Health and Safety Conference, a pre-conference survey of delegates was conducted. More than three-quarters (76.2%) of the 147 delegates surveyed said that they feel their personal health and safety to be at risk because of their workload. Overwork is clearly a health and safety problem that affects CUPE members in all sectors.

**What are the hazards?**

Overwork affects the physical and psychological health of CUPE members. But it does more than this when the effects spill out of the workplace and negatively affect members’ family lives. The cumulative effects of overwork can be devastating.

Major outcomes of overwork can be grouped under the following headings:

• Stress.
• Burnout (including exhaustion and fatigue).
• Musculoskeletal injuries.
• Depression and anxiety.
• Family conflict.
• Gastrointestinal disorders.
• Increased exposure to health and safety hazards such as noise, temperature extremes and hazardous substances.
• Karoshi (death from overwork).

**Identify the problem**

A first step is to recognize that overwork is a health and safety hazard in your workplace. If the negative health outcomes mentioned above are affecting your members, overwork is likely a significant contributor. Surveys and mapping techniques are excellent tools to identify overwork hazards in your workplace. A survey can be done in co-operation with the employer, in which case the union approves the survey and is involved in collecting and assessing the information generated by the survey. The union should
conduct its own overwork survey if the employer resists the idea or denies that overwork is a problem. Body mapping, hazard mapping and your world mapping techniques can be used – either instead of or in addition to surveys – to identify overwork hazards.

**Actions**

Overwork hazards are largely centred on issues of control and work organization. Taking action on overwork therefore involves members exercising their own control at work.

The following actions can help combat overwork:

- Take your breaks.
- Refuse unsafe overwork conditions.
- Report overwork hazards on health and safety reporting forms.
- Put overwork issues on the agenda for joint health and safety committee meetings.

**Strategies for change**

In addition to the actions mentioned above, members should use strategies aimed to control overwork. Adopting an overwork policy is a good starting point. A policy would start from the premise that overwork is an occupational health and safety hazard, and that all steps possible should be taken to prevent the hazard, preserving the health and safety of workers.

Work also needs to be reorganized. CUPE must press employers to provide fair and reasonable workloads and safe paces of work. Safe staffing levels, for example, need to be established. Overwork can be – and has been – addressed through collective bargaining. Any collective agreement language on overwork should have prevention at its core. Language should be regarded as the base minimum that will be done to prevent injuries from overwork, including provisions for the joint health and safety committee to investigate overwork and make recommendations for improvements. As well, language should define some limits on workers’ job descriptions, to avoid overwork conditions.

Overwork legislation is needed and should include:

- Recognition that overwork is a health and safety hazard.
- Prohibitions on overwork, ensuring that overwork is not tolerated.
- The right for joint occupational health and safety committees to investigate and resolve overwork related health and safety complaints.
- The right to refuse work in situations where overwork compromises a worker’s or another person’s health and safety.
- Provisions on maximum levels of overtime and safe staffing ratios.
Overwork should also be targeted through compensation claims. Claims should be filed for any illnesses or “accidents” that have an overwork component. This will help bring overwork into the realm of compensation.

CUPE has numerous initiatives underway to combat overwork. What is vital to future actions and success on overwork is membership participation. Overwork is a deeply-rooted health and safety hazard that is tied to work organization. Its effects are felt in many different ways. This fact sheet provides some information to address the hazard. More detailed information is presented in the CUPE health and safety guideline *Enough overwork: taking action on workload*.

For more information contact:
National Health and Safety Branch
CUPE
21 Florence Street
OTTAWA, Ontario
K2P 0W6
Tel. (613) 237-1590
Fax (613) 233-3438
Email: health_safety@cupe.ca
Health and safety overwork questionnaire

This is a sample questionnaire. Please feel free to use portions of the questionnaire that are relevant to your workplace, changing questions as needed.

Assessing how overwork affects CUPE members’ health and safety is an important first step to preventing overwork health and safety problems. We are interested in your experiences with overwork as a health and safety hazard while working for your employer. Please answer the following questions by checking the appropriate box or writing your answers in the space provided.

Work organization

1. In the past two years has your workload increased?
   - Yes
   - No
   - Don’t know

2. Is your workload too much?
   - Yes
   - No
   - Sometimes

3. In your opinion, has the quality of your work suffered because of overwork?
   - Yes
   - No
   - Sometimes

4. In your opinion, has your job satisfaction declined because of overwork?
   - Yes
   - No
   - Sometimes

5. Has your job description or list of official job changed in the past two years?
   - Yes, more duties have been added
   - Yes, duties have decreased
   - Duties have remained about the same
   - Don’t know/Can’t say

6. If your job description has changed, how has it changed (please check as many as apply to you)?
   - More duties have been added
   - New duties not previously part of my job have been added
   - Faster rate of work
   - Higher demands/expectations from employer/public/other departments, etc.
   - Less training has been provided
   - Inadequate training for new duties/new technologies
   - Less supervision
   - More supervision
   - I’ve been given supervisory type duties
   - More paperwork
   - More meetings
   - Other (please specify)

7. In the past two years have the staffing levels in your work area or workplace:
   - Increased
   - Decreased
   - Remained about the same
8. When staff is away from work because of holidays, vacation, sick leave, workers’ compensation, or any other reason, are replacement staff provided?
   - Yes, always
   - Sometimes
   - Rarely
   - No, never
   - Don’t know

9. In the past two years, has your workplace been affected by (please check as many as apply):
   - Cutbacks
   - Downsizing
   - Privatization
   - Contracting out
   - Mergers/Amalgamations
   - Other organizational changes
     (please specify)

10. Have the changes in your workplace listed in question #9 increased your workload?
    - Yes
    - No
    - Don’t know

11. In your opinion, has absenteeism increased at your work area or workplace?
    - Yes
    - No
    - Don’t know

12. Do you always take the full allotment of time for your coffee breaks and lunch/dinner breaks?
    - Yes, always
    - Sometimes
    - Rarely
    - No, never

13. Do you ever stay late or come in early to complete work (i.e., work unpaid outside of your regular hours of work)?
    - Yes
    - No
    - Sometimes

14. On average, approximately how long each day do you spend doing unpaid work to keep up with your workload?
    - Less than 10 minutes
    - 10–20 minutes
    - 20–30 minutes
    - 30–45 minutes
    - 45–60 minutes
    - More than 60 minutes

15. Are you provided sufficient tools/equipment/machinery/supplies to do your job?
    - Yes
    - No
    - Sometimes

**Health effects**

16. Do you feel your health and safety is at risk because of your workload?
    - Yes
    - No
    - Sometimes

17. During the past two years, have you taken sick days due to the health effects of overwork?
    - Yes
    - No
18. If you have taken time off sick due to overwork in the past two years, how many working days were you away from work because of overwork?
   - 1-3 days
   - 4-6 days
   - 7-9 days
   - 10-14 days
   - 15+ days

19. During the past two years, have you taken time off using vacation days, holidays, or leave time due to the health effects of overwork?
   - Yes
   - No

20. If you have taken time off using vacation days, holidays or leave time in the past two years, how many working days were you away from work because of overwork?
   - 1-3 days
   - 4-6 days
   - 7-9 days
   - 10-14 days
   - 15+ days

21. Due to overwork, have you had problems with any of the following in the past two years (please check as many as apply to you)?
   - Fatigue/exhaustion
   - Gastrointestinal disorders
   - Depression/anxiety/anger
   - Violence/bullying
   - Elevated stress
   - Burnout
   - Joint/muscle pain
   - Headaches
   - Trouble sleeping
   - Feeling of powerlessness
   - Memory loss/trouble
   - Family conflict
   - Increased use of alcohol and/or drugs
   - Other (please specify)

22. In no specific order, what three health effects of overwork from the above list affect you the most?

23. Have you received Workers’ Compensation for an overwork-related problem in the past two years?
   - Yes
   - No

24. In the past two years, have you exercised the Right to Refuse unsafe work at your workplace because of overwork hazards?
   - Yes
   - No

25. Have you had difficulty taking your vacation/holidays/time off because of your workload?
   - Yes
   - No
   - Sometimes

Policy issues

26. Does your workplace have an overwork policy in place?
   - Yes
   - No
   - Don’t know
27. Does your local have contract language in your collective agreement concerning overwork/workload?
   - Yes
   - No
   - Don’t know

28. In the past two years have you ever raised overwork concerns with any of the following (please check as many as apply to you)?
   - Co-workers
   - Union representative
   - Joint health and safety committee
   - Supervisor
   - Employer
   - Family
   - Other (please specify)

32. Does your committee meet regularly?
   - Yes
   - No
   - Don’t know

33. Have overwork health and safety problems ever been raised at your joint health and safety committee meetings?
   - Yes
   - No
   - Don’t know

34. Have any recommendations ever been tabled at your joint health and safety committee meetings to deal with overwork?
   - Yes
   - No
   - Don’t know

35. If recommendations have been made, has your employer acted on them and made changes in your workplace to address overwork problems?
   - Yes
   - No
   - Don’t know

36. Do you think your joint health and safety committee should be doing more to address overwork health and safety hazards?
   - Yes
   - No
   - Don’t know

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**Health and safety committees**

29. Does your local have a joint (union/management) health and safety committee?
   - Yes
   - No
   - Don’t know

30. Does your local have a union-only health and safety committee?
   - Yes
   - No
   - Don’t know

31. Do you sit on a joint health and safety committee?
   - Yes
   - No
37. What suggestions do you have for solving overwork problems in your workplace?

______________________________
______________________________
______________________________

42. Do you work?

□ Full time
□ Part time
□ Temporary/Casual/Auxiliary

43. Please use the space below to write any remarks you might have about overwork that you feel have not been addressed in this questionnaire, or any other comments that you might have about overwork as a health and safety issue.

______________________________
______________________________
______________________________

Thank you for completing the questionnaire.
Health and safety overwork reporting form

If overwork affects your health and safety, you should fill out this form as soon as possible.

**Identifying information**

Name: 

CUPE Local: 

Job title: 

Employer: 

Department/Section: 

**Scope of the problem**

What is the overwork problem?

What are the health and safety effects of the overwork problem?
What are the causes of the overwork problem?


What actions could be taken to address the overwork problem?


Other details

Date of report:

Name of Supervisor:

Name of health and safety committee representative:

Please provide any other information you think is relevant.
References


Back-to-Basics: Actions Around Workload Issues. Hospital Employee’s Union.


