Organization-Level Stress Interventions: EAP Perspective[*]

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Abstract—*The occupational health area is developing models with a variety of methods to address and prevent job stress at the organization-level. A review of literature on employee assistance program (EAP) was conducted to explore relevant methods from its perspective. Result reveals that EAP is a potential good partner in the efforts to prevent Job stress at organization-level.*

Keywords-job stress; stress interventions; organization-level interventions; EAP

I. INTRODUCTION

Job stress is defined as the harmful physical and emotional responses that occurs when the requirements of the job do not match with the capabilities, resources, or needs of the worker [1]. We consider Job stress, especially when it is chronic, as a risk for psychological and physical health. This statement applies to a variety of stressors, such as high pressure, unfinished task, or social conflict, as well as to a lack of resources, such as social support/recognition and other rewards. It leads to a variety of outcomes, especially negative outcomes, such as depression, psychosomatic complaints, back pain, and even cardiovascular disease [2]. Therefore, it is meaningful to bring job stress interventions into forth.

If we attempt to make studies about job stress interventions, it is important to see the types of stressors. General speaking, stressors may exist at several levels, from job issues experienced by workers to organizational regulations or practices. Specific examples of organization-level stressors include laying off employees, piece work, extreme temperature and noise working environment, machine-paced work, unrealistic or unpredictable production plan, shift work, poor communication, harassment, discrimination, training opportunities and so on [1]. Closely related to organization-level stressors, organization-level interventions typically address work regulations or production processes-management styles, improvement of production process, inspiration of worker's loyalty and initiatives, flexible work arrangements, diversity initiatives, and building of career ladders. The study of stress Interventions has demonstrated that intervening at organization-level is essential for controlling stressors from their source in order to reach improved health and work outcomes [3].

But in practice, Employee assistance program (EAP) is the "star" of dealing with job stress problems. According to the International Employee Assistance Professionals Association (IEAPA), Employee assistance program (EAP) by definition is to help employers address productivity issues on two levels: to provide consultancy to the leadership of work organizations , to help "employee clients" in identifying and resolving a broad range of personal perplexity, including job stress, which may strongly affect job performance. Theoretically EAP is well positioned to help companies dealing with job stress on both staff and organizational levels, i.e. help individual employees to manage their responses to stressors that are not amenable to being "designed out" of the job and advise company leaders making strategies to prevent exposures to workplace stressors [4]. So, it is valuable to explore how organization-level interventions are put into practice, and how EAP operates such as interventions and its future development trend.

II. FINDINGS OF ORGANIZATIONAL-LEVEL INTERVENTIONS

According to the study of Semmer for reference [5], organization-level stress interventions may put into four categories: (1) task characteristics, (2) job control, (3) work conditions, and (4) social relationships.

A. Task characteristics

There is common views that the suitable job with proper workload are important for people's health and wellbeing, while repetitive or boring tasks are negative and adequately complex tasks are positive [2].

One Study in this area concerns an intervention in a confectionery company [6]. Main problems were low morale, poor relations between management and the staff, and concomitant problems were high turnover. Changes

concentrated on two aspects of the job characteristics, i.e. task identity and autonomy [7]. The project cost 5 months and no changes happened with the 5 months. But expected effects did come out in the coming 18 and 28 months. There were improvements in staff performance, intrinsic motivation, job satisfaction and mental health. These latter effects were observed for all three different time intervals, but the long-term effects were strongest. Despite a lack of a control group, this study convincingly demonstrated that the increase in autonomy and identity greatly improved the employees' well-being.

Another study concerned wrappers, meat processors, and cutters in a meat processing company [8]. Its original focus on upper-extremity cumulative trauma disorders was broadened to more stressful work conditions, such as machine pacing, short cycles, harsh physical environment, and the potential for job loss. Job rotation was introduced in "focus groups". After 1 year, the wrappers showed reduced musculoskeletal problems and psychosomatic complaints and improved appraisal of work conditions. Interestingly, the effects on meat processors were complex. The cutters reported less job control and lower job satisfaction, though increase in terms of musculoskeletal complaints, psychosomatic symptoms, and pressure to work hard.

B. Job control

There are several models or theories hypothesize that providing people with more control to their job will improve stress-related outcomes. In line with these results, Terry and Jimmieson noted that there seem to be some evidences that higher levels of job control are associated with lower levels of stress related outcomes, including anxiety, distress, burnout, irritability, psychosomatic health complaints, and alcohol consumption [9]. In addition, there were negative relationships between job control and absence rates, but only when there are higher job demands [10]. Finally, lower job control has been shown to predict new reports of coronary heart disease, among London-based civil servants [11].

These stress models or theories consistent findings reveal that the promotion of job control is a core strategy in the improvement of stress-related outcomes. An example of related studies with longitudinal, quasi-experiment tests whether or not a work reorganization intervention can improve stress-related outcomes by increasing people's job control. In this end, they used a participative action research (PAR) intervention which aimed at reorganizing work, in order to increase the extent to which workers had discretion and choice in their job., the result was that 1 year later the PAR intervention significantly improved workers' mental health, self-rated performance and decreased their sickness absence rates [12].

C. Work conditions

The third category of interventions refers to work conditions, such as ergonomic issues, working time, or workload.

Evans et al. reported a study on improving work conditions for Stockholm bus drivers [13-14]. Changes included improved street maintenance, broadening of route reconfigurations, road segments, improvement in separate bus lines, better access to bus stops, traffic signal priority for buses, and an automatic passenger information system. A three-phase survey showed a reduction in perceived workload after 1.5 years, whereas not significant in control group. Another example refers to a project in which working time was reduced for bus drivers [15]. The intervention led to a reduction in back pain and some other changes which were significantly different with those of the control group.

D. Social relationships

The final category refers to social relationships. Poor social relationships, conflicts with others, or lack of social support constitute one of the most important stress factors [16], Improving social relationships shall be a feasible channel.

Some researchers tried to improve people's social behavior in terms of better leadership, better social support, and such like. The social behavior of those who are trained, such as supervisors, constitutes part of the work environment for others. Heaney et al. trained people who worked at home for recognition and mobilization of social support, as well as in problem solving [17]. The participants were expected to train their peers. After 3 months, there were significant improvements concerning supportive feedback by supervisors, self-appraisal of coping, and team climate. There were marginally significant effects concerning work-team functioning and somatic symptoms. And there were no effects concerning supervisor support in general and depressive symptoms.

It should be said that there are more or less problems from above-mentioned studies, such as weak designs (i.e., designs without a control group), inconsistent between the results and so on. But there have been many positive effects from these studies, that is to say, job-related interventions have shown the potential to improve health and well-being. What about the truth from practices in our lives? Next, we will make key introduction here.

III. Organization-level interventions in EAP practice

Many EAP Professionals recognize organizational-level interventions for job stress, but argues that EAP practice is adopting or needs to adopt an organizational focus [18]. There are several ideas which have the distinct characters from EAP practice.

A. Working environment committees

With regard to job stress, Shain argued that EAP need to understand recent scientific evidence about the connections between psychosocial hazards and health. He proposed that providers should conduct pattern searches for problems that might result from psychosocial hazards, and then provide feedback to EAP Committees or Coordinators, i.e., "working environment committee", who can use this as input to management. Working environment committee could then make recommendations to management on topics on communication, division of labor, supervisory practices, sensitivity to needs of minority groups, effectiveness of anti-discrimination and anti-harassment policies, fairness of policies about space, schedules, shifts, physical work

environments, and supportiveness [19]. Lewis argued employees should be part of an occupational health clinical team, which including medical and industrial hygiene professionals and organized labor [20]. Employees' holistic, integrative approach can address the psychological effects of chemical/physical workplace hazards.

B. HR-EAP collaboration

Murphy argued that EAP provided very limited feedback to management, and rarely regarded characteristics of the job or organization. By contrast, human resources (HR) management groups have expertise in job factors and management practices, but focused on performance, not health. Murphy hence proposed that EAP focused on interpersonal relationships as well as employee personal characteristics, while the HR management could focus on organizational climate, job features, and organizational practices [21]. Stennett proposed EAP should perform organizational stress diagnoses to identify areas of organizational dysfunction. EAPs' work should consider organizational factors including effective communication, adequate training and feedback, clear role expectation, and supervisor support [22]. Kirk and Brown argued that EAP should partner with HR divisions. They advised to consider EAP as Corporate Assistance Programs to better address the individual-organizational interface [23]. "HR-EAP collaboration" is looked forward to playing a more prominent role in the field of stress interventions.

C. Shifting to an organizational focus

There were also many studies on the topic "shifting to an organizational focus" in EAP practice. Nowack argued that EAP need to feed information back to the organization to address work environment factors that cause stress [24]. Pitt-Catsouphes et al. presented EAP as a way to provide data to identify places where people need family-friendly services such as flex time, time off to care for elders and adoptions, gradual return to work, and paid sick leave [25]. Ramanathan suggested that EAP should work to form social relationships among employees; advocate on behalf of groups of employees; consult with management and unions on quality of work life, workload, and work organization [26]. Van Den Bergh argued that EAP had the obligation to facilitate "family friendly" services, build peer support, advocate for human HR policies to make employees feel less expendable, promote open communication and collaborative decision-making, and support opportunities for employee education and development [27].

To sum up, EAP should stand on a higher level to do organization-level stress interventions, if they look forward to a better performance and a strong support from companies. It is essential to EAP in Looking for cooperation with professionals in other fields and internal staff in companies.

IV. DISCUSSION

According to above findings, we can find widespread connection between organization-level stress interventions and EAP services. But currently these two topics are not equal and there are several obstacles to an organizational focus, e.g. (1) the disadvantage of external EAPs compared to internal EAPs,

(2) lack of organizational approach to stress in the literature for and about EAP, (3) engage primarily in research and education for current EAP practices, (4) lack of interest and commitment from the client company, (5) lack of access to senior managers, (6) perceptions about contract vulnerability, (7) territorial tension between departments. How to deal with these troublesome obstacles? The answer likely depends on the following factors.

Firstly, internal EAP probably obtain a good chance to stimulate workplace changes. It will be difficult to address work organization issues with management unless the EAP provider is titled as a management consultant in the contract of external EAP. The outsourcing of EAP could indicate a conflict between mental health and the company's business goals.

Secondly, EAP providers who have established strong connection with senior managers probably have more influence concerning workplace changes than those in the organizations where senior manager positions have turned over and where serious organizational restructuring has taken place. EAP providers in the companies with a strong team climate may have some history working with other departments. They probably have a helpful climate for workplace changes compared to those in organizations where competition and turf wars are common.

Thirdly, EAP providers in those companies with labor union that encouraging joint efforts with labor leaders probably have a better chance for intervening organizationally than those in the companies which restricting this type of labor-management collaboration [1].

Lastly, EAP providers will understand the importance of collaborating with other professionals to address the exposures and outcomes of common interest. This means that, rather than working to introduce oversea concepts into a different profession, EAP providers may do better by seeking partnerships with leaders who already possess extensive knowledge about job stress and organizational-level interventions and then making joint efforts with them.

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