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Evaluating organizational stress-management interventions using adapted study designs

Organisational intervention studies to date have produced very disappointing results; the interventions have usually failed. Reasons for this are discussed and tested.

The argument that work organisation factors lead to stress, which leads to adverse health effects, would be considerably strengthened if it were shown that changing those factors had a preventive effect. If it did, then causation would be much more certain and it would be possible to design accurate interventions. Such interventions, or their absence, would then help determine whether or not an appropriate standard of care had been applied.

The regulator has already adopted a risk assessment/intervention approach to stress management and claims it is evidence-based. There has been an assumption that since certain features of work organisation are associated with higher rates of reported distress that tackling those features would reduce those rates.

The authors report that as yet, there is not sufficient evidence to justify this choice of regulation. Many studies have failed to show any beneficial effect.

In practice, interventions are often piecemeal so, group outcomes are diluted by incomplete changes in exposure. If only those who individuals who actually received an intervention were included in the study of outcomes, there might be a stronger indication that the intervention had worked.

The results of a small study of railway workers and health professionals showed that improvements in well being were found among those who were actually aware of the intervention. Among the groups as a whole, there was no significant effect of the interventions.

In both studies the researchers went to elaborate lengths to identify a single stressor which had strong meaning to the workers involved and to find ways to change it.

Comment
At first sight, this study both explains why intervention studies have failed to show any benefit to date and, poses an additional complication. The implication is that studies have failed because interventions have not actually reached enough of the people who were reporting distress. But, in both studies reported here it is not certain whether the intervention itself or the awareness of the intervention (and its meaning) was the effective factor in reducing reported levels of distress. [Knowing that a cause of concern has been addressed could be just as effective as the action taken, those who did not know about the intervention were, none-the-less, able to take advantage of the intervention even if by accident]. In our view, some interventions would work better if they were highly publicised, some would work regardless of specific awareness.

The study provides some support for a stress risk assessment/ intervention strategy. In our view, it is significant that a great deal of expert effort was invested in identification and specification of the appropriate intervention i.e. one that had strong meaning to the workers.

HSE have promoted the idea that more than 1 million UK workers are suffering ill health effects from stress at work. This number has continued to increase steadily since they began to publicise proposed causes and solutions.