Booklet 3

A Series
Mental Health at WORK

...From Defining to Solving the Problem

SOLVING THE
PROBLEM
Preventing STRESS IN THE WORKPLACE

UNIVERSITÉ
LAVAL

Chair in
Occupational Health
and Safety Management

irsst

Three levels of action to PREVENT work-related MENTAL HEALTH PROBLEMS

A variety of strategies may be used to prevent work-related stress and mental health problems. An organization that wants to take action may do so at three different levels: primary, secondary and tertiary. Strategies at the **primary** level directly address the causes of workplace stress. They aim to eradicate or reduce the causes of stress within the organization in order to lessen its negative effects on the mental health of individuals. Secondary and tertiary strategies mainly deal with the consequences rather than the causes of workplace stress. **Secondary** prevention acts on personal factors and helps workers adapt better to their work environment, while **tertiary** prevention aims to reduce the suffering of individuals who have a work-related mental health problem.

The following table illustrates the three levels of prevention of work-related mental health problems. First of all, **primary prevention** deals with the causes of stress within an organization in order to reduce or eliminate them completely. For example, this type of strategy would reduce work overload, improve communication or increase participation in the decision-making processes within the organization.

THREE LEVELS OF PREVENTIVE INTERVENTION

PRIMARY PREVENTION
Causes · Consequences →

Sources of stress within an organization
- Demands related to tasks and roles (work overload, role ambiguity and conflicts, etc.).
- Interpersonal relationships.
- Others.

SECONDARY PREVENTION
Causes · Consequences →

The individual
- Personal characteristics that increase vulnerability.
- Personal mechanisms.

TERTIARY PREVENTION
Causes · Consequences →

The individual
- Physical health problems, mental health and behavioural problems.

This is followed by **secondary prevention** strategies that deal with the personal characteristics and mechanisms of individuals. The idea is to give these individuals the tools needed to deal more effectively with stress. These strategies do not address the causes of stress, but aim to reduce the effects of stress on the individual. For example, these strategies could involve teaching individuals how to better manage their stress and time or to make better lifestyle choices.

Tertiary prevention comes into play at the point when the individual is experiencing work-related mental health problems. This level of prevention influences the consequences of exposure to stress. Tertiary prevention strategies will result in a reduction of an individual's suffering and an improvement in his health. This may include consultations with a psychologist to obtain support and active listening or a policy to allow an individual who is on leave due to a mental health problem to gradually return to work.

PRIMARY PREVENTION:
ELIMINATE SOURCES OF WORKPLACE STRESS

Actions at the primary level directly target the **causes** or **sources of stress** that are present within an organization in order to reduce or completely eliminate them. The aim is to reduce the possibility of developing mental health problems by reducing workers' exposure to the risks in their work environment.

For example, it is known that lack of participation in the decision-making process has consequences for the mental health of individuals. Thus, an organization that wishes to undertake primary prevention could establish a mechanism which gathers the suggestions and requests of individuals, analyzes them, and applies them within the work environment with the participation of these individuals. In this way, the organization helps to reduce employees' exposure to this risk factor and to prevent the development of work-related mental health problems.

PRIMARY PREVENTION	
ADVANTAGES	**DISADVANTAGES**
● Adapts the work situation to the person.	● Requires a commitment by senior management.
● Acts directly on the source of stress to eliminate or control it.	● Requires time and energy.
● Has lasting effects.	● May sometimes require implementation over a long period.
● May be integrated into daily management activities.	● Requires an investment of human, financial and material resources.

50% of those surveyed in the 2001 Canadian Mental Health Survey stated that their workplace is a major source of stress, as compared to 39% in the preceding study conducted in 1997.[1]

Advantages **and** *disadvantages*

Primary prevention strategies are the only ones that reduce or eliminate mental health problems at work at their source. Because these strategies directly attack the causes of the problem, they will also considerably reduce their resulting costs. However, such significant results will require a real commitment from the organization. This explains why such strategies are used less often. It takes time and energy to eliminate the risks present in the workplace. Sometimes several months go by before the positive effects of primary strategies can be seen. Financial, human and technical resources are also required.

Such strategies require support by upper management and the commitment of all persons concerned. They must be part of a well planned and structured process. Ensuring the success of such an undertaking is a major challenge. For example, the development and functioning of the decision-making process described above can be expected to take some time and require the mobilization of human and technical resources. A system has to be implemented to gather suggestions made by employees, as well as to analyze, choose and apply them within the work environment. All these steps require significant effort and cannot be accomplished overnight.

Although implementing primary level strategies normally requires time, energy and resources, this is not always the case. Sometimes improvements can be made by simply adapting certain existing management practices within the organization. Team meetings are a good example. Several organizations hold weekly or monthly meetings with their employees. Not much is required to make these meetings an occasion to give employees recognition and support, and to facilitate feedback. In addition, an organization that wants to encourage the participation of employees in the decision-making process could use these meetings to gather requests and suggestions from employees until such time that an official process is implemented.

EXAMPLES OF PRIMARY PREVENTION STRATEGIES

STRATEGY	ADVANTAGES
Hold regular team or group meetings	**Group meetings are a chance to:** • clarify individual roles, responsibilities and powers. • specify individual expectations, goals and objectives. • give recognition, social support and feedback. • share information about activities in the organization. • discuss existing problems and desired solutions. • stimulate dialogue with supervisors and colleagues. • assess whether the workload respects employees' limits.
Encourage participative management	**Participative management helps to:** • improve relationships between supervisors and employees. • increase employees' participation in decisions. • enhance employees' sense of belonging.
Offer training to employees	**Enables employees to develop new knowledge and skills, which can be seen as a form of recognition and through which they can:** • avoid a qualitative work overload. • advance their careers. • eventually assume more responsibilities. power and autonomy.
Determine the content of each position (analyze positions and tasks)	**An analysis of each position can:** • determine whether there is a work overload. • clarify roles, responsibilities and powers related to each position. • specify expectations, goals and objectives. • reduce certain risks linked to the work environment and working conditions.
Conduct an annual evaluation of employees' contribution	**An annual evaluation of employees provides the opportunity to:** • clarify roles, responsibilities and powers. • specify what is expected of employees, the goals and objectives to be reached. • provide recognition, social support and feedback. • communicate career goals and establish a career plan. • share information on activities in the organization. • discuss the problems facing employees and desired solutions. • assess whether the workload respects their limits.

SECONDARY AND TERTIARY PREVENTION:
LIMITING THE EFFECTS OF WORKPLACE STRESS

While primary prevention strategies essentially deal with the causes of workplace stress, secondary and tertiary prevention mainly address the effects of stress.

Secondary prevention

Secondary prevention aims to help individuals **develop** the *knowledge* and *skills* to better recognize and manage their reactions to stress. Giving them the necessary tools allows them to better adapt to the situation or to the work environment and reduces the impact of stress. The content and form of these strategies may vary considerably but they usually include awareness and information-sharing activities, as well as skills development programs.

Advantages and disadvantages

Secondary prevention strategies are a useful tool because they make individuals aware of and inform them about the problem of mental health at work. These strategies also help them develop their skills and their mental resources in order to increase their resistance to stress.

However, secondary prevention strategies do not change the conditions in which work is performed. They only deal with the consequences of the problem in order to control the damage. This is why such strategies only have short-term effects. For example, while stress management training changes people's reaction so that they can better adapt to their work, it does not eliminate the sources of stress within an organization.

Many firms that until now have relied exclusively on this type of strategy now realize that they are unable to adequately fight against work-related mental health problems. In order for secondary prevention strategies to be totally effective, they must be combined with primary and tertiary strategies.

> Skills development programs allow an individual to strengthen his resources or to develop new ones to combat stress more effectively.

SECONDARY PREVENTION STRATEGIES	
ADVANTAGES	**DISADVANTAGES**
◉ Make workers and managers aware of the problem of mental health at work.	◉ Do not change or eliminate the causes of stress.
◉ Allow workers and managers to develop knowledge and skills to better cope with stress.	◉ Leave the responsibility of developing their personal resources to individuals.
	◉ Approaches restricted to damage control (band-aid approach).
	◉ Have only short-term effects.

EXAMPLES OF SECONDARY PREVENTION STRATEGIES	
INFORMATION AND AWARENESS ACTIVITIES	**SKILLS DEVELOPMENT PROGRAMS**

• Publishing articles on mental health at work in the in-house newspaper.
 	
• Convening conferences on the physical, mental health and behavioural symptoms of work-related mental health problems.
 	
• Holding "lunch and learn" sessions on the causes of mental health problems at work.
 	
• Providing seminars on the prevention of work-related mental health problems.
 	
• Organizing workshops on managing and adapting to change.
	• Training on:
	  • Stress and time management;
	  • Conflict and problem management and resolution;
	  • Balancing personal and professional obligations.
	
	• Meditation, yoga or other relaxation sessions.
	
	• Healthy eating program.
	
	• Physical exercise room.
	
	• Aerobic sessions.
	
	• Smoking cessation programs.

Tertiary prevention strategies

Tertiary prevention strategies aim to *treat* and *rehabilitate* persons as well as facilitate a *return to work* and the *follow up* of those who suffer or have suffered from a work-related mental health problem. These strategies generally include counselling services to refer employees to specialists if need be. Tertiary prevention activities are often part of employee assistance programs. These programs feature personalized client-centred help for persons with difficulties so they can analyze their problems and feel supported in their search for solutions. These strategies may also include return-to-work programs for employees who are on sick leave, as well as a help network for example, informal caregivers who can provide support, active listening and referrals to professional resources if necessary.

Advantages and disadvantages

In spite of the fact that the quality and quantity of services vary from one organization to another, they generally help individuals who have personal difficulties or work-related difficulties to obtain information, help and support from in-house counsellors and from counsellors outside the organization. Tertiary level services are voluntary, confidential and available at all times.

In 1999, 26% of Canadian employees in the private sector had access to an employee assistance program (EAP).[2]

As far as drawbacks are concerned, tertiary activities, just like secondary ones, are centred on the person rather than the work situation. By trying to reduce the symptoms, once again they target only the consequences of the problem. Furthermore, because the Employee Assistance Program (EAP) is confidential, it cannot deal with organizational causes...

TERTIARY PREVENTION

ADVANTAGES	DISADVANTAGES
Gives information, help and support to persons suffering from a work-related mental health problem.	Centred on the client rather than the work situation or the organization.
Offers voluntary and confidential services that are available at all times.	Is available to individuals who have or have had a mental health problem.
Reduces the risk of relapse.	Targets the consequences rather than the problem.

EXAMPLES OF TERTIARY PREVENTION STRATEGIES

Return-to-work program
- Maintains the employment relationship with the person on leave;
- Return-to-work plan;
- Employment support measures
(for example: progressive return to work, temporary assignments, medical follow up).

Peer help networks
- Active listening;
- Information;
- Support;
- Referrals to specialized resources.

Employee assistance programs (EAP)
- Information;
- Assessing needs;
- Short-term help through individual or group meetings;
- Telephone support line;
- Referrals to specialized resources
(doctors, psychologists, psychiatrists, social workers, guidance counsellors, lawyers).

STEPS

TO PREVENT work-related
MENTAL HEALTH problems

The steps undertaken to prevent work-related mental health problems generally deal with organizational problems or with systematic crisis situations. The catalyst for undertaking such steps is usually increasing absenteeism, staff turnover rates or group insurance costs. In such circumstances, the first reaction by organizations that want to quickly correct the situation is to increase medical and administrative controls. For example, they may manage disability more closely, monitoring leaves of absence in an attempt to shorten them. They may opt for a "good idea" approach to developing an action plan. Thus, those concerned by the problem will meet, discuss the situation and suggest solutions without having conducted an in-depth analysis of the situation within the organization. At the end of the meeting, the solution that received unanimous support is chosen without knowing, however, whether it addresses the fundamental causes of the problem. These approaches are not bad in themselves, but they are becoming less and less effective in dealing with the growth in work-related mental health problems. The continuous increase in absenteeism rates provides evidence of this. Thus, to obtain lasting results, a strategic approach must be used. The development and implementation of prevention strategies must take place within a planned and structured approach.

SOME PREREQUISITES…

Before undertaking any program for the prevention of work-related mental health problems, it is essential to obtain the commitment, support and participation of management. Changes to the environment or work situation cannot be made without the agreement of management. Directors must also make a commitment to follow up on the recommendations made by the working group in charge of this process. In no case should such a process be undertaken if there is no intention to complete it. Undertaking a prevention strategy will create expectations among employees that must be met; otherwise the situation will likely get worse. It is also crucial to have the support of workers and their representatives. They have an in-depth knowledge of the work environment and this may be quite useful when diagnosing the situation as well as developing and implementing an action plan.

> 60% of respondents to the Canadian Mental Health Survey were of the opinion that their employers were aware of stress-related problems and tried to adopt more measures to counter stress than they did in 1997 (44%).

STRATEGIC STEPS **TO PREVENT** MENTAL HEALTH **PROBLEMS** AT WORK

PREPARATION

| Prerequisites | ▶ | Working group | ▶ | Diagnosis:
• Scope of the problem
• Causes |

▼

ACTION PLAN

| Development | ▶ | Implementation |

▼

EVALUATION

| Evaluate | ▶ | Update
if necessary |

ESTABLISHING A WORKING GROUP

The implementation of a prevention program must be done in a structured manner. We recommend the creation of a working group or a committee to head program development. Such a committee should be made up of employee and management representatives, as well as various actors concerned by the problem. Among others, this could include Occupational Health and Safety (OHS) representatives, nursing staff or a human resources advisor. Obviously, the makeup of this committee can vary according to the structure and size of the organization. Because nothing must be left to chance, the roles, responsibilities and powers of the members must be defined. The financial and technical resources available to the committee must also be determined. Finally, the members of the working group will have the responsibility of informing the employees of the various steps completed throughout the prevention process.

MAKING A DIAGNOSIS

When you consult a doctor, he makes a diagnosis on the basis of your symptoms in order to decide on your treatment. The very same thing is done for the prevention of work-related mental health problems. The situation that prevails in the organization first has to be diagnosed before determining which issues need to be dealt with.

Determining the *scope of the problem*

It is essential to precisely determine what the "organizational" symptoms of work-related mental health problems may be, that is to say, the consequences that these problems may have for individuals, as well as for the organization itself. In order to do so, various data must be collected to determine the scope of the problem. This may include data on long and short-term leave, the number and types of consultations within the EAP or even the costs related to group insurance. It will also be determined at this stage of the process whether certain job categories or departments are more at risk.

Identifying *the causes of the problem*

The next step is to determine the reasons for the existence of mental health problems in the organization. To do this, a number of methods can be used. For example, the working conditions and the environment could be observed, individual interviews or group interviews could be held with employees, discussion groups could be formed to bring out the main problems encountered or a questionnaire could be distributed to all employees. It is important for the organization to know the risks to which individuals are exposed in order to focus on the right issues and thus obtain better results.

The table on the following page provides an example of a tool that can be used to identify the sources of stress within an organization. This questionnaire was developed by the Chair in Occupational Health and Safety Management at Université Laval. It measures various sources of workplace stress, including workload, recognition, role ambiguity and conflict, the quality of interpersonal relationships at work, work schedule and the balance between occupational and personal obligations. It also takes into consideration the personal mechanisms used by employees to cope with stress, for example, access to social support. Finally, this tool assesses the effects that stress may have on the physical and mental health of employees, as well as their job satisfaction or intention to quit their jobs.

An interview is very appropriate when the information sought is more than simple facts and opinions and when the participant mentions issues of a more personal nature.

A large variety of diagnostic tools were developed over the last few decades to assess work-related mental health problems. **The stress assessment questionnaire (QUEST©)** developed by the Chair in Occupational Health and Safety Management at Université Laval allows its users to target all sources of organizational stress and assess their effects on the health of employees. Here are some examples drawn from this tool:

WORK-RELATED TASKS AND ROLES

Indicate how often the following situations happen at work.
Circle the relevant number.

1- Never or rarely
2- Sometimes
3- Often
4- Usually
5- Most of the time or always

I am asked to do too much work in too little time.	1	2	3	4	5
I have the impression that my responsibilities at work are increasing all the time.	1	2	3	4	5
I work with very tight time constraints.	1	2	3	4	5
I am asked to perform tasks that are too complex.	1	2	3	4	5
The priorities in my work are clear to me.	1	2	3	4	5
I know on what bases I am evaluated.	1	2	3	4	5

DEVELOPING INTERVENTION STRATEGIES

Before new prevention measures are developed, an inventory should be made of those that already exist within the organization so that maximum use can be made of the resources that it already has at its disposal. For example, several management practices may significantly help to reduce work-related mental health problems. In some cases, by simply improving these practices, positive results can be obtained. Team meetings can be used as an opportunity to give employees recognition. They may also improve the dissemination of information and provide workers with the opportunity to participate in decision making.

It is very important for the organization to establish specific goals. These goals must be clear, realistic and quantifiable, so that the organization can measure the effectiveness of prevention strategies. For example, the goal may be to "reduce the rate of absenteeism by X% over the next year." A timetable must also be established and followed.

In addition, it is better to apply strategies that are specific to the organization's context than to use pre-established approaches. Prevention activities must be in perfect harmony with organizational realities if their effectiveness is to be maximized.

It is also essential to combine primary, secondary and tertiary strategies. In this way, the actions taken by the organization are likely to have a much greater impact because they simultaneously target the reduction or elimination of sources of stress, the development of individual skills to manage problem situations and the treatment of persons and their return to work.

Once completed, the action plan should be presented for approval to management or to any other decision-making committee in the organization.

IMPLEMENTING INTERVENTION STRATEGIES

Strategies should be used systematically and implemented step by step. This way of doing things provides a clear view of the tasks to be accomplished, everyone's responsibilities, the time limits involved and the required financial resources. Prevention activities must also be integrated into the daily operation of the organization. The prevention of work-related mental health problems must be an integral part of the daily life of all members of the organization. Finally, it is recommended that any actions that may have quick results be implemented right at the outset. In this way, staff will be able to see that the organization is respecting its commitments.

> A questionnaire is very appropriate when the goal is to collect information about facts and opinions.

EVALUATING AND UPDATING INTERVENTION STRATEGIES

A continuous mechanism for evaluating the measures applied is needed in order to ensure that they are effective. It is essential to see whether the goals have been reached. If this is the case, the strategy used may be continued, and if not, it should be adjusted to obtain the desired results.

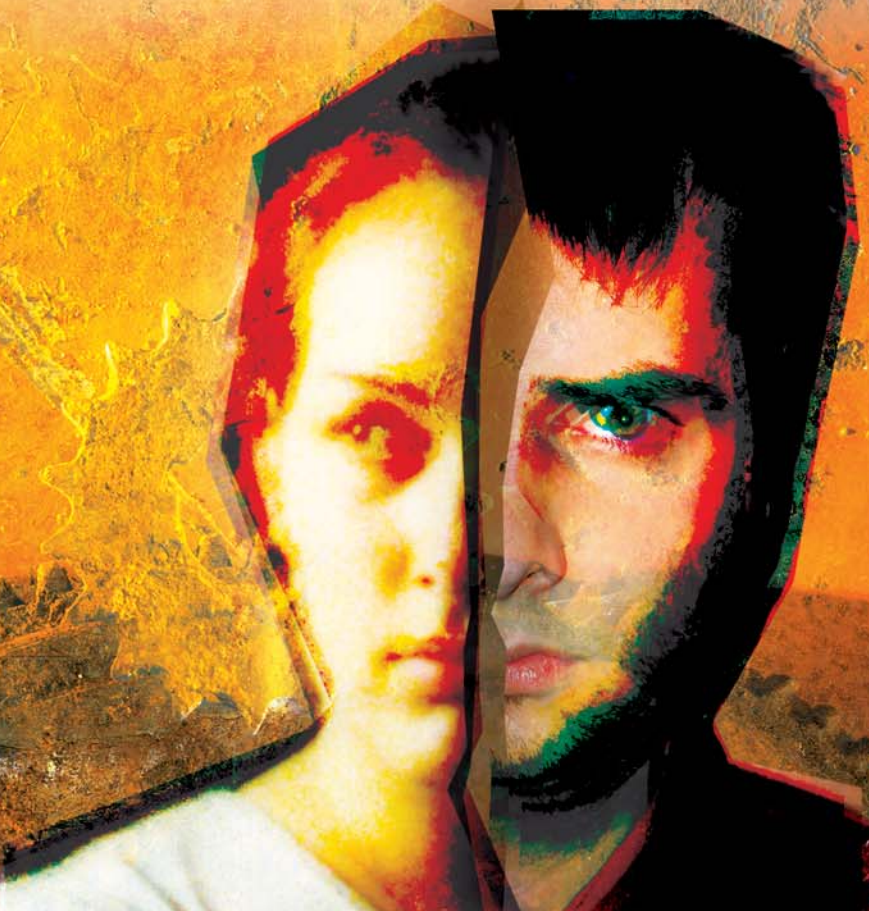| SUMMARY OF STRATEGIC APPROACH TO PREVENTING WORK-RELATED MENTAL HEALTH PROBLEMS	
STEPS	**ACTIVITIES**
Prerequisites	• Obtain the commitment, support and participation of management; • Obtain a commitment to follow up on the recommendations made by the working group; • Obtain the support of workers and their representatives.
Establish a working group	**The working group must:** • Be formal and structured; • Include employee and management representatives, as well as various persons concerned by the problem; • Specify the tasks, roles, responsibilities and powers of its members; • Determine the available financial and technical resources available; • Ensure employees are informed throughout the process.
Make a diagnosis	**DETERMINE THE SCOPE OF THE PROBLEM** • Find information on short and long-term absences; • Determine the number and type of EAP consultations; • Assess the costs borne by group insurance plans; • Identify the job categories as well as the departments that are more at risk. **IDENTIFY THE CAUSES OF THE PROBLEM** • Observe the environment and working conditions; • Conduct individual or group interviews; • Establish discussion groups; • Distribute a questionnaire.
Develop strategies	• Identify existing preventive activities; • Specifically determine the goals to be reached; • Apply strategies adapted to the context of the organization; • Combine primary, secondary and tertiary strategies; • Submit the action plan to management for approval.
Implement strategies	• Use systematic and step-by-step strategies; • Integrate preventive activities into the daily operation of the organization; • Right from the start, opt for strategies that give quick results.
Evaluate the results of the strategies and ensure that they are updated	• Determine whether goals are reached; • Continue with the strategy or adjust it.

IN CONCLUSION...

For nearly two decades, problems related to stress in the workplace have increased considerably. Their consequences are far-reaching and affect not only individuals but also organizations and society in general. Although these problems may be caused by events in the private lives of individuals, in the organizations where they work or in the society in which they live, the workplace plays a major role in the development of such problems, especially due to the pressures it generates. In fact, several work-related factors may generate psychological tension for individuals and over time, have a negative impact on their health. This may include overwork, a lack of participation in decision-making processes or even lack of recognition. Various personal factors may add to those related to the workplace.

In addition, any prevention strategy usually requires that the organization take control of the problem situation. The strategy particularly requires that an in-depth diagnosis of the situation within the organization be made, and that a structured working group be formed. Implementing such a strategy must also be done in conformity with certain rules for developing and applying the preventive strategies. In fact, it is preferable to use strategies that are specific to the context of the organization, combining primary, secondary and tertiary strategies and using a systematic, step-by-step approach. Finally, it is essential to regularly evaluate the results of the strategies used and to update them, if necessary.

In Canada, it is estimated that mental health problems at work are the main cause of employment disability.

ACTIVITY

STRATEGIC APPROACH TO PREVENTING WORK-RELATED MENTAL HEALTH PROBLEMS

Prerequisites	○ Commitment, support and participation of senior management	
	○ A commitment from management to follow up on the recommendations made by the working group	
	○ Support from workers and their representatives	
Establishing a working group	Employee representatives	
	Management representatives	
	Expert resources and interested parties	
	Roles, responsibilities and powers of each member	
	Available resources	• Financial
		• Technical
Make a diagnosis	Structures and activities to disseminate information to the organization's employees	
	Scope of the problem	
	Causes of the problem	
Develop strategies	Activities that already exist in the organization	
	Goals to be reached	
	Primary strategies	
	Secondary strategies	
	Tertiary strategies	
Implementing the strategies	○ Submit the action plan to management for approval	
	● Use a step-by-step strategy	
	● Right from the start, opt for strategies that give quick results	
	● Integrate the strategies into the daily operation of the organization	
Assess the strategies and update them, if necessary	Develop an action plan with follow-up activities	
	Define the methods for evaluating the strategies	Evaluation tools and metrics
		Evaluation process
		Evaluation period
	Measuring the attainment of goals	Goal 1
		Goal 2
	Explain why the goals were or were not reached	
	Update strategies (if necessary)	

TO EXAMINE THIS *ISSUE FURTHER....*

(Links active on June 2005)

Addressing Psychosocial Problems at Work (SOLVE)
http://www.ilo.org/public/english/protection/safework/whpwb/solve/index.htm

Industrial Accident Prevention Association (IAPA)
http://www.iapa.on.ca

Institut de recherche Robert-Sauvé en santé et en sécurité du travail (IRSST)
http://www.irsst.qc.ca

National Institute for Occupational Safety and Health (NIOSH)
Stress at work
http://www.cdc.gov/niosh/stresswk.html

Publications from the European Agency for Safety and Health at Work (OSHA)
http://agency.osha.eu.int/publications/reports/stress/
http://agency.osha.eu.int/publications/reports/203/en/index.htm
http://agency.osha.eu.int/publications/reports/104/fr/index.htm
http://agency.osha.eu.int/publications/reports/309/fr/index.htm

Publications from the Health and Safety Executive (HSE)
http://www.hse.gov.uk/research/rrhtm/rr133.htm
http://www.hse.gov.uk/research/rrhtm/rr138.htm

Publications by the National Institute for Occupational Safety and Health (NIOSH)
http://www.cdc.gov/niosh/stresshp.html

Research report on mental health at work
(Chair in Occupational Health and Safety Management at Université Laval)
"Évaluation de la santé mentale au travail : une analyse des pratiques de gestion des ressources humaines"
[Assessment of mental health at work: an analysis of human resources management practices]
http://cgsst.fsa.ulaval.ca/

BIBLIOGRAPHICAL REFERENCES

NOTES

1. **ACSM/COMPASS. (2002).** Enquête canadienne sur la santé mentale. Extrait de : Ordre des psychologues du Québec (2002), *La vie au travail : un monde en transformation,* Symposium Santé mentale au travail, Montréal, p. 11. [Canadian Mental Health Survey. Excerpt from Order of Psychologists of Quebec (2002) *Life at Work: A Changing World,* Mental Health at Work Symposium, Montreal, p. 11].

2. **Williams, C. (2003).** Sources de stress en milieu de travail, *L'emploi et le revenu en perspective,* 4 (6), 5-14. [Sources of Stress at Work, *Perspectives on Labour and Income,* 4 (6), 5-14].

WORKS CONSULTED

Akerstedt, T. (1992). *Conditions of Work Digest: Preventing Stress at Work,* International Labour Organization, 11, 184-189.

Blanchard, M. and M. J. Tager (1985). *Working Well: Managing for Health and High Performance,* New York: Simon & Schuster.

Burke, R. J. (1993). Organizational-level interventions to reduce occupational stressors, *Work & Stress,* 7 (1),77-87.

Courtemanche, H. and H. Bélanger (2000). Les programmes d'aide aux employés : passé, présent et future, *Revue québécoise de psychologie,* 21, (3), 71-92. [Employee Assistance Programs: Past, Present and Future].

Cooper, C. L. and M. Kompier (1999). *Preventing Stress, Improving Productivity: European Case Studies in the Workplace,* New York: Routledge.

Cooper, C. L. and S. Cartwright (1994). Healthy Mind; Healthy Organization-A Proactive Approach to Occupational Stress, *Human Relations,* 47 (4), 455-471.

Cooper, C. L. and S. Cartwright (1997). An Intervention Strategy for Workplace Stress, *Journal of Psychosomatic Research,* 43 (1), 7-16.

Cooper, C. L. and S. Williams (1997). *Creating Healthy Work Organizations,* Chichester: John Wiley & Sons.

DeFrank, R. S. and C. L. Cooper (1987). Worksite stress management interventions: Their effectiveness and conceptualization, *Journal of Managerial Psychology* 2, 10-40.

Elkin, A. J., and P. J. Rosch (1990). Promoting Mental Health at the Workplace: The Prevention Side of Stress Management, *Occupational Medicine: State of the Art Reviews* 5 (4).

Hurrell, J. J. and L. R. Murphy (1996). Occupational Stress Intervention, *American Journal of Industrial Medicine* 29, 338-341.

Israel, B. A. et al. (1996). Occupational Stress, Safety, and Health: Conceptual Framework and Principles for Effective Prevention Interventions, *Journal of Occupational Health Psychology,* 1 (3): 261-286.

Ivancevich, J. M. et al. (1990). Worksite stress management interventions, *American Psychologist,* 45, 252-261.

Karasek, R. (1992). Stress prevention through work reorganization: A summary of 19 international case studies, *Conditions of Work Digest: Preventing Stress at Work,* International Labour Organization, 11 (2), 23-41.

Kelly, J. (1992). Does job-redesign theory explain job-redesign outcomes?, *Human Relations,* 45 (8), 753-774.

Kompier, M. A. J. et al. (1998). Cases in Stress Prevention: The Success of a Participative and Stepwise Approach, *Stress Medicine,* 14, 155-168.

Landsbergis, P. A. and J. Cahill (1994). Labour union programs to reduce or prevent occupational stress in the United States, *International Journal of Health Services,* 24, 105-129.

Loo, R. (1996). Managing workplace stress: A Canadian Delphi study among human resource managers, *Work & Stress,* 10 (2), 183-189.

Maslach, C. and J. Goldberg (1998). Prevention of Burnout: New Perspectives, *Applied and Preventive Psychology,* 7, 63-74.

Matrajt, M. (1992). Using ergonomic analysis and group discussion to identify and prevent stress in managers and assembly-line workers, *Conditions of Work Digest: Preventing Stress at Work,* International Labour Organization, 11, 189-197.

Murphy, L. (1988). Workplace interventions for stress reduction and prevention, in C.L. Cooper and R. Payne (Ed.), *Causes, Coping and Consequences of Stress at Work,* Chichester: John Wiley & Sons.

Murphy, L. R. (1996). Stress management in work settings: A critical review of the health effects, *American Journal of Health Promotion,* 11 (2), 112-135.

Platt, S. et al. (1999). *Changing labour market conditions and health: A Systematic Literature Review (1993-1998),* Dublin: European Foundation for the Improvement of Living and Working Conditions.

Quick, J. C. et al. (1992). The value of work, the risk of distress, and the power of prevention, *Stress and Well-being at Work: Assessments and Interventions for Occupational Mental Health,* in J. C. Quick, L. R. Murphy and J. J. Hurrell, Washington DC, American Psychological Association.

Quick, J. C. and J. D. Quick (1984). *Organizational Stress and Preventive Management,* New York, McGraw-Hill.

Sauter, S. L. et al. (1990). Prevention of work-related psychological disorders: A national strategy proposed by the National Institute for Occupational Safety and Health (NIOSH), *American Psychologist,* 45, 1146-1158.

Smith, M. J. and D. Zehel (1992). A stress reduction intervention program for meat processors emphasizing job design and work organization, *Conditions of Work Digest: preventing stress at work,* International Labour Organization, 11, 204-213.

Sutherland, V. and M. J. Davidson (1993). Using a stress audit: The construction site manager experience in the UK, *Work & Stress,* 7 (3), 273-286.

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