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Developing an Occupational Rehabilitation System for Workplace Stress

Christine Randall, Nicholas Buys and Elizabeth Kendall

Griffith University, Australia

The costs of occupational stress are rising and employers increasingly need to address occupational stress, prevention and rehabilitation issues. However, there is a relative lack of understanding about implementing strategies within specific organisational contexts. Extant literature indicates a need for integrated prevention and rehabilitation strategies that address specific organisational climates that contribute to stress. The Queensland Police Service (QPS) is one policing organisation facing significant occupational stress issues requiring organisational solutions. This article describes a Participatory Action Research case study, the aim of which is to develop an occupational rehabilitation system within the QPS to address identified stress issues. A combination of background information, interview and focus group data is being used to determine stress issues and provide potential solutions to specifically address the needs of the QPS. The findings of this study emphasise the importance of participant involvement in identifying issues and generating solutions, as well as demonstrating the value of taking a systemic approach. The findings suggest that the use of the Participatory Action Research approach is invaluable in promoting the long-term success of the QPS change process.

Occupational stress is defined as the psychological and behavioural outcomes, characterised by signs of distress, resulting from a lack of compatibility between the stressed individual and their work context (Diamantopoulou, 2002; Humphrey, 1998). The costs of occupational stress to Australian employers and the community are increasing relative to other injuries, with the median claims cost of 'mental disorders' two to three times higher than that for all claims (DEWR, 2006). Further, there has been a significant increase in claim durations and costs for occupational stress in recent years despite an overall drop in claim numbers (DEWR, 2006; HWCA, 2002; NOHSC, 2006).

Address for correspondence: Christine Randall, School of Human Services & Research Centre for Practice Innovation, Griffith University, Meadowbrook QLD 4131, Australia. E-mail: c.randall@griffith.edu.au

The high costs associated with occupational stress are of particular concern to employers. To remain competitive in the marketplace they need to be able to reduce injury costs through effective occupational rehabilitation programs. In addition, Australian governments have placed legislative demands on employers to prevent injury and provide safe work environments (DIR, 2005; WCQ, 2006). The benefits of meeting these demands are significant. Employers who manage the costs of occupational injury and disease can reduce insurance premiums, improve productivity and improve company image (CCH Occupational Health & Safety editors, 1990; NOHSC, 2004; WCQ, 2006). However, efforts in this area are hampered by a relative lack of understanding about optimal implementation of occupational rehabilitation strategies within specific organisational contexts. Insurers and employers have used occupational rehabilitation with variable success.

Current approaches to occupational rehabilitation emphasise the integration of injury prevention and rehabilitation within a disability management framework to provide a seamless service delivery system to prevent and manage injury (Harder & Scott, 2005; Smith, 1997; Westmorland & Buys, 2002). Evidence suggests that occupational rehabilitation is most successful when it is applied as part of a comprehensive systemic approach that responds to an organisational context rather than just focusing on individuals (Caufield, Chang, Dollard, & Elshaug, 2004; Harder & Scott, 2005; Kompier & Cooper, 1999; Westmorland & Buys, 2002; Wynne & McAnaney, 2004). Occupational stress and rehabilitation are impacted on by organisational climate, particularly in terms of how members of that organisation behave and expect others to behave (Cotton, 2004; Muchinsky, 1997). Improving organisational climate requires supportive leadership and a shared understanding of goals, which contributes to a positive work environment conducive to good mental health (Cotton, 2004).

An organisational approach has particular relevance to policing agencies, where stress is often due to chronic organisational issues rather than critical incidents (Alexander, Innes, Irving, Sinclair, & Walker, 1991; Biggam, Power, MacDonald, Carcary, & Moodie, 1997; Brown, Fielding, & Grover, 1999; Dick, 2000; Stinchcomb, 2004). Organisational factors include stress and fatigue due to staff shortages, limited job control, staff conflict, autocratic management, unfair performance appraisal, workers compensation tribunal hearings and police culture (Mayhew, 2001), as well as poor relationships and lack of internal communication (Kop, Euwema, & Schaufeli, 1999; Stinchcomb, 2004). The cultures of police organisations have been found to both cause stress and encourage officers to suppress signs of stress, which is then rewarded as 'professional behaviour' (Lobel & Dunket-Schetter, 1990; Morris & Feldman, 1996; Parker & Szymanski, 1998; Windslow, 1998). To address the impact of this culture, rehabilitation in police organisations requires the commitment of members of the organisation at all levels, as well as a combination of individual- and organisation-focused interventions (Giga, Cooper, & Faragher, 2003).

Despite the costs of occupational stress injuries and the importance of a workplace focus in addressing mental health issues, little research has examined the applicability of occupational rehabilitation models to specific organisational contexts. This article reports on a Participatory Action Research (PAR) case study that aims to develop an occupational rehabilitation system within the Queensland Police Service (QPS) for the purpose of improving the management of occupational stress.

Design and Results

This case study uses a PAR approach to improve occupational rehabilitation practices within the QPS. Seymour-Rolls and Hughes (2000) describe PAR as a research method where the main aim is to create positive social change for participants via collective participation, reflection and action. In this process, changes are owned, negotiated and accepted by consensus among members of that organisation (Harrison, 1999). PAR is therefore ideally suited to facilitate the QPS in developing its own solutions to the issue of stress.

The research is also guided by a systems approach. Harrison (1999) suggests that evidence-based health interventions within organisations require a shift from individual foci to an increased focus on systemic conditions created by management and organisational dynamics. This type of 'systems' approach was favoured by the QPS. Indeed a QPS Stress Management Working Party formed in 2001 recommended working towards an organisational approach to stress that was based on an integrated health, safety and risk management model that incorporated all relevant stakeholders.

In line with the PAR process, the current research involves multiple waves of consultation, data collection and analysis, consultation and implementation. Data collected include background and historical data from the QPS, semi-structured interviews (Stage 1) and focus groups (Stage 2). These are described in more detail below.

Background Data

Following consultations initiated by the QPS in 2001, background data were collected that included (a) claims statistics since 1996, (b) archival data (e.g., internal reports) from 2001 to 2002, and (c) survey data from QPS members with stress and other injuries in 2003 and 2004. Claims data indicated that 50% to 65% of workers compensation claim costs were associated with occupational stress. These percentages were almost double that of other police services in Australia and were increasing over time (QPS, 2001). The statistics indicated that regional and rural police units were most affected and that the majority of claimants were male (74%), sworn police officers (86%) and in lower ranks such as constables and sergeants (72%; QPS, 2001).

Archival data included internal reports and evaluations, as well as Union magazine letters and organisational policies and procedures. These indicated that past occupational rehabilitation efforts were unsatisfactory despite efforts to improve practices. There was poor understanding of injury and rehabilitation for occupational stress throughout the organisation, as well as inadequate rehabilitation services.

In 2004 service usage and satisfaction surveys were sent to 300 members who had lodged workers compensation claims or had more than 5 days of consecutive sick leave. The 65 usable surveys indicated both low levels of service knowledge and usage, as well as highly variable levels of satisfaction with services provided. This understanding led the QPS to negotiate additional research to inform new initiatives in the areas of health services, supportive leadership and early intervention.

Stage 1 Interviews

The purpose of Stage 1 data collection was to develop an understanding of current occupational rehabilitation systems and practices in relation to occupational stress from the perspective of key QPS stakeholders. Sixty-five in-depth interviews were conducted with 20 injured workers (IW) who had lodged workers compensation claims with a psychological component between 2002 and 2004. The 20 IWs were representative of the population of injured workers in terms of gender, rank, region and role, and there was equal representation of injured workers who were 'satisfied' and 'dissatisfied' with services received. Interviews were also conducted with 45 QPS internal service providers and managers, including 12 rehabilitation coordinators (RCs), seven workplace health and safety officers/coordinators (WHSOs/HSCs), 10 managers/supervisors, five Human Service officers (HSOs), four human resource managers (HRMs), four peer support officers (PSOs) and three chaplains. These service providers represented rural, regional and metropolitan areas. They were also representative of all members in direct support roles in terms of their experience in the role, gender and tenure.

All participants were interviewed about QPS occupational rehabilitation systems and practice, and the unique structure and culture of the organisation. Examples of the interview questions were:

- What is the experience of stress, the factors associated with its occurrence and its impact on the QPS?
- What is the current response of the QPS to stress?
- What is the level of knowledge of QPS services, usage by QPS members who have experienced stress at work or injury, and satisfaction with those services?
- What are the experiences and perceptions and outcomes for QPS members in relation to the injury management and treatment continuum in the QPS?
- What are the experiences and perceptions of key service providers within the QPS, barriers to rehabilitation and suggestions for improvement?
- What is the level of knowledge, awareness and training needs of QPS key service providers?

Findings indicated that prevention of psychological injury was significantly limited by a lack of attention to potential stressors and early signs of stress. Organisational culture was reported to include negative attitudes towards mental health issues, which delayed the reporting and addressing of stress-related problems. Access to the Early Intervention Treatment Program was limited due to both a lack of awareness about the program and a QPS policy requiring the lodgement of a workers compensation claim to participate in the program. The few participants who did use the service indicated that earlier access would have been useful.

Poor communication was reported as resulting in inaccurate information, distrust and reduced commitment to rehabilitation. This, in turn, contributed to unnecessary absences from work. Both dissatisfied and satisfied injured members also identified inconsistencies between rehabilitation policy and practice.

Professionalism was hampered by lack of qualifications and skills of internal service providers, who were also restricted by having to act in multiple roles. Lack of confidentiality was identified as a major issue by many of the participants. The negative perceptions about rehabilitation practice were compounded by the view that the QPS is unchangeable, making participants doubtful of any real changes occurring in future.

The process of return to work was also hampered by inflexibility in providing suitable duties, staff shortages and negative attitudes of supervisors. The nature of operational police duties and organisational structure was seen to limit the efforts of rehabilitation support providers in returning injured members to work in a safe and timely manner.

In an effort to address the systemic issues identified above, additional staff were employed to deliver more holistic and integrated health services (QPS, 2006). The Supportive Leadership program has been extended, with workshops focusing on early recognition of workplace conflict and strategies to address these issues before they escalate. There is also a proposal to introduce a consultancy service to assist managers in dealing with specific staff issues and workshops to address organisational culture issues with junior female staff and engaging constables to become role models for junior staff (QPS, 2006). A 'Health Start' screening initiative is continuing to provide health assessments and adding a telephone health coaching service to follow up on assessment results. It is also proposed to extend the Health Start program to the partners of members in remote areas (QPS, 2006). The QPS is recruiting 10 new injury management and training staff to address unmet needs, and will emphasise prevention through a support and counselling program (QPS, 2006).

Despite these initiatives the QPS has ongoing concerns about their occupational rehabilitation systems to deal with occupational stress. It wants to measure improvements resulting from the implemented initiatives, as well as continue research into occupational rehabilitation needs. Specifically, the need to identify potential solutions to occupational rehabilitation issues from the perspective of all QPS stakeholders was discussed with the research team.

Stage 2 Focus Groups

The purpose of Stage 2 is to integrate findings from Stage 1 with actions taken since then to facilitate the management of occupational stress within the QPS through the development of effective occupational rehabilitation processes and systems. Stage 2 data collection involved conducting three focus groups that included:

1. ten IWs who returned to work after injuries requiring at least one month off work and three months of rehabilitation since 2004
2. ten members in direct support roles (RCs, direct managers/supervisors, HSOs, PSOs, Chaplains and union representatives) to IWs since 2004
3. ten decision-makers about rehabilitation policies and practices in higher management levels of the QPS, including district and regional managers, HRMs and HSCs.

Each group was given a brief overview of the main findings from the first stage of data collection, as well the outcomes of changes made to rehabilitation systems and processes since 2004. The aim of each group was to generate a list of suggestions about injury prevention and rehabilitation processes and systems for the QPS. The issues for discussion were presented in three major topic areas:

1. Injury prevention issues including recognition and early management of stressors and stress signs.
2. The rehabilitation process postinjury including support available within the QPS, attitudes to injury and stress, communication and confidentiality.
3. Return-to-work processes and issues including availability of suitable duties and communication with direct supervisors.

A preview of focus group data suggests that there are continuing significant issues with injury prevention, rehabilitation and return-to-work processes in the QPS. A common theme was that while the police commissioner is an excellent leader, other high level members of the organisation are not demonstrating sufficient commitment to addressing occupational stress and rehabilitation issues, making the role modelling efforts of middle management difficult. All three groups discussed the need to increase acknowledgment of occupational stress issues at all levels and to promote more positive rehabilitation practices. The need for additional resources including both general staffing levels and more time for support roles was also recommended. The issue of resources was linked to more effective recruitment procedures to attract the best staff, as well as to get the most suitable members into support roles. Human resources also need to be maintained via more effective training of members to prevent injury and reduce attrition. Focus group members suggested further improvements in rehabilitation structures including clarification of the range of support roles and senior members taking responsibility for prevention and rehabilitation in their area. Strategies to increase accountability were suggested, especially in terms of reducing the gap between policy and practice and to increase prevention and rehabilitation understanding at all levels within the QPS.

Data collected to date are being used by a QPS injury management working party to generate ideas to address these issues. The researcher is a participant on this group and will therefore be involved in QPS internal decision-making processes about further change strategies. Further focus groups have been organised to gain input from rural and remote areas. There are also plans to use an on-line prioritisation process to further refine ideas generated by the focus groups. This will allow all QPS members to influence future improvements to systems that will reduce occupational stress.

Discussion

The findings of this study highlight the need for all members of the QPS to be involved in generating and supporting solutions to address occupational stress issues, and the importance of the QPS developing organisationally specific solutions. Furthermore, they demonstrate the value of taking a systemic approach to occupational stress and rehabilitation issues, and the benefits of using a PAR process to address the needs of the QPS.

Background data indicate the inadequacy of past occupational rehabilitation initiatives and a poor understanding among QPS staff of occupational stress and rehabilitation. This has resulted in low levels of knowledge, usage and satisfaction with these services.

Results indicate a range of issues pertaining to member involvement, including a general lack of attention to stressors and stress signs and negative attitudes to mental health issues within the QPS. It was found that internal support providers lack the skills and time to address stress related issues. There were delays to interventions to address mental health needs and poor communication around occupational rehabilitation processes.

Solutions suggested by focus group participants include increasing top management support for occupational rehabilitation to enhance the role modelling efforts of middle management, and changing organisational culture to increase acknowledgement of stress issues. There were also suggestions to develop more positive rehabilitation practices and to increase prevention and rehabilitation understanding at all levels of the QPS.

The issues and the solutions generated by participants indicate a need for processes to be implemented to ensure changes are owned and accepted by all staff. Lambropoulou (1995) identified that lack of acceptance of a new model within a workplace as a key reason for failed implementation. The lack of worker involvement and focus on organisational climate has been found to induce resistance to organisational change (Kenny, 1995; Schurman & Israel, 1995). This may partly account for past failures of QPS prevention and rehabilitation initiatives. The shared perceptions of all individuals within a work environment form the basis of their organisational climate (Wallace, Hunt, & Richards, 1999). To improve organisational climate, a shared understanding of goals and supportive leadership is required (Cotton, 2004).

Occupational stress needs to be managed in the workplace and solutions should be specific to the organisational context (Dollard, 2003; Giga, Cooper, & Faragher, 2003; LaMontagne, 2001). How members of a workplace behave and expect others to behave impacts on occupational stress and rehabilitation (Cotton, 2004; Muchinsky, 1997). The QPS has recognised the importance of developing its own organisationally specific solutions, including more holistic and integrated health services to improve its organisational climate and the mental health of members. The QPS commitment to developing its own solutions to occupational stress issues is demonstrated through its active engagement in the PAR process and ongoing improvement of prevention and rehabilitation systems.

Other issues that impacted negatively on stress levels and rehabilitation processes within the QPS included the nature of operational police duties, the organisational structure, and the perception of members that the QPS climate and structure cannot change. These indicate the need for a systems approach to addressing occupational stress, taking account of the integral link between the 'health' of the organisation and its individual workers (Davies, 2003). As Harrison (1999) suggests, organisational health interventions require a shift towards an increased focus on systemic conditions created by management and organisational dynamics.

The PAR process is ideally suited to developing effective occupational rehabilitation systems in large complex organisations, due to its focus on promoting ownership of the research process and outcomes by participants (Babbie, 2001; Whyte, 1998). Within the QPS, the PAR process is being used to continually improve the occupational rehabilitation system by examining the applicability of prevention and occupational rehabilitation strategies to address stress issues within the specific organisational context of the QPS. The initial findings of this study suggest that the involvement of members at all levels of the organisation through the PAR approach is important to the long-term success of the QPS change process.

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