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LaMontagne, AD and Keegel, TG 2010, What organisational/employer level interventions are effective for preventing and treating occupational stress?, Institute for Safety, Compensation and Recovery Research (ISCRR), Melbourne, Vic

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**McCaughey Centre: VicHealth Centre for the
Promotion of Mental Health and Community
Wellbeing**

What organisational/employer level interventions are effective for preventing and treating occupational stress?

**A Rapid Review for the
Institute for Safety, Compensation & Recovery Research
(ISCRR)**

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December 2010

Research report : 1210-022.1-R1

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EXECUTIVE SUMMARY

Job stress is a prevalent and growing concern in Australia and internationally. The international job stress intervention evaluation research literature has been the subject of a number of recent systematic reviews. The most comprehensive of these reviews (summarising 90 intervention studies), and the most germane to the question addressed in this Rapid Review, focused on interventions at the organisational level in which organisations set out to address job stress proactively. This review concluded that individual-focused, low-systems approaches (e.g., coping and time management skill development) are effective at the individual level, favourably affecting individual-level outcomes such as health and health behaviours. Individual level interventions, however, tend not to have favourable impacts at the organizational level (e.g., reducing exposures, sickness absence). Organizationally focused high- and moderate-rated approaches (addressing working conditions), however, are beneficial at both individual and organizational levels. Subsequently published Cochrane reviews reached similar conclusions. Taken together, these findings provide strong supporting evidence for growing efforts nationally and internationally to address the upstream determinants of job stress (job stressors, or psychosocial working conditions) as well as its downstream health and other consequences.

Best practice workplace stress intervention

Job stress can be prevented and controlled effectively using a systems or comprehensive approach that integrates **primary, secondary, and tertiary intervention**. In brief, **primary preventive interventions are proactive**, aiming to prevent the occurrence of illness among healthy individuals. These target sources of stress in the workplace, or stressors, through changes in the work environment or the organization. Examples include changes in work pacing and job redesign, and the formation of joint labour/management health & safety committees. **Secondary interventions are ameliorative**, aiming to modify an individual's response to stressors, targeting the individual. Examples of secondary prevention interventions include stress management classes to help employees to either modify or control their appraisal of stressful situations, such as the development of muscle relaxation or meditation skills. Finally, **tertiary interventions are reactive**, aiming to minimize the effects of stress-related problems once they have occurred, through 'treatment' or management of symptoms or disease. These include efforts to help employees to cope more effectively with reactions to stressful conditions, counselling (such as in the form of employee assistance programs), and return-to-work and other rehabilitation programs.

The development and implementation of job stress interventions must include the meaningful **participation** of groups targeted by intervention. Participation is a particularly important principle in job stress intervention because it is integral to the prevention and control of job stress itself. Participation is a concrete enactment of job control, demonstrates organisational fairness and justice, and builds mutual support among workers and between workers and supervisors (recall these constructs from the section above on job stress and its health impacts). These and



other aspects of participation constitute primary preventive interventions in the job stress process.

Participation also serves to optimise the fit of the intervention to the context at hand, and provides a means for integrating the participants context expertise with the content expertise of the OHS or other professionals involved in the intervention. This is crucial because organisations usually require unique solutions to job stress problems, even if the process of intervention may be based on generic principles and frameworks. More traditional and complementary means of tailoring an intervention to context include needs assessment or risk assessment.

Specific examples of intervention activities corresponding to primary, secondary, and tertiary intervention are provided in the body of the report. Well-developed sets of indicators applicable at the organisational level, available from international sources, are also described.

The consolidation of the evidence base around best practice for job stress and other workplace interventions has been the subject of considerable attention internationally. A recent large collaborative European Union project to develop a Psychosocial Risk Management – Excellence Eramework (PRIMA-EF) has been conducted to provide a comprehensive best practice framework for psychosocial risk management in the workplace to the full range of policy and practice stakeholders. PRIMA-EF provides the most comprehensive best practice guidance currently available internationally.

In a series of interviews and focus groups conducted by the PRIMA-EF project, features of a successful workplace intervention projects were identified. The seven key features identified provide a useful organising framework for best practice tools and resources for workplace stress intervention. In the body of the report, resources are detailed for each of these intervention features to assist workplaces in understanding and achieving best practice:

1. Workplace interventions need to be developed with a full understanding of theory and evidence-based practice.
2. A systematic and step-wise approach needs to be utilized with development of clear aims, goals, tasks and intervention-planning
3. A proper risk assessment needs to be carried out with the aim of identifying risk factors and groups of workers with potentially high exposure
4. The interventions need to be tailored to suit a given industrial sector, occupation, workplace size, but also remain flexible and adaptable for implementation in a specific workplace
5. The most effective interventions are those which are accessible and user-friendly in their format, process and content to individuals at all levels of an organization (from lowest status workers to highest level managers)
6. A systematic approach was highlighted as the most effective with components of the intervention aimed at both the individual and the organization
7. Intervention programmes which facilitate competency building and skill development are important as, at the organizational level they build leadership and management skills.

Conclusions

Job stress can be prevented and controlled at the organisational level through the application of a systems or comprehensive approach. Despite the extensive evidence in support of systems approaches to job stress intervention, prevalent practice in Victorian workplaces and internationally remains disproportionately focused on individual-level intervention with inadequate attention to the reduction of job stressors. In addition to being a concern for workers, unions, employers, occupational health and safety, and workers' compensation systems, job stress should be a concern for physical and mental health promotion agencies, government public health authorities, medical practitioners, community advocacy groups, and others. An optimal public health response to job stress would encompass participation by the full range of stakeholders.

INTRODUCTION

Job stress is a large and growing concern in Australia and other developed economies, manifesting in job stress-related illness, injury, and associated workers compensation claims. The link between workplace stress and adverse effects on physical and mental health has been well substantiated in a rapidly growing body of international research. There is also a smaller, but growing, literature on the impacts of job stress and poor psychosocial working conditions on organisations. Readers are referred to two recent publications for further background and recent research in these areas (which are not covered in this Rapid Review):

- *Job stress as a preventable upstream determinant of common mental disorders: A review for practitioners and policy-makers*¹: This article provides a summary of the relevant scientific and medical literature on this topic for practitioners and policy-makers. It presents a primer on job stress concepts, an overview of the evidence linking job stress and common mental disorders, a summary of the intervention research on ways to prevent and control job stress, and a discussion of the strengths and weakness of the evidence base.
- *Estimating the Economic Benefits of Eliminating Job Strain as a Risk Factor for Depression*²: This recent VicHealth-published report provides valuable new evidence on the business case for addressing job stress. A key finding was that employers stand to gain the greatest economic benefits from reducing workplace stress, primarily through reductions in job stress-related employee turnover, sickness absence, and presenteeism.

This rapid review, commissioned by the Institute for Safety, Compensation, and Rehabilitation Research (ISCRR), addresses the question:

What organisational/employer level interventions are effective for preventing and treating occupational stress?

This Rapid Review is organised as follows: A summary of published peer-reviewed systematic reviews of the job stress intervention evaluation literature is provided, followed by a review of other evidence and guidance on best practice job stress intervention. These two sections correspond, in plain language, to current evidence available on *what to do* (systematic reviews) to address job stress at the organisational level, followed by *how to do it* (best practice).

JOB STRESS INTERVENTION RESEARCH: SYSTEMATIC REVIEWS

The international job stress intervention research literature has been the subject of a number of recent systematic reviews. The most comprehensive of these reviews (summarising 90 intervention studies) focused on interventions in which organisations set out to address job stress proactively³. This review is the most directly relevant to this Rapid Review. This review concluded that individual-focused, low-systems approaches (e.g., coping and time management skill development) are effective at the individual level, favourably affecting individual-level outcomes such as health and health behaviours. Individual level interventions, however, tend not to have favourable impacts at the organizational level (e.g., reducing exposures, sickness absence). Organizationally focused high- and moderate-rated approaches (addressing working conditions), however, are beneficial at both individual and organizational levels.

The four main conclusions from this review³ were:

Conclusion 1: *Studies of interventions using High systems approaches represent a growing proportion of the job stress intervention evaluation literature, possibly reflecting the growing application of such approaches in practice internationally.*

Conclusion 2: *Individually-focused, Low systems approaches are effective at the individual level, favourably affecting a range of individual level outcomes.*

Conclusion 3: *Individually-focused, Low systems approach job stress interventions tend not to have favourable impacts at the organisational level.*

Conclusion 4: *Organisationally-focused High and Moderate systems approach job stress interventions have favourable impacts at both the individual and the organisational levels.*

Two Cochrane reviews were published soon after the above-described review^{4 5}. While these had more strict inclusion criteria (to improve the confidence with which the reviewers can conclude that the observed changes are attributable to the intervention and not some other factor), they also included natural experiments, or unintended changes in stressors, such as from downsizing and restructuring. Natural experiments were excluded from the systematic review described above. The first Cochrane review of organizational-level interventions to increase job control found some evidence of health benefits (e.g., reductions in anxiety and depression) when employee control increased or (less consistently) when demands decreased or support increased⁵. They also found evidence of worsening employee health from downsizing and restructuring⁵. The second Cochrane review of task restructuring interventions⁴ found that interventions that increased control resulted in improved health.

An overarching “umbrella” summary of systematic reviews of the effects on health and health inequalities of organisation changes to the psychosocial work environment was published in 2009 by the Cochrane Public Health review group in the UK⁶. In addition to including the Cochrane reviews described above, shift work, work scheduling, privatisation, and restructuring were considered. Findings suggested that organisational-level changes to improve psychosocial working

conditions can have important and beneficial effects on health. The authors also assessed the potential for such interventions to impact on health inequalities. Though there was limited evidence in this regard, findings tentatively suggest that organisational-level interventions on the psychosocial work environment may also have the potential to reduce health inequalities. The authors recommended that policy-makers should consider organisational-level workplace interventions when seeking to improve the health of the working age population.

This set of recent systematic reviews demonstrates that feasible and effective strategies for the prevention and control of job stress at the organisational level are available. In summary, we conclude that systems or comprehensive approaches to job stress are more effective than other alternatives, and that the benefits of this approach accrue to individuals (e.g., better health) and to organisations (e.g., lower absenteeism).

In addition to studies in which researchers assign different groups of workers or organisations to different types of interventions (as was the case for most of the studies in the systematic reviews described above), intervention research can also be conducted by capturing ‘natural experiments’ in longitudinal studies. In this context, a ‘natural experiment’ is when changes in psychosocial working conditions happen for some workers over time but not for others. One can then investigate whether the changes in job stressors predict corresponding changes in health. There are relatively few of these studies, but they provide an important complement to traditional intervention studies. For example, a Dutch study found that when job strain and mental health were examined over 4 consecutive one-year intervals, only changing from low to high job strain was associated with an increase in depressive symptoms⁷. In the UK Whitehall II study, investigators found that adverse changes in job demands and job control led to higher risks of psychiatric disorders, but that improvements in demands and control had no effect⁸. A recent study examined changes in job strain in relation to the risk of major depression in the Canadian National Population Health Survey⁹, finding elevated risks for those in high strain jobs at both time points as well as those moving from low to high strain jobs (compared to those in low strain jobs at both time points as the reference category, and after adjustment for age, education, previous history of depression, perceived health status, and childhood trauma). These studies generally support a causal relationship between job stressors and health, especially for an effect of sustained poor—or deteriorating—working conditions.

Taken together, these findings provide strong supporting evidence for growing efforts nationally and internationally to address the upstream determinants of job stress (job stressors, or psychosocial working conditions) as well as its downstream health and other consequences.



BEST PRACTICE WORKPLACE INTERVENTIONS AND STRATEGIES AT THE ORGANISATIONAL LEVEL

Job stress can be prevented and controlled effectively using a systems approach that integrates **primary, secondary, and tertiary intervention**¹⁰. In brief, **primary preventive interventions are proactive**, aiming to prevent the occurrence of illness among healthy individuals. These address sources of stress in the workplace, or stressors, through alterations in physical or psychosocial work environment, or through organizational changes¹¹. Examples include changes in work pacing and job redesign, and the formation of joint labour/management health & safety committees. Primary preventive interventions may also be referred to as 'stress prevention'^{12 13}. **Secondary interventions are ameliorative**, aiming to modify an individual's response to stressors, targeting the individual with the underlying assumption that focusing on individuals' responses to stressors should be done in addition to—or in preference to—removing or reducing stressors. Examples of secondary prevention interventions include stress management classes to help employees to either modify or control their appraisal of stressful situations, such as the development of muscle relaxation or meditation skills. Finally, **tertiary interventions are reactive**, aiming to minimize the effects of stress-related problems once they have occurred, through 'treatment' or management of symptoms or disease. These include efforts to help employees to cope more effectively with reactions to stressful conditions, counselling (such as in the form of employee assistance programs), and return-to-work and other rehabilitation programs. 'Stress management' generally refers to secondary and tertiary interventions^{12 13}.

The development and implementation of job stress interventions must include the meaningful **participation** of groups targeted by intervention^{13 14}. Participation is a particularly important principle in job stress intervention because it is integral to the prevention and control of job stress itself. Participation is a concrete enactment of job control, demonstrates organisational fairness and justice, and builds mutual support among workers and between workers and supervisors (recall these constructs from the section above on job stress and its health impacts). These and other aspects of participation constitute primary preventive interventions in the job stress process.

Participation is also a key principle in public health and health promotion more generally. For example: a fundamental premise of public health—and the 'new public health' in particular—is that in addressing public health problems, the participation of those most affected in the formulation and implementation of responses is essential¹⁵. This principle is also specifically incorporated into the WHO's Ottawa charter on health promotion¹⁶ as well as other workplace health-specific charters and declarations, including the first WHO Healthy Workplace Guidelines¹⁷ and the European Network for Workplace Health Promotion's Luxembourg Declaration¹⁸.

Participation also helps to optimise the fit of the intervention to the context at hand, and provides a means for integrating the participants context expertise with the content expertise of the OHS or other professionals involved in the intervention. This is crucial because organisations usually require unique solutions to job stress problems, even if the process of intervention may be based on generic principles and

frameworks¹³. More traditional and complementary means of tailoring an intervention to context include needs assessment or risk assessment (described further below). In Europe, the term ‘social dialogue’ is used, referring to the need for consultation with key workplace stakeholders and employee participation in reducing psychosocial risk¹⁹.

Table 1 presents examples of specific intervention activities corresponding to primary, secondary, and tertiary intervention. An expanded articulation of a comprehensive or systems approach to the prevention and control of job stress is provided elsewhere¹⁰. These specific activities outlined in Table 2 also provide examples of specific intervention process indicators.

Well-developed sets of indicators of psychosocial risk that can be used for needs assessment and evaluation are available from international sources. A more detailed list of indicators, based on similar systems approach principles to those described above, is available in a recent European framework for psychosocial risk management referred to as PRIMA-EF (detailed further in the next paragraph). This list groups indicators into organisational factors (e.g., OHS policies, collective agreements), work- or job-related factors (e.g., job demands, job control, etc.), outcomes (e.g., mental health, job satisfaction), and preventive actions/interventions (e.g., risk assessment, intervention activities at the primary, secondary, and tertiary levels—similar to those described in Table 2). See pages 18-19 at <http://prima-ef.org/guide.aspx>¹⁹ and a self-contained factsheet version at <http://prima-ef.org/Documents/08.pdf>. Another useful open access source of indicators is the Copenhagen Psychosocial Questionnaire, or COPSOQ (see <http://www.ami.dk/>)²⁰. COPSOQ is available in 3 versions: 1) A long version for research use (141 questions, 30 scales), 2) a medium size version for work environment professionals (95 questions, 26 scales), and 3) A short version for workplace use (44 questions, 8 scales).

The consolidation of the evidence base around best practice for job stress and other workplace interventions has been the subject of considerable attention in Europe and the UK, as well as at the WHO. Recognising the need for an integrated approach to workplace psychosocial risk management across the Member States of the European Union, a major project was undertaken to develop the European Psychosocial Risk Management – Excellence Framework (PRIMA-EF). PRIMA-EF aimed to provide ‘a comprehensive best practice framework for psychosocial risk management in the workplace’ to a range of stakeholders including policy-makers, employers, trade unions, OHS professionals and employees²¹. In particular, the project was aimed at providing a framework for policy and practice at national and enterprise/organisational level within the European Union. PRIMA-EF is also part of the World Health Organization’s recently articulated Healthy Workplaces Framework²².

In a series of interviews and focus groups conducted by the PRIMA-EF project, features of successful workplace intervention projects were identified. The experts interviewed for the project emphasised seven key features in relation to the design of the intervention, implementation in the workplace, and content²³:



1. Workplace interventions need to be developed with a full understanding of theory and evidence-based practice.
2. A systematic and step-wise approach needs to be utilized with development of clear aims, goals, tasks and intervention-planning.
3. A proper risk assessment needs to be carried out with the aim of identifying risk factors and groups of workers with potentially high exposure.
4. The interventions need to be tailored to suit a given industrial sector, occupation, workplace size, but also remain flexible and adaptable for implementation in a specific workplace.
5. The most effective interventions are those which are accessible and user-friendly in their format, process and content to individuals at all levels of an organization (from lowest status workers to highest level managers).
6. A systematic approach was highlighted as the most effective with components of the intervention aimed at both the individual and the organization.
7. Intervention programmes which facilitate competency building and skill development are important as, at the organizational level they build leadership and management skills 'which facilitate and support the continuous improvement cycle, and support organizational change and at the individual level. Individuals are enabled to identify and manage work-related stress. Successful workplace-based projects were characterised by a decreasing need for interventions to be expert-driven and facilitated' ²³.

Tools and resources to support best practice job stress intervention

The seven key features of successful workplace interventions outlined above provide a useful organising framework for presenting best practice tools and resources for workplace stress intervention.

1. Workplace interventions need to be developed with a full understanding of theory and evidence-based practice.
 - This level of justification and planning is reasonable to expect of policy-makers (e.g., OHS regulators, other branches of government) and perhaps some other workplace stakeholders (e.g., large employers, trade union federations, employer associations). However, relying on authoritative summaries and interpretations of this vast body of evidence is more feasible for smaller organisations and groups. This document and its book-length predecessor ²⁴ provide examples of effort to translate the theory and findings of this research, and to make it accessible to and usable by workplace stakeholders;
 - The evidence base for best practice psychosocial risk management in general and job stress intervention in particular was reviewed in the PRIMA-EF project (the European Psychosocial Risk Management – Excellence Framework), and is accessible on-line in book length (see <http://prima-ef.org/book.aspx> ²¹) and in specific chapter form (see <http://prima-ef.org/Documents/chapter%208.pdf> ²³), respectively;
 - The UK Health and Safety Executive Management Standards (for addressing workplace psychosocial risks, see <http://www.hse.gov.uk/stress/index.htm>) and the US Job Stress Network (see <http://www.workhealth.org/index.html>) websites are two other recommended evidence summary resources.



2. A systematic and step-wise approach needs to be utilized with development of clear aims, goals, tasks and intervention-planning.
 - Guidance on workplace intervention planning is available from a number of sources. LaMontagne & Shaw prepared a hands-on guide work for Worksafe Victoria that is accessible at http://www.mccaugheycentre.unimelb.edu.au/pdf_library/Workcover_ohs_evaluation_frwk.pdf²⁵. This guide includes a process for articulating the rationale or logic of a given intervention, compelling the user to be clear about intervention goals and objectives as well as how goals and objectives can be achieved through the intervention activities. The user is asked to articulate who or what the intervention hopes to change, how the different intervention activities map onto those hoped-for changes, and over what time period such changes could or should be achievable;
 - Some generic workplace intervention planning guidance is provided in the WHO's recent *Healthy Workplaces* document²². For example, an 8-step 'continual improvement' cycle is described;
 - More specifically relevant to job stress intervention, the PRIMA-EF approach articulates a 5-step process of psychosocial risk management at the enterprise or organisational level (see <http://prima-ef.org/Documents/02.pdf>): 1) Declaring a focus on a defined work population, workplace, or set of operations; 2) Assessment of risks to understand the nature of the problem and their underlying causes; 3) Design and implementation of actions designed to remove or reduce the risks; 4) Evaluation of those actions and learning from them; and 5) active and careful management of the process :
 - PRIMA-EF also provides more specific guidance on intervention development and planning, including the 'development of an action plan'—see chapter 4 at <http://prima-ef.org/guide.aspx>¹⁹;
 - The US Centers for Disease Control & Prevention *Work-Life Initiative* offers a range of recently published open access resources (<http://www.cdc.gov/niosh/worklife/>), including:
 - Toolkit for Protecting and Promoting Worker Health <http://www.cdc.gov/workplacehealthpromotion/model/index.html>
 - Essential Elements of Effective Workplace Programs and Policies for Improving Worker Health and Wellbeing, <http://www.cdc.gov/niosh/worklife/essentials.html>
3. A proper risk assessment needs to be carried out with the aim of identifying risk factors and groups of workers with potentially high exposure.
 - Risk assessment can be simply defined as identifying and assessing health and safety risks that can arise in a given work situation. This sets the stage for devising interventions to deal with the identified risks. Put another way, risk assessment provides the 'needs assessment' or 'problem diagnosis' required to devise an appropriate intervention. The European Commission (EC) provides a valuable formal definition of risk assessment as:
 - *a systematic examination of the work undertaken to consider what could cause injury or harm, whether the hazards could be eliminated, and if not what preventive or protective measures are, or should be, in place to control the risks.*



- It is crucial that employees and their representatives (e.g., elected OHS representatives, trade union reps) participate in risk assessment. This can take the form of walk-through workplace inspections, groups discussions, and/or confidential employee surveys;
 - It is crucial that the risk assessment focus on work, not on individuals. The goal of psychosocial risk assessment for the employer to fulfil its mandated responsibility to identify, assess, and control those aspects *of work* that pose risks to psychosocial health (i.e., to control those things that employers can reasonably control);
 - One of the challenges of risk assessment for workplace stress is that generic concepts such as job control manifest differently by industrial sector, occupational skill level, gender, age, employment arrangement, and other factors. Put differently, job control looks very different for a convenience store checkout clerk than it does for a nurse or an HR manager. Thus risk assessment guidance needs to strike a balance between providing generically applicable advice and providing adequate detail to support the user in this endeavour;
 - The European PRIMA-EF website provides guidance on psychosocial risk management, see pages 9-11 at <http://prima-ef.org/guide.aspx>. A more concise version of psychosocial risk assessment is provided as part of a 2-page PRIMA-EF factsheet at <http://prima-ef.org/Documents/02.pdf>;
 - State and Territory OHS authorities have published job stress guidance materials that include risk assessment guidance. See, for example, a recent June 2010 WorkCover Tasmania publication (based in part on previous work from the Queensland Department of Justice and Attorney General) entitled *Workplace Stress: A Guide for Employers and Workers* at http://www.wst.tas.gov.au/data/assets/pdf_file/0020/146252/GB252.pdf.
4. The interventions need to be tailored to suit a given industrial sector, occupation, workplace size, but also remain flexible and adaptable for implementation in a specific workplace.
 5. The most effective interventions are those which are accessible and user-friendly in their format, process and content to individuals at all levels of an organization (from lowest status workers to highest level managers).
 - Resources to support workplace efforts on these two valuable points are covered by those listed under points 1-3 above;
 - As detailed above, employee participation is also crucial to meeting these criteria of best practice. There are a number of participatory methods for developing and implementing job stress and other workplace health interventions. See for examples, an Australian application of the Future Inquiry method²⁶, and a method developed in Germany called “Health Circles”²⁷.



6. A systematic approach was highlighted as the most effective with components of the intervention aimed at both the individual and the organization.
 - This finding, and the language used to express it, was supported in the PRIMA-EF guidance in part by the findings of our 2007 systematic review³. Guidance on implementing a systems approach has been outlined above^{10 24}.
 - A brief factsheet version of the PRIMA-EF recommendations on best practice in work-related stress management interventions is available at <http://prima-ef.org/Documents/09.pdf>;
 - The PRIMA-EF website also has a number of European examples of best practice workplace intervention projects (see <http://prima-ef.org/inventory.aspx>). This inventory allows the user to search “interventions for work-related stress” by level of intervention (primary/secondary/tertiary) and by country. It also provides similar (but smaller) inventory of “interventions for violence, bullying, and harassment. The selection criteria for these ‘best practice interventions’ are detailed as well (see <http://prima-ef.org/sc.aspx>). The detailed examples of ‘best practice’ represent a mix of specific projects and methods for conducting job stress risk assessment and management (i.e., integrated process of intervention needs assessment, development, and intervention);
 - Other recommended sources include State and Territory OHS authority guidance, such as the Tasmanian WorkCover authority document detailed above, and a recent document published by Worksafe Victoria²⁸.
7. Intervention programmes which facilitate competency building and skill development are important as, at the organizational level they build leadership and management skills which facilitate and support the continuous improvement cycle, and support organizational change and at the individual level. Individuals are enabled to identify and manage work-related stress. Successful workplace-based projects were characterised by a decreasing need for interventions to be expert-driven and facilitated.’
 - Competency and skills development for employees at all occupational levels in an organisation is essential to a systems approach. Such skills are relevant to primary (e.g., a manager learning how to re-organise jobs to improve employee autonomy or job control), secondary (e.g., a worker improving his or her time management and coping skills), and tertiary intervention (e.g., an HR manager learning how to keep up to date with the latest evidence-based practice to optimise for workers returning to work from job stress-related depression). Lower skilled employees should receive extra consideration for primary prevention, as they are more likely to be exposed to job strain and other poor working conditions than higher skilled workers. Participatory approaches are of particular importance for employees at lower occupational skill levels;
 - The European PRIMA-EF website has a number of European examples of best practice workplace intervention projects (<http://prima-ef.org/default.aspx>).
 - Employee assistance programs (EAPs) are widely prevalent and relevant to job stress intervention. While predominantly focussing on the individual level in current practice^{10 24}, these programs could address job stress at the



organisational level as well ²⁹. The International Employee Assistance Professionals Association states that EAPs help employers address productivity issues by both advising the leadership of organisations and helping “employee clients” in identifying and resolving a broad range of personal concerns that may affect job performance ³⁰. A recent qualitative interview identified two salient barriers to organisational level interventions through EAPs: lack of access to company management and (for contracted EAPs) perceptions of contract vulnerability ³¹. Companies using EAPs could realise better value from this service by involving EAP providers in the development of organisational intervention strategies. EAPs would need to protect client confidentiality, but could still provide intervention “tailoring” advice based on organisation-specific experience. This represents one way to realise the feedback from secondary/tertiary-level to primary-level intervention described above as a feature of a systems approach;

- A plain language book for middle to upper managers on improving employee wellbeing was published recently by two leading figures in the psychosocial risk management field: Jean-Pierre Brun and Cary Cooper ³². Entitled *Missing Pieces*, the book details ‘7 ways to improve employee wellbeing and organisational effectiveness.’ These are 1) employee recognition, 2) employee support, 3) developing a culture of respect, 4) reconciling work with personal life, 5) controlling workloads, 6) encouraging and supporting autonomy and participation in decision-making, and 7) clarifying roles. While particularly relevant to promoting a positive psychosocial work environment, these simple principles extend to promoting a healthy and productive workplace more generally. Highly recommended for business leaders, managers, and other workplace stakeholders.

CONCLUSIONS

Job stress can be prevented and controlled at the organisational level through the application of a systems or comprehensive approach. Despite the extensive evidence in support of systems approaches to job stress, prevalent practice in Victorian workplaces²⁴ and internationally^{23 33 34} remains disproportionately focused on individual-level intervention with inadequate attention to the reduction of job stressors. In addition to being a concern for workers, unions, employers, occupational health and safety, and workers' compensation systems, job stress should be a concern for physical and mental health promotion agencies, government public health authorities, medical practitioners, community advocacy groups, and others. An optimal public health response to job stress would encompass participation by the full range of stakeholders.

TABLE 1: A Systems Approach to Job Stress (*adapted from LaMontagne et al, 2007¹⁰*)

Relative Effectiveness	Intervention Level	Occupational Health & Safety: Hierarchy of Controls	Psychology & Related Disciplines	Examples of Intervention Objectives & Corresponding Activities	
				Objectives	Activities
<div><div>MOST</div><div></div><div>LEAST</div></div>	PRIMARY GOAL: To eliminate or reduce job stressors (eliminate or reduce risk factors for job stress)	Control at the source of the hazard or interception of the hazard in its path from source to worker through: - Hazard elimination - Substitution with safer technology - Process isolation to contain exposure - Engineering controls to reduce exposure	Organisational psychology: Address stressors at the level of the organisation, or work- directed intervention	Reduce job demands Improve job control Improve social support	Increase time or other resource allocations to complete specific tasks Redesign the physical work environment to reduce musculoskeletal load and noise Provide breaks from client-based work Increase worker participation in work planning and decision-making Assess and integrate employee needs into planning of work schedules Assess and integrate employee needs to optimise supervisory social support Create clear promotion pathways
	SECONDARY GOAL: To alter the ways that individuals perceive or respond to stressors	Control at the worker level through: - Administrative controls (e.g., job rotation) - Training and education - Personal protective equipment - Health surveillance	Psychology: Organisation-directed interventions, particularly around the org-individual interface, and individual-directed interventions	Alter individual responses to job stressors Improve individual ability to cope with short-term stress responses Detect stress-related symptoms and intervene early	Provide cognitive behavioural therapy or relaxation response training Provide anger management training Conduct health screening for stress symptoms, ambulatory blood pressure, hypertension—assess results on work group level
	TERTIARY GOAL: To treat, compensate, and rehabilitate workers with job stress-related illness	Control at the level of illness, through: - Treatment - Workers Compensation - Rehabilitation and Return to Work Programs	Psychology, psychiatry: Counselling & psychotherapy	Treat job stress-related illness Compensate job stress-related illness Rehabilitate job stress affected workers	Medical care, counselling and employee assistance programs Reduce adversarial aspects of compensation process Include modification of job stressors in return-to-work plans



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