

OCCUPATIONAL SOCIAL WORK

FROM SOCIAL CONTROL TO SOCIAL ASSISTANCE?

Rick Csiernik, Ph.D., C.S.W.

The worksite is an important setting which impacts on the social, mental and physical well-being of the worker. A healthy workplace environment can induce many positive changes such as, a healthier workforce, increased morale, reduced absenteeism and, in turn, increased productivity. Conversely, an unhealthy and hazardous workplace can increase mortality and morbidity, lower the worker's quality of life, escalate health care costs (Cordia Chu, 1994: 182).

Of the range of practice locations with which social work has historically been associated, the workplace has been among the least serviced (Csiernik, 1992). This fact is surprising as the worksite is the place where most adult North Americans spend the majority of their time. It is also a site where personal and social problems affecting individual and family functioning can be readily identified. The workplace exacerbates existing difficulties while also creating and supporting its own unique complement of problems. These problems are caused by the nature of work itself; the necessity to interact at work with colleagues, supervisors, customers and clients; and the propensity for workers to bring their home life to work and their work life home (Eakin, 1992; Harvey, 1992; Herrick, 1981; Jenkins, 1988; Weinstein, 1986). As a result the workplace has become a locale where assistance in overcoming problems is often dispensed by a variety of competing factions.

Historically, as work outside the home in the employ of third parties grew in North America during the industrial revolution, so did the types of programs attempting to improve the functioning of the workforce. One such approach was to strengthen the physical and emotional health of employees in order to increase productivity and thus, ultimately, profits. This manifested itself in a variety of modalities that can be classified under the rubric of occupational assistance programs. However, these workplace programs received minimal attention from social workers, as evidenced by a dearth of articles appearing in the social work literature. In fact others, including organized labour, human resources, management consultants, health educators and addiction specialists, have played a much more conspicuous role than has the social work profession in developing programs aimed at assisting or alleviating problems brought to the worksite (Csiernik, 1995b).

