Workplace stress in Victoria:
Developing a systems approach

A summary report May 2006

Victoria
The Place To Be

VicHealth
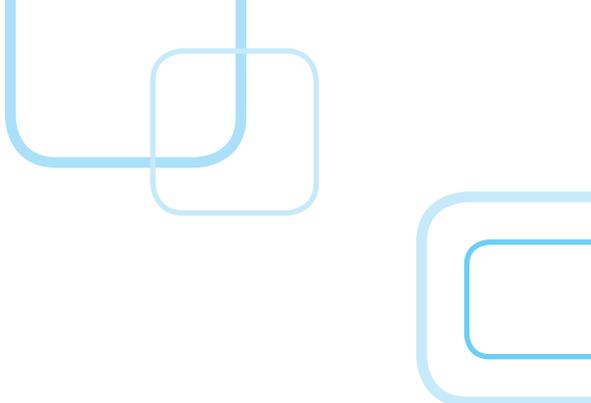
Workplace Stress in Victoria:
Developing a Systems Approach

Victorian Health Promotion Foundation Summary Document

May 2006

The full *Workplace Stress in Victoria: Developing a Systems Approach* report is available free of charge from the VicHealh website at:

How do you build a culture of understanding in a situation where it's all about individual contracts in the workplace and you separate the workers so that there's not even a collective spirit?

Union official
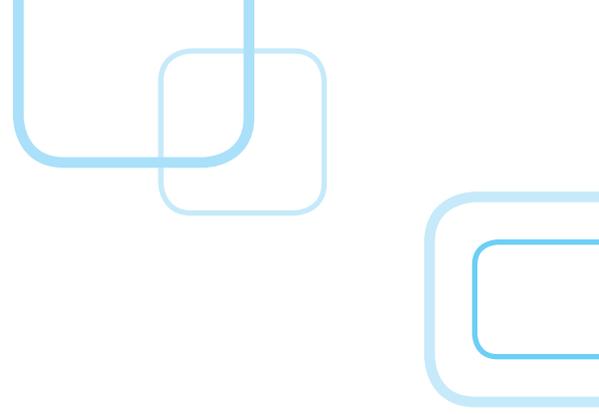
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Foreword

In recent years we have seen a rise in stress across all spheres of life, particularly in the workplace. Approximately 7.7 million Australians spend one-quarter to one-third of their waking lives at work so it is not surprising that we are seeing workplace stress emerging as a major cause of physical and mental health problems.

The direct cost of workplace injury and disease in Australia has been estimated at over $7 billion per year nationally. Research shows clear links between an individual's occupation and their health, with distinct differences between the experiences of blue-collar and white-collar workers, men and women and older and younger employees. Numerous studies have also documented the relationship between people's working conditions and their health behaviours such as smoking, unhealthy eating and lack of exercise. Economists have demonstrated that economic factors such as income and labour market status are also prime contributors to the psychological and physical health of individuals.

The Victorian Health Promotion Foundation (VicHealth), as part of its *Mental Health and Wellbeing Plan 2005-2007*, is exploring the links between work, stress and broader health outcomes to gauge the extent of the problem and identify ways of addressing it.

VicHealth has commissioned a University of Melbourne team, led by Associate Professor Anthony LaMontagne, to work with our Mental Health and Wellbeing unit to review national and international job stress research and investigate the effectiveness of using a 'systems' rather than 'individualistic' approach to address the issue.

The resulting report: *Workplace Stress in Victoria: Developing a Systems Approach*, offers compelling evidence that job stress is substantial contributor to the burden of mental illness, cardio-vascular disease and other physical and mental health problems. More importantly, this report also outlines ways forward to address these issues. Notably, the intervention review demonstrates that VicHealth's use of the determinants, or systems, approach to a range of other health issues is also the most effective approach to dealing with issues of workplace stress. We are pleased to see that VicHealth's general approach to health promotion also adds value to understanding and responding to this growing concern for working Victorians and their employers.

We believe this report will provide valuable knowledge for agencies and organisations, large and small, trying to understand and minimise job stress. I look forward to seeing some of the innovative solutions to workplace stress which will surely arise from this valuable and comprehensive research.

Dr Rob Moodie

Chief Executive Officer
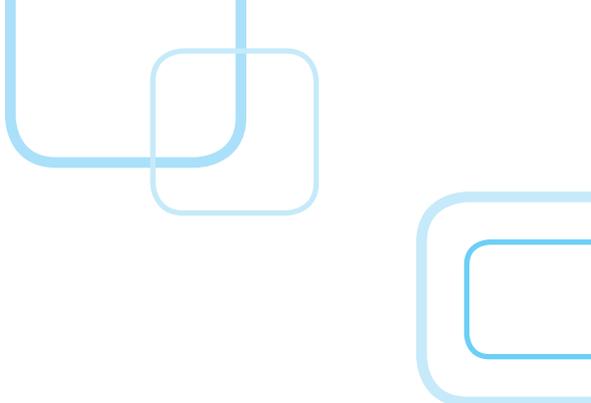
Introduction

Job stress is a large and growing concern for working Victorians. It is linked to a range of physical and mental health problems in employees as well as negative impacts on organisations, such as increased absenteeism and employee turnover.

Recognising the rising health costs of job stress and the importance of workplaces as sites for undertaking health promotion programs, VicHealth commissioned a research team from Melbourne University to review the evidence relating job stress to health and other outcomes, and to apply insights gained from that review to the current situation in Victoria. The researchers were asked to:

- review Australian and international evidence that job stress is related to adverse effects on employee and organisational health;

- review the evidence that a systems approach to job stress is more effective than other alternatives;

- assess prevalent practice in Victoria in terms of stakeholder views and activities on job stress;

- assess patterns of job stress exposure in a representative sample of working Victorians; and

- estimate the contribution of job stress to ill health among working Victorians.

The resulting report *Workplace Stress in Victoria: Developing a Systems Approach* found strong epidemiologic evidence that job stress predicts mental illness and mental health problems, cardio-vascular disease and various other adverse health outcomes. It found that job stress is a substantial public health problem, accounting for large preventable disease burdens, and deserving of a commensurate public health response.

The researchers also reviewed 90 published job stress intervention studies from around the world to extract lessons on ways of addressing the job stress problem. VicHealth was particularly interested in whether taking a systems approach – addressing the issue of job stress with a combination of organisational and individual approaches rather than focusing solely on individuals – might be the best way to address job stress.

The report concluded that systems approaches to job stress are more effective than other alternatives, yielding benefits to individuals, such as decreased stress and improved health, and organisations, particularly in terms of decreased absenteeism.

To gain a local perspective on the findings from the review of international evidence, the researchers examined the current situation with respect to job stress issues in Victoria. This involved a stakeholder interview study and a population-based profiling of job stress exposures among working Victorians. The interview study gauged current views and activities in the area of job stress among 41 stakeholder representatives from 29 Victorian organisations, including public and private employers, employer groups, trade unions and other employee advocates, researchers, and the Victorian WorkCover Authority.

One of the large fundamental causes of stress amongst our membership is job insecurity.

Union official
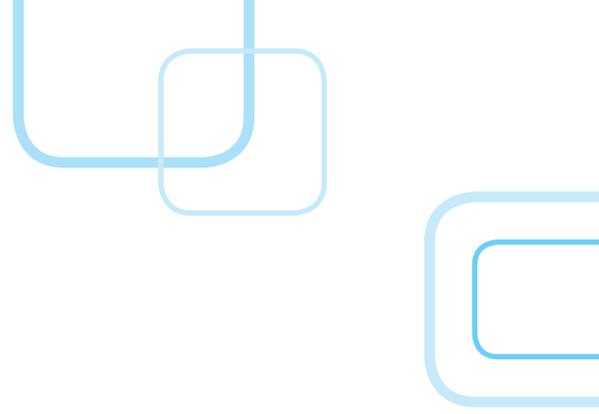
The interviews showed that most workplaces understand and manage job stress at an individual level. While some workplaces are achieving aspects of a systems approach to job stress, most recognise that what they're doing is not enough and are receptive to alternatives. Leadership on systems or public health approaches to support movement in this direction is currently limited, indicating a critical opportunity to advance systems approaches to job stress in Victoria.

To further characterise the job stress situation locally, the researchers looked at job stress exposures across a sample of 1101 working Victorians. The study showed that women are more likely to experience high job stress than men. It also showed that job stress is more prevalent in younger male and female employees employed in lower skill-level jobs than in older employees in higher skill level jobs.

Victorian job stress exposure patterns were then compared to stress-related workers compensation claims. Compensation statistics give an incomplete picture of the public health problem arising from job stress. Some groups that are highly exposed to job stress do make workers compensation claims as a result of stress-related ill health. The health and community services sector show a high prevalence of job stress and high stress-related workers compensation claims. However, other highly exposed groups do not appear in the statistics, despite the greater likelihood of adverse health affects. These less visible groups include younger employees in lower skill level jobs and precarious employees, especially women. This provides important new information for action, highlighting important new priorities for job stress intervention.

Victorian job stress exposure data was also used to estimate stress-related preventable disease burdens for two important chronic disease outcomes – cardiovascular disease (CVD) and depression. Job stress appears to be a substantial contributor to the preventable burdens of cardiovascular disease and depression among working Victorians, with up to one-third of CVD in men and up one-third of depression in women attributable to job stress.

Workplace Stress in Victoria shows that job stress is a serious public health problem in Victoria, but also that the problem can be addressed effectively using a systems approach. The Interview study outlines the current situation among Victorian stakeholders and the evidence provided shows which groups of working Victorians should be prioritised for intervention. This provides compelling justification and information for action in this area, with the promise of benefits to working Victorians and to the organisations employing them.

The full *Workplace Stress in Victoria: Developing a Systems Approach* report is available free of charge from the VicHealth website at: www.vichealth.vic.gov.au/workplacestress

Stress and culture are quite interrelated, so if I've got high levels of stress, I would make the assumption that I've probably got a less than satisfactory organisational culture. If I've got low levels of stress then I would think that I would be moving more towards a healthy culture of people wanting to come to work.

Senior manager
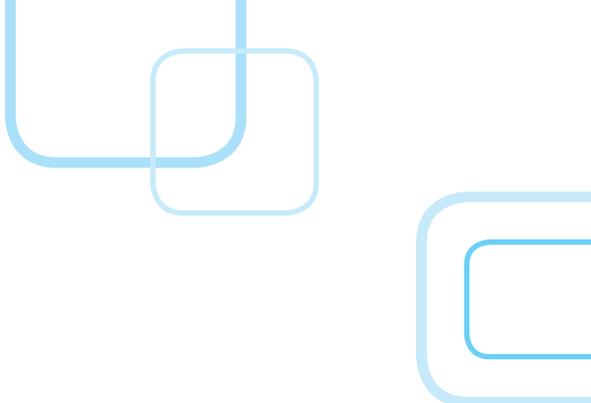
1. Job stress

Three relationships are known to be important psychosocial determinants of the mental and physical health of working people: the relationship between the employee and his or her job, between the employee and other people at work, and between the employee and the organisation.

While most recent attention has focused on how deficiencies in these areas are harmful, job stress concepts also show how work can be beneficial to health and wellbeing. Satisfying and health promoting work includes interesting and challenging duties, genuine responsibility, opportunity for achievement by the individual, recognition for such achievement, and scope for individual advancement and growth.

The job stress process begins with exposure to psychosocial stressors such as time pressure or physical stressors such as noise. Studies have shown that exposure to stressors can lead to a range of short-term physical and psychological responses, such as elevated blood pressure and tension or behavioural responses such as smoking. Those short-term responses can then lead to long-term health problems such as coronary heart disease, anxiety, or nicotine addiction and alcoholism. It is important to note that job stress adversely affects health both independently and in combination with stress-related behavioural responses, such as smoking.

A wide range of modifying influences including social, psychological, biophysical, behavioural and genetic factors can affect each step in the stress process. Depression illustrates how the complex steps and modifying influences of the stress process can compound job stress related health problems. For example an employee, depressed due to job stress may not be able to meet their normal work targets or maintain previous work performance levels. This can lead to further stress, distress and deepening depression. Recent evidence also suggests that the effects of job stress on enduring health outcomes may be greater among lower socio-economic or occupational status groups, most likely because they have access to fewer social and economic resources to buffer the effects of stress.

Job stress is a widespread concern in Australia and other Organisation for Economic Co-operation and Development (OECD) countries. It is also a concern across all employment sectors and occupational levels, and is a commonly reported cause of lost workdays and high staff turnover rates. In Europe, stress-related problems are the second most commonly reported cause of occupational illness following musculoskeletal complaints. Recent research has also shown job stress to be a major contributor to musculoskeletal disorders.

In 2000, a European survey showed roughly one-quarter of employees in the European Union reported job stress as affecting their health. A smaller, but still significant, percentage of employees reported having experienced other adverse psychosocial exposures in the previous year, including bullying, unwanted sexual attention and acts of violence. Although comparable figures are not available for Australian employees, they are likely to be similar with job stress and other psychosocial hazards representing a growing concern to working people, to the business community, and to society in general.
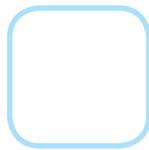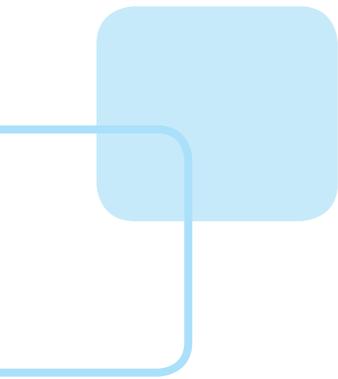
Measuring job stress

The most widely studied measure of job stress assesses the interaction of job control and job demands.

Job control reflects the way employees are able to use their skills and how much input they have in deciding how their work is done. Job demands can be physical – involving frequent lifting for example – and psychological, such as excessive workload.

Job strain, a specific measure of job stress, is the combination of low job control with high job demands. Job strain has been shown to have a strong relationship with cardiovascular disease, depression, anxiety and other health problems.

Another combination of control and demands shows how work can be health promoting. Jobs with both high demand and high job control are called 'active'. These jobs are stimulating and challenging and are sometimes linked to positive health and wellbeing.

Organisational justice is another job stress measure and includes procedural justice, or the perceived fairness or equity of decision making within the organisation, and relational justice which assesses the degree of perceived fairness and respect accorded to an individual by his or her supervisor. Perceived justice is associated with people's feelings and behaviours in social interactions. A series of studies from Finland has shown that low organisational justice is harmful to employee health.

Job stress and physical health

The link between occupational stress and adverse effects on physical and mental health has been well substantiated in a rapidly growing body of international research. Studies have linked occupational stress with physiological risk factors for cardio-vascular disease (CVD). Risk factors include hypertension and high body weight and CVD outcomes include angina, heart attacks, and coronary heart disease. Job strain, the most widely studied measure, has been shown to predict subsequent CVD outcomes in more than a dozen studies, including the widely known Whitehall studies of British public servants.

The recently published multi-country 'InterHeart' case control study, which included approximately 25,000 subjects, found a doubling of risk for heart attack from job stress as well as additional risk from non-work stress. Other physical health problems linked with job stress include musculoskeletal conditions, immune deficiency disorders and gastrointestinal problems.

Job stress and mental health

Psychological ill health, including anxiety, depression and emotional exhaustion, has been linked to a range of psychosocial working conditions, including management style, work overload and pressure, lack of job control and unclear work roles, in many national and international studies.
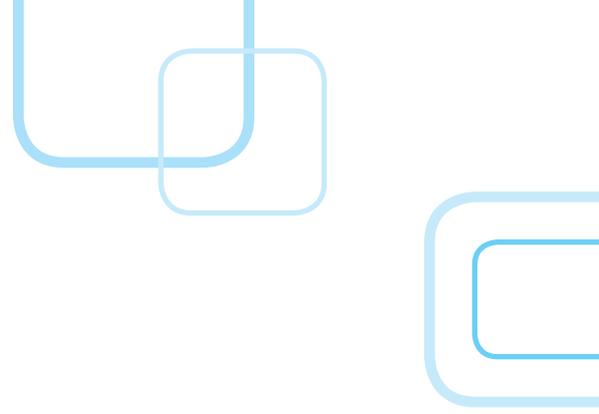
Job strain has been shown to increase the risks of depression and anxiety disorders among women by at least two to threefold in international studies. Job strain-associated risks of depression tend to be smaller among men. Two recent Australian studies examined relationships between job strain, job insecurity and mental health in a sample of 1188 middle-aged professionals in the Australian Capital Territory. After adjustment for socio-demographics and negative personality, they found that job strain was associated with a two to three-fold increase in both depression and anxiety.

In the same study job insecurity was independently associated, over and above the effects of job strain, with three to four-fold increases in poor self-rated health, depression and anxiety. Based on these findings, the investigators combined job strain with job insecurity to create a new measure called 'job pressure.' The study showed extremely high job pressure dramatically increased the likelihood of employees experiencing depression (14-fold) and anxiety (13-fold). These findings highlight the substantial health risks of the rising trend of combined exposures to job stress and job insecurity, even among mid-career professionals of middle to upper socio-economic status.

Several other Australian studies have focused in particular on the health of community service sector employees such as teachers, academics and correctional officers. In this sector, the most common job stress-related outcomes are negative emotional and psychological states and disorders including emotional exhaustion, psychological distress, anxiety and depression. Another study of a medium-sized public sector organisation in Australia found that job control and social support at work were related to job satisfaction and psychological health.

Job stress and organisational health

A range of organisational outcomes has been linked to job stress and stress-related illness. Absenteeism is the most widely studied organisational outcome in intervention studies. In the UK, stress-related disorders have been estimated to account for up to 60% of absenteeism. In contrast, absence rates are often lower in organisations where people feel they have higher control over their work.

These organisational performance outcomes represent potential levers for convincing employers to adopt a systems approach to job stress, as improvements in these areas tend to occur only when intervention is organisationally focused, and not when intervention is solely focused on individuals.

Job stress and health behaviours

Evidence is accumulating on the relationships between working conditions and health behaviours, or between 'job risks' and 'life risks'. Numerous studies have documented relationships between working conditions, including job stress, safety risks, and exposure to hazardous substances, and health behaviours, such as smoking, sedentary behaviour, poor diet and alcohol consumption.

We've seen over the past 20 years labour market change where productivity is going up and the pressures placed on workers by employers to meet those productivity requirements has increased and there is downsizing.

Employer organisation
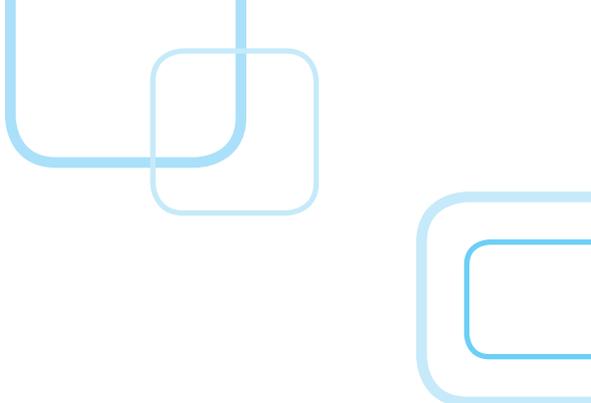
Similar findings have been made locally. The *Victorian Job Stress Survey 2003* found a significant relationship between job stress and smoking after adjustment for physical job demand, other occupational hazards and socio-demographics. As most smokers take up smoking by their late teens or early twenties, these results suggest that job stress operates as a barrier to cessation for working Victorians. In the same study, longer or excessive working hours (over 50 hours per week) were also associated with significant increases in body weight among men.

Is job stress really the problem?

Some critics of job stress as an issue raise the possibility that people who report high stress levels do so because of negative personality traits, with those same traits being the prime cause of 'stress-related' adverse health outcomes. To address this concern, most job stress studies include measures of negative personality. Adjustment for personality traits sometimes decreases the magnitude of job stress risks, but accounts for only a small fraction of the relationship. Further, some studies show that job stress contributes to negative personality. For example, a 1998 South Australian study of correctional officers showed that long-term exposure to job stress led to negative personality.

Other critics contend that social disadvantage, and not job stress, is the real issue because social disadvantage is correlated with a higher prevalence of job stress. Social disadvantage is linked to both higher job stress and poorer health but the contribution of job stress can be disentangled from social disadvantage by adjusting for social class or socio-economic status in analyses. Relationships between job stress and poor health can be assessed within any socio-economic group. This was done in a 2004 Australian study of a relatively well-off and high social status group: professionals and managers showed strong relationships between job stress and adverse physical and mental health outcomes.

These studies have reaffirmed the importance of job stress to all working people, not just those who are disadvantaged.

Job stress related disease and injury burden: International estimates

International studies show that around 7–16 percent of cardiovascular disease in men can be attributed to job stress. That figure rises as high as 35 percent for men with long-term exposure to low job control. Inclusion of other work-related psycho-social hazards, such as shift work, bullying and long working hours, would further increase these percentages. There are currently no international estimates on the burden of job stress-related mental illness. Evidence indicates that job stress is rapidly emerging as the single greatest cause of work-related disease and injury, and as a significant contributor to the overall burden of disease in society.

There is a movement amongst employers to blame workers for not being able to cope rather than looking at their own workplaces and what is causing that stress in the first place.

Union official
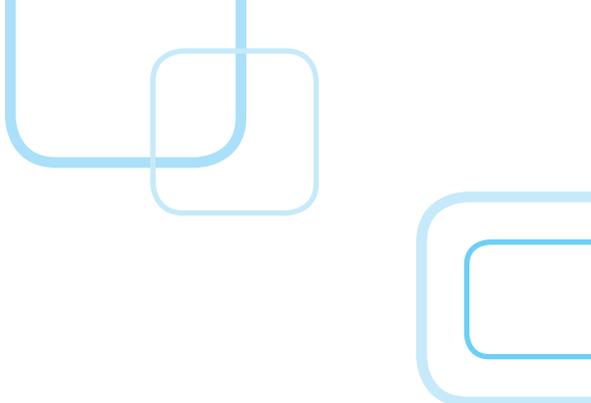
2. Reviewing job stress interventions

VicHealth sought to identify the most effective job stress interventions from the international literature, particularly whether taking a systems approach to the issue was most effective in improving employee and organisational health.

Systems approaches to job stress emphasise integrating primary prevention, addressing work related sources of job stress with secondary and tertiary interventions at the individual levels to address exposure-related responses and adverse health outcomes.

Primary preventive interventions are proactive and aim to prevent the occurrence of illness among healthy individuals. These address sources of stress in the workplace, or stressors, through alterations in physical or psychosocial work environment, or through organisational change. Examples include changes in work pacing and job redesign, and the formation of joint labour and management health and safety committees. Primary preventive interventions may also be referred to as 'stress prevention'.

Secondary interventions are ameliorative and aim to modify an individual's response to stressors. The most effective secondary interventions focus on an individual's response to stressors to complement primary prevention to remove or reduce the stressors themselves. Unfortunately, however, many secondary interventions focus solely on individual responses and neglect the sources of job stress. Secondary prevention interventions include stress management classes to help employees either to modify or control their appraisal of stressful situations. One example would be development of muscle relaxation or meditation skills.

Tertiary interventions are reactive and aim to minimise the effects of stress-related problems once they have occurred, either through 'treatment' or management of symptoms or disease. These include counselling, return-to-work and other rehabilitation programs. 'Stress management' generally refers to secondary and tertiary interventions.

For occupational stress, primary prevention through improvements in working conditions is complemented by secondary prevention to address individual factors and detect adverse effects of work stress early. Early detection optimises the effectiveness of treatment, rehabilitation, and other tertiary level interventions.

An in-depth analysis of 90 published job stress studies showed that when interventions were solely focused on the individual, organisational benefits were minimal. However, systems approaches, combining individually-focussed interventions with organisational, were the most effective. Systems approaches showed benefits both to individuals in terms of improved health and to organisations – particularly in terms of reduced absenteeism rates. The review also found that the majority of published studies reported only on individual-level interventions, but that the proportion of interventions taking a systems approach had increased in recent years.

I'm not allowed to say I'm under workplace stress. I'm actually allowed to say I'm just overworked at the moment.

OHS officer

…I do consciously determine when I'm allocating work out what the workloads are so that I don't put individuals under too much stress.

Manager
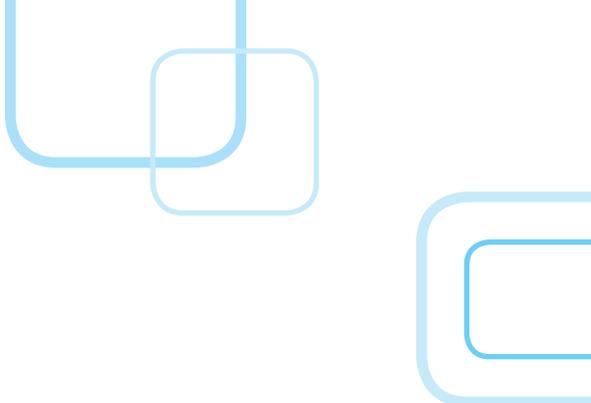
3. Victorian stakeholder views

To gain further information on attitudes to job stress in Victorian workplaces, the research team interviewed 41 people in 29 organisations including the Victorian Workcover Authority (VWA), employer and union representative bodies and public and private workplaces. In-depth interviews explored respondents' perceptions of job stress issues including their understanding of job stress, how their organisations dealt with workplace stress, how it could be addressed and where they get their information.

Understanding job stress

Stress was primarily seen as an individual issue. Most interviewees defined stress in terms of how it affected individuals, citing conditions such as sleeplessness, irritability, inability to concentrate and feelings of anxiety and exhaustion as signs of stress. When questioned further, all interviewees acknowledged that job stress was an occupational health and safety (OHS) issue that could result from work.

The OHS manager from an emergency services agency argued that trying to define stress too closely could be counterproductive and that it was more useful to talk about factors such as workload or workplace conflict. Others saw stress as more closely related to individual rather than underlying organisational factors.

Employers were particularly keen to identify the extent to which individual cases of stress were work related. One interviewee reported concern that employers perceived successful workers' compensation claims for stress implied blame on them.

In contrast, most union interviewees saw stress as the consequence of poor work organisation and were committed to primary prevention and combining work- and employee-directed approaches, essentially a systems approach. Other union officials identified casualisation of work, longer working hours, multi-skilling, work targets, communication problems, rostering, and clashes between work and family responsibilities as key factors underlying job stress in workplaces. Bullying was also seen as a stressor and as an issue more likely to affect blue-collar workers.

Extent of job stress

All interviewees saw job stress as a major problem. However, a number of union officials reported that the extent of the problem was not recognised by employers or even by their members. Partly as a result of this, formal workers' compensation claims for stress-related ill-health in blue-collar industries are rare. Instead, employees experiencing job stress are reportedly more likely to experience ill health as a musculoskeletal disorder, and therefore to submit claims that are not commonly recognised as stress-related. For example, one union interviewee reported that musculoskeletal disorders in the manufacturing industry could be manifestations of poor work organisation features such as bullying.

Most people…want to go home at night thinking well I kept my end up and they cannot do that if you ask them to do something that you don't train them for, that's unrealistic in terms of the equipment and machines that they've got, the volume that you want.

Manager

We have seen increased pressure and stress on workers and I think more than ever before stress has become a massive issue.

Union official
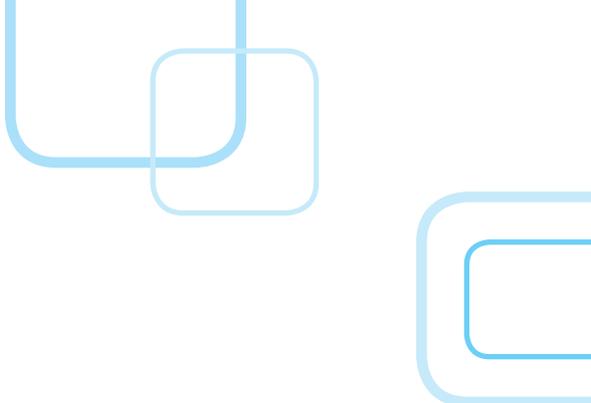
An employer organisation interviewee argued that treating stress as a workers' compensation issue did not help employers to deal with it: *"It's got to be removed from the compensation thing...stress can't be treated like back injuries or shoulder injuries... I think it needs to be recognized that without the compensation problems which I think are more legal problems than medical, there's also some real issues that need to be addressed but no one is quite sure how yet."*

Another employer representative said stress was a significant issue for his members, because stress claims were expensive and had long-term effects on workers' compensation premiums. He also criticised the VWA's focus on claims which he said were unlikely to be made by large segments of the workforce due to fear of losing their jobs. The interviewee argued that as a result, the VWA would be unable to address the issue because: *'There is just not a capacity to really understand what is going on in huge sections of the workforce unless they're appearing in injury rates.'*

Some union representatives said they felt the VWA was not doing enough or acting with sufficient speed. *'WorkSafe...does little work in this area from my knowledge. I've never come across anything coming out of that authority that has dealt with blue-collar stress,'* said a Union representative.

Responsibility for job stress

Strong disagreement existed among interviewees over responsibility for job stress. The interviews found employer organisations focussing on differentiating between work and non-work related causes, arguing that job stress was primarily a community rather than an OHS problem. However, private sector employers acknowledged the employers' responsibility for a safe workplace and the control of stress.

One union official saw job stress as a 'serious government policy issue'. Indeed, public sector union officials identified that "*it's actually government decisions that often cause the stress*".

Generally, however, the employers were aware of their responsibilities for managing stress-related issues, although they often articulated this as primarily having to deal with difficult individuals.

Addressing job stress

Most stakeholder interviewees were able to articulate aspects of the systems approach, but many said strategies to address job stress in their workplaces concentrated on tertiary approaches such as providing Employee Assistance Programs. Many union interviewees highlighted the importance of educating employers about the underlying causes of job stress in work organisation factors. General awareness and education campaigns were also seen as valuable.

Whichever way you cut it, once someone is in your workplace and has some of these – has a stress related condition or a mental health condition – it is everyone's problem, but it is the manager's problem to resolve.

OHS manager
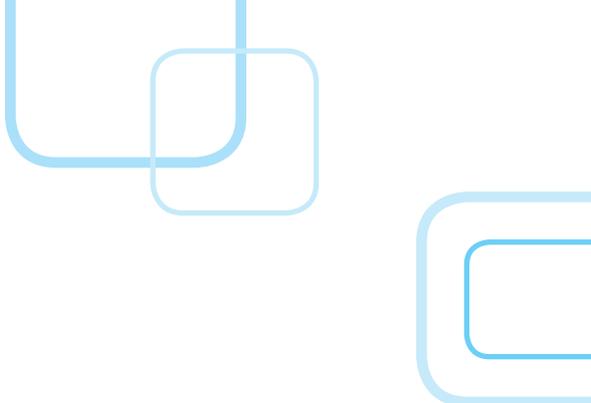
Most interviewees argued for integrating this issue within the broader OHS framework and many union officials and employer representatives also argued that regulatory tools were needed, for example a code of practice or guidance note to position the issue clearly in the OHS domain.

Getting information

Many interviewees identified the need for further research, especially research on how job stress can be addressed in workplaces. In contrast, one union official, who identified sources of stress clearly in features of work organisation, argued that it was time to act rather than to investigate. Clear and practical guidance was seen as a critical tool to address the sense of powerlessness that a number of interviewees ascribed to workplaces.

The issue of how to deal with mental health issues in workplaces was also acknowledged by many as a need. Employer organisations argued that employers needed more resources and tools for coping with problems of mental health, particularly when dealing with people who are unwell. They said employers: "*simply don't know what to do about it. It's not something that they're commonly asked to deal with. If there is an unguarded machine they can go out and put a guard on it*."

Interviewees from employer organisations did not believe they had access to effective strategies in the area and felt that employers needed more practical guidance on how to control the risks of stress. They were also dissatisfied with workers' compensation data because it did not allow for identification of individual factors that may have caused or exacerbated stress claims. A degree of dissatisfaction with academic research in the area was also evident.

By contrast, unions were reasonably well aware of and satisfied with the academic literature, and accessed local expertise for advice although they did not see the VWA as a source of information or advice in this area. Many union OHS officers used European, UK and Canadian sources and viewed these as the most authoritative.

Many union interviewees identified that members and their knowledge of what happens in workplaces were critical to any further action in the area.

Let's all get together and talk about what we're doing and see if we can pull the eye teeth out of it and reflect on the learnings.

OHS manager
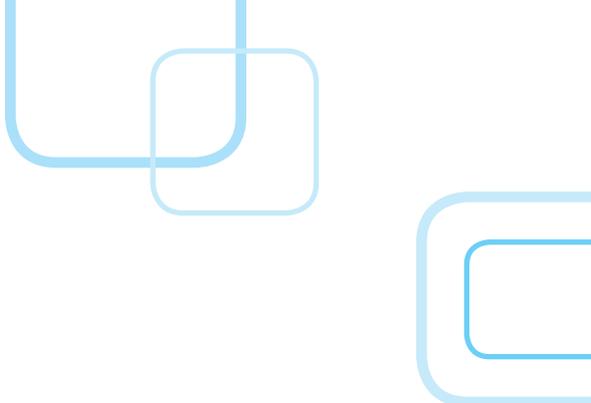
4. Job Stress in Victoria

Continuing their examination of job stress in Victoria, the researchers used 2003 data from the Victorian Job Stress Survey to characterise job stress exposure patterns across the population. They used the most widely studied job stress measure, termed 'job strain' – the combination of high job demand and low job control – which has been linked to elevated risks of cardiovascular disease (CVD), depression, and other serious health outcomes. Job strain exposure patterns were also compared to stress-related workers' compensation statistics.

This study showed women were more likely to be exposed to job strain than men, and that job strain was higher in younger employees in lower status jobs. Some job strain exposure patterns are reflected in workers compensation statistics. For example, there are more claims by women than men, and there are high numbers of claims from employees in health and community services. However, few younger people in lower status occupations are compensated, possibly because they fear losing their jobs if they seek compensation. Workers' compensation statistics also under-represent highly exposed groups in lower socio-economic positions. This demonstrates that claims statistics – the primary drivers for most intervention efforts to date – do not adequately identify the highest priorities for job stress intervention. The job strain exposure profiles identify priorities for intervention that have not been addressed by current claims-directed intervention activities.

The researchers also combined Victorian Job Stress Survey exposure data with estimates of stress-related increases in risks of CVD and depression from the international literature. This showed that for men, the proportion of CVD attributable to job strain could exceed one-third, whereas for women it may be up to roughly one-seventh of all CVD cases. For depression, the estimates are reversed for men and women, with job strain accounting for as much as one-third of depression among women, versus up to one-fifth for men. These estimates indicate that job stress represents a substantial public health problem in Victoria that could be addressed by effective job stress interventions.

Comprehensive estimates of job stress related health burden would need to include the full range of associated health outcomes: such as depression, anxiety and other mental health outcomes; work-related suicide; the contribution of job stress to injuries; and the contribution of job stress to behavioural disorders, including alcoholism and nicotine addiction. Unfortunately, no such comprehensive estimates are available, indicating that current estimates are likely to be low.

These estimates show that the burden of job stress in Victoria echoes international findings.

We know that workplace stress is a problem … what we want is some action to stop it, to prevent it, so that's where we would like more work done.

Union official
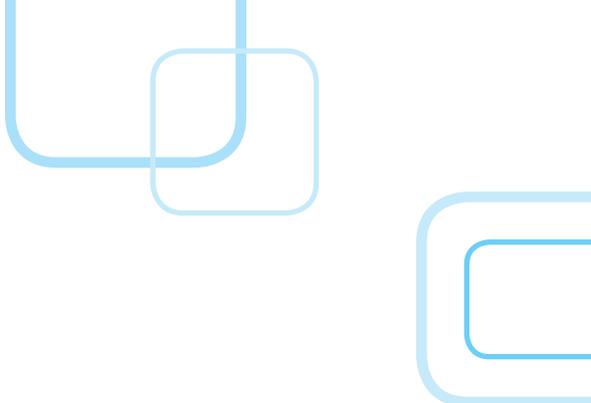
5. Implications for policy and practice

The researcher's estimates of proportions of CVD and depression attributable to job strain in Victoria indicate that job stress is a significant public health problem. Those estimates are in line with international estimates for CVD and contribute to new knowledge internationally on the contribution of job stress to depression. When we consider the estimates of job strain-related CVD and depression burdens combined with evidence that job strain disproportionately affects younger employees in lower status jobs, these results suggest that job strain is also a significant contributor to health inequalities in Victoria.

The full *Workplace Stress in Victoria: Developing a Systems Approach* report concludes that intervention efforts in health and community services and other sectors with elevated job stress claims should be continued and expanded to include integrated primary, secondary and tertiary interventions in a systems approach. This effort needs to be complemented by intervention efforts for younger and lower status employees, where stress-related effects on health could be prevented by reducing job stressors and mitigated by effective compensation.

Studies that include organisational outcomes, such as absenteeism and economic measures, will be particularly valuable for encouraging organisations to adopt systems approaches. The growing evidence of the greater effectiveness of systems approaches to job stress provides a timely opportunity for advocacy and information dissemination in Victoria. Europe and the UK are providing international leadership on taking a systems approach to job stress. The translation of such policy and practice insights to Victoria, where systems approaches are not the norm in either prevalent practice or policy, would help to protect and promote the health of Victorian employees and workplaces alike.

A systems approach to work related stress is the same as the systems approach to any occupational health and safety hazard, that is…hazard id [identification], assess, control.

OHS manager
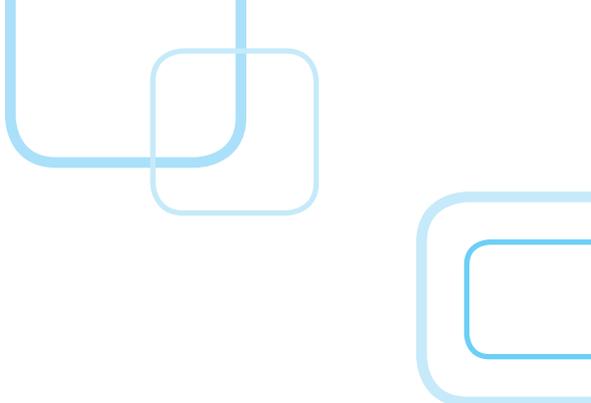
Further information

The full *Workplace Stress in Victoria: Developing a Systems Approach* report, is available free of charge from the VicHealth website at: www.vichealth.vic.gov.au/workplacestress or by telephoning: (03) 9667 1333

The report also contains a full list of references to studies mentioned in the report.

For further information on the Victorian Job Stress Survey, see:

Ostry A, Radi S, Louie AM, and LaMontagne AD. Psychosocial and other working conditions in relation to body weight in a representative sample of Australian workers. *BMC Public Health* 2006 Mar 2;6(1)(53). Available at http://www.biomedcentral.com/content/pdf/1471-2458-6-53.pdf

A summary of findings from job strain profiles (PowerPoint slides) available on web from a 16 February presentation by TG Keegel at the 2006 Colloquium of the National Research Centre for OHS Regulation, Australian National University, Canberra. See: http://www.ohs.anu.edu.au/projects/2006%20Colloqium/Day2.sess6.Keegel.pdf

Acknowledgements

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