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Original Research

The prevalence of implementation of mental health measures in companies and its association with sickness absence

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ABSTRACT

Objective: The main objective was to determine the prevalence of implementation of mental health measures aimed at the prevention of high workload (workload measures) and the promotion of work engagement (engagement measures) in companies and sectors. Additionally, its associations with sickness absence was explored.

Study design: Cross-sectional survey.

Methods: An internet-based survey among 12,894 company representatives in the Netherlands. Descriptive analyses were performed to determine the prevalence, and differences between sectors were tested using Chi-squared tests. ANOVA was performed to examine the association between companies with or without mental health measures and sickness absence rates.

Results: 32.8% and 21.7% of the companies reported to have implemented 'continuously or often' workload measures and engagement measures, respectively. The sectors 'health care and welfare' and 'education' reported to have implemented measures most often. Having implemented engagement measures was significantly associated with lower sickness absence (4.1% vs 4.5%).

Conclusions: Overall, workload measures were more often implemented than engagement measures. Future research is recommended to determine reasons for implementation as well as causality in the association between mental health measures and sickness absence.

Introduction

The World Health Organization (WHO) has defined mental health as 'a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community'.[1] With respect to the positive aspect of work-related mental health, work engagement has been defined by 'a positive, fulfilling,

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work-related state of mind that is characterized by vigour, dedication, and absorption'.[2] Work engagement has been shown to positively impact life satisfaction and to reduce the risk for depressive symptoms and burnout.[3,4] Furthermore, engaged employees are assumed to have a better health profile.[5,6] Next to the individual health benefits, the employer may benefit from engaged workers. For example, studies have shown that work engagement has a positive relation with job performance[7] and a lower risk for productivity loss caused by presenteeism or absenteeism.[8]

Despite strong evidence that work is generally beneficial for health and well-being, there is also evidence for harmful effects of psychosocial work characteristics on mental health.[9] The relation between psychosocial work characteristics and mental health can thus both be positive (e.g. resulting in work engagement) and negative (e.g. resulting in burnout).[10–13] Burnout, work stress, or other mental health problems are associated with a high burden, for both the individual employee and the employer. To illustrate, mental health disorders, including work stress, are the leading cause for sickness absence in Europe.[14] In many high-income countries, mental health problems cause between 35% and 45% of sickness absence.[15] Sickness absence caused by mental health problems is associated with relatively high costs, which are particularly due to the long duration[16–18] and high rates of recurrence of the mental health problems.[19,20] In the UK, costs of stress-related sickness absence have been estimated between four and five billion pounds each year.[21]

Considering the prevalence and impact of mental health problems and the associated costs, measures aimed at the promotion of employees' mental health are needed. Several studies have been performed evaluating the effect of diverse interventions aimed at reducing mental health problems, particularly aimed at workers with work-related psychological problems, overall showing less long-term sickness absence and faster return-to-work.[22–28] Few workplace health promotion interventions directed at the positive aspects of mental health, such as work engagement, have recently also been evaluated, but could not detect effects on work engagement or work-related outcomes (e.g. productivity).[29–32]

Although few, some research has been conducted to the prevalence rate of measures aimed at the prevention of high workload, which are particularly focused on the prevention and reduction of work stress. For example, from a European survey in 2009, it appeared that between 25% and 30% of the enterprises reported having more formal, system-based procedures to deal with psychosocial risk factors, while 23%–58% have taken measures (i.e. more ad hoc, reactive, individual measures) to control specific psychosocial risks.[33] With respect to measures aimed at the positive aspect of work-related mental health, i.e. the promotion of work engagement, the implementation rate of measures in companies is currently unknown. The main objective of the present study was therefore to determine the prevalence of the implementation of measures aimed at either or both the prevention of high workload (workload measures) and at the promotion of work engagement (engagement measures) of companies in the Netherlands, and to determine differences between sectors.

Implementation of mental health measures at the workplace might be associated with the company's sickness absence rate. On the one hand, a high sickness absence rate may be due to a company's lack of investments in its personnel's mental health. On the other hand, it can be assumed that companies with high sickness absence rates start implementing activities aimed at the prevention or reduction of high workload and resulting sickness absence. To date, there is a lack of insight into the link between the implementation of workload and/or engagement measures and the company's sickness absence rate. Therefore, we additionally aimed to explore the relation between these two categories.

Methods

Study design and population

An internet-based survey was distributed among a representative sample of companies in the Netherlands. A sample was drawn from all companies in the Netherlands, with an approximately equal representation of the various sectors and company sizes. The companies were categorized into 11 sectors, and with regard to company size five categories were applied (10–20, 20–50, 50–200, 200–500, and >500 employees). Companies with fewer than 10 employees were excluded. The following sectors were distinguished: 'agriculture, forestry and fishing', 'mining, quarrying and industry', 'construction', 'wholesale and retail trade', 'transportation and storage', 'accommodation and food service activities', 'information and communication', 'public administration and defence', 'education', 'health care and welfare services', and 'culture, sport, recreation and other service activities'.

Based on an expected response rate of 15%, the survey was sent out to 12,894 company representatives, who are responsible for Human Resources of their company. We used a non-proportional quota sampling as a form of non-probability sampling technique where we aimed at approximately equal numbers ($n = 165$) of respondents by sector. All respondents received an introduction letter with a URL, their username and password. Two weeks after the introduction letter, the non-respondents received a reminder, again with the URL, their username and password. To approach a representative picture of the companies in the Netherlands, a weight factor was calculated based on sector and company size. The weighted data were used for the first study objective (i.e. prevalence of implementation of mental health measures). The unweighted data were used for the second study objective (i.e. association between the implementation of mental health measures and sickness absence rates).

Measures

As no existing, validated questionnaires were available to determine the implementation of mental health measures by companies, we developed a questionnaire. In doing so, questions were derived from other surveys to health- or other type of measures in companies, and adjusted for the specific purpose of this study. A pilot test among a few company representatives was performed to test the draft

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