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STRESS MANAGEMENT INTERVENTION ASSESSMENT – FIELD STUDY RESULTS

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Abstract

Background. The implementation of a stress management intervention could be assessed in terms of the process and effects. It is not the achieving of the goals, but the manner of implementation that has the predominant influence on the effectiveness and permanence of the results.

Research aims. The main aim of this article is to answer the questions: Do employers use stress management interventions? If so, how do they assess them? Are they implemented after taking into consideration the causes, costs, and effects of stress?

Methodology. The answers are based on the results of a survey study conducted in 331 companies. In the survey four indicators were used to evaluate the process of the implementation: assessment of the level of stress, analysis of financial costs of work-related stress, psychological costs, and identification of the sources of stress.

Key findings. The results show that the level of stress and its sources have been analysed in more than one third of the companies in the sample of organizations that made some kind of intervention. Financial costs have been analysed in 2.4 and psychological in 7.1% of these organisations. The reasons for this situation are diverse: low level of awareness among stakeholders, too few resources or/and methods of measuring those factors, lack of knowledge.

Keywords: organisational stress interventions/prevention, job stress, stress management, stress assessment.

INTRODUCTION

Stress management interventions (SMIs) are important in the context of numerous studies on psychological and economic effects of occupational stress. European surveys have shown that more than a half of all workers consider work-related stress to be common in

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their workplace. The most common causes of work-related stress are job insecurity, working long hours or excessive workload. The same polls show that around 4 out of 10 workers think that stress is not handled well in their workplace (ESENER, 2010; EWCS, 2012). The literature on the subject usually presents the methods and effects (predominantly psychological) of interventions, but there are few studies showing to what extent the businesses are interested in such programmes, and addressing implementation methods and quality issues. The literature also contains hardly any data that would inform about how a given company has handled a specific intervention: was it effective? were any implementation quality assessment measures applied?

The motivation for this study was to explore the relation between the academic knowledge and its applicability in organisations in terms of methods of assessing the SMI. The research on the effectiveness and efficacy has continued for the last 30 years (Giga et al., 2003; Taris, van der Wal & Kompier, 2010; Cooper, 2013a). So, there is a number of models of assessing the implementation with respect to both the process and the effects which can be used by companies. The author of the article wishes to answer the following questions: Do employers use stress management interventions? If so, what is the quality of those interventions? Are they implemented after taking into consideration the causes, costs, and effects of stress?

A survey, distributed to 331 local and international organisations in Poland, aimed to show how stress management interventions are implemented in companies, was used in this study. The whole research found the answers to such questions as: are the companies familiar with idea of SMIs, what programs are implemented, on what level – organisational or individual? The last part of the survey contains questions providing some answers about the assessment of the effectiveness. The present study offers an opportunity to fill the gap between numerous studies carried out by scientists and consultants and the activities that are taken by HR managers and TOP managers in practice. The results have clearly shown the companies' shortcomings and the difficulties faced by businesses in terms of implementation of programmes that are aimed at improving occupational health.

BACKGROUND

Work-related stress and stress management

In the literature the definition of occupational (work-related) stress relies on the concepts of psychological stress. It is usually defined as a pattern of reactions that occurs when employees are presented with work demands that exceed their knowledge, skills, or abilities, and which challenge their ability to cope (Cooper, Dewe & O'Driscoll, 2001; Cox et al., 2000). Stress appears to rise when the employee feels that he or she has lost control of the situation (Barling, Kelloway & Frone, 2005; Schabracq, Winnubst & Cooper, 2003). Regardless of various concepts that describe work-related stress as a relationship between employees' subjective perceptions and their immediate environment, the analysis of causes of stress and its short- and long-term effects must also be acknowledged.

Stress management is a set of organised interventions aspiring to eliminate or reduce occupational stress. They are also aimed at helping individuals and teaching them methods of coping with stress. SM interventions can be divided into three categories according to their goals (Dalgren & Gard, 2009; Molek-Winiarska, 2013; Richardson & Rothstein, 2008; Sinclair, Sears, Zajack & Probst, 2010; Nielsen & Randall, 2015):

- Primary – identification of causes and their subsequent elimination or reduction,
- Secondary – supporting employees' ability to cope with the existing stress by teaching them appropriate techniques and skills,
- Tertiary – psychological or medical rehabilitation after very stressful periods to reduce negative effects of stress.

The first goal is achieved through interventions at the organisational level. The other two are the interventions focused on improving an individual's functioning.

Costs of work-related stress

The costs of stress are an increasingly discussed issue. However, there are substantial differences in data and calculations by various authors. In the ESENER (2010) report one can find the cost of stress at work and the related mental health problems calculated on average between

3% and 4% of the gross national product, amounting to €265 billion annually (p. 39). In the latest report for EU-OSHA, the costs for Europe of work-related dysfunctions were estimated to be €617 billion annually (Hassard et al., 2014). The findings from the study published by EU-OSHA in 2009 indicate that the cost of work-related stress is €1,368 per one employee annually (Milczarek, Schneider & Rial González, 2009). It is hard to find contemporary publications on the cost of work-related stress in Poland. There are data related to the annual number of work accidents and sick-leave absence. Thus, according to the Central Statistical Office of Poland the number of days related to inability to work after a work accident is 34.5 per one person injured (GUS, 2016). According to the Social Insurance Institution, the sick-leave absence in 2015 was 13.23 days per one employee. More than half of the absences were short-term absences ranging from 1 to 10 days (ZUS, 2016). Those indicators are relatively high.

For the purposes of this study, the costs of occupational stress should be divided into those borne by individual employees and those incurred by the organisation. The first category could include expenses related to the treatment of diseases caused by chronic stress (e.g. cardiovascular disorders, stroke, stomach ulcers, duodenal and intestinal disorders), medical expenses due to accidents at work (regardless of the damages) and costs associated with the loss of current and future profits as a result of detriment to health. The last are the emotional costs which are almost the dominant effects of prolonged stress, even if they are difficult to measure.

The list of costs incurred by the organisation may include:

- loss-of-productivity costs,
- cost of compensation for workers,
- costs of absenteeism and presenteeism,
- staff turnover costs connected with recruitment and adaptation processes,
- cost of accidents at work (destruction of materials, equipment),
- costs connected to theft and sabotage and other counterproductive behaviour,
- cost of medical services (in some organisations or countries).

Additionally, if no actions are taken to reduce the effects of work-related stress, employees' morale may decrease, the company's image may be tarnished, the company itself may seem less attractive, and the atmosphere at work may deteriorate.

The assessment of SMI

In the context of prior data, organisations should monitor occupational stress levels, implement SMIs suited for their purposes, but also take into account the effectiveness of the implemented SMI. The main argument in this study is that the assessment of the intervention should be an integral part of the process of implementation.

The research on the assessment of the effectiveness of SMI has been the subject of extensive debate for more than 30 years. After the first critical review of various implementations of SMIs, the main conclusion was that the effectiveness could not be evaluated because of the lack of reliable methodological tools. The next conclusion, twenty years later was that there is no simple answer to the question of whether a SMI is effective or not (in: Taris et al., 2010). Many studies of SMIs on both organisational and individual level could not create a universal set of factors of the assessment of SMI effectiveness (Nielsen & Randall, 2015). Giga and Noblet, after the revision of 74 intervention studies, concluded that the combination of work-related and worker-related stress interventions is probably more effective than the others (Giga et al., 2003).

Some researchers use a configurational approach to assess SMI effectiveness. In this approach there are organisational and individual capacities, job demands, and job resources. Also the state of occupational health is taken into account to evaluate the economic, social, and ecologic effects of the intervention (Bauer & Jenny, 2012; Briner, 2012; Cox et al., 2000; Noblet & LaMontagne, 2009). In this approach the assessment of the intervention is related to a set of psychological, economic, and social variables measured before and after the implementation of SMI.

Other approaches point out the assessment of both process and effect of the intervention. Such approaches have practical usefulness and can be implemented in the process of assessment by the managers of the organisations (Cox et al., 2000; Nielsen & Abildgaard, 2013; Nielsen & Randal, 2012). Some researchers describe factors that should be considered in the assessment of the process and the effect. However, they acknowledge that the assessment is related to the incisiveness of the assessors, sensitivity of changes throughout the process of implementation and the ability to make longitudinal predictions by

the authors of the program (Nielsen & Abildgaard, 2013; Nielsen & Randal, 2012). According to the model of process evaluation, the factors used in SMI assessment are:

1. Intervention design and implementation with special consideration of:
   - identification of problem areas (screening);
   - action plans: developing intervention activities;
   - implementation: implementing planned activities;
   - evaluation effects: discovering the effects of the intervention program. Those effects include the development of individual resources, changes in working conditions, changes in employee health and well-being, changes in organisational health, quality and performance, and changes in occupational safety and health management.
2. Organisational actors (employees, managers, senior managers): The forms and degrees of employee participation in preparing and organising of the SMI. Differences in the level of participation are likely to influence intervention outcomes. It is important to consider the level of participation overall and at the different phases throughout the program and also the involvement of all employees at different stages of SMI.
3. Mental models of the intervention program and activities, including the ways of cognition and understanding changes and roles in the SMI, readiness for change, and the perception of intervention activities
4. Organisational context, which encompasses "situational opportunities and constraints that affect the occurrence and meaning of organisational behaviour as well as functional relationships between variables" (Nielsen & Randall, 2012). It refers to organisational culture and experience in implementing such kind of programs. Contextual factors can have a mediating or moderating effect on the link between an intervention and its outcomes and may help rule out alternative explanations for intervention outcomes.

Notwithstanding the model or method suggested in the literature on the subject, most researchers would agree that each intervention should be designed and appropriated to the needs of a given company or institution. It should thus be tailored to match the specific organisational context. Given this, in this survey, there was no attempt to

inquire about the particular method or procedure used for evaluation, but rather about the indicators that were (or were not) considered or applied during the evaluation of the intervention. These indicators are discussed below.

METHOD

The method used was a survey. The main aim of this survey was to investigate the level of awareness and practice of implementation of different kinds of interventions. The last section was devoted to the assessment of interventions. Respondents were to answer if and how they assessed the process of the implemented interventions. Four indicators were described to assess the process of implementation. The first was the assessment of the level of stress before and after the intervention. The second was the analysis of the financial costs collected by organisations (e.g. absenteeism, productivity decline, turnover, staffing processes, and work accidents). The third addressed psychological costs measured by a company (psychosomatic disorders, conflicts, overall fatigue, irritability, sleeping problems, and anxiety). The last indicator was related to the precise identification of the sources of stress before the intervention. In the survey the indicators were presented as open and closed questions.

Participants

The study was conducted in public and private sector organisations in Poland first in 2010 (as a pilot study) and then between 2012 and 2014. About 800 questionnaires were sent out to various organisations. 331 questionnaires were returned. The study encompassed small, medium, and large companies from different sectors of production and services. The motivation for subdividing the companies in terms of size and sector was to investigate the differences in the level and types of the implementation, as well as using quality indicators for assessments of the projects. The questionnaires were sent to HR managers or specialists (n=190) or Health & Safety specialists (n=69). If the companies had no such departments, the information was provided by owners or managing directors (n=72). The characteristics of the distribution of the companies according to size and sector are presented in Table 1.

Table 1. Characteristic of the companies in the research sample

Basic characteristics of the companies		
	Characteristic	% of the whole sample
Company size	Small companies (fewer than 50 employees)	15%
	Medium-sized companies (50–250 employees)	28%
	Large companies (more than 250 employees)	56%
Company sector (according to NACE Classification)	Manufacturing	42.8%
	Wholesale trade and retailing	11.4%
	Public administration and defence activities	11.4%
	Finance and insurance	5.1%
	Education	3.9%
	Healthcare	2.7%
	Mining and extraction	1.8%
	Information and communication	1.5%
	Administration	1.5%
	Construction	1.5%
	Other sectors	Less than 1%

Source: own study.

Procedures and materials

The questionnaire comprised ten questions (most of them closed) addressing the issue of knowledge of the idea of SMI, types and levels of the implementation (items 1–5), and indictors of evaluating the process (items 6–8). It also contained questions concerning the sector and the size of the organisation (items 9–10). The open questions were placed there to elicit information about the purpose and methods of diagnosing the sources of stress as well as about the levels and the emotional and financial costs of stress. These questions were designed to assess the effectiveness of implementation, and their exact wording was as follows:

(6) Do you assess the level of occupational stress among employees?

a. Yes
   – why? ……..
   – how? ……..
b. No

(7) Do you analyse the costs of occupational stress in the company/ department?

a. Yes (if yes, underline the measured costs)
   - Financial: e.g. absenteeism, decrease of productivity, turnover and staffing processes, and work accidents, other: ……..
   - Emotional: e.g. psychosomatic illnesses, conflicts, overall fatigue, irritability, sleeping problems and anxiety, other: ……
   - How were they measured? …… ……
b. No

(8) Do you identify sources of occupational stress?

a. Yes
   - why? …… ……..
   - how (what tools are used)?..... .....
b. No

The questionnaires were distributed in three different ways in order to gain more information from different companies. About one-third of the respondents received the questionnaires by e-mail, some of them were invited by e-mail to fill in the questionnaire on ankietka.pl website, while others completed paper questionnaires or were interviewed by phone (ca. 50 % of respondents). It took these respondents from 0.5 to 5 minutes to fill in the questionnaires.

RESULTS

Out of the total number of 331 organizations 31% (103) implemented some forms of stress interventions. The further analyses presented in this paper were conducted on the sample of 103 organizations. The remaining 228 surveys were rejected. Organisational level interventions, such as the improvement of work conditions and workstation ergonomics, precise definition of job roles, altering shift or work practices or participative management, were introduced in 10.7% of the

companies. Individual level interventions were made in 27.2% of the organisations. In particular, these included training/teaching to cope with stress, exercise and relaxation sessions, counselling, therapy and health promotion programs. 62,1% of the companies implemented both types of interventions simultaneously. The specification of number and types of OLI and ILI in the research sample are shown in Figures 1–3.

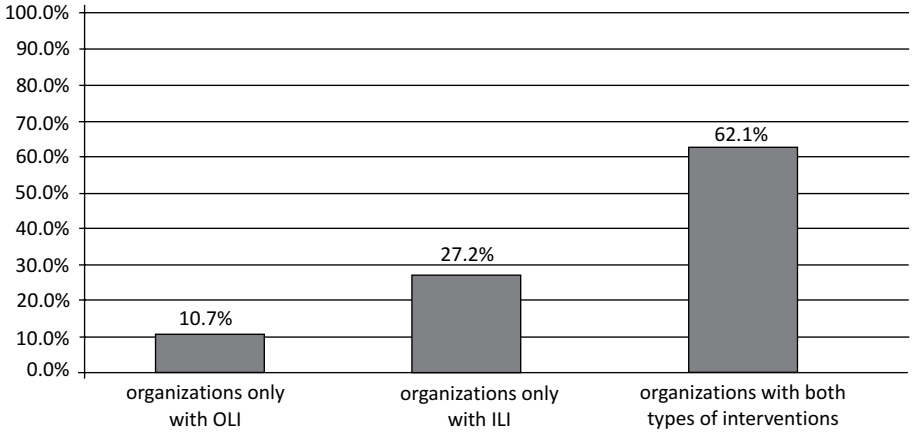

Figure 1. The distribution of the results of different kinds of interventions

Source: own study.

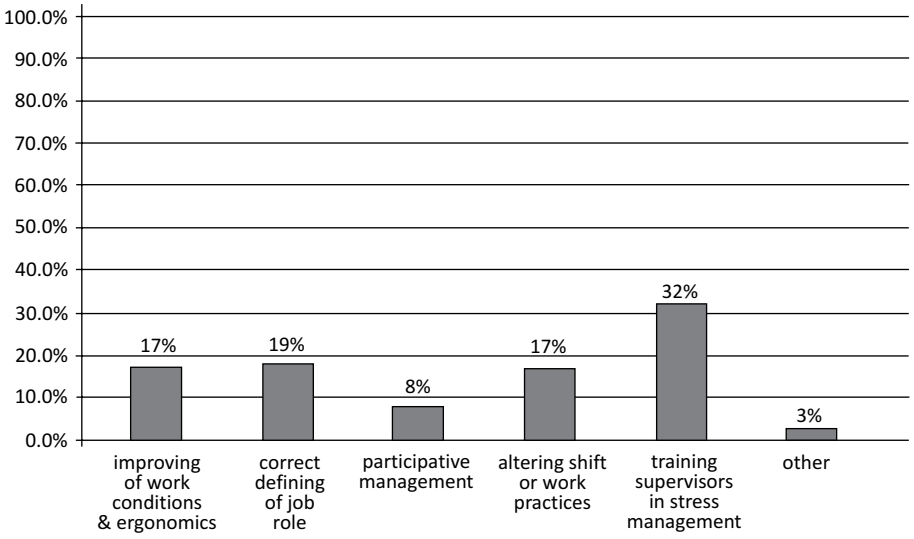

Figure 2. Distribution of types of OLI in the research sample

Source: own study.

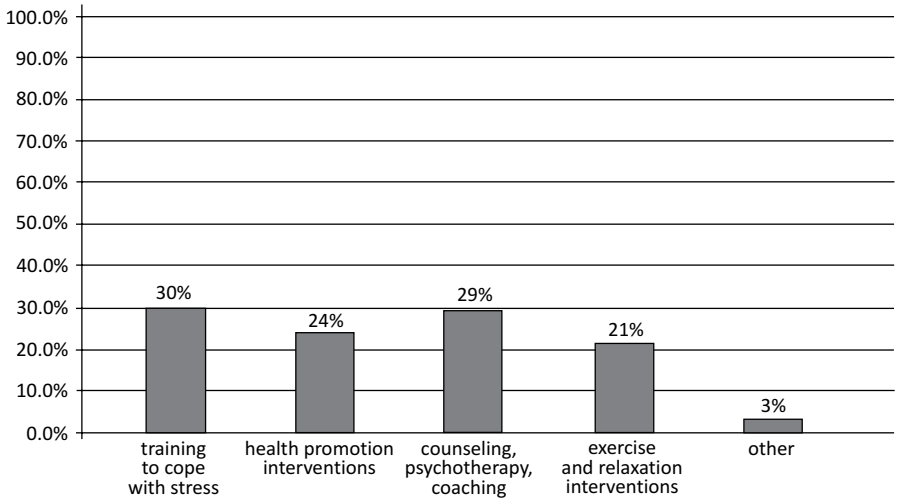

Figure 3. Distribution of types of ILI in the research sample

Source: own study.

As it is demonstrated, the most popular types are trainings for managers in terms of stress management and stress reduction as OLI, and trainings in coping with stress techniques and also counselling, therapy and coaching as ILIs.

To analyse the way of assessment of the process of intervention by companies, four indicators were used as described above. The results show that the companies are rarely interested in an assessment of the intervention and its effectiveness. Thus, it is difficult to confirm if the quality of the intervention is high or low. The level of stress before the intervention had been assessed in 29 companies, which represents 34.5% of the organisations that made any kind of intervention. It was usually measured by surveys or by interviews with employees that had taken part in the intervention. Financial and psychological costs had been analysed by 2 and 6 companies respectively. This is 2.4 and 7.1% of the organisations that made any kind of intervention. This type of quality indicator was used very rarely. Organizations that used them had calculated the level of absence and the costs of work accidents as a financial cost of work-related stress, and the level of work satisfaction as a psychological cost. Sources of stress had been analysed in 36 organizations that is 42.9% of the organisations that made any kind of intervention (Figure 4). The sources of stress were diagnosed by psychological tests or surveys.

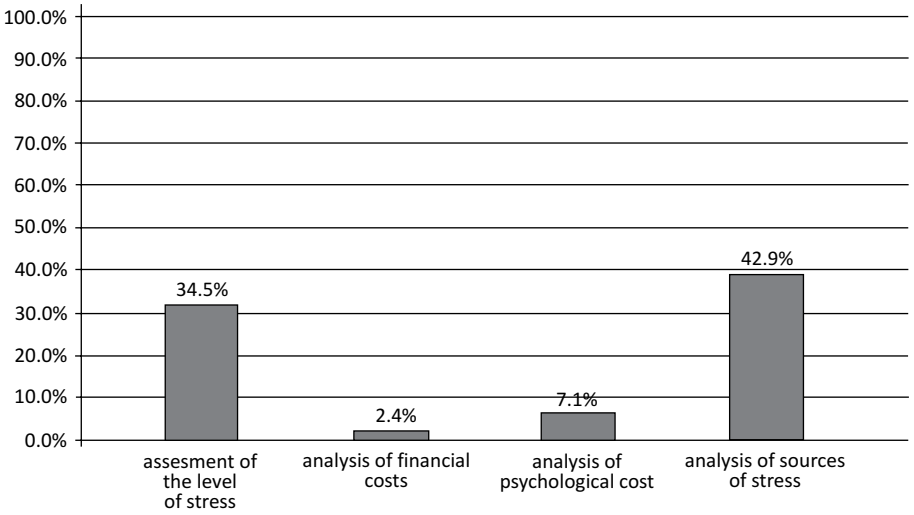

Figure 4. Use of quality indicators (QI) in the implementation process in the sample of organisations that made some kind of intervention

Source: own study.

The analysis of the correlation between survey questions related to QIs has shown that there is a correlation between two of them: level and sources of stress. It is shown in the Table 2.

Table 2. Results of the Spearman correlation between quality indicators

Variables – Quality Indicators (QIs)	R-Spearman
Level and sources	0.63; $p<0.05$
Level and costs	0.55; $p<0.05$
Costs and sources	0.45; $p<0.05$

Source: own study.

As shown in Table 2, there is quite a strong relation between the measurement of the level and sources of stress. The other two correlations, are not strong but they are significant. These results are confirmed by the following analysis shown in Table 3.

The next step was to investigate the way how the companies, which had implemented SMI, assessed its quality and effectiveness: What kind of quality indicator they used and how. The specification of measurements by quality indicators is shown in Table 3.

Table 3. Specification of measurements by QI

Quality indicator (QI)	No. of companies which used QIs during the implementation OLI or ILI	Specification of companies –S (small), M (medium-sized), L (large)	Technique used to measure QI
Level of stress	5	5-L	• "soft skills" training
Sources of stress	13	6-L, 4-M, 3-S	• surveys for employees; • interviews and periodic performance appraisal, • a topic consulted during periodic managers' meeting • special interviews with employees • meetings with an occupational health psychologist • periodic analyses of workstations
Costs of stress (financial & emotional)	0		
Level and sources	13	6-L, 6-M, 1-S	• questionnaires • by using a Preliminary Hazard Analysis
Level and costs	2	1-L, 1-M	• questionnaires filled by a subordinate and a supervisor and then analysed by a psychologist • medical check-up
Sources and costs	1	L	• the analysis of the level of sickness absence
Level, sources and costs	9	6-L, 2-M, 1-S	• surveys and questionnaires for employees • interviews • analyses of sickness absence and work accidents • by using a Preliminary Hazard Analysis

Source: own study.

As shown in Table 3, nine organisations used all quality indicators in the implementation process. Companies used different tools to assess the process and effects. They used surveys, interviews, psychological questionnaires and also statistical analyses. The present study does not reveal the correctness of those tools, however if a company used such tools, it means that the attempt at the assessment of the intervention was made. The next step was to investigate the relations between QI and the size of a company and sector. However, the statistical analysis

does not show the differences between sizes of the companies and the ways of using quality indicators to assess the implementation (for level of stress H = 0,788, NS, for costs of stress H = 0,576, NS, for sources of stress H = 0,236, NS). There is also no statistical analysis between the sectors because of the lack of comparable groups of organisations in each sector and the statistical calculation would be incorrect.

DISCUSSION

The annual cost to Europe of work-related stress was estimated at €617 billion (Hassard et al., 2013), thus actions to reduce those costs should be the motivation to implement SMI. According to the ESENER report, the reasons for not implementing SMIs are varied. The most frequent one is the lack of resources such as time, staff, or money: 36% of the respondents declared this as the main reason of the lack of occupational health programs. Other reasons were:

- Lack of awareness: 26% of respondents
- Lack of expertise: 24% of respondents
- The culture within the establishment: 24% of respondents
- The sensitive (personal) nature of the issue: 2 % of respondents
- Lack of technical support or guidance: 21% of respondents (ESENER 2010).

Then, if a company found the time, staff, and money for implementing an SMI, why did it not assess this undertaking? The main reason is probably related to the perception and attitude towards SMIs and occupational health programs. The main idea of those interventions is improving well-being. If a company takes an action to take care of employees in terms of their psychological condition, it seems obvious that it will be fruitful for everybody. The employees will be satisfied and their productivity will increase. So, there is no need to evaluate it. However, it has been known for long that an employee's satisfaction from work does not transfer directly into their motivation and productivity (Herzberg, 1966). An employee needs more motivation factors (not only hygiene factors) to become motivated and efficient. So, it means that an organisation should check if the intervention increased the level of motivation and work engagement. Thus, 19 out of 43 organisations, which had evaluated the intervention argued that according to the assessment they could check if the work-related stress had been reduced.

Another problem is that HR managers and owners of small-sized companies usually do not have sufficient resources and solid tools to measure occupational stress. They have no qualifications for and/or possibilities of using those psychological methods. According to the present study, measuring and identifying the sources of stress is more common than measuring the level of stress, and the cost analysis (financial and psychological costs) is exceptional. To check the sources and level of stress one can use popular questionnaires, such as the Occupational Stress Indicator (OSI) or the Job Content Questionnaire (JCQ). A company can also create the survey or interview questionnaire to assess the level and sources of occupational stress.

Analysing the costs of occupational stress is more difficult. A company can apply the tools used in the field of personnel controlling e.g. ROI (Cascio, 2001). Currently, it requires a computer system and/or a database such as the Enterprise Resources Planning (ERP) to collect data about personnel absence and its causes, turnover rates, work accidents, damage of material etc. Those systems are also capable of collecting data referring to such issues as emotional costs, organisational climate, and other psychological aspects of work. Even if a company does have such a system, it usually does not collect the required data regularly. As a result, it becomes impossible to calculate the cost of stress and compare it with the costs of stress reduction.

It is possible that there are other reasons for the lack of assessment of SMIs. It is also possible that companies measure the effectiveness of SMI using other indicators or tools that were not revealed in the survey. The author understands that the data presented in this survey may be biased by errors resulting from the respondents' subjective assessment of the problem and by the fact that the analysis of interventions was not exhaustive or completed in some companies. Nevertheless, the results clearly show a great need to explore this topic both at academic and practical levels.

CONCLUSIONS

The main idea of the presented study is to outline the state of implementing SMIs in organisations. To conclude, one third of the employers in Poland use stress management interventions. About one third from that sample of companies assess the causes of stress;

however, less than 5% take into consideration the costs and effects of stress.

It is a contribution in the process of building bridges between the science and practice. In the context of prior studies, there is a tremendous need to inform HR managers and Health & Safety specialists about different methods of occupational stress measurement such as professional psychological questionnaires or other scientific methods of assessment of the effectiveness of interventions. It is also important to systematically collect data about the effects of stress and their costs such as absenteeism, loss of productivity, fluctuation and staffing costs, counterproductive behaviour, etc. Finally, efforts should be made to foster cooperation between top managers and occupational health psychologists to prepare, implement, and monitor suitable intervention programs in various companies (see also: Houdmont et al., 2012; Cooper, 2013; Bauer, Hämmig, 2014; Sparrow, Cooper, 2014). Not only companies, but also academics and I/O psychologists are responsible for high quality of interventions.

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OCENA PROGRAMÓW REDUKCJI STRESU ZWIĄZANEGO Z PRACĄ – REZULTATY BADAŃ

Abstrakt

Tło badań. Ocena programu z zakresu redukcji stresu związanego z pracą dotyczy zarówno procesu jak i efektu takiej interwencji. Zazwyczaj bowiem, nie osiągnięcie celu, ale sposób, w jaki dana interwencja została wdrożona odgrywa znaczącą rolę w ocenie rezultatów.

Cel badań. Głównym celem artykułu jest przedstawienie odpowiedzi na następujące pytania badawcze: Czy przedsiębiorcy wdrażają interwencje z zakresu redukowania stresu związanego z pracą? Jeśli tak, czy oceniają je pod względem jakichkolwiek kryteriów? Czy dokonując wdrożenia, przedsiębiorcy biorą pod uwagę takie czynniki jak: źródła, koszty i skutki stresu związanego z pracą?

Metodologia. Odpowiedzi na powyższe pytania udzielono w oparciu o wyniki sondażu przeprowadzonego w 331 organizacjach. W badaniu ankietowym użyto czterech wskaźników służących do oceny procesu i efektu implementacji. Były to ocena poziomu stresu, kosztów psychologicznych i finansowych stresu oraz źródeł stresu związanego z pracą.

Kluczowe wnioski. Na podstawie uzyskanych wyników można stwierdzić, że poziom stresu i jego źródła szacowane były przez ponad jedną trzecią organizacji, które wdrożyły jakikolwiek program z zakresu redukcji stresu. Koszty finansowe szacowane były przez 2,4% a psychologiczne przez 7,1% tych organizacji. Powody takiego stanu rzeczy mogą być różnorodne: niski poziom świadomości przedsiębiorców w zakresie mierzenia stresu związanego z pracą, zbyt mało zasobów oraz metod określania tego typu wskaźników, czy wreszcie brak wiedzy.

Słowa kluczowe: program redukcji stresu związanego z pracą, stres związany z pracą, zarządzanie stresem, ocena poziomu stresu.