Management of work-related stress by Finnish occupational physicians

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Background
Occupational stress is a serious threat to the well-being of employees and organizations and may cause ill-health and loss of productivity. Determining the methods that occupational health (OH) services and employers use to manage work-related stress can help to detect both barriers and facilitating factors for effective stress management.

Aims
To examine stress management methods used by OH physicians in Finland.

Methods
Anonymous, self-administered online questionnaire to Finnish OH physicians.

Results
A total of 222 OH physicians responded. Neither OH services nor their client organizations used standardized tools to assess or manage work-related stress. Work-related stress was assessed using patient interviews. Physicians reported that the main method used to manage occupational stress was supporting the individual employee. Half of the physicians attempted to involve workplaces in stress management by asking their patients to contact their supervisors regarding stress issues.

Conclusions
In order to tackle work-related stress consistently and effectively employers and OH services should have agreed standardized protocols for managing stress in the workplace.

Key words
Occupational health; occupational health physicians; practice guidelines; work-related stress.

Introduction
The consequences of occupational stress for employee health have become a major concern in recent years [1]. Occupational health (OH) interventions aimed at addressing work-related stress frequently focus on the individual employee without considering working conditions [2,3]. However interventions at organizational level may have a significant effect on both the individual and the organization [4,5].

OH services are a natural collaborator with employers in addressing work-related stress in Finland because employers have an obligation to arrange medical services for their employees. Companies can organize OH services themselves or buy them from either private service providers or the public sector [6,7].

Finnish legislation specifies the qualifications that occupational physicians (OPs) are required to hold. Physicians working in OH services have to be qualified OPs or be in the process of qualifying as OPs. However, OPs in practice in OH services since before 2002 may continue to practise without specialist qualifications [7].

At the time of this survey there were no standardized evidence-based guidelines for managing work-related stress in Finland. The aim of this study was to identify work-related stress management strategies used by physicians in OH services in Finland.

Methods
The concept of work-related stress and the questionnaire used in this survey were developed based on information from a previous study and on the Theory of Planned Behaviour [8,9].

An e-mail invitation to participate in the survey was sent out in May/June 2009 to the membership list of the Finnish Association of Occupational Health Physicians. The sample was stratified according to professional status and workplace.

Data analysis was performed using SPSS (version 17.0). The respondents’ characteristics were analysed using descriptive statistics. Ethical approval was not needed because no patients were included, and all participants had volunteered (The National Advisory Board on Research Ethics 2002).
Results

Of the 954 invited 222 participants responded, a response rate of 23%. Twenty per cent of the respondents worked in company-based OH centres, 40% in the private sector and 39% in the public sector. Physicians who worked in company-based OH centres had an average of 20 years of work experience, and their average age was 49, compared with those working in the private sector (average OH work experience 15 years; average age 47) and those in the public sector (average OH work experience 12 years; average age 46). Non-specialist physicians were on average 51 years old with a mean work experience of 19 years; specialist OPs were on average aged 47 with 18 years of work experience and physicians in specializing training were on average aged 41 with 6 years of work experience.

Most of the participants confirmed they were familiar with work-related stress and met stressed clients in their daily practice. Approximately 80% thought that the need for stress prevention and management would increase in future.

Respondents reported that ~20% of the OH services had a protocol for managing work-related stress and that 40% of client companies had one (Figure 1). Specialist OPs and those who worked in company-based OH services most frequently reported that such protocols existed. Only a few mentioned any particular method for intervening in work-related stress, the method most often mentioned being the ‘early support model’ to manage problems related to work ability.

Respondents reported that the actions taken to address work-related stress depended on the individual case and included discussions within the OHS team and contact with the workplace.

Work-related stress was assessed through open-ended interviews and discussion with the stressed employee. Half of the physicians used a questionnaire when

Figure 1. Frequency of protocols to assess and manage work-related stress in occupational health services and in companies in Finland by workplace and grade of specialization of physicians. The results are percentages (n = number of participants).
assessing symptoms, the most frequently used being the Berger Burn Out Indicator 15.

Action at the individual level was considered the most important stress management tool at all OH units. This included supporting the individual employee, giving information on work-related stress and its management and informing workers of how they could modify workload. Half of all participants recommended that the employee should contact their supervisor about stress issues. Most physicians recommended a meeting between the employee, the OHS and the employer’s representative. Consultations with a psychologist were most often used in communal and private sector OH services and by specialist OPs and those training as specialists.

The stress management activities that physicians recommended to employers included directing stressed workers to OH services, assessing stress in the workplace and arranging discussions and meetings on the topic.

Discussion

Our study found that the actions taken by respondents to assess and manage work-related stress were not standardized or systematic, with the emphasis on intervention at the individual level. Assessments of work-related stress were mainly conducted as open interviews, and individual support and counselling were the most commonly used interventions.

This study had a number of limitations. The questionnaire was developed for the needs of this study, and neither its validity nor its reliability has been tested. All physicians belonging to the Finnish Association of Occupational Health Physicians were invited to participate, but not all OPs belong to the association, and some contact details may have been obsolete. Work-related stress may have been difficult to assess because there are many definitions and interpretations of the concept. Also, the response rate was only 23% and this may have been a source of bias.

Company-based OH units serve large enterprises, and their physicians are well placed to maintain close contact with the employer because of their official status inside the company. Units from other OH service providers work with many different companies, including small businesses, which can lead to fragmentation of their work [6].

OPs have to deal with many non-medical factors as they address issues that cause employee stress. The competencies of OPs in communication and conflict resolution skills are important in this task, and their preparedness for, and acceptance of, a new role involving psychosocial health seems to be important in dealing effectively with work-related stress [10].

It seems unlikely that OH services can effectively tackle work-related stress alone; successful management of this complex phenomenon seems likely to require a multidisciplinary OH team and close collaboration with client companies. The results of this study suggest that in OH practice in Finland there is yet some way to go in achieving this.

Key points

- Occupational health services and their client organizations in Finland lack standardized tools with which to assess and manage work-related stress.
- The assessment and management of work-related stress in Finnish occupational health services is mostly conducted at the level of the affected individual, not at the level of the work organization.
- Collaboration between Finnish companies and occupational health services in preventing and treating work-related stress needs to be improved.

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Conflicts of interest

None declared.

References

