Stress Impact project
Work Package 1:
Literature Review

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1.1 Introduction

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; Van der Klink et al, 2001). 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).

1.3 Project Objectives

The main objective of the Stress-impact study is to examine the stress impact of social trends: the implications of structural changes and of technological developments on societal and individual well-being. 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. This is done by:

- Exploring current institutional approaches to stress as reflected in current workplace practice and the practice of health professionals;
- Providing an estimate of the incidence and demographics of stress related long-term absence in six EU Member States;
- Exploring the relationship between professional and institutional approaches to stress;
- Documenting 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;
- Providing insight into how decisions with respect to work resumption are being reached.

1.4 The project group

The project is performed by a consortium of seven institutes from six different European countries. The institutes and countries are listed in table 1.

Table 1: Partners Stress-Impact Project

Partner	Role	Organisation name	Department	Country
Fred Zijlstra, PhD, Professor	Co-ordination and Research	University of Surrey	Department of Psychology	UK
Richard Wynne, PhD	Research	Work Research Centre		Ireland
Donal McAnaney, PhD	Research	University College Dublin		Ireland
Irene Houtman, PhD	Research	The Netherlands Association of Applied Scientific Research (TNO)	Work & Employment	NL
Barbara Reischl	Research	Forschungsinstitut Rotes Kreuzes		Austria
Gianni Annoscia	Research	Tecnopolis		Italy
Kari Lindstrom, PhD, Professor	Research	Finnish Institute of Occupational Health		Finland

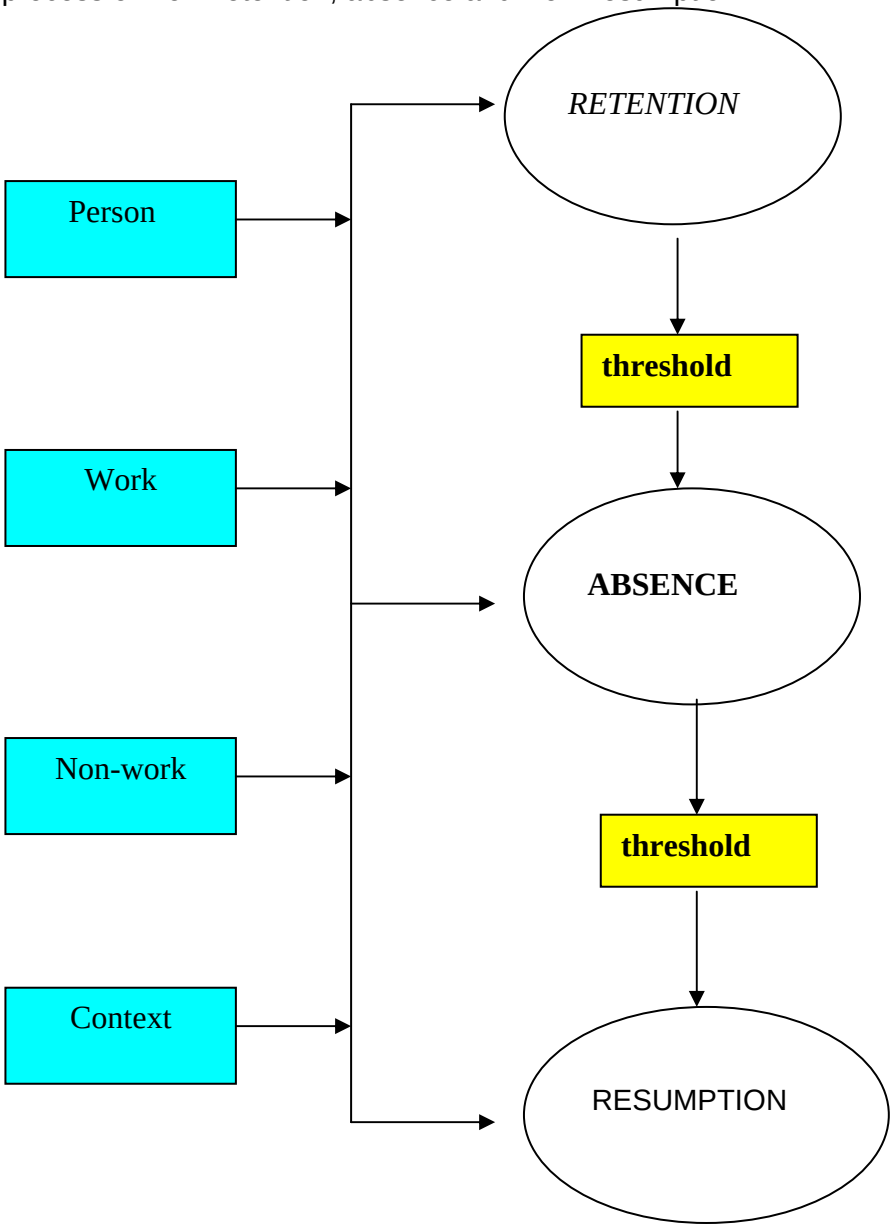
1.5 A general framework for the study

A general and rather basic framework is presented in figure 1 to explore

- current institutional approaches to stress as reflected in current workplace practice and
- the practice of health professionals,
- explore demographics of stress related long-term absence in six EU Member States,
- explore the relationship between professional and institutional approaches to stress,
- 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; and
- provide insight into how decisions with respect to work resumption are being reached.

The model depicts in fact the process in global terms, and the actors involved.

Figure 1: The process of work retention, absence and work resumption



It is clear that two decisive process are quite central to Stress Impact. One is the issue of why someone reports absent because one is sick (first threshold), and the second is why people resume working again after having been sick for a while (second threshold). These issues, particularly as they relate to work stress are central to Stress Impact. Determinants possibly active during the whole process, but maybe also quite strongly in relation to only one of both thresholds relates to the person himself, to work, to non-work and to context (the organisation he works in, the general practitioner or occupational health service etc.).

Several specific factors may be active at one determinant category. It is by this literature review that we want to inventory what is known about the determinants of either reporting absent due to sickness or of rehabilitating after being absent due to sickness. Again the area of work stress, psychological functioning and mental health are particularly of interest.

1.6 Contents of the report

In the current report, we will present reviews of the literature on:

1. the relevant factors that determine becoming ill, particularly as related to mental health;
2. the relevant factors that determine absence, i.e. taking the 'threshold'. When available, our interest is mainly within the area of the absence because of psychological or mental health determinants. We will discriminate when possible between different aspects of absence like absence frequency and absence duration
3. the determinants of (successful) rehabilitation to work, and

4 the studies on interventions taken to rehabilitate workers, and their effectiveness in doing so.

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