**Title**: Impact of Changing Social Structures on Stress and Quality of Life: individual and social perspectives.

**Proposal Acronym**: Stress Impact

**Duration:** Three years

Part 1

Research Theme 2

| Partner No | Partner | Partner role | Organisation name | Department | Country |
|---|---|---|---|---|---|
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## 2. Objectives

*Statement of the Problem*

In support of the long-term objective of becoming a competitive and dynamic knowledge-based economy with sustainable economic growth, increased and better employment opportunities and greater social cohesion, the European Union has set about modernising the European social model, investing in people and combating social exclusion. In pursuit of these broad objectives a number of challenges have to be met including coping with structural change, work organisation, changing social structures and technological developments.

Although many of these developments have the potential to enhance people's well being and quality of life, there is evidence that a substantial minority of the population is experiencing negative effects of these changes that translate into increased levels of strain and pressure and ultimately lead to stress related complaints. In fact, the incidence of stress within European society is on the increase and accounts for over 30% of all absence from work (Paoli, 1997). Evidence for this is emerging from a number of sources including surveys, longitudinal studies and absence statistics (e.g. Van der Hek and Plomp, 1997; Jones et al, 1998).

Estimations of the Health and Safety Executive (1998) are that between 30 – 60% of all Sickness Absence in the UK is related to a mental or emotional disturbance (i.e. stress, burnout). In The Netherlands long-term sickness absence due to 'mental disorders' has increased from 17 % in 1974 to 32 % in 1992 (Allegro & Veerman, 1998). This figure has increased over the past decade.

Across Europe it appears that stress and burnout are amongst the most frequently mentioned work related health complaints (Paoli, 1997). These figures indicate that stress and burnout are a major cause of absenteeism from work, costing society a substantial amount of money. In the UK alone, it has been estimated that about 40 million working days are lost every year through absence caused by stress related problems (CBI, 1999; Kearns, 1996).

Structural changes, changing social and working contexts and the introduction of new technology are all implicated in the stress process. The negative impact of stress can be observed in the wide range of conditions that are associated with it. Stress has been associated not only with a variety of psychological conditions including anxiety and depression, but also with a number of important physical conditions including heart attack, ulcers and stroke. It is also considered to be a contributing factor to low back pain and repetitive stress injuries. Despite the wide acceptance of stress as a factor in such a diverse range of conditions, little is known of the social, the diagnostic or the disease process whereby this comes about (even though the most recent International Classification of Diseases contains a category which may be used in relation to stress – ICD9 – 309 'adjustment disorder'). In addition, current diagnostic models are not equipped to assist professionals in intervening effectively when a stress condition is identified.

Stress is the second most often cited reason for absence from work. Workers on long-term absence as a result of stress are less likely to return to work. Current rehabilitation and return to work models are developed on the basis of mainly physical conditions and as a result are ineffective in responding to the needs of workers experiencing long term absence as a result of stress related psychological problems.

The immediate sources and causes of stress can be described in terms of work-related and non work-related factors. Factors in the workplace can include work organisation, productivity issues, personal relationships and control. A number of instruments have been developed to explore how these operate within a particular workplace (see e.g. Cox and Griffiths, 1994; Cox, Griffiths, & Rial-Gonzales, 2000). Factors within the social context can include family context, lifestyle and personal circumstances. These factors impact differentially on the population. Certain characteristics of the individual can create a vulnerability to access stress. In particular older workers are more prone to stress related conditions. Demographic changes within family structures, dislocated social supports, increasing care demands, even on the grandparents of working parents, and disability in older relations all contribute to increased demands on the individual. It is inevitable that these non-work factors will increase substantially over the coming years with a potential to seriously aggravate stress related problems within society.

In addition to the personal outcomes of failing to cope with extended stress, i.e. psychological conditions such as burnout, anxiety and depression, or stress related physical conditions, there are also extended social outcomes in terms of impact on families and work outcomes in terms of decreased productivity, work withdrawal and long-term absence. At societal level economic and health costs associated with stress related conditions are also increasing.

The high costs, and prevalence statistics, associated with stress have created a high profile for the problem in the media, and have generated many studies that have addressed the causes and origins of stress and burnout. A number of models and theories have been developed to describe and explain the aetiology and epidemiology of stress (Cooper & Payne, 1988; Hobfoll, 1989; Holt, 1982; Kahn & Byosiere, 1992; Karasek & Theorell, 1990; Sauter & Murphy, 1995). The most prominent of these nowadays, include the job demands-job decision latitude model (Karasek, 1979), the Person-Environment fit model (French et al, 1982), and the Effort-reward imbalance model (Siegrist, 1990). In addition, there are a range of psychophysiological models which stem from the early work of Selye (1950).

Nevertheless, many workers are on sickness leave as a result of stress-related health complaints and often for considerable periods of time. These workers have a greater chance of being moved from Sick Pay to Incapacity Benefit. Most people on Incapacity Benefit for stress related psychological problems (DSS statistics in the UK suggest 80 %) will not return to work again within five years increasing the potential that they will be sidelined financially and socially and ultimately excluded from fully participating in, and contributing to, society.

People have various mechanisms to cope with the range of demands that are placed upon them such as withdrawing from work. This can be done using downtime, annual leave or sickness absence leave. Many factors influence the way in which people withdraw, the duration of absence and the moment when work is resumed. Identifying these Absence and Work Resumption Thresholds can help to characterise the factors that influence peoples' 'decisions' with respect to absence and work resumption.

Although a certain percentage of this group may not be able to return to work again, a considerable part may benefit from adequate policy and intervention strategies (Bloch & Prins, 2001; Hoogduin et al. 2001; König, 1996). However, once people are on long-term sickness absence, they seem to be neglected. There are hardly any studies dealing with the problem of stress related long-term absence and possibilities

for work resumption. Very often adequate statistics are not available, due to inadequate diagnosis or categorisation of the problem. This contributes to the fact that it is difficult to formulate 'joined up' policies on a national and European level. Furthermore it appears to be quite difficult for the medical profession to diagnose stress related complaints (Schaufeli & Enzmann, 1998). This also has consequences for further treatment and interventions. Currently there is no clear, and agreed upon practice on how to deal with people who are off sick because of stress, and burnout (Hoogduin, Hoogduin & Vossen, 1998).

*Project Objectives*

What is lacking is a theory of action to assist in guiding interventions to reduce long-term absence from work as a result of stress related breakdown in health and well-being. It is essential to develop an action oriented and intervention focused theory that can inform system design and programme evaluation. However, little is known about the absence process in relation to stress and what is known is not based on the experience of people on stress related long-term absence. There is currently a misfit between theories of stress as a multi-causal and multi-outcome phenomenon and theories and models of disability and disease. The diagnostic process is driven by models such as ICD or DSM 4, which have little relevance to current clinical practice in dealing with stress. Neither do interventions such as chemotherapy and rest necessarily reflect current thinking and knowledge about the stress phenomenon.

Studies that have come up with figures concerning sickness absence, and estimates of the (economic) impact of stress and stress related absence have been conducted by examining employers reports, documents and records, et cetera (e.g. Davies and Teasdale, 1994). However, the people concerned (the absentees) have hardly ever been questioned and surveyed with respect to their situation.

This project will focus on people who are long term absent from their work because of stress related mental health complaints, and the absentees will be surveyed with respect to their present situation and experiences with administrative regulations, professional practices.

Most studies on stress have focussed on work-related stress, however, it is also acknowledged that stress may arise from the private life domain as well, or in particular the combination of working life and family life (Hochschild, 1997). It is not the intention of this project to resolve the debate on the origins and sources of stress. Rather it takes an eclectic view of the problem, and acknowledges that both domains have their contribution in producing health complaints that may lead to long term absence from work.

This study sets out to examine the stress impact of social trends, the implications of structural changes and of technological developments on societal and individual well being. As such it is well placed within the current call for proposals and in particular Part 1, Theme 2 of the call. Specifically, it aims to improve our understanding of stress as a mediating mechanism between social and economic change and the well being of the individual, family and the community. It explores current institutional approaches to stress as reflected in current workplace practice and the practice of health professionals. It attempts to capture the patterns and perceptions of stress amongst individuals who are absent from work as a result of stress. It investigates the perceived threats and risks associated with social and technological change and changing family structures.

Furthermore the project will provide an estimate of the incidence and demographics of stress related long term absence in six EU Member States and explore the relationship between professional and institutional approaches to stress in each jurisdiction. The project will also document individual perceptions and experiences with respect to being on long term absence, including perceived threats and risks relating to social trends and structural changes in society. It will provide insight into how decisions with respect to work resumption are being reached, which factors will influence those decisions, and how the threshold of resumption is determined. The impact of stress related long term absence on individual, family and social well being and, alternatively, the influence of family situation and social networks on long term absence will both be explored. In this way the gaps between theory and practice in dealing with people who are on stress related long term absence will be identified, as will good practices in lowering the work resumption threshold.

These objectives will be achieved through surveying a representative sample of people on long term absence in each Member State about their health, social, economic and family situations, carrying out a series of family case studies and documenting the views, opinions and methods of human resource and health professionals.

## 3. Work Content / Methodology

This project consists of three related studies that will take place in each country involved:
1) a survey of long-term absentees (N=400), and a control group (healthy workers – N= 200); covering their present situation, family situation, financial situation, work-related aspects, and future perspectives with respect to work resumption.
2) family study: interviews of sub-samples of absentees (N=25) and control group (N= 25), to provide detailed information on family situation and social network, and main factors influencing decisions concerning being absent from work, or resume work again.
3) professional study: interviews (N=40) with professionals focussing on their experiences and views with respect to long-term absenteeism, and diagnostic processes, and procedural flaws and congestions in the administrative and legal system.

The work plan is organized into three different phases of work: Development Activities, Research Activities, and Dissemination Activities. Each of these phases will include several work packages. A final work package will deal with Project Management.

*Phase 1:- Development Activities*
This phase includes the construction of a general framework for the Stress Impact study, and the tools (instruments) associated with that framework. Contact will have to be made with the stakeholders, and a reach consensus will be reached on the framework and its tools before the studies actually take place.

*Phase 2:- Research Activities*
Three studies will be conducted, two of which are closely related (Family Case studies and the Individual Survey), and the third study (Professional and Management Consultation), which is relatively independent.

*Phase 3:- Dissemination Activities*
Dissemination activities refer to feeding the results back to stakeholders in order to generate discussion on the results of the study and to reach consensus on the policy recommendations of the study. Formal dissemination of the project's results through publications and reports will take place in parallel and subsequent to the conclusion of the project.

The Table below lists the work packages of the project and the phases of the work in which they are organised.

**Table. Organisation of the work packages**

| Workpackage | Work Phase |
|---|---|
| 1. Literature review and state of the art | Development phase |
| 2. Review and inventory of national systems and policies | Development phase |
| 3. Development of conceptual framework | Development phase |
| 4. Development of instrumentation and stakeholders network | Development phase |
| 5. Study 1 – survey of LTA | Research phase |
| 6. Study 2 – survey of professionals | Research phase |
| 7. Study 3 – survey of families | Research phase |
| 8. Synthesis of results from previous studies | Research phase |
| 9. Dissemination | Dissemination phase |
| 10. Project management | All phases |

The Development phase roughly consists of the first year of the project, and the Research phase is scheduled to take place in the second year and first half of the third year. The Dissemination phase will concentrate on the last year of the project, although there will be contributions to relevant workshops and conferences throughout the project.

**Table*:* Graphical representation of project timetable**

| Project phase | First year | Second year | Third year |
|---|---|---|---|
| Developmental phase (WP 1 – 4) | | | |
| Research Phase (WP 5 – 8) | | | |
| Dissemination Phase (WP 9) | | | |

This schedule means that some of the work packages will almost run in parallel (e.g. WP 1 and 2, and WP 5 (study 1) and 6 (study 2). WP 3 and WP 4 will follow subsequently after WP 1 and WP 2 have been completed. WP 7 (study 3) will follow immediately after study 1 is completed. Subsequently WP 8 (integration of research findings) will necessarily take place after all the research has been completed. And the Dissemination of information will already start after the first two studies have been completed, rather than when the whole project has finished.

**List of Work packages**

**WP1: Literature review and state of the art:** literature with respect to occupational health, intervention and prevention of stress, sickness absence and vocational rehabilitation.
Methodology: literature search in relevant databases.
Duration: from Month 1 to 5.
Resources: Partners 1, 2, 4 and 5 are involved, and Partner 4 will co-ordinate this WP (two months each, and 2 months for co-ordination).

**WP2: Review and inventory of national systems and policy**: which might include national unpublished studies and position papers. National projects will be listed, Administrative, legal, welfare, social security arrangements will be reviewed. Needs and requirements of stakeholders will be identified. In addition main institutes and organizations across Europe relevant in this area will be identified. This will result in a database with institutions and organizations.
Methodology: Relevant documents will be collected from stakeholders (social security agencies, governments).
Duration: from month 2 to 5.
Resources: all partners are involved (2 months), and Partner 3 will coordinate this WP.

**WP3: Development of Conceptual Framework**: this WP will integrate the results of the literature review and national reports, and develop a conceptual framework for the study, including a detailed prescription of methodology (tools and instruments, sampling for survey and interviews) for the three studies (wp's 5, 6, and 7).
Methodology: A general project meeting will be organized at this point in time. Discussions will take place based on documents prepared by Partners 1, 2, and 4.
Duration: months 6 - 8
Resources: all partners are involved for respectively 1 or two months.

**WP4: Development of instrumentation and stakeholders network**: This WP will address the methodology of the studies, including selection of instruments, scales, questions to be included in the survey and interviews. Instruments will be translated in national languages.
Methodology: review of documents resulting from WP 1 and 2.
Duration: Month 9 – 11
Resources: All partners are involved (two months), and Partner 3 co-ordinates this WP.

**WP5: Study 1 – survey of Long Term Absentees**: A survey of LTA from work for medical reasons will be carried out in each country. This survey will estimate the demographic profile of the stress related long term absenteeism, describe the respondents' personal circumstances and their experience of interventions. Furthermore it will identify the factors that might influence decisions with respect to absence and resumption of work. The study will identify and compare three distinct populations: those on stress related long term absence, those on non-stress long term absence and the control group of those currently at work.
Methodology: Approx. 400 people between 6 – 12 months absent from work will be surveyed. A sample will be generated via national social security agencies, via an iterative, stratified sampling method. Sample should be representative with respect to age, gender, economic sector, job level.
A control group of approx 200 healthy, working people will be recruited as well, by a telephone panel.
Methodology: Questionnaires will be mailed.

Duration: Months 12 to 22
Resources: all partners are involved (9 months), and Partner 7 will co-ordinate this WP (4 months for co-ordination).
Equipment: Computer for data processing

**WP 6: Professional Study**: A sample of 40 professionals working in this area (including Occupational Health professionals, Human Resource Managers, General Practitioners, Rehabilitation Consultants) will be interviewed with respect to their experiences and invited to express their professional views on best practices.
Methodology: a standard interview schedule will be developed that will be applied in all interviews, with specific questions for each professional group.
Duration: Months 14-18.
Resources: All partners are involved (4 months), however, Partner 1 will subcontract this WP to Rehab UK, an organisation specializing in rehabilitating people with physical disabilities. Partner 2 will co-ordinate this WP.
Equipment: Tape recorders for recording the interviews.

**WP 7: Family Study**: A sub sample of 25 from LTA sample and 25 from the control group will be interviewed. The objective is to elaborate at a detailed level a representation of stress development from a whole family unit perspective. The impact of stress on the social and family networks of study participants will be evaluated. Furthermore 'traditional' (one partner provides family income) and 'non-traditional' (both partners contribute to family income) family networks will be compared.
Methodology: An interview structure will be developed that will be applied in all studies. The approach will be semi-structured, in-depth interviews on a face-to-face basis. Interviews will be recorded, and transcriptions will be made.
Duration: Months 22 to 28
Resources: All partners will be involved (5 months) and Partner 2 will coordinate this WP.
Equipment: Tape recorders for recording the interviews.

**WP 8: Synthesis of results from previous studies**: In this WP an integrated theory of action that encapsulates the various factors that affect people's decisions with respect to absence and work resumption will be produced. And a trans-European comparison of approaches to dealing with LTA due to stress will be used to develop policy and workplace guidelines for dealing with LTA due to stress.
Methodology: Findings from national reports on the studies will be discussed and will be used to develop an integrated framework. At this point in time a general project meeting will be organized.
Duration: Months 29 – 33.
Resources: This WP will primarily involve Partners 1, 2, 4, and 7, and Partner 4 will coordinate this WP.

**WP 9: Dissemination**: This WP will test the synthesis of the three studies through a consultation process with the stakeholder group in each of the participating countries. And subsequently the research findings will be disseminated to relevant European and national authorities. In addition a series of publications will be produced for a professional and academic audience in appropriate journals and conferences.
Methodology: Stakeholders will be organized into national user groups, and will be regularly consulted. Reports will be distributed at several points in time. At the end of the project one-day workshops at the national level will be organized, and a final meeting with European services in Brussels is envisaged to fully disseminate the results of this project.

Duration: Months 24 – 36
Resources: All partners are involved (2 months), and Partner 1 will co-ordinate this WP (2 months).

**WP 10: Project management**: This WP is directed at ensuring that the project is proceeding according to the plan, and that objectives are met. In addition the project management will facilitate effective communication with project partners and European Commission. Furthermore the Project Management will take care of the financial and administrative of the project, and quality control of deliverables of the project.
Methodology: see below.
Duration: Months 1 – 36
Resources: all partners will be involved (3 months) and Partner 1 will be the Project Manager, will Partner 3 will be the financial/administrative coordinator (11, resp, 6 months).

## 4. Project Management

*Project Management*
The project will use several mechanisms for coordinating the work. First, there will be work package leaders who are responsible for the timely, efficient, and adequate execution of the various work packages. Second, project managers, appointed at each partner site, will have overall responsibility ensuring that the work progresses according to plan, and milestones will be achieved.

A Project Board, consisting of the local project managers, will be installed. This Board will meet twice a year to discuss progress of the various work packages and the project as a whole. Also general strategic issues will be discussed, and any disputes resolved.

The project will be primarily managed through a project management board, which consists of representatives from each partner, and will be chaired by the Project Manager.

The objectives for the project management for this project are:
- to ensure that the project is proceeding according to the work plan
- to communicate between partners and the Commission.

In particular management of the project will involve the following main tasks and responsibilities, based upon previous project management experience:

- to ensure good co-operation and communication between the project partners.
- To ensure that project deliverables will be adequately and timely delivered, by monitoring the progress of the various work packages, and to intervene and take corrective actions where appropriate.
- To manage the funding of the project
- To report regularly to the Commission
- To organise project management board meetings
- To involve experts as required for reviewing parts of the project in order to assure quality of the deliverables.
- To maintain an archive and library concerning the documents produced by the project.

*Project managers*
The Project Management role will be fulfilled by the University of Surrey (UNIS), and they will be assisted by the Work Research Centre (WRC). UNIS will take care of the scientific and technical aspects, as well as the financial and administration aspect of the project, and will act as Project Manager. WRC will assist in the various managerial aspects of the project. UNIS (School of Human Sciences) has extended experience in managing EU projects, in the domain of Psychology, and Sociology, and is well equipped for this role. WRC also has extended experience in managing national and international projects, amongst which several EU projects. Together they form a strong management combination.

The main elements of the project management role are:

- to organise and chair the project board meetings
- to maintain contact with the project partners
- to facilitate communication and information flow within the project
- to monitor the progress of the project and the project planning
- to act as internal and external contact point
- to report on the progress of the project (according to specifications of the Commission).

There will be 3 specific project board meetings and 3 general project meetings (including project board meetings) during the project. The board meetings will primarily focus on the progress and quality of the project, for example problems that have arisen and solutions that have been found will be discussed. In addition the need to adjust the strategy of the project will be discussed. Moreover technical and administrative matters relating to the project will be discussed. Furthermore the project manager will make site visits to the partners to discuss the local project, and meet the project team.
Normal day to day contact will be made by telephone and e-mail.
The general project meetings will be scheduled when the Framework needs to be discussed (as indicated in work package 3), and when the proposal for the synthesis of results needs to be discussed (work package 8).
A final Project Board Meeting will take place in Brussels, and will aim at presenting the study results to the Commission services.

*Project Communications*
There will be regular communication between the project managers, by e-mail, and telephone in pursuit of the timely and efficient execution of the work. From the start of the project an electronic mailing and distribution list will be utilized. This will also serve the purpose of keeping an archive of all project documents. Work package leaders will produce quarterly brief progress reports to the project management, reporting on status of the work package, problems encountered, how they have been solved.
The correspondent scientific officer will be included in this distribution list.

## 5. Deliverables/Milestones

The deliverables of this project will be several reports (see list below). After work packages 3 and 8 there will be integrated reports as well. These integrated reports will include the scientific work done at that point in time, and therefore will also be a state of the art.

List of Deliverables and milestones

| Deliverable No | Deliverable title | Delivery date |
|---|---|---|
| 1 | Overview of stress, long-term absence and return to work strategies | Month 5 |
| 2 | National contexts for return to work strategies for the long term stress disabled | Month 6* |
| 3 | Conceptual framework | Month 9 |
| 4 | Instrumentation for the studies | Month 11 |
| 5.1 to 5.6 | National reports on surveys of LTA due to stress | Month 25 |
| 6.1 to 6.6 | National reports on surveys of professionals | Month 23 |
| 7.1 to 7.6 | National reports on findings of family studies | Month 30 |
| 8.1 to 8.3 | 8.1 Integrated Report<br>8.2 Policy Recommendations<br>8.3 Practical Guidelines | Month 36 |
| 9.1 to 9.4 | 9.1 to 9.3 Periodic user group reports<br>9.4 Report on international conference/workshop on project | Month 36 |
| 10.1 to 10.3 | 10.1 1st Annual project report (+ annual cost statement)<br>10.2 2nd Annual project report (+ annual cost statement)<br>10.3 3rd Annual project report ( = also final report) + overall cost statement | Month 14<br>Month 26<br>Month 36 |

* N.B. In addition to above mentioned reports, there will be six-months summary reports (deliverable at Months 7, 13, 19, 25, 31).

## 6. Exploitation plan

As part of the project it is foreseen that a network of stakeholders will be set up. The stakeholders that will be identified will be institutions and professional communities that are involved in developing and executing policies, regulations and rules concerning (long term) sickness leave. These will include the Ministry of Social Affairs, social security institutions (pensions), Medical profession (GP's; Occupational Health professionals), employers (Human Resources Managers), et cetera. These groups and institutions will be contacted in an early stage of the project (and in various countries some have already been contacted, and have expressed their interest in this project). This group of stakeholders will be organised in national 'stakeholders boards', and will be contacted and meet at several points in time. This board of stakeholders will be an important asset in exploitation and disseminating the results of this study.
They will also serve as platforms for discussing policy implications at the national levels, and generate recommendations for policy at the European level. This way we will guarantee that the results of the study will be immediately passed on to the relevant organisations, which will be essential for exploiting the results optimally.

Many of the partners in this project have contacts with (and some are) organisations dealing with work resumption and rehabilitation (like Rehab UK), which will help to

exploit the results of this study in terms of developing intervention programs that will help people return to work.

The results of the various studies will be publicised in public reports. Those reports will be distributed amongst the stakeholders.
In addition it is foreseen that the results and findings of the studies will be disseminated through publications in professional and scientific journals at the national and international level. It is expected that in each country at least three papers will be published in professional journals. This is in addition to the national reports that will be written on the three studies.
A web site will be developed for this project which will contain relevant information with respect to the project, such as upcoming events, important news, summaries of the findings of the studies, and contact addresses and links to national organisations.
Furthermore there will be co-authored (in various combinations) scientific papers in peer-reviewed journals, in areas like psychology, medicine and vocational rehabilitation (i.e. *Work, a journal of prevention, assessment and rehabilitation*).

Furthermore several partners in this study have their own institutional publications, newsletters, and also professional contacts in the area of Occupational health and work rehabilitation. These sources will also be used to disseminate the findings of this study.

Finally at the closure of this project an international conference should be organised in which the results of this study could be presented. The project consortium is planning to apply for additional funding to organise such a conference (which could be held in Brussels). Representatives of the Stakeholders (user groups) could be invited to attend this conference.

## 7. Complementary Projects

At this moment there are no complementary projects planned. However, this is an issue that the Project Consortium will consider.