

Addressing organisationally induced stress in a police jurisdiction: an Australian case study

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ABSTRACT

Over 3,500 employees in a police jurisdiction have participated in a health promotion initiative designed to encourage staff to take responsibility for their health. This project was part of a range of initiatives to address workplace stress and involved physical and medical testing and advice. This paper presents the results of interviews with 83 participants about the impact of the programme on their health behaviours and the extent to which they feel it has helped them manage workplace stress better. Although health promotion in the workplace is often criticised as a common response by organisations seeking to reduce stress for their workforce by placing the responsibility for that back on to the individual, this study demonstrates that there can be several positive outcomes. Not least of these is a reported

increase in morale due to the perception that the organisation acknowledged that stress was generated by the workplace and was acting to provide support. The vast majority of those interviewed also reported changed health behaviours. The factor which reduced the participation rate (38 per cent) in the opinion of those interviewed was, however, a lack of trust on the part of workers about the objectives of the programme. The study reported here contains information useful to those both planning workplace health promotion initiatives and those organisations seeking to reduce workplace stress.

THE ISSUE

Stress experienced by emergency services workers is often misunderstood. Research has shown that, contrary to popular belief, the main causes of stress for emergency services workers are organisationally rather than operationally induced (Firth-Cozens & Payne, 1999). Although the job appears stressful to many outside of emergency services, staff themselves tend to experience the job as less stressful than their organisational context. Poor management practices, unresponsive systems and a culture dominated by the adage, 'get out of the kitchen if you can't stand the heat' contribute to an organisationally stressful environment.

A large-scale Australian study (Hart & Cotton, 2003) of a police service has found that the organisational context of police work, rather than the nature of police work itself, determines employees' intentions to withdraw by taking sick leave or seeking other job options. Research has confirmed that withdrawal behaviour is influenced by morale and morale is best predicted by organisational climate (Griffin, Hart, & Wilson-Everard, 2000). Thus it is likely that the experience of stress at work is determined more by organisational climate than by an individual's personality type or coping strategies (Hart & Cotton, 2003).

An organisation that seeks to examine its own role in creating a stressful environment for staff may go some way towards meeting its perceived obligations to employees. However, to date, research focusing on organisations that have implemented stress reduction interventions has yielded mixed results (Klink, Blonk, Schene, & Dijk, 2001; Murphy, 1999; Parkes & Sparkes, 1998).

In 2002 the police jurisdiction implemented a stress management program called HealthStart which focused mainly on individual behaviour change to cope with stress. A qualitative evaluation of the programme was conducted and the results revealed some potential explanations for the discrepant findings of stress management evaluations. This study has important implications for other organisations seeking to reduce stress by implementing workplace health promotion initiatives.

BACKGROUND

In mid-2001, the police jurisdiction set up a working party to address stress in the workplace. At this time, the organisation employed 8,367 sworn staff (20.2 per cent females) and 2,925 staff members at 321 police stations, 40 police beat shopfronts and 21 neighbourhood police beats throughout the jurisdiction. This working party was established following a significant increase of 69 per cent in the number of new stress claims and 133 per cent in the statutory costs associated with those claims. A major recommendation of the working party was the establishment of an organisational health programme to enhance the general physical and psychological health of all members. As a result, the 'HealthStart' programme was launched in 2002.

HealthStart consists of voluntary health screening and feedback which incorporates physical measurements, a psychological stress assessment in the form of a questionnaire and blood tests. A website offers

information for ongoing health enhancement. The HealthStart programme is managed by a team within the service, but contracted health assessors are employed to conduct the physical assessments and a medical laboratory is contracted to obtain blood samples. Both sworn and unsworn members are invited to participate and individual appointments are made for them during worktime to undergo physical tests and blood tests in their local regions, stations or headquarters. The psychological assessment is completed online via the service intranet. All results are confidential and sent directly to participants. They are referred on to their general practitioners if further investigation is warranted. At the time of the assessments, they are invited to complete an evaluation survey consisting of a range of psychometric tests and to make themselves available for future surveys and/or interviews. This information is sent directly to the researchers who are external to the service.

HealthStart is based on the premise that the early identification of possible health problems will reduce absenteeism, increase productivity, assist employees to take the necessary steps to cope with occupational stress and encourage them to take a proactive role in managing their health.

Employees were invited to participate via email, a letter and brochure from the Commissioner, and visits from relevant staff to promote the scheme. To date, 3,562 (38 per cent) of staff in Stage 1 and 2 (a metropolitan area and surrounding regions) have participated in the programme and 145 of these consented to be interviewed about their experience. This paper is based on the qualitative information gained from participants during these interviews.

METHODOLOGY

The objective of the interviews was to assess participants' experience of the effectiveness

and quality of the programme. A sample of 83 consenting Healthstart participants were selected to be interviewed. The participants were selected according to a stratified sampling plan based on age, gender and rank to mirror, as far as possible, the demographics of the service as a whole.

A semi-structured interview technique was used to examine how participants had heard about the programme, what they thought about the testing experience, whether they had followed up on the results and how they felt that the initiative might help them and others to manage stress. They were also asked about the possible reasons for non-participation by their colleagues. The interviews were recorded and transcribed verbatim. Data were thematically analysed by the research team.

EMERGING FINDINGS

The link between stress and HealthStart

The link between physical fitness and improved management of stress was not clear to the majority of participants.

That's what I found really unusual . . . there's a lot of questions asked about stress but I couldn't see the relationship with the physical assessments.

I can't see how [HealthStart] would do anything towards stress.

Some participants questioned the relationship between a health programme and stress. Many respondents focused on the causes of stress, viz. poor management practices and heavy workloads, and indicated that these factors required greater attention than member health.

Helping managers manage workplaces better is a big issue because there are a lot of bad managers out there and they do create a lot of stress in the workplace.

The problem is to reduce stress is to modify organisational behaviour and resourcing . . . stress is caused by mismanagement . . . so it is something the HealthStart people can't really control.

Better management. I work in an environment of constant change where management are always changing direction . . . you appreciate having management that can come in and act like leaders whether you like it or not but at least you get firm decisions.

The objectives of the HealthStart programme with respect to stress reduction were not clear to participants, indicating a need for greater transparency about the programme goals together with information about the links between stress reduction and physical fitness.

Reported impact of the programme

The vast majority of participants had either followed up the results with their doctor, received medication, further testing or general advice, or had revised their health behaviour independently as a result of the programme. In all but one case, participants had noted improvements in their health since participating in the programme. They reported changes in their consumption and activity, namely eating less fat, exercising more, stopping afternoon sugar binges, consuming less caffeine and more water.

I joined the gym, I've lost weight, got a lot fitter, actually got a personal trainer — my back pain is all but gone bar a little bit, because that was a major problem: I couldn't even bend down to do up my shoelaces, getting in and out of the car was hard, but now I feel much better in myself.

It raised the concern of a cholesterol problem which if undetected could have cost me my life in 10 years or so.

Although only anecdotal, this finding is an important result of the programme, demonstrating that health promotion in the workplace can be an effective means of changing health behaviours. Participants were interviewed approximately six months after the undertaking the first physical tests, so whether the behaviour change is sustainable in the longer term might be an issue.

Reasons for non-participation

Participants ascribed two major motives to those who chose not to participate in HealthStart. These motives mainly concerned lack of trust in the confidentiality of the data or a desire to remain unaware of their health status. Fear was the common denominator in each case: fear that the organisation would somehow find out their results and fear of finding out exactly how bad a shape they were in.

Not interested in their health. Don't need to be told they are out of shape.

Given that one of the specifications for the job is physical fitness, it is not surprising that many members considered physical testing a possible threat to their job security.

Well I think it's a good idea but the only thing is you've still got that mistrust that the service would use it as a tool to either get rid of you or make your life miserable — so that's the only hard part.

Although they may have been physically fit when selected for the service as young adults, some older workers were likely to perceive that their fitness level was no longer sufficient. Thus, for many members, the programme may have been interpreted as a mechanism for identifying staff who were no longer suitable for police duties. Developing trust in both the programme as well as in the service generally and its ability to support workers is clearly necessary.

You are not going to reach those who are probably most stressed, most cynical about such programmes . . . a lot of them aren't going to come forward and say I'm suffering from stress because there is a lot of negativity surrounding that topic, especially in the police force.

Ongoing support

The majority of interviewees felt that more support was necessary to ensure the success of the programme in improving the health of employees. They felt that support was needed in three main areas:

- *Information and education* Participants needed access to a reliable source of advice, particularly to be able to clarify terminology and discuss the seriousness of the results of their screening tests. Most participants reported that they discussed their results with their GPs, but felt they would have also liked to discuss them with a service representative. Many participants would have appreciated more information about possible behaviour changes, eg, the distinction between good and bad fats, details of adequate exercise, the relative merits of various types of exercise and diet.
- *Time for exercise* Long hours were cited by several participants as an obstacle to regular exercise.

We have some practices that don't help stress, we have some workaholics, we need to pull them aside and counsel them. We also work for a manager now that really encourages us to work long hours, people work 12 hour days . . . the Commissioner needs to address that very quickly, needs to filter down good practices to managers.

One participant reported conflicting expectations of managers in that the HealthStart programme was promoting physical exercise at work, but managers

were less likely to accommodate by providing any additional time to include exercise in lunch hours.

In my workplace people started exercising at lunchtime but it went on longer than lunchtime and it was interesting to see the stress that caused. People were asking why they were out there and we were working. There needs to be a clearer indication of what the organisation expects us to be doing, eg, using flex-time to exercise and not go shopping.

There were some exceptions, however:

I'm manager of about 15 staff . . . and I tell them all, whether I should or not, just go out, go to the gym if you want to have an extra half hour some days . . . and I encourage team sports in our unit. We have a really low staff turnover . . . you find that if you give staff that kind of attention, they'll give you back ten times as much.

- *Facilities for exercise* Several participants noted that the only gym facility was located at the police headquarters, disadvantaging the majority of staff outside of the city area. Several participants suggested that the service should provide subsidised gym memberships and/or corporate fitness activities to support the HealthStart programme. This may also be a way of ensuring the sustainability of the behaviour changes which participants had made as a result of the programme.

Marketing

The HealthStart programme was well attended by police service members (38 per cent of total number of staff employed). Success could be attributed to the fact that various marketing strategies were implemented. Participants nominated diverse strategies as the one that motivated them to attend HealthStart and there was no clear pattern

in the findings regarding the most successful technique. Participants received multiple emails, the programme was publicised through training events, the newsletter and the website, and personal visits of HealthStart staff to stations encouraging people to sign up. One participant reported that encouragement to participate had come from their chief superintendent, and noted that this source was extremely successful.

Mainly our chief superintendent was running around and making sure everyone was going to do it.

This finding indicates that personal marketing by key individuals within the service might have produced an even better participation rate.

Latent effects

Finally, and perhaps most importantly, participants expressed a perception that the organisation 'cares enough about its employees to provide such a service'. It could be argued that the HealthStart programme represents an attempt to shift responsibility from the system to the individual by encouraging members to accept responsibility for managing stress that may have been generated by the organisation. However, from the point of view of participants, the existence of the programme constituted an acknowledgement that stress was present in the organisation and that the organisation must make an attempt to address its effects. This action was seen as a form of psychological support and validation.

Conclusion

There is general agreement that programmes to address stress in the workplace need to be more systemic rather than focused on education for individuals regarding their eating habits, weight control, exercise and stress management techniques.

Although part of a larger organisational intervention designed to tackle stress in the police jurisdiction, the Healthstart programme was based on the idea that it is necessary to encourage individualised behaviour change by employees. This type of individual-focused programme is a common response by organisations to employee stress, and in the absence of other systemic interventions, may be unlikely to produce the desired changes. The qualitative results of this evaluation indicate that the HealthStart programme has been associated with an improvement in health behaviours.

However, it is interesting to note that the main obstacle to participation in the programme may be the very issue that causes occupational stress in the first place, viz. a lack of trust in management intentions and motives. For those who participated in the programme, however, there was evidence that it had a positive impact on organisational climate. For instance, the acknowledgement that stress was experienced by its employees and the provision of a cost effective and convenient health screening programme seemed to promote a more positive appraisal of the organisation by those staff who participated. Although a full evaluation of the programme is still to be completed, these initial findings are promising and indicate that, if delivered in a broad framework of stress prevention, an individualised intervention can have systemic implications.

I think it's been good. I think it's a good initiative. Looking after police health in the long term is good financial management, it's good for morale and a good way to lower stress.

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