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Barriers to Workplace Stress Interventions in Employee Assistance Practice: EAP Perspectives

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Occupational health literature links stressful working conditions with cardiovascular and other chronic diseases, injuries, and psychological distress. We conducted individual interviews with

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employee assistance professionals (EAPs) to understand opportunities and barriers for EAPs to address job stress through organization level interventions. EAPs described their primary role as assisting individual employees versus designing company wide interventions. The most salient barriers to organization level interventions cited were lack of access to company management and (for contracted EAPs) perceptions of contract vulnerability. Education about workplace stress interventions may be most effectively directed at EAPs who are already integrated with company level work groups.

KEYWORDS employee assistance practice, job stress, stress interventions, stress reduction, work organization, workplace interventions, workplace stress

Job stress is defined as the harmful physical and emotional responses that occur when the requirements of the job do not match the capabilities, resources, or needs of the worker (National Institute for Occupational Safety and Health [NIOSH], 1999). Psychosocial work stressors may operate at several levels, from organizational policies and practices in companies (e.g., labor policies, production processes, technology, culture, and climate) to job-level issues experienced by employees (e.g., work station fit, interpersonal relations, task characteristics). Specific examples of organization-level stressors include downsizing, contingent work (temporary workers, piece work), extreme temperature and noise, machine-paced work, unrealistic or unpredictable production goals, shift work, poor communication, harassment, and discrimination. Examples of job-level stressors include excessive work load, lack of decision-making authority, repetitive tasks, long work hours, immobility (constant sitting/standing), poor relations with coworkers and/or supervisors, unsafe or ill-fitting work stations, role ambiguity, inability to use skills, and lack of growth and learning opportunities.

The evidence for the health impacts of excessive, sustained exposure to workplace stressors is well established for musculoskeletal disorders (especially physical stressors), mental and psychological health, and cardiovascular disease (CVD) (Belkic, Landsbergis, Schnall, & Baker, 2004; LaMontagne, Keegel, Vallance, Ostry, & Wolfe, 2008). Pathways by which psychosocial stressors can lead to disease are direct (by producing physiological responses such as elevated blood pressure and cortisol levels) and indirect (by producing changes in health behavior). The impacts on work-related end points such as productivity, absenteeism, and disability are also of prime concern to employers.

The occupational health literature on the topic of job stress has burgeoned over the past 40 years. The literature specifically focused on

workplace interventions reaches back to the 1960s and continues to the present. Interventions generally fall into the following categories: person-based (assisting individuals who are having trouble with stress to cope better or change their response to stressors), job- or task-based (altering the content of the job or the immediate social environment of the work group), and organization-based (attempting to reduce or eliminate stressors at their source) (Karasek, 1992). Examples of person-based interventions, which are often facilitated by employee assistance professionals, include counseling and communications-related training in conflict resolution, assertiveness, diversity/discrimination/harassment/bullying awareness, team building, and supervisory skills. Job-level interventions seek to improve physical or psychosocial conditions of the person–work interface, such as control, skill use, workload; examples could include job enlargement, job rotation, role clarification, and work station redesign. Organization-level interventions typically address work policies or production processes: management styles, worker participation in quality initiatives, production process redesign, flexible work arrangements, diversity initiatives, and career ladders, to name a few.

In the occupational health arena, changing organizational policies and management practices is an example of an "engineering control" whereby the hazard itself is removed to prevent exposure at the source. Intervention research studies have demonstrated that intervening at the organizational level is essential for controlling stressors at their source and for seeing improved health and work outcomes (LaMontagne, Keegel, Louie, Ostry, & Landsbergis, 2007).

Our research center, with federal grant support, initiated a multiyear education and dissemination project to educate health professionals (defined broadly) on the importance of addressing working conditions as part of comprehensive chronic disease prevention programs. Employee assistance professionals emerged as a natural audience and potential partner, based on their workplace focus and expertise in addressing psychosocial problems of employees. EAPs may be well positioned to champion the issue of job stress prevention in an organizational setting because of several strengths: professional focus on employee health and well-being; problem identification in the workplace; alignment of Employee Assistance Program goals with company business goals for performance, productivity, and maximized human capital; and professional training in human behavior.

According to the International Employee Assistance Professionals Association (IEAPA; 2009), employee assistance programs by definition help employers address productivity issues on two levels: they advise the leadership of work organizations and help "employee clients" in identifying and resolving a broad range of personal concerns, including occupational stress, that may affect job performance. Theoretically, therefore, the EAP is well positioned to help companies deal with workplace stress on two levels: advising

company leaders about strategies for preventing exposures to workplace stressors and helping individual employees to manage their responses to stressors that are not amenable to being "designed out" of the job. In the accompanying article we review the EA literature on job stress, which shows at least a two-decade history of interest in this topic among EA professionals (Azaroff, 2010). We estimated one published article per year that focused attention on the organization of work as (1) the root source of work related stress and/or (2) the appropriate target for interventions to reduce stress related illness in the workplace. Despite a few articles that vigorously encourage EAPs to focus on organizational and individual interventions to combat workplace stress, we were unable to find accounts of organization-level interventions led by EAPs. It was our goal to explore whether this dual approach was actually used in contemporary EA practice and learn how EAPs perceived their scope of influence in client companies for reducing employee exposures to workplace stressors.

METHOD

Telephone and face-to-face interviews were conducted individually with New England EA practitioners between January 2007 and May 2008. A convenience sample was recruited through personal contacts with members of the local chapter of the Employee Assistance Professionals Association (EAPA). Care was taken to recruit EAPs working in a variety of settings: large and small employers from various industry sectors, EAPs employed on salary by their client companies (internal EAPs), and EAPs who were self-employed or employed by firms providing contracted EA services (external EAPs). The interviews were designed to take 45 to 60 minutes to complete. All participants completed informed consent. Two researchers were present for each interview; one facilitated the discussion, while the other took notes. Interviews were audiotaped so that quotes and detailed explanations could be captured verbatim. The interview script and procedures were approved through the University of Massachusetts Lowell Institutional Review Board for the protection of human subjects.

A structured questionnaire was followed to ensure consistency of content discussed between participants. Questions were designed to explore EA perceptions and practices in the following domains: EAP role (areas of responsibility, typical problems they address), awareness of work stress as a risk factor for CVDs, methods used to help employees and organizations address workplace stressors, perceptions about which interventions are within and outside of their scope of control, and the nature of the EAP interaction with client organizations. Additionally, practitioners were asked where they seek credible information about advances in EAP practice, as well as their preferred professional education formats and materials. The latter

questions were designed to help guide the development of educational tools and outreach strategies, but results are not presented here. Interview recruitment continued with new participants suggested by interviewees until saturation was achieved, meaning that no new issues emerged from the data (Strauss & Corbin, 2008).

RESULTS

Participants were nine EA practitioners (three male, six female) currently employed and providing services in a variety of industrial sectors including government, health care, utilities, manufacturing, education, professional services, and others. Participants were experienced in their profession (range 10–30 years) and had worked in multiple settings throughout their careers. Six participants were Certified Employee Assistance Professional (CEAP) certified and one was a labor assistance professional (serves an EAP function within a labor union). Four participants were employed on-site at their client company ("internal" or "staff" model EAP), two were employed by contracted behavioral health firms and were housed on-site at client companies, and three were employed by behavioral health firms providing contracted services "off-site" to client companies (also called "external" or "network model" EA programs). Several interviewees had worked for internal and external EA programs during their careers.

Knowledge of Workplace Stress as a Risk Factor for Chronic Disease

EA practitioners spoke with ease about the correlation between stress and poor health and readily acknowledged the work environment as a potent contributor to stress in their employee clients. As one practitioner expressed it, "The more stressed out you are, the higher the likelihood to have illness—vulnerability increases." Slightly more than one-half of practitioners spontaneously listed stress as a risk factor for CVD. Despite this awareness, only two practitioners spoke of specific pathways leading to disease (e.g., direct physiological response, behavioral impacts) or could recall examples in EAP literature that specifically described the work stress and CVD correlation.

Prevalence of Stress as an Important Occupational Health Issue

Across all interviews, stress (from any source) was discussed as the number one reason that employees initiate contact with EA programs. Whether the presenting problems were rooted in personal issues (family conflicts, financial difficulties, etc.) or work-related issues tended to vary by whether the EA practitioner was "internal" or "external" to the organization. Those working

for an internal program tended to report work-related stress as a bigger proportion of cases than those working through contract off-site. These results are consistent with trends seen in the EA literature (Csiernik & Adams, 2002). Common work-related issues discussed included work overload, understaffing, interpersonal conflicts with coworkers or supervisors, and organizational changes (usually layoffs) (Csiernik & Adams, 2002).

Perceptions about EAP Roles for Dealing with Job Stress

Employee assistance practitioners were unanimous in reporting that their primary role was to assist employee clients with assessing the source of their problems and to help them with developing skills to cope more effectively. Practitioners emphasized the importance of enabling employees to bring about positive change in their work environment for themselves. Only two practitioners discussed specific instances in which they actively worked with an employee and supervisor together to negotiate changes in job tasks or the working environment. (This was only done after the employee signed a waiver to ensure that confidentiality was not breached.) The willingness of some EA counselors to mediate discussions between employees and supervisors may have been a function of prior professional experience and personal comfort level (e.g., some were experienced in marriage counseling or family mediation). Most practitioners said instead that they prefer to help employees in a coaching role.

In addition to assisting individual employees cope with job stress, EA practitioners (particularly those with account management responsibilities) described several other services they provide to client companies that could directly address workplace stressors at the level of the organization. This was particularly true for EAPs who served dual roles as account manager and counselor, as they were in a position to interact directly with personnel from their client company. Organization-level service roles included supervisor consultations to resolve employee performance problems, providing aggregate statistics and trends on presenting problems, notifying human resources managers about emerging clusters of problem issues, and providing training to supervisors and employee groups on workplace issues related to stress such as conflict resolution, communication skills, relationships, time management, and personal stress management techniques.

Perceived Barriers to Implementing Organization-Level Stress Interventions

Several themes emerged surrounding EA practitioners' roles for dealing with job stress, and what was within versus beyond their scope of influence.

1. Lack of interest and commitment from the client company: Despite having a range of services to offer, most of the EA interview participants

expressed feelings that their services were underutilized by client companies. Although it is an EAP standard of practice to track and report aggregate statistics on presenting issues (IEAPA, 2009), most EA practitioners interviewed felt that company managers use these data primarily to assess overall utilization (% of workforce using EA services), without analyzing the content for program planning purposes. Practitioners themselves viewed these data as an important tool for recommending training programs for employees and supervisors, and some did report feeling effective at being able to reach groups of employees through training programs.

However, practitioners also expressed frustration that their training programs were not always accessible to all segments of the workforce. For instance, white-collar workers were more likely to attend, whereas the hourly workers tended not to attend, due to schedule restrictions. One EAP serving a manufacturing firm expressed it this way: "It's ironic—the people who need it (stress reduction training) the most don't have time to do it. The hourly employees have a 17-minute lunch. They are working on a time crunch. When you're on the clock, there's a whole other stress involved there."

2. Lack of access to senior managers: Mutual trust in relationships with senior managers was viewed by EAPs as a crucial prerequisite for being able to provide service and influence at the organizational level. There were two main obstacles identified by EAPs. The first relates to structural positioning within the organizational hierarchy, meaning to whom in the organization does the EAP report? The higher up the corporate ladder the company's EAP reports, the more priority and credibility will be given to the program, and the more opportunity the EA practitioner will have to be in discussions about workforce training, support, and development; labor policies; health benefits; and organizational climate. According to one veteran EA practitioner, "A good EAP tries to report to the highest authority within the organization. I develop relations within all departments—security, human resources, benefits, medical, senior management. I go out of my way to be invited to the table so that I can be involved at the table when decisions are being made."

   A second issue related to structural positioning is whether the EAP program is "internal" (staff model) or "external" (network model) to the client organization. This topic was salient for every interview participant. EA practitioners who were employed full-time "in-house" (by their client company) tended to report being able to work closely with all levels of the management chain. In contrast, EA professionals who were employed by a contracted benefits firm (network model) did not enjoy this same level of access to company managers. Contracted EAP counselors said they primarily interacted with employees of the client companies and interacted occasionally with supervisors who referred an employee for

performance reasons. Contracted EAP counselors who also served as account managers did report interacting with their client company liaison, although frequency of interactions varied. Company liaisons were almost always benefits or human resources managers (or a medical director, who also may be contracted), but not a senior executive.

3. Perceptions about contract vulnerability: By definition, *working under contract* is a temporary arrangement. Contracts for EA services can be changed or terminated by client companies, and this vulnerability can provide an incentive to avoid potential pitfalls related to organization-level stress interventions. Two "external" EAPs in our sample discussed their experiences with this issue. One example is the potential for the EAP program to be identified as the catalyst behind new demands of labor unions and other types of employee push-back. In unionized companies, labor agreements often require that all grievances about working conditions are brought to the union steward. Although this arrangement is necessary for maintaining the collective bargaining strength for unions, it can pit the interests of the employee clients against those of the contracted EA provider. One EAP expressed reluctance to refer employees to the union to resolve work-related problems. For this EAP, it was vital not to jeopardize the firm's contract by potentially being named as the catalyst behind a union grievance. "We can't do any kind of outreach/involvement in that manner [referring employees to their union]. I need to keep asking the employee—who can you talk to?—I can't tell them you should do so-and-so."

   Another possible pitfall for pursuing an organization-level stress reduction initiative relates to the possibility that lawsuits and compensation claims could be filed by employees if they were to attribute their disability or illness to work-related stress. It is reasonable for EAPs and company managers (and lawyers) alike to view work stress as a sensitive topic, and attempting to address it in a visible way could invite unintended consequences. As one EAP put it, "According to [the legal teams within the organization], you don't want to put ideas in the employees' heads that work is creating those problems."
4. Territorial tension between departments: One last issue that was identified by EAPs housed on-site was the issue of functional competition between departments of the same company. This was particularly prevalent in larger companies where various employee-focused departments vied for resources and recognition in terms of services provided, budget allocated, and generally the question of "whose turf" is the appropriate locus for addressing workplace stress. One EAP described the importance of staying within the EAP's defined roles for counseling and group training, and avoiding "stepping on toes" of other departments that had responsibility for settling work grievances (human resources) and managing conflicts within departmental work groups (organizational development).

Another EAP serving a large firm described getting clear direction from her superiors to refer all issues related to working conditions to the union. A change in senior management similarly was described as an impediment to building trusting relationships with senior level advocates, which in turn, set the stage for competition between departments.

DISCUSSION

This qualitative study explored how EAPs view their roles for addressing workplace stress as well as opportunities and barriers for EAPs to intervene on an organizational level to address unhealthy workplace stressors. Insights gained from interviews will help inform decisions about future partnerships for education and collaboration with EA professional groups. Several strengths inherent in EA practice were identified that could be brought to bear for organizational interventions aimed at improving the psychosocial working environment. The ability to coach and counsel employees and supervisors, commitment to confidentiality, tracking of data on presenting problems, and expertise on human behavior and interpersonal relationships are strengths that can be applied on several levels. These include guiding management decisions on labor policies, work organization, workforce development, and workplace culture; assisting management with assessment of psychosocial workplace hazards; helping with the design and development of psychologically healthy management standards and jobs; training employees and supervisors on communication, conflict resolution, role clarification, and other social aspects of work organization; and integrating behavioral health perspectives with program planning.

These expanded roles require that the EAP is trained and competent in a core set of organizational and occupational topics, as is required through CEAP certification, which has become an industry standard for EAP consultants (IEAPA, 2009). There are also examples of roles that have been proposed by others in the EAP literature reviewed in the accompanying article (Azaroff, 2010) as appropriate and promising strategies for EAPs to address occupational stressors at their source so that psychosocial "exposures" are reduced. Shain (1996) and Beidel (2005) have also emphasized the importance of forming alliances with specialists in occupational health and safety, health promotion, and human resources, so that complementary skill sets can be brought together to address psychosocial (and physical) hazards in the work environment.

Although the opportunities for organizational impact theoretically are great, it was clear from our interviews that participants viewed their primary role as helping individual employees (and their dependents) with solving problems so they can return to full productivity. This view point is supported by our companion literature review, which showed that many articles for and

about EAPs focus on individual (vs. environmental) sources of stressors, and many articles on interventions (even if they recognize workplace sources) focus on helping individuals as the proper role for EAPs (Azaroff, 2010). Similarly, our results echo the literature on several issues: lost opportunities to use aggregate data to guide company program planning, perceptions that contracts can create conflicts of interest between serving two clients—employees and employers, and interdepartmental competition and related tension between the need for EAPs to collaborate with others in the corporate hierarchy while avoiding perceptions of unwanted intrusion.

Despite the apparent emphasis on treating the employee client, many practitioners did express a desire to affect the broader psychosocial work environment of their client companies. In some cases EAPs expressed frustration that companies do not utilize their services to a fuller extent. Although market pricing drives companies (and therefore EAPs) to focus on utilization of counseling services as the key metric for evaluating EA program success (Csiernik, 1999), several EAPs discussed the importance of building relationships with a broad array of departments as means of internal marketing with the goal of imbedding their presence into the larger corporate structure. The paradox here is that EAPs who desire broader engagement within their client organizations, especially those working under contract, may find it difficult to be compensated for this level of service if it is not explicitly purchased by their client companies. For EAPs whose services are bundled and sold along with a broader array of health and medical services, the market pressure to offer more services for "free" makes it especially difficult to spend the time needed to provide organization-level advice and consultation to their client companies (Worster, 2009).

No practitioners in the current study described their Employee Assistance Program as having visible, high-level support from senior management. This is consistent with EAPs' perceptions about being underutilized, and it is also consistent with the distal reporting position of most Employee Assistance Programs relative to senior management. This goes to the heart of the most significant barrier described by EAPs for being able to intervene on an organizational level: lack of access to senior managers.

The issue of EAP positioning has been discussed extensively in the EA literature in relationship to a two-decade trend in which companies have moved from offering internal programs to purchasing contracted Employee Assistance Program services (Beidel, 2005; Brummett, 2000; Csiernik & Adams, 2002; Leong & Every, 1997). This trend has resulted in more counseling services being delivered by telephone, migration of mental and behavioral health expertise away from the workplace management structure, the bundling of mental health services with health benefits, downward price pressure for EA services, consolidation/acquisition of smaller EA firms by larger ones, and attrition (through retirement and downsizing) in the EA workforce nationwide with concomitant reductions in academic EAP preparatory

programs necessary for training future practitioners. All of these trends have been described in a recent article in the *Journal of Employee Assistance* (Sharar, 2009) and have given rise to a key question of EAP identity circulating in the EA professional community that is, "Should EAPs be in the world of work or in the world of health care?" (Worster, 2009). The former concept positions EAPs as an essential component of management policy making, and the latter positions EA services as an á la carte offering to a larger set of health benefits available for purchase. This issue of professional identity was poignantly captured by one EAP in our interviews: "A real EAP sees the organization as the client. Somebody's who is a mental health provider sees the client in front of them as their client. That's the big difference."

Where, then, does that leave the EAP as a potential change agent for addressing job stress at the organization level? The answer likely depends on a number of factors. EAPs of internal programs probably stand a better chance to stimulate workplace changes than EAPs of external programs. If the EA program has been outsourced it will be more difficult to address work organization issues with management unless the EA provider negotiates for a management consultation role in their contract. The outsourcing itself could indicate a decoupling of mental health with the company's business goals. EAPs who have established strong ties with senior managers probably have more influence concerning workplace changes than EAPs in organizations where senior manager positions have turned over and/or where serious organizational restructuring has taken place. EAPs working in companies with a strong team culture, and who have at least some history working cross-functionally with other departments, probably have a conducive climate for workplace changes compared with EAPs in organizations where competition and turf wars are common. Last, EAPs in unionized companies that encourage joint efforts with labor leaders probably have a better chance for intervening organizationally than EAPs in companies that restrict this type of labor-management collaboration.

One factor that may create more demand for "preventive" EA services on the organizational level is the trend toward a focus on health promotion (wellness) and disease prevention in the workplace. With advancing recognition that health behavior is responsible for a great deal of chronic diseases (which therefore affects productivity) more employers may fund employee wellness programs and focus their health insurance purchases to cover more preventive services. In this context, incorporating workplace stress reduction as a risk-reduction strategy for disease and poor performance is a logical support to a company's business goals. The concept of integrating preventive work organization measures with health promotion in the workplace is a core principle of program evaluation within the current Work Life Initiative (NIOSH, 2009) within the NIOSH (and which is the current sponsor of the authors' research center). A strong business case can be made that creating a healthy work environment is crucial in the long term for meeting business goals of

health care cost containment and work productivity. EAPs and other workplace health professionals have an important role to play for educating employers about the causal association between workplace stressors and poor health and work outcomes and recommending strategies for intervention.

When interpreting the results of the present study, two weaknesses related to the study sample may suggest caution. The first issue is small sample size, and the second is sampling method. Although study participants numbered only nine, there was a high degree of consistency in responses for most questions. On the one hand, this may indicate that EAPs have a standard set of content knowledge and work experiences despite having come from a range of work settings. An alternative explanation is that the sample may not have been diverse enough to capture different points of view. For example, including more labor assistance professionals (LAP; our sample included only one LAP) may have generated more examples of organization-level interventions to reduce stress. As leaders within organized labor, LAPs theoretically are in a position to recommend specific labor policies and standards that can be incorporated during union contract negotiations with employers.

Our sampling method relied heavily on "snowball sampling" in which the first few participants recommend other colleagues for participation. As a result, all of the study participants were members of their local chapter of EAPA and also had longevity in the field. Presumably, EAPA membership and longevity would indicate a high level of professional commitment as well as ongoing training and professional development (and possibly self-efficacy in practice skills). If so, the current study results would likely overestimate, not underestimate, EAPs' confidence in making workplace changes to combat stress. This is important because as EA practice has shifted more toward a "network or external" model of EA practice, younger professionals likely feel less able to influence work organization than more experienced professionals.

CONCLUSION

This qualitative study provided many valuable insights on how EA practitioners perceive their ability to address work-related stress through interventions aimed at the individual and the organization. Substantial barriers exist for EAPs to engage employers in primary prevention related to workplace stress: lack of access to company managers (and often the worksite itself), lack of knowledge regarding intervention methods, and perceptions regarding contract vulnerability all play into the difficulty of functioning in this manner. These findings are all consistent with published literature for and about EAPs.

Occupational health educators interested providing job stress intervention should consider directing their training efforts at business leaders directly to increase support for the notion that creating a healthy physical

and social work environment is consistent with achieving their business goals. Training efforts directed at worksite health personnel such as EAPs and others would be most effective for practitioners who are already integrated into company work groups, and who have an established working relationship with company managers, and/or have opportunities to join cross-functional work groups based on a company culture that fosters continuous quality improvement. In the absence of social policy that requires companies to meet specific standards related to workplace stress, having a conducive climate for making workplace changes is essential. Training should include principles of healthy work organization and job design, workplace assessment, and strategies for facilitating workplace changes. With top management support, we feel that EAPs working together with other key personnel could be very effective at intervening to address many sources of workplace stressors. We welcome opportunities to partner with groups of workplace health practitioners on future education and intervention activities that focus on primary prevention strategies for reducing workplace stressors. We also invite responses from EAPs and other medical and behavioral health specialists who are interested in continuing dialogue on this topic.

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