Preventing and reducing workplace stress: A pilot study involving two frontline human service organisations

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Pilot project – Background

• Human and economic costs of chronic job stress
  – Burnout, work-life conflict, sleep disorders, high accident risk
  – Increased labour turnover, error rates, client dissatisfaction, impaired performance

• Frontline human services vulnerable to high levels of job stress
  – Five occupations with the highest frequency rates for mental stress claims are all from human services (Safe Work Aust 2013)
    • Police, prison officers, paramedics, welfare & community workers, social workers

• Key limitations of existing job stress intervention research
  – Focus much more on intervention effectiveness rather than process & contextual factors that contribute to effectiveness
  – Little known about how to plan, implement & evaluate work-based stress prevention programs, especially in high demand – low resource working environments
Pilot project – **Background**

- **Project Aim**
  - Demonstrate the types of strategies organisations can use when identifying and addressing the work-based sources of job stress

- **Project partners & participating work groups**
  - Victoria Police
    - Junior officers based in two, 24-hr police stations
    - Consist of 8-10 sergeants supervising 25-30 junior officers
  - EACH Social and Community Health
    - Counselling Services, consisting of....
      - Eight teams of counsellors (e.g., drug & alcohol, gambling, youth, victims of crime) each with approx 10 members
Pilot project – Background

• Project consisted of three phases
  – Initial needs assessment & contextual analysis
  – Strategy development
  – Intervention implementation & evaluation

• Timeline
  2012 – 2014
Gain Management Support

Form Coordinating Group

Undertake Needs Assessment

Set Priorities & Goals

Strategy Development

Implement Strategies

Evaluate Processes & Outcomes

Gain Management Support

Noblet & LaMontagne, 2009
Intervention Aims

1. Asses the extent to which a work-based stress prevention/reduction program can enhance psychosocial working conditions and health outcomes among frontline human service personnel

2. Understand the context and process-related factors that can inhibit or enhance intervention effectiveness
Pilot project – Intervention

• Components of intervention – Victoria Police
  – Competency-based supportive leadership development and coaching program (LDCP) for sergeants
    • 180-degree assessment of the sergeants leadership competencies
    • 8-week coaching program (one per fortnight)
  – Modified online workload management system
    • Newly introduced system that had been used primarily to track correspondence
    • Expanded to provide an early-warning system for officers who may need additional support
  – ‘Handling Heavy Workloads’ training
    • Aims to help junior officers better manage large volumes of paperwork
Pilot project – **Intervention**

- **Components of intervention – EACH counsellors**
  - Competency-based supportive leadership development and coaching program (LDCP) for team leaders
    - 360degree assessment of the team leaders’ competencies
    - 8-week coaching program (one per fortnight)
  - Resiliency workshops
    - Included strategies for enhancing Individual and team-based resilience
  - Wellbeing day
    - Aimed at promoting positive mental wellbeing, preventing vicarious trauma & self-care
<table>
<thead>
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<th>Intervention components</th>
<th>(Management competencies)</th>
<th>Working conditions</th>
<th>Health outcomes</th>
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<td>LDCP</td>
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<td>Participative &amp; empowering</td>
<td>Skill discretion decision input</td>
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<td>HHW Training</td>
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Role ambiguity
Intervention
Leadership Development & Workloads Management

Leadership Development & Coaching

Modified WMS

HHW Training

LDCP
180° assessment
8 weeks coaching

Workload Management System
Recently introduced
Aided early warning

Heavy Workloads Training
Existing program with limited reach

Approach

- Dual work-worker strategies
- Participatory action research
- Internal capacity building
### Station 1 - T1 – T3 Survey Results

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>T1</th>
<th>T2</th>
<th>T1-T2 Δ*</th>
<th>T3</th>
<th>T2-T3 Δ*</th>
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Station 1 process evaluation - **Summary of results**

**Positives**
- Sergeants feel more competent & less stressed
- Members feel more supported
- Opportunities for trialing new behaviours, reflect & gain f/back

**Barriers**
- Lack of time to trial behaviours
- Initial skepticism
- Senior sergeants not involved initially

**Negatives**
- Group 180 assessments
- Lack of individual accountability
- Mixed response to internal coaches
- Program too short

**Enablers**
- High level buy-in (int/ext)
- Cohesiveness of station
- Facilitator’s credibility & approach
Intervention – Changes

• Provide sergeants with individualized rather than group-based feedback;
• Require each sergeant to develop an individual learning plan
• Develop a coaching contract that articulates the responsibilities that the sergeant and the coach have to each other during program
• Involve the sergeants’ direct supervisors (senior sergeants) in the program
  – attend the initial workshop
  – provide more info on how the program is designed to strengthen managerial competencies
  – ask them to provide regular feedback
• Ensure each sergeant has only one coach
## Station 2 – T1-T3 Survey Results

<table>
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<th>Outcomes</th>
<th>T1</th>
<th>T2</th>
<th>T1-T2 Δ*</th>
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Discussion

• Victoria Police
  – Signs that integrated LDCP and WLM can be effective
  – However initial improvement wasn’t sustained after 6mths
  – Turnover of sergeants in both stations a key contributor to T2-T3 reductions
  – Support for individual rather than group-based leadership development
## EACH Community Health – T1-T3 Results

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Discussion

• EACH
  – Indications that significant organisational change and competing demands initially experienced by team leaders were a barrier to developing & applying new behaviours
    • Merger with neighbouring CHS
    • Re-tendering process
  – However also evidence of recovery during the T2-T3 period
  – Recovery aided by booster sessions and continued involvement in LDCP after project had been completed
Limitations

• Design limitations
  – Quasi-experimental design means we cannot infer cause and effect
  – Small samples (and high turnover within samples) made it very difficult to identify significant changes
    • Both above highlight importance of NHMRC trial

• Small study focusing on one sector with tailored interventions
  – Involving two very different organisations enhances broader relevance of the results although transferability still limited

• Relatively high levels of readiness in participating organisations
  – Strong support from leaders within and outside participating work groups
Concluding comments

• Intervention sustainability difficult to achieve in a dynamic, high demand-low resource, human services environment
  – Recognising and capitalising on existing resources critical for maintaining improvements

• Study reinforces the importance of supervisory support and leadership development
  – Especially during first iteration of an ongoing series of planning, implementing, evaluating cycles

• Support for the action learning and capacity building initiatives more in the qualitative responses rather than survey results
Thank you!

Any Questions?