Organizational Stress and Wellbeing Interventions

Webinar - CIRPD Thursday
September 28, 11:00 am PDT, 2:00 pm EDT
Research team

1. Caroline Biron, PhD¹
2. France St-Hilaire, PhD²
3. Geneviève Baril-Gingras, PhD¹
4. Marie-Esther Paradis, MA¹
5. Shirley Chabot, BSc¹
6. Rébecca Lefebvre MSc²
7. Hans Ivers, PhD¹
8. Michel Vézina, MD¹
9. Pierre-Sébastien Fournier, PhD¹
10. Mahée Gilbert-Ouimet, MSc¹
11. Chantal Brisson, PhD¹

• ¹ Université Laval
• ² Université de Sherbrooke
Context of the study

« In an intervention project, we begin by implanting the easy actions. It's the sugar pie. The management of psychosocial risks is broccoli ». A manager
4 pillars of organizational health interventions

- **Context** (organization/intervention)
- **Content** (activities)
- **Process** (preparation, diagnostic, planning, implementation, evaluation)
- **Results** (what worked, how did it work?)

Karanika-Murray & Biron 2016)
Content of our interventions should be focussed on psychosocial constraints

There is strong empirical support showing that psychosocial constraints at work are related to:

• Higher absenteeism
• Higher risk of coronary heart disease
• Higher risk of mental health problems such as depression
• Lower satisfaction at work
• Etc!!!

4 psychosocial constraints in the work environment

1. **Low JOB CONTROL**
   - Not able to make decisions about work
   - Cannot use skills and develop them
   - Cannot be creative

2. **High JOB DEMANDS**
   - Have an excessive amount of work
   - Need to go very fast
   - Work very hard mentally
   - Receiving conflicting requests
   - Being interrupted
3. Low RECOGNITION

- Not receiving the respect and esteem deserved at work (from colleagues and superiors)
- Not having a fair remuneration or promotion prospects (e.g. permanent position)
4 psychosocial constraints in the work environment

4. Low **SOCIAL SUPPORT**

Colleagues who …
- are not friendly
- do not facilitate the realization of work
- do not encourage each other to work together

Supervisors who …
- do not care about employees' well-being
- do not pay attention to what they say
- do not facilitate the realization of the
- do not succeed in making people work together
Demand-Control-Support Model

(Karasek, Theorell & Johnson)
Siegrist’s Effort-Reward Imbalance Model

Responsibilities
Pressures / lack of time
Workload

Effort

Physiological and psychological reactions

Rewards

Salary
Estimate / Respect
Promotion / Work security

From Dr Michel Vézina
Effort-Reward Imbalance and coronary heart diseases

*adjusted for age, sex and employment grade

Social support from the manager is related to:

- At the blood pressure
- Cardiovascular diseases
- To depression / anxiety
- Job satisfaction
- Turnover rate
- Absenteeism
- Productivity

Rick et Thomson (2002), Bond et al. (2006)
Situation in Quebec

EQCOTESST (N = 5071) (Vézina et al., 2011)

**Psychosocial constraints**
- 49% of workers have low job control
- 48% have low social support
- 38% report high job demands
- 25% report a high effort-reward imbalance

Problem

“We have enough science on what causes people to get ill in the workplace. . . We know the problems, what we now have to do is to get the solutions.”

Professor Sir Cary Cooper (2010), Opening conference *European Academy of Occupational Health Psychology*, Rome, Italy.
Problem

• We know that managers play a key role in the implementation of interventions ... but what factors influence managers?

• It is also known that several interventions fail ... but what are the conditions for success?
Planned interventions vs real
“Broccoli Project”

Participants

- 4 organizations, 3 of which are involved in the certification process of the «Healthy Enterprise Standard»
  - 3 public (1 small, 2 large)
  - 1 paramedical organization (large)

Inclusion Criteria:
- The organization has completed a psychosocial risk assessment in the workplace
- Organizational interventions are planned or are currently being implemented
Quebec Healthy Enterprise Standard

• Aims to recognize organizational practices that promote a healthy workplace.

• The program, based on a standard developed by the Bureau de normalisation du Québec called Prevention, Promotion and Organizational Practices for Health in the Workplace [BNQ 9700-800], was created as a result of an initiative by The Healthy Enterprises Group.
4 intervention types – Healthy Enterprise Standard

1. Lifestyle habits
2. Work-life balance
3. Work environment
4. Management practices
Objectives

1. Identify elements that facilitate and hinder:
   
a. the adoption of management practices that foster good mental health at work

   b. organizational interventions designed to prevent mental health problems

2. Provide managers with psychosocial risk management tools
Research Design

Objective 1
Identify factors facilitating/hindering
a) managers’ practices b) interventions

Questionnaire T1
(N= 144 managers)
Response rate: 51%

3 months, 118 completed both waves

Individual Interviews with managers and key employee reps
N = 25

Objective 2
Provide managers with psychosocial risk management tools

Information session on psychosocial constraints
(N = 73 managers)

Questionnaire T2
(N=166 managers)
Response rate: 62%
Results
– 8 findings
Note

• In the following slides, we talk about Healthy Management Practices
• 17 questions from Gilbert-Ouimet et al., 2009
• Managers indicate the extent to which this corresponds to their usual management practices
What are “Healthy management practices”?

• Extensive intervention in a Quebec public organization, 1659 participants followed over 7 years (Gilbert-Ouimet et al., 2009)
• Significant improvements observed following the intervention:
  • Psychological distress
  • Back ache
  • Shoulder-neck pain
  • Psychological Demands (workload)
  • Recognition
  • Social support from colleagues
Examples of healthy management practices (based on (Gilbert-Ouimet et al., 2009))

1. Create committees, workshops and team meetings.
2. Introduce new work tools to facilitate the task.
3. Implement organizational changes gradually.
4. Meet with individuals (adjust workload, and discuss difficulties).
5. Highlight employees’ achievements.
6. Encourage coaching / mentoring of staff.
7. Encourage participation in training activities.
8. Define and disseminate employee policies and action plans.
9. Add staff (on a temporary or permanent basis).
10. Encourage work schedule adjustments and / or the implementation of flexible schedules.
11. Enrich tasks (redevelopment / versatility).
Finding 1: The managers who adopted management practices that foster mental health at Time 2

a) perceived a **strong Psychosocial safety climate**, at Time 1;

b) reported having greater decision latitude at Time 1;

c) reported having less psychological distress at Time 1;

d) had better relations with their subordinates at Time 1;
Definition of Psychosocial Safety Climate (PSC) – Maureen Dollard

• « Psychosocial safety climate (PSC) refers to shared perceptions regarding policies, practices, and procedures for the protection of worker psychological health and safety »
• Values—worker health, a balance of productivity and worker health

Dollard and Bakker 2010
What does Psychosocial safety climate imply?

**Management commitment**
Senior management show support for stress prevention through involvement and commitment

**Priority**
Senior management considers employee psychological health to be as important as productivity

**Communication**
Information about workplace psychological well-being is always brought to my attention by my manager/supervisor

**Participation and involvement**
Participation and consultation in psychological health and safety occurs with employees', unions and health and safety representatives

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Finding 1: The managers who adopted management practices that foster mental health at Time 2

a) perceived a strong Psychosocial safety climate, at Time 1;

b) reported having greater job control at Time 1;

c) reported having less psychological distress at Time 1;

d) had better relations with their subordinates at Time 1;
Example: Manager lacking job control

« I can not do it, I am overloaded with work … I am asked more and more … I am more and more accountable … I am asked for things more and more unfeasible … My budget is cut, my workforce is cut. There are more cuts to come. We have had a 3.5% budget cut per year for already a few years. Cut here and cut there … There are sectors where the work drags on because we don’t have enough staff». 
Other example of manager’s lack of control

“Managing psychosocial constraints: That's the hardest part. Because ... how I would say ... I find it difficult to make it concrete. Collectively.

When someone enters my office and I see they are not feeling well, I listen, I open the door to chat. I can refer them to the EAP if needed. This is the part that I can control. But collectively, we are not yet there, we are unable to manage psychosocial constraints ... it is the sphere that has been the most neglected at the moment ".
Finding 1: The managers who adopted management practices that foster mental health at Time 2

a) perceived a strong Psychosocial safety climate, at Time 1;

b) reported having greater job control at Time 1;

c) reported having less psychological distress at Time 1;

d) had better relations with their subordinates at Time 1;
A supportive supervisor positively influences the well-being of employees.

Employees who feel well influence the management style of superior, which adopts a more supportive management style.

In this study, the "supportive" management style was measured using 9 scales and therefore refers to: Providing feedback, coaching and support, clarifying roles, integrating and respectful, encouraging and accepting points different from his own, fair and equitable. Van Dierendonck et al. (2004). "Leadership behavior and subordinate well-being". *Journal of Occupational Health Psychology*, 9 (2), 165.
Psychosocial constraints and adoption of healthy management practices

* $p < .05$
Domino effect

Strong Psychosocial safety climate

Positive psychosocial environment (+autonomy, + relationships with subordinates)

Good mental health

Good management practices, fostering employees’ mental health
Finding 2

What “works” is NOT necessarily visible:

Interventions on management practices can have a great impact on mental health but are not seen as “an intervention”
What interventions are being implemented in your organization?

<table>
<thead>
<tr>
<th>QUESTIONNAIRES (N = 192)</th>
<th>INTERVIEWS (N = 22)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Activities related to the implementation of the Healthy Enterprise Standard (58)</td>
<td>• Recognition activities (6)</td>
</tr>
<tr>
<td></td>
<td>• Recognition activities for managers (7)</td>
</tr>
<tr>
<td>• Employee Assistance Program (48)</td>
<td>• (7) + sports and cultural expenses (4) + training room (1)</td>
</tr>
<tr>
<td>• Health and Wellness Committee / Joint Committee on Prevention of Psychological</td>
<td>• + Conferences various themes (7) + conference on lifestyle (7)</td>
</tr>
<tr>
<td>Distress (15)</td>
<td></td>
</tr>
<tr>
<td>• Recognition activities (15)</td>
<td>• Communication (internal journal, bulletin board) (6)</td>
</tr>
<tr>
<td>• None (13)</td>
<td>• Distribution of healthy food (5)</td>
</tr>
</tbody>
</table>
Finding 3: Management commitment (from individual interviews)

Organizational context

Facilitating factor
• Management commitment in the process is the factor most reported by the participants.
• Promote the intervention at each step and integrate the intervention into strategic planning.

Hindering
• Strained labour-employer relations
• Complexity of the prevention approach
• Lack of physical proximity of workers
Example

• The management commitment is the specific factor as reported by the participants (n = 15, 13 of considering it a lever 2 and an obstacle to the process)

"The commitment of the board of directors, helped immensely to integrate, to sell these interventions, make them interesting and alive. This commitment helps people feel that this is something the employer wants to invest in and not something they do just because it looks good" (a manager)
Finding 4: Strong support for the intervention

Implementation process
Importance of solid support for the intervention by the presence of:

• opinion leaders (employees and managers),
• human and financial resources,
• internal and external expertise,
• a person in charge of the intervention, and
• a steering committee whose members come from different job groups
Example

« There are several actors, so it drives us to action too. The participation of the people is reflected in the choices of interventions that will be made. The analysis, we do it together, the choices of intervention, everyone will get involved. Everything is not on the shoulders of the HR director, but rather in this case on the committee » (committee member).
Finding 5: The content of interventions – helping managers

The implementation of the planned actions ran into several hindering factors, mainly concerning the relevance of the activities and the managers’ lack of tools for taking preventive action.
Example regarding the lack of relevance of some activities

• There’s a recognition program for good efforts. I meet with my coordinators, you know, there’s a time of year when we do that... I ask if they have people [names of people] they’d like to submit. [Like] we did such and such a project... And the answer I get is, “No. Nobody’s interested in that stuff, it’ll just be a waste of time.” So maybe the program is poorly adapted. Or maybe they’re expressing something that doesn’t represent what people feel, I don’t know.
Example: managers lacking tools for intervention

“I think that things stall because managers don’t know where to begin, and the committees don’t know exactly what to work on. They lack ideas about what exactly to work on, how to go about it. I think it’s really a question of ignorance. Even if we talk a lot about recognition, a lot, and for a long time in our company, but that’s just about the only management practice they’ve talked about up to now”.
Specific factors most often reported by participants (N=22 interviews)

<table>
<thead>
<tr>
<th>Specific factors</th>
<th>ENABLING</th>
<th>OSBRUCTING</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td><strong>CONTEXT</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Top Management’s commitment</td>
<td>13</td>
<td>59</td>
<td>9</td>
</tr>
<tr>
<td>Promotion of the intervention</td>
<td>8</td>
<td>36</td>
<td>9</td>
</tr>
<tr>
<td><strong>PROCESS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Line Managers’ commitment</td>
<td>5</td>
<td>23</td>
<td>18</td>
</tr>
<tr>
<td>Employees’ commitment</td>
<td>6</td>
<td>27</td>
<td>18</td>
</tr>
<tr>
<td>Financial resources available, Steering commitee</td>
<td>8</td>
<td>36</td>
<td>---</td>
</tr>
<tr>
<td><strong>CONTENT</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lack of relevance + Lack of tools to enable managers to take action</td>
<td>---</td>
<td>---</td>
<td>32</td>
</tr>
</tbody>
</table>
Finding 6: Managers’ needs

Managers’ most frequently cited needs (in the questionnaire) were:

• Coaching and training on psychosocial risks and mental health issues
• Social support (for example via a co-development program, or managers’ assistance program)
• Access to (human) resources to implement interventions
Managers’ needs regarding the implementation of interventions

What might help you to adopt management practices that foster people’s health? (needs identified by managers who completed at least one of the two questionnaires, N = 192)

<table>
<thead>
<tr>
<th>Needs</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training for managers</td>
<td>112</td>
</tr>
<tr>
<td>Coaching</td>
<td>77</td>
</tr>
<tr>
<td>Managers’ assistance program</td>
<td>41</td>
</tr>
<tr>
<td>Human resources to support implementation (external consultants, specialists)</td>
<td>30</td>
</tr>
<tr>
<td>Forum for discussion/exchange among coworkers (internal co-development)</td>
<td>12</td>
</tr>
</tbody>
</table>
Finding 7: Managers’ adopting a new practice to foster mental health (objective 2)

- Following the training session on psychosocial constraints management tools offered by the researchers, 63% of the managers adopted a new practice. The practices most frequently adopted pertained to communication, training, or recognition (64%).
<table>
<thead>
<tr>
<th>Which psychosocial constraint management practice(s) did you implement in your team during the past three months? (Number of respondents)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Team management practices</strong></td>
</tr>
<tr>
<td>Created a team atmosphere and sense of belonging (1)</td>
</tr>
<tr>
<td>Revised participation processes/roles/mechanisms (e.g. standardized the processing of files) (3)</td>
</tr>
<tr>
<td>Mobilized personnel (2)</td>
</tr>
<tr>
<td>Held an activity on support (2)</td>
</tr>
<tr>
<td>Held a group meeting (debriefing after a traumatic event) (1)</td>
</tr>
<tr>
<td><strong>Management practices that foster communication/training/recognition</strong></td>
</tr>
<tr>
<td>Held an activity on recognition (9)</td>
</tr>
<tr>
<td>Held one-on-one meetings (found out about expectations; encouraged empowerment; talked about team work, workload, employment status, the preventive process under way) (4)</td>
</tr>
<tr>
<td>Offered access to refresher training (1)</td>
</tr>
<tr>
<td>Took the time to socialize and be a good listener (said hello, took the time to listen to and smile at a minimum of one person a day) (4)</td>
</tr>
<tr>
<td><strong>Management practices concerning the technical organization of the work</strong></td>
</tr>
<tr>
<td>Offered flexibility in the work schedule (1)</td>
</tr>
<tr>
<td>Modified work station (1)</td>
</tr>
<tr>
<td>Revised the workload (6) (including one failed attempt)</td>
</tr>
<tr>
<td>Held an activity on the organization of work (1)</td>
</tr>
<tr>
<td><strong>Other</strong></td>
</tr>
<tr>
<td>Focussing on solutions instead of problems (1)</td>
</tr>
<tr>
<td>Fostered tolerance and respect (1)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number and percentage of the total (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team management practices</td>
</tr>
<tr>
<td>Management practices that foster communication/training/recognition</td>
</tr>
<tr>
<td>Management practices concerning the technical organization of the work</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>
Finding 8: Difficulties and effects perceived following the adoption of a new management practice to foster mental health

• 34.5% encountered problems implementing this new practice, but 85.7% noted positive impacts on their teams.
<table>
<thead>
<tr>
<th>Problems were encountered when implementing this practice (number of respondents)</th>
<th>Agree/Totally agree (34.5%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficulty accepting the change (3)</td>
<td>The team’s impatience (1)</td>
</tr>
<tr>
<td>The team did not agree with the proposed changes (1)</td>
<td>Difficulty implementing the practice on a daily basis (2)</td>
</tr>
<tr>
<td>Variable participation (1)</td>
<td>Perception that it was an initiative whose success depended solely on the management team (1)</td>
</tr>
<tr>
<td>Lack of time (1)</td>
<td>Subject that was difficult to talk about (1)</td>
</tr>
<tr>
<td>People did not want to talk about it (1)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Perceived effects on employees</th>
<th>Positive (85.7%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appreciated by most of the employees (5)</td>
<td>Fewer conflicts/Better atmosphere (7)</td>
</tr>
<tr>
<td>Employees less stressed/frustrated (2)</td>
<td>Some employees took the time to say thank you for the positive comments we made to them (1)</td>
</tr>
<tr>
<td>More commitment, greater efforts to achieve management’s objectives (3)</td>
<td>More delegation of tasks on my part (1)</td>
</tr>
<tr>
<td>Openness on the part of employees, greater trust (1)</td>
<td>More optimistic and more productive (1)</td>
</tr>
<tr>
<td>Increased awareness on both sides (2)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Negative (10.7%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not taking ownership/Blaming others for problems (1)</td>
<td>Increased negativity (1)</td>
</tr>
<tr>
<td>Fatigue, lack of time (1)</td>
<td>Implementation not completed; delays in schedules: people got impatient (1)</td>
</tr>
</tbody>
</table>

|  | No effect 3.6% |
Conclusions

1. **Essential factor:** Psychosocial safety climate (commitment, priority, communication, participation)

2. **Domino effect:** managers are influenced by their own organizational and psychosocial context and psychological health

3. **Ensure the quality of the implementation process** (ie. Internal and external resources to support the intervention and provide support for managers)
Contribution of the study / limits

**Contribution:** study enhances understanding of how interventions can be implemented through managers’ actions (**opens up the “black box” of interventions and their implementation**)

**Limitation:** Context of the Healthy Enterprise Standard limits our ‘access’ to interventions on psychosocial risks since most interventions were relating to Lifestyle habits (need for higher number of participating organizations with wider scope)
Psychological health at work: a shared responsibility

Worker

Team

Management

Corporate social responsibility

Psychological health and well-being
Organizational performance
Caroline.biron@fsa.ulaval.ca
Associate professor
Department of management
Chair in occupational health & safety management
Faculty of business and administration
Laval University, Québec