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Certificate in Occupational Health Psychology

## Foundations of Occupational Health Psychology

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Occupational Health Psychology (OHP) is an interdisciplinary field that integrates principles of psychology, public health, and occupational safety to promote the physical and mental well-being of workers. It examines how workplace conditions, organizational policies, and broader social factors influence health outcomes, and it develops evidence-based interventions to prevent illness, reduce injury, and enhance performance. In the context of a Certificate in Occupational Health Psychology, students must master a core set of terms that form the foundation for research, practice, and policy development. The following explanation provides a comprehensive overview of those key terms, illustrated with examples, practical applications, and common challenges.

Psychosocial Risk Factors are aspects of work design, organization, and management, as well as the social and relational context at work, that have the potential to cause psychological or physical harm. Typical examples include high job demands, low control, poor support, role ambiguity, and job insecurity. For instance, a call-center employee who must handle a large volume of calls (high demand) while having little discretion over how to manage those calls (low control) may experience chronic stress. Identifying psychosocial risk factors is the first step in any occupational health assessment, and it requires systematic data collection through surveys, focus groups, or interviews.

Job Stress refers to the harmful physical and emotional responses that occur when job demands exceed the worker's capacity to cope. It is a broad construct that can manifest as anxiety, irritability, or somatic complaints such as headaches. A practical application is the implementation of a stress-management program that teaches employees relaxation techniques, time-management skills, and cognitive restructuring. A common challenge is distinguishing between normal, short-term stress that can be motivating and chronic stress that leads to burnout or illness. Accurate assessment tools, such as the Perceived Stress Scale, help differentiate these states.

Burnout is a work-related syndrome characterized by three core dimensions: emotional exhaustion, depersonalization, and reduced personal accomplishment. Emotional exhaustion reflects a feeling of being emotionally drained and depleted of emotional resources. Depersonalization involves a cynical or detached attitude toward clients or colleagues. Reduced personal accomplishment denotes a decline in feelings of competence and successful achievement at work. For example, an emergency-room nurse who feels constantly overwhelmed (exhaustion), begins to view patients as "cases" rather than individuals (depersonalization), and doubts her ability to provide effective care (reduced accomplishment) is exhibiting classic burnout. Interventions may range from individual coping strategies, such as mindfulness training, to organizational changes like staffing adjustments and redesign of work schedules.

Work-Life Balance denotes the equilibrium between professional responsibilities and personal life domains,

such as family, leisure, and health. Achieving balance is linked to higher job satisfaction, lower turnover, and better overall well-being. Employers may promote work-life balance through flexible scheduling, telecommuting options, or paid family leave. A challenge arises when flexible policies are unequally applied, leading to perceptions of unfairness. Monitoring the utilization and outcomes of such policies is essential to ensure they benefit all employees.

Occupational Safety encompasses the set of practices, policies, and procedures designed to protect workers from physical hazards that could cause injury or death. Safety measures include engineering controls (e.G., Machine guards), administrative controls (e.G., Rotating shifts to reduce fatigue), and personal protective equipment (PPE) such as helmets or goggles. A practical example is the implementation of a lock-out/tag-out system to prevent accidental energization of machinery during maintenance. Challenges often involve ensuring consistent compliance, especially in high-turnover environments where new employees may lack adequate training.

Ergonomics is the scientific discipline concerned with designing workstations, tools, and tasks to fit the physical capabilities of workers, thereby reducing the risk of musculoskeletal disorders (MSDs). An ergonomic intervention might involve adjusting the height of a computer monitor, providing an adjustable chair, or redesigning a repetitive assembly task to include rest breaks. Successful ergonomics programs often rely on participatory approaches, where workers contribute ideas for improvement. A common obstacle is the cost of redesign, which can be mitigated by demonstrating the long-term savings from reduced injury claims.

Hazard denotes any source of potential damage, injury, or adverse health effect. Hazards can be physical (e.G., Noise, vibration), chemical (e.G., Solvents, asbestos), biological (e.G., Viruses), or psychosocial (e.G., Harassment). Hazard identification is the first step in risk management and typically involves walk-through inspections, review of incident reports, and consultation with workers. For instance, a laboratory that uses volatile chemicals must identify the risk of inhalation exposure and implement ventilation controls. The challenge lies in recognizing less obvious hazards, such as low-level chronic exposure to psychosocial stressors.

Exposure refers to the contact of workers with a hazard. Exposure can be measured in terms of intensity, frequency, and duration. For example, a construction worker's exposure to silica dust is quantified by the concentration of airborne particles (intensity) and the number of hours spent cutting concrete (duration). Monitoring exposure often requires specialized equipment, such as dosimeters for noise or air sampling pumps for chemicals. A practical difficulty is ensuring that monitoring devices are calibrated and used consistently across sites.

Risk Assessment is the systematic process of evaluating the likelihood that a hazard will cause harm, and the severity of that harm. It typically involves three steps: Hazard identification, exposure assessment, and risk characterization. The outcome is often expressed as a risk rating or a risk matrix that guides prioritization of control measures. For instance, a risk assessment for repetitive strain injury might reveal a high frequency of

repetitive motions combined with inadequate rest periods, resulting in a high risk rating. The main challenge is balancing thoroughness with practicality, especially when resources for detailed assessments are limited.

Primary Prevention aims to eliminate hazards before they cause injury or illness. Strategies include redesigning equipment to remove dangerous parts, substituting less toxic chemicals, and implementing engineering controls such as ventilation. A classic example is the replacement of lead-based paints with water-based alternatives to prevent lead exposure. Primary prevention is considered the most effective form of control because it removes the source of risk entirely. However, it often requires significant upfront investment and may encounter resistance from stakeholders accustomed to existing processes.

Secondary Prevention focuses on early detection and prompt intervention to reduce the severity of an injury or illness after exposure has occurred but before it becomes chronic. Screening programs for hearing loss, vision testing, and blood pressure monitoring are typical secondary prevention activities. For example, regular audiometric testing can identify early signs of noise-induced hearing loss, allowing for timely adjustments to hearing protection. The challenge is ensuring that workers participate voluntarily and that privacy concerns are addressed.

Tertiary Prevention involves rehabilitation and return-to-work strategies after an injury or illness has been diagnosed, with the goal of minimizing long-term disability and facilitating reintegration. Programs may include physical therapy, job-modification, and gradual re-entry plans. A practical application is a phased-return schedule for a worker recovering from back surgery, where duties are progressively increased over several weeks. Barriers often include inadequate communication between health providers, employers, and employees, as well as organizational cultures that stigmatize returning workers.

Safety Climate is the shared perception among employees regarding the importance their organization places on safety. It reflects attitudes, policies, and practices that signal to workers how safety is valued. A high safety climate is associated with lower accident rates and greater safety compliance. For instance, when managers consistently discuss safety during meetings, provide resources for protective equipment, and promptly address hazards, employees perceive safety as a priority. Measuring safety climate typically involves surveys that assess dimensions such as management commitment, communication, and employee involvement. A common challenge is that safety climate can vary across departments, requiring targeted interventions.

Safety Culture extends beyond climate to encompass the deeper values, norms, and behaviors that shape safety practices throughout an organization. While safety climate captures perceptions at a point in time, safety culture reflects enduring practices and beliefs about safety. An organization with a strong safety culture encourages open reporting of near-misses, invests in continuous training, and holds all levels of staff accountable for safe behavior. Transforming safety culture often requires long-term commitment, leadership modeling, and alignment of incentives with safety outcomes.

Health Promotion in the workplace refers to initiatives that encourage healthy behaviors and lifestyles among employees. Programs may include smoking cessation workshops, on-site fitness classes, nutrition counseling, and mental-health awareness campaigns. For example, a company might offer subsidized gym memberships and healthy cafeteria options to promote physical activity and better nutrition. Effectiveness is enhanced when programs are tailored to employee needs, culturally appropriate, and integrated into the broader occupational health strategy. A challenge is maintaining employee engagement over time, especially when participation is voluntary.

Well-Being is a multi-dimensional construct encompassing physical, mental, emotional, and social health. In occupational contexts, well-being is often measured through self-report scales that capture life satisfaction, positive affect, and sense of purpose. Employers may foster well-being by providing resources such as Employee Assistance Programs (EAPs), mental-health days, and opportunities for professional development. A practical difficulty lies in distinguishing genuine improvements in well-being from short-term mood fluctuations, which necessitates longitudinal assessment.

Mental Health in the workplace includes conditions such as anxiety, depression, post-traumatic stress disorder (PTSD), and substance-use disorders. Occupational health psychologists work to identify workplace contributors to mental-health problems, such as bullying, excessive workload, or lack of control. Interventions may involve mental-health literacy training for managers, confidential counseling services, and policies that reduce stigma. A persistent challenge is ensuring that mental-health initiatives are not merely symbolic but are embedded in organizational practice, with clear pathways for support.

Stressors are any events, conditions, or demands that require an individual to adapt or cope. In occupational settings, stressors can be acute (e.g., A sudden equipment failure) or chronic (e.g., Ongoing high workload). Understanding the nature of stressors is essential for designing appropriate coping mechanisms. For example, a project deadline is an acute stressor that may be managed with time-management techniques, whereas chronic understaffing is a systemic stressor requiring organizational change.

Coping refers to the cognitive and behavioral efforts made to manage internal or external demands that are perceived as taxing. Coping strategies are often categorized as problem-focused (addressing the source of stress) or emotion-focused (regulating emotional responses). A practical example of problem-focused coping is an employee who reorganizes their task list to prioritize high-impact items, while emotion-focused coping might involve seeking social support or using relaxation techniques. The effectiveness of coping depends on the match between the strategy and the nature of the stressor—a concept known as “fit.”

Resilience is the capacity to bounce back from adversity, maintain functioning, and even thrive after experiencing stress or trauma. In occupational health psychology, resilience is both an individual trait and a collective organizational attribute. Resilience training programs often teach skills such as cognitive reframing, optimism, and stress-reduction techniques. For instance, a manufacturing plant might implement a resilience workshop after a major accident to help workers process the event and restore confidence. A

challenge is measuring resilience reliably, as self-report scales can be influenced by social desirability.

Organizational Justice encompasses employees' perceptions of fairness within the workplace. It is typically divided into three forms: procedural justice (fairness of decision-making processes), distributive justice (fairness of outcomes), and interactional justice (fairness in interpersonal treatment). When workers perceive high organizational justice, they report greater job satisfaction, lower turnover, and better health. For example, transparent promotion criteria (procedural) and equitable salary distribution (distributive) foster a sense of fairness. A common barrier is the lack of clear communication from management, which can be remedied through regular feedback sessions and open-door policies.

Job Demands-Resources Model (JD-R) is a theoretical framework that explains how job demands (e.g., Workload, time pressure) and job resources (e.g., Autonomy, support) interact to influence employee well-being and performance. High demands combined with low resources predict burnout, while abundant resources can buffer the impact of demands and promote engagement. Practical applications include redesigning jobs to increase control (a resource) and reducing unnecessary paperwork (a demand). Challenges arise in accurately assessing the balance of demands and resources across diverse job roles.

Effort-Reward Imbalance (ERI) theory posits that stress arises when the effort expended at work is not matched by the rewards received, such as salary, esteem, or career opportunities. An employee who works overtime without commensurate pay or recognition may experience ERI, leading to adverse health outcomes. Interventions may involve revising compensation structures, providing recognition programs, and ensuring career development pathways. A difficulty is that reward perceptions are subjective; thus, organizations must gather employee feedback to gauge perceived fairness.

Psychosocial Safety Climate (PSC) is a specific facet of safety climate that focuses on policies, practices, and procedures for protecting psychological health. PSC emphasizes management commitment to eliminating psychosocial hazards, encouraging open communication about mental-health concerns, and providing resources for stress reduction. High PSC is linked to lower rates of depression, anxiety, and burnout. Implementation often requires training supervisors to recognize psychosocial risks and to respond empathetically. A challenge is that PSC may be overlooked in industries that prioritize physical safety over mental health.

Occupational Disease denotes illnesses that arise as a direct result of work exposures. Examples include occupational asthma from inhaling chemicals, carpal tunnel syndrome from repetitive motions, and hearing loss from chronic noise exposure. Diagnosis typically involves a thorough occupational history to link symptoms with workplace exposures. Prevention strategies include exposure control, regular health surveillance, and worker education. A persistent problem is the latency period of many occupational diseases, making early detection and intervention essential.

Absenteeism refers to employee absence from work due to illness, injury, or other reasons. High rates of absenteeism can signal underlying health problems, workplace stress, or poor morale. Management can

address absenteeism through wellness programs, flexible scheduling, and supportive return-to-work policies. However, overly punitive absenteeism policies may increase stress and reduce trust, creating a counterproductive cycle.

Presenteeism occurs when employees attend work despite being ill or otherwise impaired, leading to reduced productivity and potential safety hazards. Presenteeism is often driven by cultural pressures, fear of job loss, or inadequate sick-leave benefits. Organizations can reduce presenteeism by promoting a culture that values health, offering paid sick leave, and encouraging managers to model appropriate behavior. Measuring presenteeism is challenging because it relies on self-report and may be under-reported.

Turnover denotes the rate at which employees leave an organization and are replaced by new hires. High turnover can be costly, disrupt team cohesion, and indicate dissatisfaction or unsafe conditions. Strategies to reduce turnover include career development opportunities, competitive compensation, and fostering a positive organizational climate. A challenge is differentiating voluntary turnover (e.G., For better opportunities) from involuntary turnover (e.G., Layoffs) and addressing the distinct underlying causes.

Occupational Fatigue is a state of reduced mental or physical performance capacity resulting from prolonged work demands, inadequate rest, or circadian disruption. Fatigue can impair decision-making, increase accident risk, and diminish overall health. Interventions include designing shift schedules that allow sufficient rest, providing nap facilities, and educating workers on fatigue management. A major obstacle is the economic pressure to maintain high productivity, which can conflict with fatigue-reduction measures.

Shift Work involves non-standard work hours, such as night, rotating, or split shifts. Shift work disrupts circadian rhythms, leading to sleep disturbances, metabolic changes, and increased risk for chronic diseases. Employers can mitigate these effects by offering regular shift patterns, limiting consecutive night shifts, and providing bright-light exposure during night hours. A common difficulty is balancing operational demands with the health needs of shift workers.

Circadian Disruption refers to the misalignment between an individual's internal biological clock and external environmental cues, often caused by irregular work schedules or exposure to artificial light at night. This disruption is linked to sleep disorders, cardiovascular disease, and impaired cognitive performance. Practical solutions include using timed lighting, encouraging consistent sleep hygiene, and scheduling critical tasks during periods of peak alertness. The challenge lies in industry sectors where 24-hour operations are essential, requiring innovative approaches to protect worker health.

Musculoskeletal Disorders (MSDs) are injuries or disorders affecting the muscles, nerves, tendons, joints, and supporting structures. They often result from repetitive motions, awkward postures, or forceful exertion. Common examples include back pain, tendonitis, and carpal tunnel syndrome. Ergonomic interventions—such as adjustable workstations, job rotation, and micro-breaks—are effective in reducing MSD incidence. However, compliance can be low if workers perceive changes as inconvenient or if management does not prioritize ergonomics.

Repetitive Strain Injury (RSI) is a subset of MSDs caused by repetitive tasks, forceful exertions, or sustained static positions. RSI is prevalent in office environments where prolonged keyboard use is common. Strategies to prevent RSI include ergonomic keyboards, encouraging frequent breaks, and training employees on proper posture. A key challenge is that early symptoms are often ignored, leading to chronic conditions that are more costly to treat.

Human Factors is the discipline that studies how people interact with machines, systems, and environments, aiming to improve safety, performance, and user satisfaction. In occupational health, human factors analysis can identify design flaws that contribute to errors or injuries. For example, a poorly designed control panel may lead to accidental activation of hazardous equipment. Applying human-factors principles involves user-centered design, iterative testing, and incorporating feedback from frontline workers. A barrier is the tendency to prioritize cost-saving over optimal design, which can compromise safety.

Participatory Ergonomics engages employees directly in the identification and solution of ergonomic problems. Workers are uniquely positioned to notice subtle issues in their tasks, and their involvement fosters ownership of solutions. A typical participatory ergonomics program might form a joint team of supervisors, safety officers, and frontline staff to conduct workstation assessments and propose modifications. While effective, such programs require time, training, and commitment from management to act on recommendations.

Safety Training provides workers with the knowledge and skills needed to perform tasks safely and respond appropriately to emergencies. Effective safety training is interactive, scenario-based, and reinforced over time. For instance, a construction crew may receive hands-on training on fall-arrest systems, followed by periodic drills. A common pitfall is treating training as a one-off event, which can lead to knowledge decay. Ongoing refresher courses and competency assessments help maintain skill levels.

Hazard Communication involves informing workers about the hazards associated with chemicals, equipment, and processes, often through labels, safety data sheets (SDS), and training. Clear hazard communication enables employees to take appropriate precautions. For example, labeling a cleaning solvent with its flammability rating and providing an SDS helps workers understand the need for ventilation and fire-extinguishing equipment. Challenges include ensuring that information is accessible to non-English speaking workers and that updates are promptly disseminated.

Personal Protective Equipment (PPE) is the last line of defense against hazards when engineering and administrative controls are insufficient. PPE includes items such as gloves, goggles, respirators, and hearing protectors. Proper selection, fit testing, and maintenance are critical to effectiveness. An example is the use of N95 respirators in a healthcare setting to protect against airborne pathogens. A persistent difficulty is ensuring consistent use, as discomfort or perceived inconvenience can lead to non-compliance.

Risk Perception describes how individuals interpret and evaluate the likelihood and severity of hazards. Risk perception is influenced by personal experience, cultural beliefs, and media exposure. For instance, workers

may underestimate the risk of low-level chemical exposure if they have not experienced immediate symptoms. Accurate risk perception is essential for motivating protective behavior. Educational campaigns that provide concrete data, visual aids, and testimonials can improve perception accuracy.

Safety Compliance refers to the extent to which employees adhere to required safety procedures and regulations. High compliance is associated with reduced accident rates. Strategies to improve compliance include clear policies, regular monitoring, and positive reinforcement. However, compliance may decline if workers view rules as overly restrictive or irrelevant. Involving employees in rule development can enhance ownership and adherence.

Safety Participation goes beyond compliance, encompassing voluntary safety-related activities such as reporting hazards, suggesting improvements, and assisting coworkers. Safety participation reflects a proactive safety culture. For example, an employee who identifies a near-miss and reports it to the safety officer contributes to organizational learning. Encouraging participation often involves recognition programs and ensuring that reporting mechanisms are non-punitive.

Safety Behavior includes both compliance (following rules) and participation (voluntary actions). Comprehensive safety programs address both dimensions to achieve optimal outcomes. Training, leadership commitment, and feedback loops support desired safety behavior. A challenge is measuring behavior objectively; observational audits and self-report surveys are commonly used, each with limitations.

Safety Motivation is the internal drive that prompts individuals to engage in safe practices. Motivation can be intrinsic (personal values) or extrinsic (rewards, recognition). Enhancing safety motivation may involve aligning safety goals with personal values, providing meaningful incentives, and demonstrating the impact of safe behavior on personal and organizational success.

Safety Leadership describes the actions and behaviors of managers that influence safety outcomes. Effective safety leaders model safe practices, communicate expectations, provide resources, and empower employees to take part in safety decisions. A practical example is a supervisor who regularly walks the shop floor, discusses safety concerns openly, and follows up on corrective actions. Leadership development programs often incorporate safety modules to reinforce these competencies.

Safety Motivation (repeated for emphasis) can be bolstered through goal-setting, feedback, and recognition. When employees see that their safety efforts lead to tangible results—such as fewer injuries—they are more likely to maintain safe behavior.

Health Surveillance is the systematic collection, analysis, and dissemination of health data to monitor the effects of workplace exposures. Surveillance programs may include periodic medical examinations, biomonitoring, and questionnaires. For example, a battery-manufacturing plant may conduct regular blood lead level tests to detect early exposure. Challenges include maintaining confidentiality, ensuring participation, and interpreting data in the context of multiple exposure pathways.

Occupational Health Services (OHS) provide a range of clinical and preventive services to workers, including medical examinations, vaccination programs, and counseling. OHS may be internal (company-run) or outsourced. Integration of OHS with broader occupational health psychology initiatives enables a holistic approach to worker well-being. A barrier is the fragmentation of services across different departments, which can dilute effectiveness.

Health Risk Appraisal (HRA) is a tool used to assess an individual's health status, lifestyle behaviors, and risk factors. HRAs often combine questionnaires on diet, exercise, smoking, and stress with biometric measurements such as blood pressure. Results are used to tailor interventions, such as wellness coaching or targeted health education. A limitation is that self-reported data may be biased; combining self-report with objective measures improves accuracy.

Total Worker Health (TWH) is a framework promoted by the National Institute for Occupational Safety and Health (NIOSH) that integrates occupational safety and health protection with health promotion to advance overall worker well-being. TWH emphasizes that work conditions influence health behaviors, and vice versa. For example, a company implementing TWH might combine ergonomic redesign with a smoking-cessation program, recognizing that stress reduction can support healthier lifestyle choices. Implementing TWH requires coordination across multiple organizational units and alignment of policies.

Integrated Health approaches combine physical safety measures with mental-health strategies, acknowledging the interdependence of these domains. An integrated health program might pair a safe-lifting training with stress-management workshops, thereby addressing both musculoskeletal risk and psychosocial strain. Challenges include ensuring that programs are not siloed and that resources are allocated equitably to both physical and mental health components.

Wellness Programs are organized initiatives aimed at improving employee health, often including fitness challenges, nutrition seminars, and mental-health screenings. Successful wellness programs are voluntary, culturally sensitive, and provide incentives that do not discriminate against those with existing health conditions. For example, a step-count competition with non-monetary recognition can motivate participation without penalizing less active employees. A common pitfall is the "one-size-fits-all" design, which may fail to engage diverse employee groups.

Job Satisfaction reflects an employee's affective response to their job, encompassing aspects such as work content, relationships, and compensation. High job satisfaction is linked to lower turnover, better performance, and improved health. Employers can enhance satisfaction by providing opportunities for skill development, recognizing achievements, and ensuring fair workload distribution. Measurement often uses standardized scales, but contextual factors must be considered when interpreting results.

Work Engagement is a positive, fulfilling state of mind characterized by vigor, dedication, and absorption in work. Unlike burnout, which represents exhaustion and disengagement, engagement is associated with higher productivity and creativity. Interventions to boost engagement include offering meaningful work,

fostering supportive leadership, and providing autonomy. A challenge is that high engagement can sometimes lead to over-commitment, increasing risk for burnout if not balanced with recovery opportunities.

Psychological Contract denotes the unwritten set of expectations between employees and employers regarding mutual obligations. Breaches of the psychological contract—such as unmet promises of promotion—can lead to dissatisfaction and reduced commitment. Maintaining a transparent and realistic psychological contract involves clear communication during recruitment, performance reviews, and organizational changes.

Job Control (also known as decision latitude) refers to the degree to which employees can influence how and when tasks are performed. High job control is protective against stress and related health outcomes. For example, a software developer who can choose coding methods and set their own schedule experiences greater autonomy than one with rigid, micromanaged tasks. Enhancing job control may involve job redesign, flexible work arrangements, and empowering supervisory practices.

Decision Latitude is synonymous with job control, emphasizing the scope for making decisions about task execution. Research shows that combining high decision latitude with moderate demands yields the lowest risk for cardiovascular disease. Managers can increase decision latitude by delegating authority and encouraging employee input on process improvements.

Skill Discretion involves the opportunity to use and develop a range of skills in one's job. Jobs that allow skill discretion tend to be more satisfying and less stressful. For instance, a technician who rotates among multiple machines gains diverse competencies, enhancing skill discretion. Organizations can promote skill discretion through cross-training programs and career ladders.

Job Autonomy is a specific facet of job control that focuses on the freedom to schedule work, set priorities, and determine methods. Autonomy is often linked to intrinsic motivation and creativity. In practice, granting autonomy might mean allowing a sales representative to design their client-visit schedule rather than following a rigid itinerary. However, autonomy must be balanced with accountability to prevent ambiguity in expectations.

Stress Appraisal is the cognitive process by which an individual evaluates a potential stressor, determining whether it is threatening, challenging, or benign. Primary appraisal assesses the significance of the event, while secondary appraisal evaluates coping resources. For example, a manager facing a tight project deadline may appraise it as a challenge (if they feel competent) or as a threat (if resources are lacking). Accurate appraisal influences the emotional and physiological response, making appraisal training a valuable component of stress-reduction programs.

Coping Strategies encompass the repertoire of methods individuals use to manage stress. Problem-focused coping targets the source of stress (e.G., Reorganizing tasks), whereas emotion-focused coping aims to regulate emotional responses (e.G., Seeking social support). Adaptive coping leads to better health

outcomes, while maladaptive coping—such as substance use—can exacerbate problems. Occupational health psychologists often teach adaptive coping techniques through workshops and counseling.

Social Support includes emotional, informational, and instrumental assistance received from colleagues, supervisors, and family. High social support buffers the impact of job stress and is associated with lower rates of depression and absenteeism. Practical applications involve establishing mentorship programs, peer-support groups, and regular team-building activities. A challenge is ensuring that support is perceived as genuine rather than obligatory, which can diminish its protective effect.

Supervisor Support is a specific form of social support that involves managerial behaviors such as listening, providing feedback, and facilitating resources. Studies show that supervisor support moderates the relationship between workload and burnout. Training supervisors in active listening, empathy, and resource allocation can enhance this support. However, supervisors may feel constrained by organizational policies, emphasizing the need for alignment between management practices and support objectives.

Coworker Support reflects the assistance and camaraderie among peers. Coworker support can manifest as sharing workload, offering advice, or simply providing a friendly environment. Strong coworker support networks reduce the perception of isolation and improve coping capacity. Initiatives such as buddy systems for new hires foster coworker support early in employment.

Burnout Components—emotional exhaustion, depersonalization, and reduced personal accomplishment—require targeted interventions. Emotional exhaustion can be mitigated through workload management and recovery time. Depersonalization may be addressed by promoting empathy training and reflective practice. Reduced personal accomplishment benefits from recognition programs and opportunities for skill development. A comprehensive burnout reduction program integrates individual, team, and organizational strategies.

Occupational Trauma refers to exposure to events that threaten physical integrity or cause severe psychological distress, such as accidents, violent incidents, or natural disasters. Workers in emergency services, healthcare, and law enforcement are especially vulnerable. Post-incident interventions include critical incident stress debriefing, psychological first aid, and ongoing counseling. A key challenge is balancing the need for rapid response with respect for individual coping timelines.

Critical Incident Stress (CIS) describes the acute stress reaction that follows exposure to a traumatic event. CIS can manifest as intrusive thoughts, emotional numbness, or physiological arousal. Immediate interventions may involve on-site psychological first aid, offering a safe space for expression, and providing follow-up resources. Long-term monitoring is essential to detect delayed onset of PTSD symptoms.

Post-Traumatic Stress Disorder (PTSD) is a chronic condition that can develop after exposure to severe trauma. Symptoms include re-experiencing, avoidance, hyperarousal, and negative alterations in cognition. Workplace PTSD may arise from repeated exposure to violence or catastrophic events. Treatment typically involves evidence-based therapies such as cognitive-behavioral therapy (CBT) and eye-movement

desensitization and reprocessing (EMDR). Employers must ensure confidentiality and provide access to qualified mental-health professionals.

Measurement Tools are essential for assessing occupational health variables. The Job Content Questionnaire (JCQ) measures job demands, control, and social support, providing a basis for the demand-control-support model. The Effort-Reward Imbalance Questionnaire evaluates the balance between effort expended and rewards received. The Maslach Burnout Inventory (MBI) assesses the three dimensions of burnout. The Copenhagen Burnout Inventory offers an alternative approach focusing on personal, work-related, and client-related burnout. Selecting appropriate tools depends on research objectives, organizational context, and psychometric properties.

Hazard Identification is the systematic process of discovering potential sources of harm in the workplace. Methods include walk-through inspections, review of incident reports, and consultation with employees. A hazard-identification checklist might cover mechanical, electrical, chemical, biological, and psychosocial domains. Effective hazard identification requires training, time, and a culture that encourages reporting without fear of reprisal.

Risk Assessment Matrix is a visual tool that plots the likelihood of an event against its severity, helping prioritize control actions. For example, a matrix might categorize low-likelihood, high-severity hazards as "critical" and require immediate mitigation. The matrix facilitates communication between technical experts and management by translating complex risk data into understandable categories.

Hierarchy of Controls outlines the preferred order of intervention strategies: Elimination, substitution, engineering controls, administrative controls, and PPE. The hierarchy emphasizes that controls higher in the order are more effective at reducing risk. For instance, replacing a toxic solvent (substitution) is preferable to providing respirators (PPE). Applying the hierarchy often encounters practical constraints, such as technical feasibility or cost, necessitating a balanced decision-making process.

Elimination involves removing the hazard entirely from the workplace. An example is shutting down a noisy machine that is no longer essential. While elimination is the most effective control, it may not always be possible due to operational requirements.

Substitution replaces a hazardous material or process with a less hazardous alternative. For example, using water-based paints instead of solvent-based paints reduces inhalation risk. Substitution requires thorough evaluation to ensure the replacement does not introduce new hazards.

Engineering Controls modify equipment or the work environment to reduce exposure. Installing ventilation hoods, machine guards, or sound-absorbing panels are typical engineering solutions. These controls are generally reliable because they do not depend on worker behavior.

Administrative Controls change work procedures or policies to limit exposure. Examples include rotating workers to reduce repetitive strain, scheduling high-noise tasks during times when fewer employees are

present, and providing training. Administrative controls are less effective than engineering controls but are often necessary when other options are impractical.

PPE (repeated for emphasis) remains the final layer of defense when other controls cannot fully mitigate risk. Proper selection, fitting, maintenance, and training are essential to ensure effectiveness.

Safety Training (repeated) is a cornerstone of occupational health psychology, focusing on knowledge acquisition, skill development, and attitude change. Effective training incorporates adult-learning principles, interactive simulations, and assessment of competency. Follow-up reinforcement, such as refresher courses and on-the-job coaching, helps sustain learning.

Safety Drills are practiced emergency responses that prepare workers for potential incidents such as fires, chemical spills, or evacuations. Regular drills improve reaction time, clarify roles, and reduce panic during actual events. A common challenge is drill fatigue, where participants become complacent.