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Job stress in users of an Employee Assistance Program and association with presenting status

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ABSTRACT

Job stress is a top source of distress for many and one of the reasons why workers seek help through their Employee Assistance Program (EAP). Little is known about the prevalence of job stress in EAP users and its relationship with presenting status at time of program access. In this study, slightly over one third (34.5%) of a sample of at-work employees ($N = 322$) accessing their assistance program through an external EAP vendor reported experiencing job stress. The top reported stressors were those related to job demands and relations, followed by job features. EAP users experiencing job stress reported lower work engagement, health, and quality of life, as well as increased work distress relative to other EAP users. Notably, only this group of EAP users reported a negative health change in the last year. The number of job stressors also had a cumulative negative effect on all but one measure. The primary service area for the greater majority of EAP users was however not work-related, and most sought help for another area. Greater promotion of the use of EAPs to address work-related issues may consequently help to improve employee health and performance. Assessments of working conditions by EAP providers may also help inform the delivery of organizational-level assistance aimed at enhancing the workplace environment.

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Introduction

More than one third of working Americans (37%) recently reported experiencing chronic job stress (American Psychological Association [APA], 2017a), and as many as 58% reported work as being a “very” or “somewhat” significant source of stress in their lives (APA, 2017b). Working conditions are often considered stressful, with two thirds of Americans reporting working at high speeds and one fourth reporting that they have “too little time to do their job” (Maestas, Mullen, Powell, von Wachter, & Wenger, 2017). Similarly in Canada, almost one third (28%) of

workers reported that most days at work were “quite a bit” or “extremely” stressful (Mental Health Commission of Canada, 2015).

The degree of work-related stress varies across occupations (Johnson et al., 2005) and can place “significant psychological, physiological, and financial costs on both the individual employee and his or her organization” (Colligan & Higgins, 2006, p. 96). Job stress is associated with the etiology of many health disorders and conditions including heart disease, chronic pain, hypertension, immunosuppression, high allostatic load, gastrointestinal problems, sleep disturbances, and depression and anxiety (Colligan & Higgins, 2006; Fauvel, Quelin, Ducher, Rakotomalala, & Laville, 2001; Ibrahim, Smith, & Muntaner, 2009; Kopec & Sayre, 2004; Melchior et al., 2007; Munce et al., 2006; Nakata, 2012; Nixon, Mazzola, Bauer, Krueger, & Spector, 2011; Schaubroeck, Jones, & Xie, 2001; Sun, Wang, Zhang, & Li, 2007; J. Wang, 2005; J. L. Wang, 2006). Job stress and demands can adversely affect work status, including reduced work performance and engagement (Affum-Osei, Agyekum, Addo, & Asante, 2014; Jamal, 1984, 1985; Lowe & Graves, 2016; Schaufeli & Bakker, 2004; Yozgat, Yurtkoru, & Bilginoğlu, 2013). It can also have deleterious effects in domains other than work, negatively affecting overall life satisfaction (Cooper, Rout, & Faragher, 1989; Pasupuleti, Allen, Lambert, & Cluse-Tolar, 2009).

Job stress is one of the many reasons why workers might seek help through an Employee Assistance Program (EAP). EAPs are designed to maintain or improve health and productivity on the job by assisting employees with a wide variety of personal problems, including mental health and emotional issues, substance use, family problems, relationship/marital problems, work-related concerns and others. EAP users generally receive help for these problems through face-to-face, online, or telephonic counseling with licensed therapists. A recent study with a fairly robust quasi-experimental research design reported positive impacts of an internal EAP on a number of workplace and mental health outcomes in EAP users relative to an equivalent comparison group of non-EAP users within the same organization (Richmond, Pampel, Wood, & Nunes, 2016, 2017).

EAPs have however historically focused on characteristics of employees, not organizational conditions that may be producing employee stress (Murphy, 1995). This is because EAPs are often conceptualized and presented as a means to help employees resolve “personal issues” and not necessarily issues related to working conditions themselves. Given the known associations between workplace stress and health/workplace outcomes, it is possible that some EAP users are exposed to unfavorable working conditions, producing stress to such a degree that their work engagement, distress, and presenteeism (referred to in this article as “work status”), health, and life satisfaction are significantly affected. To our

knowledge, no research has investigated the experience of EAP users with specific types of job stressors or the relationship between job stress and their presenting status at time of program access. An increased understanding of such trends will help to determine whether greater consideration of workplace conditions by EAP providers/vendors and counselors might be warranted.

In this study, we report on the findings of research that aimed to determine the proportion of EAP users at an external Canadian vendor presenting with issues related to job stress, which are the top sources of job stress, and how the presenting status of stressed EAP users compares to other program users. Whether there exists a cumulative effect of the number of job stressors on the presenting status of EAP users was also investigated.

Method

Sample of EAP users and data collection

Arete[®] HR Inc was the EAP vendor for this study. Arete EAP serves thousands of mostly small organizations across Canada in the private and public/para-public sectors. The treatment intervention provided by the assistance program was face-to-face counseling with up to 12 sessions available per year. The majority of cases access the counseling services through self-referral, with a minority (<15%) through managerial referral. The evaluation was conducted in the first half of 2016 and study-related information was collected by intake coordinators at the end of a routine phone intake. The routine clinical intake interview incorporated an assessment of an individual's broad presenting issues (i.e., self-reported information on work and life) and inquired about what help or support that individual might need, followed by the selection of a primary service area. Intake coordinators captured which of the employees presented with "issues related, at least in part, with stress related to their job" (yes or no). Intake coordinators then asked questions pertaining to work status (work engagement, distress, and presenteeism), health, and life satisfaction. The inclusion criteria for being asked these questions were full or part-time employment and an age 19 or older. Excluded were dependents (e.g., children or spouses of insured workers) and individuals identified as experiencing major distress (e.g., suicidal and homicidal ideation) at the time of call through the routine intake process. EAP users meeting inclusion criteria were informed that questions on their current work status, health, and life satisfaction were being asked for program evaluation and research purposes and that responses were confidential and voluntary (optional and could be skipped). All EAP users meeting inclusion criteria were asked the same set of questions pertaining to work status, health, and life satisfaction.

Only those identified as experiencing (i.e., presenting with issues related to) job stress were asked about specific sources of stress.

Measures

Intake coordinators asked the questions over the phone and verbally listed the response choices. Four items from the five-item version of the Workplace Outcome Suite (WOS) (Lennox, Sharar, Schmitz, & Goehner, 2010; Sharar & Lennox, 2014) were used to assess the degree of work presenteeism, work engagement, work distress (work status), and life satisfaction in the last 30 days on a 5-point Likert-type scale (*strongly disagree* to *strongly agree*). The WOS was developed specifically for an EAP context and has been used in previous studies to measure the impacts of assistance programs (Richmond et al., 2016, 2017). The 25-item version of the WOS has been psychometrically validated (Lennox et al., 2010), as has the 5-item version used in the current study (validation study findings are not yet published however) that is popular with EAP vendors due to its brevity despite a potential for lower sensitivity (Sharar & Lennox, 2014). Current health and health change in the last year was also measured. The item assessing current health asked, “In general would you say your health, including both physical and mental health, is excellent, very good, good, fair or poor?”; this item is similar to the widely used health rating item from the 36-Item Short-Form Health Survey (SF-36) (Ware & Sherbourne, 1992) The item assessing health change asked, “Compared to one year ago, how would you rate your health in general now?” and had five response options (*much worse now than one year ago, somewhat worse now, about the same, somewhat better now, much better now*). Three broad categories of potential job stressors were assessed, each with different sources of stress. The main categories and their subcategories included (1) job demands: too heavy of a workload, long hours, work interfering during personal time; (2) job features: lack of opportunity for participation in decision making, lack of opportunity for advancement, job insecurity, salary, inflexible hours; and (3) job relations: problems with supervisors or coworkers. These nine sources of stress were formulated to reflect the multidimensional nature of job stress that can include workload and demands, role in an organization, career development, and interpersonal relationships (Colligan & Higgins, 2006). All nine potential sources of job stress were listed in a random order and EAP users in the job stress group were asked to indicate whether each was a source of stress (e.g., a job stressor) for themselves by responding *yes* or *no*.

Administrative data available for analysis included basic demographic categories: gender (male, female), marital status (single, married/common law, divorced/separated/widowed), age (19–29, 30–39, 40–49, 50+), and

occupation type (management, administration, professional, other). Each case had only one “primary service area,” which was the main domain which the EAP user sought help for, including work, family, psychological, and other categories. This information was used to determine whether or not EAP users sought help primarily for work-related problems. Whether an EAP user presented with issues related to job stress did not guarantee that user would seek help for a primarily work-related area (which includes job stress).

Data analysis

WorkReach Solutions (APAS Laboratory Inc.) conducted the analyses using anonymized data provided by the EAP vendor. Descriptive statistics (frequencies and means) determined the sample characteristics and trends in job stress. Chi-squared tests were used to determine whether EAP users identified as experiencing job stress (job stress group) differed significantly from other EAP users in the distribution of demographic categories. A series of analysis of covariance (ANCOVA) tests with a main effects model were conducted to compare EAP users in the job group and other EAP users on their work status, health (current health and health change in last year) and life satisfaction measures, controlling for marital status, gender, age, and occupation type. Magnitudes of effect sizes were approximated with partial eta squared (partial η^2). To assess changes in health relative to the last year, one-sample *t* tests compared the mean current health score for each of the two groups to a score of 3 that indicates no change in health (e.g., “about the same as last year”). One-tailed Pearson’s correlations assessed the relationship between the number of job stressors reported by EAP users in the job stress group and their work status, health and life satisfaction. Evidence of a cumulative negative effect would be supported by a negative correlation between the number of job stressors and degree of work engagement, life satisfaction and health, and a positive relationship with the degree of work distress and presenteeism. Two-tailed Pearson’s correlations assessed the relationships between work status, health and life satisfaction. Little’s Missing Completely at Random tests were run to determine whether missing data for a small percentage of cases (<3%) on one or more of the items measuring work status, health and/or life satisfaction were missing at random. Missing data were found to be missing at random and no imputations were performed.

Results

Sample characteristics

The sample included 322 at work (full or part-time) employees contacting the Arete EAP by phone. From this sample, 34.5% ($n = 111$) were identified

Table 1. Employee Assistance Program (EAP) user sample characteristics by group and significance testing results.

Characteristic	Total <i>n</i> (%)	Job stress group <i>n</i> (%)	Other group <i>n</i> (%)	<i>p</i>
Gender				.27
Female	241 (74.8)	79 (71.2)	162 (76.8)	
Male	81 (25.2)	32 (28.8)	49 (23.2)	
Age				.31
19–29	64 (19.9)	24 (21.6)	40 (19)	
30–39	106 (32.9)	35 (31.5)	71 (33.6)	
40–49	91 (28.3)	26 (23.4)	65 (30.8)	
50+	61 (18.9)	26 (23.4)	35 (16.6)	
Marital status				.16
Single	99 (30.7)	41 (36.9)	58 (27.5)	
Married/common law	181 (56.2)	59 (53.2)	122 (57.8)	
Divorced/separated/widowed	42 (13)	11 (9.9)	31 (14.7)	
Occupation type				.78
Management	83 (25.8)	31 (27.9)	52 (24.6)	
Administration	47 (14.6)	15 (13.5)	32 (15.2)	
Professional	146 (45.3)	51 (45.9)	95 (45)	
Other	46 (14.3)	14 (12.6)	32 (15.2)	
Work as primary service area	43 (13.4)	42 (37.8)	1 (0.5)	<.001*

* $p < .05$.

as experiencing job stress. Concordant with commonly observed industry trends most EAP users were of the female gender (75%). Most were middle age, married/common law, and the most frequent occupational designation was “professional” (Table 1). Overall, EAP users in the job stress group shared the same basic demographics with those in the other group. Slight differences were observed in marital status, with 10% more single individuals in the job stress group. The chi-squared tests showed that the two groups did not differ significantly in any of the demographic categories ($p > .05$ for all comparisons). Only a minority (13%) of all EAP users had “work” as the primary service area. Approximately one third (38%) of EAP users in the job stress group had work as the primary service area versus 0.5% in the other group, representing statistically significant group differences on choice of work as the primary service area ($p < .0001$).

Main findings

Number of job stressors

The number of job stressors reported by EAP users in the job stress group from the nine potential sources of stress ranged from 0 to 9, with an average 3.2 stressors ($SD = 1.8$). Only a minority ($n = 4$) of cases reported none, possibility representing EAP users in the job stress group experiencing a type of work stressor other than one of the nine study items.

Prevalence of job stressors

Stressors related to job demands and job relations were the most frequently reported by the EAP users in the job stress group (Figure 1). One half of

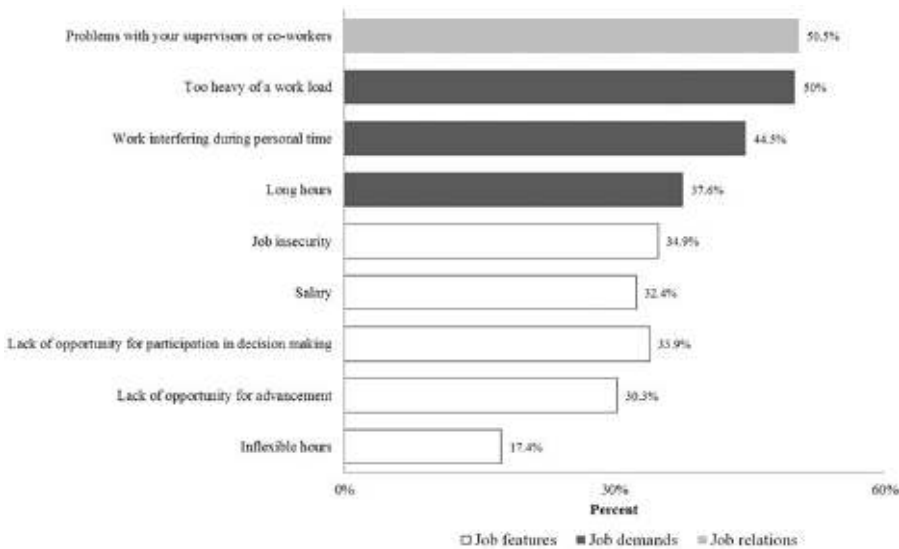


Figure 1. Percentage of Employee Assistance Program (EAP) users (job stress group) reporting specific sources of job stress ($n = 111$).

the EAP users in this group reported problems with their supervisors or coworkers (51%) and too heavy of a work load (50%) as sources of job stress, followed by work interference with personal time and long hours (45% and 38%, respectively). Approximately one third reported a number of job features (job insecurity, salary, opportunities for advancement/decision making) as sources of job stress. The least reported job stressor was inflexible hours (17%).

Group differences in work status, health, and life satisfaction measures

The ANCOVAs controlling for demographics revealed a number of group differences between EAP users in the job stress group and those in the other group (Figures 2 and 3). Namely, EAP users in the job stress group reported significantly higher work distress, $F(1, 309) = 79.1, p < .001$, and lower work engagement, $F(1, 310) = 45.4, p < .001$. No differences were observed on the degree of work presenteeism ($p = .29$) between the two groups. EAP users in the job stress group reported poorer current health, $F(1, 315) = 9.8, p < .01$, and lower life satisfaction, $F(1, 311) = 5.02, p < .05$. They also had a lower health change score, $F(1, 314) = 30.4, p < .001$. The effect sizes of group were large for work engagement (partial $\eta^2 = .13$), very large for work distress (partial $\eta^2 = .2$), small-medium for current health (partial $\eta^2 = .03$), medium for health change (partial $\eta^2 = .09$), and small for life satisfaction (partial $\eta^2 = .02$). One-sample t tests revealed that the mean score of 2.4 was significantly lower than a score of 3, $t(210) = -6.7, p < .001$, indicating a worsening of health compared to the



Figure 2. Work status of Employee Assistance Program (EAP) users in job stress group ($n = 111$) versus others ($n = 211$).

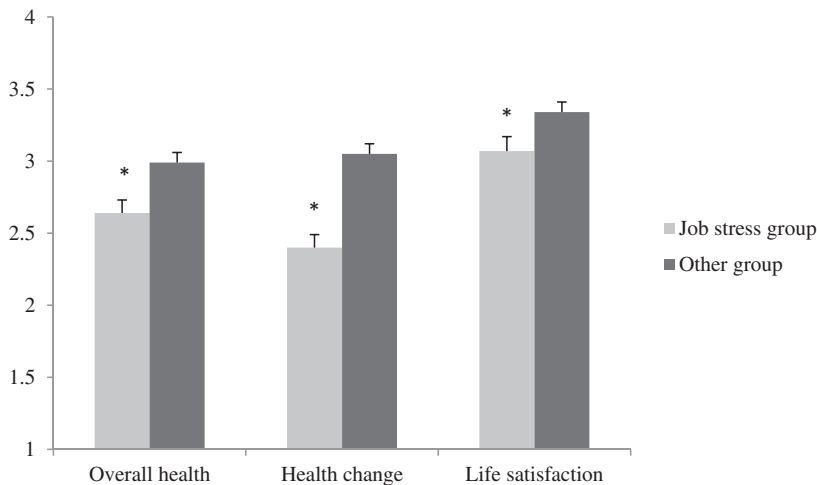


Figure 3. Health and life satisfaction of Employee Assistance Program (EAP) users in job stress group ($n = 111$) versus others ($n = 211$). * $p < .05$.

previous year in the job stress group. The mean health change score for the other group was 3.05 and not significantly different from 3 ($p = .46$), for better or worse.

Cumulative effects of job stressors and other correlations

The correlations between the number of job stressors reported by EAP users in the job stress group and the other measures are shown in Table 2. The correlations were in the predicted directions: the number of job stressors correlated positively with work distress and presenteeism, and negatively with work engagement, life satisfaction, and health change.

Table 2. Correlations between key measures in Employee Assistance Program (EAP) job stress group ($n = 111$).

Measure	1	2	3	4	5	6	7
1. Number of job stressors	–	.19*	–.16*	.16*	–.01	–.21*	–.23*
2. Work distress	–	–	–.59*	.18	–.26*	–.32*	–.22*
3. Work engagement	–	–	–	–.16	.31*	.25*	.26*
4. Work presenteeism	–	–	–	–	–.09	–.07	–.38*
5. Overall health	–	–	–	–	–	.42*	.06
6. Health change	–	–	–	–	–	–	.25*
7. Life satisfaction	–	–	–	–	–	–	–

* $p < .05$.

The cumulative effects of the number of job stressors can however be considered modest, given the small-medium correlation coefficients that were observed ($r = \sim 0.2$). No correlation was observed between the number of stressors and current/overall health. Additional significant correlations were observed between the health, life satisfaction and work status measures. For example, work distress was negatively correlated with work engagement, health, and life satisfaction, while work engagement was positively correlated with health and life satisfaction.

Discussion

In this study, employees experiencing job stress at the time of accessing their external EAP reported being less healthy, less satisfied with their lives, and less engaged and more distressed at work compared to other program users. Such findings are analogous to those reported by the many studies linking job stress with related measures in non-EAP populations. Further, the percentage of EAP users identified as experiencing job stress (34.5%) was similar to the prevalence of job stress observed in U.S. and Canadian non-EAP working populations (APA, 2017a; Mental Health Commission of Canada, 2015) and concordant with the findings from one EAP study reporting that 36% of program users had personal concerns that affected their ability to manage work stress (Masi & Jacobson, 2003).

Notably, EAP users experiencing job stress reported a negative health change in the last year but not those from the other group. Separate analyses also revealed a cumulative negative effect of the number of work stressors reported by EAP users in the job stress group on their work status (work engagement, distress, and presenteeism), health change, and life satisfaction (i.e., overall presenting status). Although the cumulative effect was modest and a causal link between job stress and the presenting status of EAP users could not be established due to the nonexperimental design of the study, overall the findings provided evidence of an important association between job stress and the overall presenting status of EAP users.

Despite the potentially negative repercussions of job stressors on health and workplace outcomes, the primary service area selected by the greater majority of EAP users in the current study was not work related and most sought help for other areas (e.g., family, psychological, addiction, etc.). Only 13% of the EAP users had work as the primary service area, further confirming that the majority of EAP users may not primarily seek help for work-related issues (Masi & Jacobson, 2003; Spetch, Howland, & Lowman, 2011). Also, just 38% of the EAP users presenting with job stress had work as the primary service area. In this context, greater promotion of the use of EAPs to address workplace concerns appears to be warranted. This could help provide a buffer against the negative effects of job stress, contributing to improved employee health and performance through an existing workplace benefit. Of note, maintaining the use of EAPs might be a greater challenge for organizations subjected to atypical amounts of stress. One study reported lower utilization of EAPs in workplaces that experienced “unusual and significant worksite stress” relative to those that did not (Azzone et al., 2009), suggesting a disruption by traumatic stressful events of the delivery of or a creation of barriers to the use of EAP counseling. Given the findings from the present study, it would be important in these circumstances for organizations to ensure adequate promotion of the use of EAPs to help mitigate the negative repercussions of work-related stressors.

It should be noted that individual-level interventions (such as EAP counseling provided to workers) are not as effective as organizational-level interventions at producing positive changes in the workplace environment itself (Lamontagne, Keegel, Louie, Ostry, & Landsbergis, 2007), thus in directly addressing work stressors at the source and in the long-term. That said, individual counseling based on cognitive-behavioral approaches common in EAP counseling can be effective for stress management (Granath, Ingvarsson, von Thiele, & Lundberg, 2006; Hofmann, Asnaani, Vonk, Sawyer, & Fang, 2012) and EAPs may help employees improve their interactions with and/or perceptions of the work environment to relieve the effects of stress and take responsibility for stress-related symptoms (Colligan & Higgins, 2006). Similarly, the solution focused brief therapy approach used by many EAP counselors (Sharar, 2008) can help improve perceptions of stress and wellness (Beauchemin, 2018). Such an approach to counseling oriented toward addressing perceptions of workplace stress and wellness, though not a substitute for organizational level interventions, might help to alleviate the psychological experience of stress and improve workplace/health outcomes for those employees exposed to a high number of organizational stressors. Assistance programs or counseling approaches designed to target job stress at the individual level could also be developed

and tested for their impact on psychological measures of stress and associated workplace outcomes.

Assessments of working conditions by EAP providers may also help inform the delivery of organizational-level assistance aimed at enhancing the workplace environment and reducing organizational stressors. EAP providers routinely collect and share utilization data with large employers/organizations covered by their services and information on working conditions could be incorporated into such reporting to increase awareness and encourage changes at the organizational level. For example, modifiable problems areas in the workplace initially identified using information on working conditions provided by EAP users could be followed by the deployment of additional workplace assessments and consultations that inform the development and implementation of primary preventive (or other organizational-level) interventions by the EAP provider. Indeed, EAPs have been defined as a set of services that are meant to address not only employee needs but also those of the organization. The “EAP core technology” includes consultation and assistance to “enhance the work environment” (Collins, 2002; Roman & Blum, 1985); the capture and application of information pertaining to the working conditions of organizations therefore fits within the scope of EAP services.

There are a number of reasons why employees might seek help, primarily for issues in domains other than work. EAPs generally provide a “capped” annual number of counseling sessions per covered employee, which may influence how employees prioritize what they seek help for. Because job stress is so commonplace (and perhaps even accepted as the norm for many), employees may be seeking help through their EAP primarily for domains other than work even though job stress may be significantly affecting their health and experiences at work (as suggested by this study). Privacy concerns might also influence whether EAP users choose to seek help for work-related issues using a workplace benefit. For example, a fear (albeit unrealistic) of being identified by an employer as a user of an EAP to address a workplace concern might discourage use for those purposes. Increased utilization of EAPs for reasons related to working conditions might be improved through better communication of the confidentiality aspects of EAPs, whether by employers and/or assistance program providers at time of intake.

Future research

The impact of EAPs on job stress itself is not well studied, with most EAP studies reporting on mental health (e.g., anxiety and depression) and workplace outcomes (e.g., productivity and absenteeism). Our study only

investigated the influence of job stress on the presenting status of EAP users and did not include the measurement of follow-up outcomes. Further, a recent study did not find a significant effect of EAP utilization on the degree of work distress (which can be considered a proxy measure of job stress) at the time of follow-up relative to the comparison group (Richmond et al., 2017). Although one study reported an improvement in the ability to manage work stress from before and after EAP utilization (Masi & Jacobson, 2003), it did not assess impacts on the degree of job stress experienced and was also based on a limited research design (pre-test–posttest without an equivalent comparison group) and causal links could not be established. Additional research studies with improved methodologies are required to advance our understanding of the impact of EAPs on measures of job stress and other outcomes.

Limitations

For practical purposes, this study used single-item questions to assess presenting status. This may have affected effect sizes and/or the ability to detect group differences on the WOS presenteeism item measuring impaired productivity: “My personal problems kept me from concentrating on my work.” Productivity is a multidimensional construct consisting of more than one kind of behavior and other questions capturing general work productivity levels (vs. impairments in concentration perceived to be related to personal problems) may have revealed group differences between EAP users experiencing job stress and the others. Individual differences in the interpretation of the concept of job stress (Kinman & Jones, 2005) may also have influenced the responses of EAP users and how they disclosed information.

It is also possible that the occurrence of job stress was underdetected during the clinical intake interview because the identification of individuals experiencing job stress was based on information self-disclosed during the routine intake interview and not on answers to a systematically asked question pertaining to experiences with job stress. This process was chosen to minimize the influence of the study on the routine intake process and care pathway (e.g., selection of primary service area), thus on the program users and intake coordinators. That said, individuals not disclosing experiencing job stress during the clinical intake interview may nevertheless have reported experiencing job stress if they were asked directly. Use of additional items measuring psychological stress at work in all EAP users (after the routine intake interview), such as those from the Copenhagen Psychosocial Questionnaire (Nübling, Stöszel, Hasselhorn, Michaelis, & Hofmann, 2006), may have improved the quantification of the degree of

job stress experienced by the EAP users and the associated prevalence. Finally, the sample consisted of employees accessing one external vendor serving a number of Canadian companies, and no detailed organizational information (aside from that included in the current study) on the employer of assistance program users was available. The generalizability of the observed differences between EAP users reporting job stress and those not to other populations of assistance program users remains to be determined. Inclusion of additional information pertaining to work environments and characteristics of employees' workplace would strengthen future studies by helping to identify and control for any important predictors of the different profiles of work stress observed in EAP users.

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