Employees' perceptions of the management of workplace stress

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Running head: Employees' perceptions of workplace stress

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Abstract

The purpose of this study was to explore how employees perceive their organization's efforts to address the management of stress in their workplaces and to examine differences based on demographic variables of organizational location and size. A convenience sample of 85 people at an international disability management conference completed a Management of Stress in the Workplace Questionnaire. Results of this survey indicated that employees were not positive about their organizations efforts to manage stress in either prevention or rehabilitation activities. Employees from smaller organizations rated their workplace environments more positively than larger organizations. A perceived high incidence of stress in an organization was negatively related to perceptions about the work environment. Lower perceived levels of stress-related compensation claims were associated with higher ratings of prevention and higher workplace environment ratings. Effective disability management programs need to address a range of individual, organizational and system factors that cause and exacerbate stress injuries. In addition to the provision of a range of prevention and rehabilitation services, it is important that organizations look at ways to improve workplace culture and, by association, job satisfaction and workplace morale.

Introduction

Workplace stress continues to be pervasive in many Western countries, resulting in economic and social costs for employees, their families, organizations and governments. In the United States, the estimated cost of workplace stress is \$300 billion annually in terms of absenteeism, reduced productivity and turnover, and in the United Kingdom, stress costs the economy 10% of its Gross National Product (Amble, 2006), with half of all working days lost each year due to this condition (Townsend International, 2010).

In Australia, the economic cost of workplace stress is nearly \$15 billion per year, with a direct cost to employers of over \$10 billion (Medibank Private, 2008). Although during the period 2002 to 2008 there was a decrease in workers' compensation claims numbers in Australia for all injury types, including 'mental stress' (Safe Work Australia, 2010), the average cost of stress claims remains disproportionately high compared to other injury types. For example, the duration of absence from work for 'stress disorders' averaged 20 weeks compared to 10 weeks for all other injury types (NOHSC, 2006) and the median cost of stress claims was at \$13,800 compared to \$5,800 for other claims (Safe Work Australia, 2010).

Work-related stress is a complex issue involving environmental, work life and personal factors. Addressing the causes of workplace stress has been a focus of recent research globally (Leka & Kortum, 2008), and it is now recognized that both individual behaviour and the sources of stressors need to be considered for effective reduction of this condition (Dollard, 2003; Giga, Cooper & Faragher, 2003). Focusing on getting stressed workers better, only to return them to the work environment that contributed to their injury, has been shown to be ineffective (Giga et al., 2003). Interventions at the organizational level are therefore critical as many stressors are able to be controlled by employers. These include excessive work hours, unreasonable performance demands, health and safety risks,

lack of autonomy, poor communication, role ambiguity, job insecurity, workplace conflict, and bullying and harassment (Ahsan, Abdullah, Fie & Alam., 2009; Amble, 2006; Medibank Private, 2008). These factors, taken together, reflect the culture of an organization, and improving organizational climate through supportive leadership and a shared understanding of goals contributes to a positive work environment that is conducive to good mental health and employee motivation (Bell, Kulharni & Dalton, 2003; Cotton, 2004). In short, effective stress management is as much an organizational change process as it is about individual interventions (McAnaney & Wynne, 2006).

Legislative and policy systems designed to assist injured workers can also unwittingly contribute to stress-related injuries and stymie rehabilitation efforts. For example, Kendall and Muenchberger (2009) found that the compensation system actually exacerbates psychological injuries as a result of the conflict between stakeholders. The adversarial nature of the system takes the focus away from assisting injured employees to return to work and instead pits health professionals, employers, unions, lawyers and insurers against each other as each defends their position. Ironically, the process intended to assist the worker becomes the causal factor of ongoing stress, further minimizing the chances of a successful return to work.

Given the contextual factors in the workplace that contribute to stress and the negative impact of the workers compensation system it is imperative that employers implement processes to prevent and manage these injuries. An intervention model that is consistent with this approach is disability management. Companies that implement effective disability management programs have workplace cultures, management structures, management attitudes and business processes that support rehabilitation of injured employees (Akabas, Gates & Galvin, 1992; Buys & Randall, 2009; Matthews, 2006; Randall, Buys & Kendall, 2006). Components of disability management programs include

prevention, integrated claims management, early intervention and return to work case management (Buys & Randall, 2009).

Prevention of stress-related injuries can involve a range of activities and interventions at the organizational level. Collection of data to identify job-related risks to mental health and implementation of wellness initiatives and support mechanisms is important to address workplace issues that contribute to stress (Goldman & Lewis, 2008). Reducing high workloads, role ambiguity, role conflict, unrealistic performance expectations, workplace conflict and job insecurity can significantly decrease the incidence of stress (Ahsan et al., 2009; Medibank Private, 2008). The nature of the intervention will depend on the source of stress. In some organizations changes to workplace culture are necessary, while in others the implementation of health promotion, employee assistance and wellness programs is required.

Where stress does occur, early identification and intervention is important (Smith, 2009). Providing support to employees when they are distressed can prevent long term absence from the workplace and facilitate an early return to work (Matthews, 1998). This is important because being away from the workplace can lead to a further deterioration in mental health, exacerbating anxiety and depression and contributing to family dysfunction and social withdrawal (Harder & Scott, 2005; Matthews & Hawkins, 1995; Tugman & Palmer, 2006). Return to work case management, with a focus on the work environment, is a key feature of disability management programs. In this approach organizations place primary emphasis on the environmental barriers, not just individual factors, which are preventing a return to work (Buys & Randall, 2009). The issue therefore is not whether the worker can return to work but what accommodations are required for this to happen. With stress-related injuries psychological, social and environmental dimensions of the

workplace are assessed and changes implemented to ensure a safe work environment (Matthews, 2006; Shrey & Olsheski, 1992).

Companies with exemplary disability management programs also recognize that distinguishing between work and family life in relation to the cause and impact of disability serves little purpose. They provide services regardless of whether the injury is work-related and non work-related, avoiding the deleterious affects of adversarial compensations systems (Kendall & Muenchberger, 2009). They also acknowledge the social consequences the injury extend beyond the workplace and therefore include the family in rehabilitation planning, offer personal, family and posttraumatic stress counselling as part of EAP programs, and financial support if required (Dembe, 2001; Forbes et al., 2007).

While there is considerable evidence to support the disability management approach (e.g. Amick et al., 2000; Shrey, 1995), there is minimal research into its application to the management of work-related stress (Kendall & Muenchberger, 2009). In particular, there is a lack of research into *employees'* perceptions of the extent to which their employers implement effective disability management, despite one of the key principles of this approach being consensus-based program development involving labour and management (National Institute of Disability Management and Research, 2000). The current study aimed to address this issue through a survey of employees' perceptions of disability management in their own organizations. Specifically the study had the following aims:

1. To explore how employees perceive their organizations' efforts to address the management of stress in their workplaces;
2. To examine differences in the management of workplace stress based on organizational location and size;

3. To explore relationships between the incidence of stress, management of stress, and the number and likelihood of compensation claims.

Method

Participants

A convenience sample of 600 people attending an international conference on disability management in Berlin, Germany was asked to complete the Management of Stress in the Workplace Questionnaire. Eighty-five attendees completed the survey representing a response rate of 14%. Of these responses 84 were usable. The relatively low response rate was partially a result of the fact that the first language of a number of conference attendees was not English, restricting their capacity to complete the survey. It is also probable that not all conference participants saw the relevance of the survey to their situation such as consultants or sole traders. Respondents were involved in a range of roles in the area of disability management including owner/manager (27%), disability manager (17%), human resource manager (3%), academic/researcher (11%), claims manager (6%), and other (36%). The other category included roles such as doctor, medical director, vocational rehabilitation manager, risk manager and operations manager. Respondents' regional location included Europe (63%), North America (24%), Oceania (11%), Asia (1%) and Africa (1%). Company type included health and community services (23%), government agency (21%), finance, insurance, property (13%), education (12%), manufacturing (6%), transport (4%), retail trade (2%) and other (19%).

Data collection and analysis

Data was collected using the Management of Workplace Stress Questionnaire. This instrument was designed for the study by the authors as no existing questionnaire could be located that adequately measured the phenomena of interest. The purpose of the instrument was to obtain respondents' perceptions on how their organization addresses prevention,

treatment and rehabilitation of workplace stress. The instrument consisted of two sections.

Section 1 collected information on the primary country in which the organization was located, organizational type, location (rural, city or both), number of employees, and respondents' role within the organization. Organizational size was classified into three groups: small = <100 employees, medium = 100-1000 employees, and large = >1000 employees.

Section 2 consisted of 30 statements and three open-ended questions concerned with the organization's approach to managing workplace stress. The statements required respondents to indicate their level of agreement on a 6-point Likert scale ranging from "Strongly disagree" to "Strongly agree". Examples of statements included: "My organization has a clear policy about the management of workplace stress", "My organization does a good job of preventing the incidence of workplace stress", and "My organization follows up quickly to assist workers with a stress condition to return to work". The three open-ended questions asked about how the organization informs employees about its workplace stress management policy, what areas of work in the organization have been identified as having risks and what services are provided by the organization to manage workplace stress. With the agreement of organisers, the survey was included in the conference satchels and several announcements made during the conference encouraging attendees to complete and return the survey to a sealed box located at the registration desk.

The quantitative data was analysed using descriptive statistics based on frequency data and correlation. A factor analysis was conducted on the data, which indicated that there were three main sub-scales, best described as Prevention, Rehabilitation and Workplace Environment. These scales were found to have high levels of internal consistency (Prevention, $\alpha = .909$, Rehabilitation, $\alpha = .946$, Workplace Environment $\alpha = .833$).

Descriptive statistics were used to summarise data on the demographic variables and Analysis of Variance (ANOVA) used to examine differences among the demographic (independent) variables in relation to the scales. Relationships were explored between the incidence of stress, an organization's management of workplace stress, and the likelihood of receiving compensation claims for workplace stress using Pearsons correlations. Responses to the open-ended questions were analysed using a thematic categorisation approach recommended by Neuman (2005).

Results

The results of this survey indicated that respondents were not overly positive about the way in which their organizations manage workplace stress. Table 1 reports mean scores and standard deviations for the survey items.

Insert Table 1 here

Mean scores on individual survey items ranged from 3.06 to 4.85 (3 = Somewhat disagree, 4 = Somewhat agree, 5 = Agree) on the six point scale with no mean score exceeding five. Given the low range in scores and relatively high standard deviation the results should be interpreted with caution. The area of prevention appeared to be the main area of concern, particularly in areas of stress prevention training, collection and analysis of data to inform prevention efforts, assessing risk relating to stress and provision of safety programs to address workplace stress. The one area of prevention that was perceived to be adequate was the provision of a process to minimize physical risks in the workplace. Rehabilitation items were rated somewhat more positively with most mean scores approaching or exceeding 4. Areas perceived to be handled best were the provision of workplace accommodations and monitoring and follow up of workers, while the area of most concern

was the training of supervisors to assist workers with a stress injury to return to work. In the sub-scale of workplace environment the items rated most highly were the level of job satisfaction in the organization and level of trust between management and employees. However, the mean scores only just exceeded 4 on the scale.

Differences in the management of workplace stress were examined based on the demographic variables of regional location (Europe, North America, Australasia), size of organization in terms of number of employees and organizational location (city vs. rural). No differences were found based on regional or organizational location. However, significant differences were found in terms of the size of organization and workplace environment. Respondents from smaller organizations (<100 employees) rated their workplace environments significantly higher than medium or large organizations on issues such job satisfaction, levels of trust between management and employees, joint resolution on ways to manage stress and organizational commitment to deal with issues causing stress ($F = 8.75, p < .001$). No significant difference on this variable was found between mid (100-1000 employees) and large (>1000 employees) organizations.

Relationships were examined between the incidence of stress, an organization's management of workplace stress, and the likelihood of receiving compensation claims for workplace stress. It was found that a perceived high incidence of stress in an organization was significantly and negatively related to perceptions about the work environment. Specifically, higher levels of reported stress in organizations were significantly associated with lower ratings of workplace environments (i.e. less work satisfaction, lower levels of trust between management and employees, less proactive action to resolve issues causing workplace stress) ($r = -.404, p < .001$). Further, lower levels of compensation claims were significantly associated with higher ratings of prevention ($r = .331, p < .006$) and higher workplace environment ratings ($r = .442, p < .001$). A higher likelihood of making a claim

was significantly negatively associated with higher ratings of the workplace environment ($r = -.230, p < .05$).

Three open-ended questions were included in the survey. The first item was: How does your organization inform workers about the workplace stress management policy? This question yielded a number of responses that included email, intranet, information sessions, induction training, operations manuals, posters, staff training, company newspapers, personal contact, on-line bulletins, telephone helplines, information brochures, staff meetings and via health & safety policies. It is significant that 15 of the 48 responses (31%) indicated that there was no formal communication of a policy.

The second item asked: What areas of work in your organization have been identified as having risks? Responses varied depending on the type of organization. However, they can be broadly classified into themes that include occupational roles, job characteristics and worker characteristics. Occupational roles identified as having a high risk in terms of stress included case managers, office workers, supervisors, front office and customer service roles, nursing, surgeons, managers, human resource managers, marketing, researchers and teachers. Job characteristics identified as causing stress included high workloads, time pressures, long hours, lack of resources, lack of supervision, lack of control, shift work, constant change, exposure to physical risks, multi-tasking, adversarial management style, unrealistic performance expectations, tight deadlines, conflict with colleagues, client expectations, aggressive clients, production deadlines, poor work-life balance and emotional work. The only worker characteristic identified with high stress was being an 'older worker', but the association between age and stress was not further explained. The most often identified characteristic causing stress was high workload (11 out of 39 responses: 28%).

The third open-ended item was: What other services (if any) does your organization offer workers to help them manage workplace stress? Responses were classified into work arrangements and services. Work arrangements included flexible working conditions, mandated working hours, provision of mentors, job sharing, workplace and job accommodations, opportunities to attend seminars and case conferences on complex issues. Services available through the workplace to manage stress included counselling, wellness information, family support services, employee assistance programs, workplace health promotion, extended health benefits, gym facilities, manager training, doctor consultations, personal coaching, occupational health services, support groups, on-line help services, relaxation programs and workplace stress analyses.

Discussion

It is important that organizations continue to examine ways of managing stress in their workplaces in an effort to reduce the direct and indirect costs associated with absenteeism, staff turnover and decreased productivity. However, the results of this study indicate that employees are underwhelmed by the efforts of their employers to address this issue.

Disability management involves integrating prevention, rehabilitation and absence management efforts within a supportive workplace environment. Participants reported insufficient attention by their organizations on prevention despite this being a key process in disability management (Shrey et al., 2006). In particular, there were concerns about the organizations' level of activity in areas such as the collection and analysis of data, stress prevention training, assessment of risk relating to stress and provision of safety programs to address workplace stress. Collection of data related to injury types and incidence, and costs and duration of claims is fundamental to the design of prevention programs (Harder & Scott, 2005; Mital, 1995) such as safety training, wellness programs and hazard reduction yet this was the most poorly rated item on the survey. Given that this data is the

starting point for prevention efforts it is not surprising that assessment of risk and provision of safety and stress prevention programs also received low ratings. This issue was further reinforced by the qualitative data. Participants identified a range of occupational roles and job characteristics in their organizations that were areas of risk. Unless organizations commit resources to this area they will find it difficult to identify and manage workplace stress.

Organizational efforts in rehabilitation were rated somewhat more positively, although the findings were still modest given the importance of effective return to work programs. Employers were rated most highly on provision of job accommodations and monitoring and follow up of workers, followed by provision of alternative work. While these types of interventions are critical in facilitating an early return to work they cannot occur in isolation. Workplace factors that caused the stress must be addressed as part of rehabilitation management in order to avoid re-injury (Dollard, 2003; Giga et al., 2003). The area of rehabilitation rated lowest was training of supervisors to assist workers with a stress injury to return to work. Involvement of line managers in supporting the return to work process has been shown to be an important component of an integrated disability management program and they need to be trained to facilitate return to work programs (Paton, 2010).

Compared to the sub-scales of prevention and rehabilitation, items related to work environment were rated relatively highly (i.e. level of job satisfaction and trust between management and employees), although it must be borne in mind that these ratings represent only modest agreement on the survey item scale. Job satisfaction and trust are important elements in buffering the impact of stressors such as high workload. Workers who have high levels of job satisfaction and morale have higher levels of resilience when they face operational stressors in the workplace (Cotton, 2005). However, in the absence

of effective prevention programs there is a limit to which a positive work environment can buffer the impact of excessive stress or adverse traumatic events in the workplace.

It was found that employees in smaller organizations (i.e. less than 100) rated their work environments significantly higher than larger organizations on job satisfaction, level of trust between management and workers, joint resolution on ways to manage stress and organization commitment to deal with issues causing stress. This result is consistent with other studies that have found that smaller organizations have high rates of job satisfaction, less absenteeism and fewer turnovers than larger organizations (Akintayo, Onabanjo & Bablola, 2008; Geoffrey, 1989). These findings may be related to the impact of the division of work on worker-management relationships (Geoffrey, 1989). In smaller workplaces, where work is less divided, relationships are more harmonious than in large industries. Presumably, this leads to higher levels of trust between employees and management in small organizations and thereby increases the likelihood that labour and management will work cooperatively to implement solutions to issues that are causing high levels of stress.

A related finding was the strong relationship between stress and negative perceptions of the work environment. A perceived high incidence of stress was associated with less job satisfaction, lower levels of trust between management and employees and less pro-active action to resolve issues causing stress. This relationship has been found across a number of industries (Ahsan et al., 2009; Johnson et al., 2005), and given the increasing incidence of stressful workplaces resulting from longer working hours, increased productivity and multi-tasking, the importance of a positive workplace culture is even more apparent. In this study the impact of a negative workplace environment can also be seen from its positive association with the perceived number and likelihood of making stress-related compensation claims. However, given previous research (Gice, 1995; Greenwood & Wolf,

1987) it is not surprising that workers who perceive the workplace environment to be negative and have low levels of job satisfaction are more likely to lodge a workers compensation claim when unable to cope with workplace stress.

These findings have a number of implications for disability management practice in relation to workplace stress. A systems approach to disability management is required to address the range environmental factors that impact the prevention and rehabilitation of occupational stress injuries (Buys & Randall, 2009). Participants identified a range of stressors that impact their workplaces, many of which are under the employer's control (e.g. high workloads, lack of resources, lack of supervision, and production deadlines). In the broadest sense this also includes the creation of a positive workplace culture, supportive leadership and open communication, as well addressing the individual and organizational antecedents of the stress. Workers with stress injuries will not successfully return to work in an environment characterised by low job satisfaction, morale and mistrust.

It is also clear that organisations need to improve their performance in providing high quality disability management programs, which are underpinned by policies that are clearly understood by workers. It is significant that over 30% of companies in this study had no formal mechanism to communicate their health and safety policies, and few had a specific policy on mental health. This is not an isolated situation. For example, a UK survey of 800 companies that found that while 98% viewed mental health as a serious matter, less than 10% had an official policy providing guidance to manage this issue (Amble, 2006).

Limitations of the study and future research

The major limitation of this study was the nature and size of the survey sample. A convenience sample was used consisting of attendees at an international conference on

disability management. Participants were therefore drawn from a population that was involved or interested in disability management and so their views cannot be seen as representative of the broader population of workers. The sample size was also small, limiting the analysis of the data and the generalizability of the results. The questionnaire used in the study, while shown to possess reasonable reliability, lacks established validity, and therefore the degree to which the instrument measured the relevant constructs maybe questionable. Further research using a larger sample is needed to refine the survey instrument and establish its reliability and validity. A larger sample will also provide the effect size required to examine the influence of a range of independent variables, including type of industry, regional differences and size.

CONCLUSION

Interventions that address workplace stress are required globally and disability management has been identified as an important vehicle to implement relevant policies and practices. The lack of confidence of workers in their organization's efforts to adequately manage workplace stress that is reported in this study however suggests the need for improvement in the disability management policies and practices that are designed to minimize the incidence and impact of workplace stress.

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Table 1: Means and standard deviations for survey items

	Mean	SD
Prevention		
My organization has a process to minimize physical risks in the workplace	4.85	1.07
The risk assessment process used in my organization has revealed workplace risks that could lead to workplace stress	3.81	1.28
In my organization workers are encouraged to report issues in the workplace that might cause high levels of stress	3.71	1.34
My organization has a clear policy about the management of workplace stress	3.65	1.46
My organization does a good job of preventing the incidence of workplace stress	3.62	1.26
In my organization workers are well trained to identify issues in the workplace that may cause high levels of stress	3.46	1.29
Workers in my organization are well informed about the workplace stress management policy	3.33	1.42
My organization has a clear process for assessing the risks relating to workplace stress	3.29	1.32
My organization has a safety program to address workplace stress	3.28	1.22
My organization provides mental health first aid training to workers	3.18	1.47
My organization provides stress awareness training for all workers	3.17	1.48
My organization collects data on workplace stress to identify causes and solutions	3.06	1.35
Rehabilitation		
In my organization workplace accommodations are made to help workers with stress condition to RTW	4.37	1.31
My organization monitors and follows up on workers who are absent from the workplace	4.28	1.45
My organization provides alternative work/retraining to workers with stress condition who cannot return to their old job	3.95	1.47
My organization provides critical incident support/ debriefing for workers who experience a traumatic event	3.95	1.53
My organization provides effective return to work programs to workers with a stress condition	3.94	1.38
My organization regularly conducts job satisfaction surveys among workers	3.83	1.66
My organization follows up quickly to assist workers with a stress condition RTW	3.81	1.43
My organization provides rehabilitation for workers with non-work related stress as well as work-related stress	3.80	1.48
My organization regularly communicates with workers with a stress condition while they are off work	3.79	1.51
My organization provides treating doctors with information about workers job to help them make decisions about RTW	3.77	1.66
Supervisors in my organization are trained to help workers with a stress condition to return to work	3.45	1.41
Workplace environment		
In my organization most employees have a high level of job satisfaction	4.23	1.11
In my organization there is a high level of trust between management and employees	4.06	1.30
In my organization management and employees jointly work out ways to manage stress in the workplace	3.63	1.29
In my organization management responds quickly to deal with issues that are causing high levels of workplace stress	3.55	1.35