

MINIMISING MENTAL STRESS AMONG WORKERS: HOW CAN GOOD CORPORATE CITIZENS ACHIEVE THIS?

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ABSTRACT

Work-related mental stress injuries are a major concern across all industry sectors in Australia. Various risk factors are associated with work-related mental stress. However, unlike many physical and environmental hazards at the workplace, hazard identification and control of mental stress among workers are less developed in organisational risk management processes.

Interventions to minimise work-related mental stress and its adverse impact on health and wellbeing have often focused primarily on the individual. This paper supports interventions at the organisation-individual interface that not only engender change at the individual worker or job level, but also facilitate a change in the psychosocial culture of the organisation. Proactive organisational interventions that address the mental health and safety of workers require the development of a leadership and management style allowing for worker participation in driving changes to the psychosocial culture of the workplace. In the current climate, this might be viewed as a movement towards good corporate citizenship.

This paper proposes that various stakeholders in the Australian workers compensation community have the individual and collective potential to be significant drivers of change in how organisations prevent and manage mental stress among workers.

A. INTRODUCTION

Health is not simply a state of physical, social and mental wellbeing. In functional terms, health is the resource that permits people to lead socially and economically productive lives.¹ Increasingly, non-medical factors such as the work environment have been identified as the most long-term influential components of health status.² So, in the context of work, this means health is an important component of, and inextricably linked to, a healthy society and the individuals within it.

Mental stress is identified as a social determinant of health.³ Its impact on people's ability to lead economically productive lives and the prevention and management of stress are priorities in the Australian National Mental Health Strategy.⁴ Work-related mental stress has been defined as the 'harmful physical and emotional responses that

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1 World Health Organization, *Health Promotion Glossary*, World Health Organization, Geneva, 1998.

2 World Health Organization, *International Classification of Functioning, Disability and Health*, World Health Organization, Geneva, 2001.

3 R Wilkinson and M Marmot, *Social Determinants of Health: The Solid Facts* (2nd ed), World Health Organization Regional Office for Europe, Denmark, 2003 <<http://www.euro.who.int/document/e81384.pdf>> at 20 January 2007.

4 Department of Health and Ageing, *National Mental Health Strategy*, Commonwealth of Australia, Canberra, 2006 <http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-strat-about> > at 1 July 2008.

occur when the requirements of the job do not match the capabilities, resources, or needs of the worker'.⁵ Work-related mental stress has also been conceptualised as being fully recursive and cyclical, such that the physical or psychological outcomes of exposure to stressors can lead to vulnerability to future stressors by depleting the resilience and coping abilities of the individual.⁶ An individual's response to stressors may manifest as physical and/or mental ill-health.⁷

Within the Australian workers compensation legislation, work-related mental stress is a compensable disease. The median lost time for a mental stress claim exceeds 60 days, resulting in a long duration claim for many workers.⁸ The steady rise in financial and social costs associated with mental stress-related workers compensation claims should be concerning for all stakeholders.

Between 1997–98 and 2005–06, the number of workers compensation claims in Australia decreased by 11 per cent; however claims categorised as 'mental disorders' increased by 4.8 per cent.⁹ Claims for mental stress comprised 5 per cent of all serious claims in 2005–06 and represented the seventh most common mechanism of injury for Australian workers.¹⁰ Female workers were more likely to claim compensation for work-related mental stress than their male colleagues¹¹ and, regardless of gender, workers aged 40–54 years were most likely to submit a claim.¹² Mental stress injuries resulting in a claim were most often due to high work pressure, harassment and exposure to workplace or occupational violence. Among male workers, 55 per cent of mental stress claims were from those in associate professional, professional and transportation/production roles including police officers, road and rail transportation drivers, and education professionals. Among female workers, approximately 33 per cent of mental stress claims were by those in professional roles (education) and 28 per cent among clerical and sales workers.¹³

Compensable mental stress claims in Australia are, in general, more than twice as long and twice as costly as claims for other work-related injury, illness or disease. In 2005–06, mental stress claims were characterised by a median work absence of 10.9 weeks compared to 4.1 weeks (for all claims),¹⁴ and a median per claim direct cost of A\$15,500 compared to A\$6,100 for all claims.¹⁵

5 National Institute for Occupational Safety and Health, *Stress at Work*, 1999 <<http://www.cdc.gov/niosh/pdfs/stress.pdf>> at 20 January 2008.

6 RS Lazarus and S Folkman, *Stress Appraisal and Coping*, Springer, New York, 1984.

7 CL Cooper and S Cartwright, 'Healthy Mind, Healthy Organisation: A Proactive Approach to Occupational Stress' (1994) 47 *Human Relations* 455.

8 Australian Safety and Compensation Council, *Occupational Health and Safety Statistics Report — Median Lost Time from Work 2005/06*, 2008 <<http://nosi.ascc.gov.au/Default.aspx>> at 21 January 2009.

9 Australian Safety and Compensation Council, *Occupational Health and Safety Statistics Report — Number of Cases 1997/98-2005/06*, 2008 <<http://nosi.ascc.gov.au/Default.aspx>> at 21 January 2009.

10 Australian Safety and Compensation Council, *Compendium of Workers' Compensation Statistics 2005-06*, 2008 <http://www.ascc.gov.au/NR/rdonlyres/50DC141A-A6B2-4062-8295-AB38BD4871EF/0/Part_A_Summary_of_serious_claims_200506.pdf> at 21 January 2009.

11 Australian Safety and Compensation Council, *Occupational Health and Safety Statistics Report — Number and Percent of Cases 2005/06*, 2008 <<http://nosi.ascc.gov.au/Default.aspx>> at 21 January 2009.

12 Ibid.

13 Ibid.

14 Australian Safety and Compensation Council, *Occupational Health and Safety Statistics Report — Median Lost Time from Work 2005/06*, 2008 <<http://nosi.ascc.gov.au/Default.aspx>> at 21 January 2008.

15 Australian Safety and Compensation Council, *Occupational Health and Safety Statistics Report — Median Total Compensation Payment 2005/06*, 2008 <<http://nosi.ascc.gov.au/Default.aspx>> at 21 January 2008.

B. WORK AND NON-WORK FACTORS CONTRIBUTING TO WORK-RELATED MENTAL STRESS

Life in the 21st century is complex, representing a sometimes delicate and blended balance of an individual's work and personal roles.¹⁶ Technological advancements have provided temporal and spatial mobility resulting in a shift in employers' expectations of when, where and how work tasks are completed. This can lead to an increased blurring of work and family life for many workers who take work home as part of unpaid overtime or overspill work¹⁷ or who adapt to globalisation of business by communicating with clients and partners in different time zones. Alongside this complexity is the inability to differentiate the primary causes of mental stress in the workplace, at home or in the community. Consequently, the causes of many stressors remain undetermined with stakeholders becoming reluctant to take responsibility in an increasingly litigious society. The fact that the number of claims for work-related mental stress injuries appears to be rising while other compensable claims for ill-health or injury are declining¹⁸ suggests that many individuals are struggling to cope with the psychological demands placed on them as modern-day workers. However, the causal relationship between workplace factors and the development of a mental stress disorder is not simple.¹⁹ Although psychosocial factors such as high job pressure and low job control,²⁰ perceived lack of support by peers and supervisors,²¹ bullying and harassment are commonly reported, an individual's psychological and/or physiological response to these potential stressors will also depend on the individual's personality traits and coping style,²² and natural supports available within the environment.²³ These psychosocial risks accumulate during life and increase the propensity for poor mental and physical health. When exposed to stressors, the body's hormones and nervous system prepare for a fight or flight response. This results in elevated heart rate, diversion of blood to muscles and an increased state of alertness that impacts on both the cardiovascular and immune systems.²⁴ In isolated occurrences, these physiological responses have limited impact on health, but exposure to extended periods of mental stress coupled with a lack of social support may be potentially damaging to health irrespective of the context of life in which they arise, be it at work or in other circumstances.²⁵

Therefore, exposure to mental stress due to work may have an effect on the worker's psychological and physical functioning and health in both the work and home environments. Similarly, stressors from non-working life have the capacity to impact on

16 B Salt, *The Big Picture: Life, Work and Relationships in the 21st Century*, Hardie Grant Books, Melbourne, 2006.

17 P Pyöriä, 'Knowledge Work in Distributed Environments: Issues and Illusions' (2003) 18 *New Technology, Work and Employment* 166.

18 Australian Safety and Compensation Council, *Occupational Health and Safety Statistics Report — Number of Cases 1997/98-2005/06*, 2008 <<http://nosi.ascc.gov.au/Default.aspx>> at 21 January 2008.

19 S Jackson, 'Participation in Decision Making as a Strategy for Reducing Job-related Strain' (1983) 68 *Journal of Applied Psychology* 3.

20 R Karasek and T Theorell, *Healthy Work: Stress, Productivity, and the Reconstruction of Working Life*, Basic Books, New York, 1990.

21 S Michie and S Williams, 'Reducing Work Related Psychological Ill Health and Sickness Absence: A Systematic Literature Review' (2003) 60 *Occupational and Environmental Medicine* 3.

22 K Belkic, P Landsbergis, P Schnall and D Baker, 'Is Job Strain a Major Source of Cardiovascular Disease Risk?' (2004) 30 *Scandinavian Journal of Work Environment and Health* 85.

23 R Wilkinson and M Marmot, *Social Determinants of Health: The Solid Facts* (2nd ed), World Health Organization Regional Office for Europe, Denmark, 2003 <<http://www.euro.who.int/document/e81384.pdf>> at 20 January 2007.

24 M Kivimäki, P Leino-Arjas, R Luukkonen, H Riihimäki, J Vahtera and J Kirjonen, 'Work Stress and Risk of Cardiovascular Mortality: Prospective Cohort Study of Industrial Employees' (2002) 325 *British Medical Journal* 857.

25 Ibid.

psychological health and fitness to perform job tasks in the workplace. It is not realistic to expect workers to 'leave their troubles at the door', so employers need to understand that stressors in either work or non-work environments can potentially impact on an individual's performance in other life roles. This is an important interdependency to consider when viewing the many facets of health through the social model of health.

In the medical model, disability is deemed to be caused by disease or trauma and responsibility falls to the individual to deal with its consequences. Disability viewed in this light requires medical care in the form of individual treatment, so management of the disability is centred on a curative approach or the need to adapt the individuals' behaviour. However, the social model of disability defines these same issues as problems of society created by societal systems. In this light, disability is not attributed simply to individuals but to a complex collection of causal conditions with the broader social milieu. So, under the social model, the amelioration of these problems requires action across the political, social and economic area and becomes the collective responsibility of the broader community.²⁶

Regardless of the risk factors, early identification and intervention is key to minimising the degree of associated disability.²⁷ Benjamin Franklin is credited with coining the adage 'an ounce of prevention is worth a pound of cure' and this is no truer than in the management of work-related mental stress disorders. Although work-related mental stress has been identified as a quantifiable and measurable risk,²⁸ it appears its prevention and management are less understood than other physical and environmental hazards at the workplace.

Fewer resources are available to support employers in understanding work-related stress or the strategies available to minimise workers' exposure²⁹ in comparison to other workplace hazards. Psychological stressors are diverse and often difficult to isolate. Consequently, employers who are not sufficiently prepared to deal with this unique hazard may solely rely on legislative standards for guidance. This supports the notion of a 'race to the bottom' where standards are concerned, with employers reluctant to go beyond any minimal legislative requirements, often through fear or misunderstanding. Current occupational safety and health (OS&H) legislation in all Australian jurisdictions requires employers to take reasonable action to ensure workers are not exposed to hazards. However, unlike the numerous regulations and codes of practice related to

26 World Health Organization, *International Classification of Functioning, Disability and Health*, World Health Organization, Geneva, 2001.

27 M Sullivan, M Feuerstein, R Gatchel, S Linton and G Pransky, 'Integrating Psychosocial and Behavioral Interventions to Achieve Optimal Rehabilitation Outcomes' (2005) 15 *Journal of Occupational Rehabilitation* 475; M Lehmer and A Bentley, 'Treating Work Stress: An Alternative to Workers' Compensation' (1997) 39 *Journal of Occupational and Environmental Medicine* 63.

28 Health Canada, *Best Advice on Stress Risk Management in the Workplace*, 2000 <http://www.hc-sc.gc.ca/ewh-semt/alt_formats/hecs-sesc/pdf/pubs/occup-travail/stress-part-2/stress-part-2_e.pdf> at 19 February 2008.

29 Commission for Occupational Safety and Health, Department of Consumer Employment and Protection, *Code of Practice: Violence, Aggression and Bullying at Work*, 2006 <http://www.docep.wa.gov.au/WorkSafe/PDF/Codes_of_Practice/Code_violence.pdf> at 1 July 2008; A Williamson, 'Managing Stress in the Workplace: Part 1 — Guidelines for the Practitioner' (1994) 14 *International Journal of Ergonomics* 161; UK Health and Safety Executive, Management Standards for Work-related Stress, 2005 <<http://www.hse.gov.uk/stress/standards/index.htm>> at 1 July 2008; Occupational Safety and Health Service, Department of Labour, New Zealand, *Healthy Work: Managing Stress and Fatigue in the Workplace*, 2003 <<http://www.osh.govt.nz/order/catalogue/stress/stressfatigue.pdf>> at 17 February 2009; European Communities, *Guidance on Work-related Stress: Spice of Life or Kiss of Death*, 2002 <http://ec.europa.eu/employment_social/publications/2002/ke4502361_en.pdf> at 1 July 2008.

the control of physical workplace hazards, there are limited guidelines³⁰ available as to *how* employers can fulfil their duty of care regarding the control of mental stress hazards. Furthermore, State and Federal workers compensation legislation requires the worker to establish on the balance of probabilities that work contributed to the mental stress injury.³¹ These provisions aim to limit access to compensation for a mental stress claim, but fail to address the fact that an increasing number of Australian workers are experiencing mental stress disorders that impact directly on work performance. What is required might be a shift in the way employers and other stakeholders view their role in the management of mental stress among workers. Instead of a strict focus on dealing with specific OS&H concerns, a broader approach that acknowledges the importance of promoting the overall health of workers may be more effective.

C. WHAT IS CORPORATE CITIZENSHIP?

Corporate citizenship is an overarching philosophy describing how business might operate as a more integral part of society. The concept of corporate citizenship is not new; in the 1940s, Peter Drucker postulated that corporations needed to be redefined as social institutions³² due to the permeation of their activity across everyday life, including our roles as consumers, workers and community members. With corporations identified as legal or 'false person' entities, they are often incapable of human and ecological sensitivity. Ironically, the very reason for the formation of a corporation (to pursue the interests of the community that could not be enacted by individuals alone) appears to have been trampled on by the very free market system that created them. The form of capitalism adopted by industrialised societies has provided few checks and balances to the power being afforded to the corporate sector as agents of change.³³ Corporate citizenship may be one response to this lack of corporate accountability, and a philosophy that attempts to both address the use of corporate power and perhaps redirect it for mutual economic and social advantage.

Corporate citizenship is often used as a metaphor in an attempt to reconcile the way that businesses interact with the communities in which they operate.³⁴ This is underpinned by the notion that business might need to adopt a more humanistic role in its interactions with society. Reliance on this metaphor of a human citizen to describe what corporate citizenship might look like redefines corporations as social institutions that are not isolated components within a community. An industrialised approach to economic development should recognise that individual workers and their employers are joint citizens; both with rights and responsibilities for the health and development of the communities to which they belong. Corporate citizenship encourages corporations to move beyond isolated charitable or philanthropic engagement, recognising they play an active role in setting and responding to community values and needs. Instead of remaining purely a philosophical stance, corporate social responsibility is one strategy that allows

30 Commission for Occupational Safety and Health, Department of Consumer Employment and Protection, *Code of Practice: Violence, Aggression and Bullying at Work*, 2006 <http://www.docep.wa.gov.au/WorkSafe/PDF/Codes_of_Practice/Code_violence.pdf> at 1 July 2008; Commission for Occupational Safety and Health, Department of Consumer and Employment Protection, *Code of Practice: Working Hours*, 2006 <http://www.docep.wa.gov.au/WorkSafe/PDF/Codes_of_Practice/COPworkinghours.pdf> at 1 July 2008.

31 R Guthrie, 'The Australian Legal Framework for Stress Claims' (2007) 14 *Journal of Law and Medicine* 528.

32 P Drucker, *The Concept of the Corporation* (2nd ed) The New American Library, New York, 1964.

33 I Michelman, *The Moral Limitations of Capitalism*, Avebury, 1994.

34 J Moon, A Crane and D Matten, 'Can Corporations be Citizens? Corporate Citizenship as a Metaphor for Business Participation in Society' (2nd ed), No. 13-2003, *International Centre for Corporate Social Responsibility Research Paper Series* <<http://www.nottingham.ac.uk/nubs/ICCSR/research.php?action=download&cid=22>> at 17 February 2009.

business to take legitimate action within a social model of health to address the health status of workers, including those with mental stress disorders.

Since corporate citizens are, by definition, politically and socially engaged within the community, they cannot fail to respond if something goes wrong in the society that their success is based on.³⁵ For example, regardless of whether the cause was predominantly work-related or not, having workers with a mental stress disorder will negatively impact on the organisation. Organisations who deny liability for addressing mental stress among their workers may reduce their financial burden in terms of workers compensation payments, however do not alter the fact that they have a worker who may be increasingly absent from the workplace and/or with diminished work capacity. In this context, corporate citizenship would suggest that the employer, the worker and other relevant stakeholders in society, such as the insurer, and occupational safety and health and workers compensation authorities, should engage to develop complementary strategies in response to this growing social need.³⁶ Indeed, the multifaceted nature of mental stress lends itself to resolution by a unity of stakeholders who may not traditionally work together or, at the very least, through the creation of a new system allowing stakeholders to work in different ways. Another method of business engagement in this mutuality is through civic participation or where 'work' and 'community' are fused.³⁷ Mutual participation is imperative in achieving corporate citizenry and supported historically by events including initiatives outlined in the World Health Organization *Ottawa Charter*³⁸ and subsequent charters. The *Ottawa Charter* identified strategies to 'strengthen community actions' and the 'reorientation of future health services' as being essential in addressing complex health issues.

Strengthening community actions involves health promotion through multiple agencies (stakeholders, employers, insurers), enabling communities to set priorities, make decisions, plan strategies and take advantage of the 'neural networks'³⁹ stakeholders create by interacting with other groups. Central to this process is community empowerment that brings together partners to draft solutions. This draws on existing human resources to enhance self-help opportunities and social capacity by developing flexible systems to strengthening community participation in resolving issues such as stress that are multi-factorial.

The reorientation of future health services would see responsibility for health shared amongst individuals, institutions (including business), government and society. The capacity to deliver change for better health outcomes is enhanced as interventions move outside the medical model and its focus on clinical and curative interventions, towards the social model that sees healthier workplaces developed by opening dialogue between the health sector and the broader social, political and economic environments.

How employers and other stakeholders act on these issues reflects their citizenry and demonstrates their acceptance of mutual responsibility for work-related stress. The late 20th century saw increasing discourse around the area of corporate social responsibility.

35 D Birch, 'Corporate Citizenship: Rethinking Business beyond Corporate Social Responsibility' in *Perspectives on Corporate Citizenship*, eds J Andriof and M McIntosh, Greenleaf Publishing, Sheffield, 2001.

36 J Bendell, *Barricades and Boardrooms: A Contemporary History of the Corporate Accountability Movement*, United Nations Research Institute for Social Development, Geneva, 2004.

37 M Cargo, G Grams, J Ottoson, P Ward, and L Green, 'Empowerment as Fostering Positive Youth Development and Citizenship' (2003) 27 *American Journal of Health Behavior* S66.

38 World Health Organization, *Ottawa Charter for Health Promotion*, First International Conference on Health Promotion, 1986 <http://www.who.int/hpr/NPHU/docs/ottawa_charter_hp.pdf> at 17 February 2009.

39 D Teller, 'United Nations Global Compact Cities Programme' (2003) 11 *Journal of Corporate Citizenship* 133.

While the concept is not new,⁴⁰ the terminology now increasingly applies some form of moral standard to activities of an organisation. The concept of ‘accountability’ for one’s actions, both in terms of non-maleficence (do no harm) and beneficence (do good),⁴¹ spans across business and the social and health services sector. It highlights that the non-medical factors, including the work environment, may prove to be the most long-term influential component of health status.⁴² In understanding that worker health is a direct consequence of corporate activity, the International Classification of Functioning, Disability and Health (ICF) has identified that people in positions of authority, decision-making ability and socially defined influence⁴³ are influential over the health status of people in the community.

D. WHY CORPORATE CITIZENSHIP?

Corporate citizenship takes a positivist approach to health that aligns well with the concept of organisations investing in the health and wellbeing of their workers as an important part of their risk management strategies and maintenance of their human resource assets.

In March 2005, Australian Parliamentary Secretary to the Treasurer, the Hon Chris Pearce MP, requested that the Corporations and Markets Advisory Committee (CAMAC) investigate the extent to which duties of directors under the *Corporations Act 2001* (Cth) should include corporate social responsibilities. The review⁴⁴ highlighted that an investigation of the interests of community stakeholders other than shareholders was well overdue. It focused on whether Australian companies should adopt socially responsible business practices and, if so, how? And whether the *Corporations Act* should require certain types of companies to report on the social impact of their activities? One result of this investigation was that existing legislation was not deemed to be the appropriate vehicle to drive these changes.

This was not the first attempt to influence business governance structures by embedding social issues into corporate practice. Standards Australia released *AS8003: Corporate Social Responsibility* in 2003⁴⁵ as part of their Governance Standard series. The Standard draws heavily on the *Universal Declaration on Human Rights* (1948)⁴⁶ and International Labour Organization conventions that advocate for the rights of workers within the workplace. How workers respond physically or psychologically to the demands of their work are a product of the relationships between the worker, the employer, the organisation and other stakeholders. These relationships therefore must be based on a

40 English coalminer Robert Owen was perhaps a ‘pioneer’ of corporate social responsibility during the industrial revolution, removing young children from the coalmines in concern for their health and education, and with the foresight to supplement the child’s wage so as not to disrupt the income received by the family unit, often while the child then attended schooling. Owen recognised that the education of children was an important factor in creating a future healthy workforce.

41 E Spencer, A Mills, M Routy and P Werhane, *Organisational Ethics in Health Care*, Oxford University Press, Oxford, 2000.

42 P Lee and D Paxman, ‘Reinventing Public Health’ (1997) 18 *Annual Review of Public Health* 1; A McMurray, *Community Health and Wellness: A Socioecological Approach* (2nd ed) Mosby, Sydney, 2003.

43 World Health Organization, *International Classification of Functioning, Disability and Health*, World Health Organization, Geneva, 2001, e330 at 187.

44 Joint Committee on Corporations and Financial Services, Parliament of Australia, *Corporate Responsibility: Managing Risk and Creating Value*, 2006 <http://www.apf.gov.au/Senate/committee/corporations_ctte/completed_inquiries/2004-07/corporate_responsibility/report/report.pdf> at 21 January 2009.

45 Standards Australia International, *AS8003-2003: Corporate Governance – Corporate Social Responsibility*, Sydney, 2003.

46 United Nations, *Universal Declaration of Human Rights*, UN Doc A/810 at 71, 1948 <<http://www.un.org/Overview/rights.html>> at 4 March 2008.

set of moral rules⁴⁷ (driven by both business and society), and not simply on compliance with legislative requirements. Morally, stakeholders might consider being accountable for preventing the wrong thing being done, by actively doing the right thing.⁴⁸ So, rather than only preventing harm in the community by adhering to legislation, employers might like to be seen taking action deemed as 'the right thing' in preventing stress; often in partnership with stakeholders (such as insurers), who historically viewed these actions as outside their realm of interest or responsibility.

So what is the benefit to stakeholders of adopting a corporate citizenship approach in the prevention and management of stress among workers? The work of authors including John Elkington⁴⁹ has drawn attention to the benefit of being a good corporate citizen by addressing the triple bottom line: attention to the financial, social and environmental aspects of a company's performance. Employers who actively pursue the corporate citizenship agenda are shown to:

- be recognised as employers of choice
- have a higher correlation of value alignment between corporate mission and community values
- have improved workforce productivity; and
- have a stronger workplace commitment to OS&H and subsequent management of OS&H issues.⁵⁰

These benefits are most evident in organisations where the commitment to corporate citizenship comes from the CEO, senior manager or industry sector champion, supported not only by publicly disclosed rhetoric but activity that demonstrates commitment of physical and financial resources and measurable outcomes.⁵¹

An excellent example of acceptance of the mutual responsibility for the health of individuals within a community by a regulatory agency is the 2008 *WorkHealth*⁵² initiative, developed by WorkSafe Victoria (the State occupational health and safety and workers compensation authority). The Victorian State Government identified the rising incidence of chronic disease within the community and associated work absences negatively impacting on the productive capacity of the State (with estimated annual losses of \$44 million). Furthermore, it identified that chronic disease increased the risk of a work-related musculoskeletal injury and placed an 'unsustainable burden on the State's public health system.'⁵³ *WorkHealth* provides complementary worksite health checks and screening for a range of chronic diseases, with information and advice on future health management to workers in small-sized businesses. Larger employers (with an annual payroll exceeding \$10 million) are eligible to receive a grant subsidy of up to \$30 per worker towards the cost of these screenings or to expand existing workplace wellness

47 D Birsch, *Ethical Insights: A Brief Introduction*, Mayfield Publishing Company, Los Angeles, 1999.

48 E Spencer, A Mills, M Routy and P Werhane, *Organisational Ethics in Health Care*, Oxford University Press, Oxford, 2000.

49 J Elkington, *Cannibals with Forks: The Triple Bottom Line of 21st Century Business*, New Society Publishers, New York, 1999; J Elkington, 'A New Agenda for Business', in *Sustainable Development: Improving Competitiveness through Corporate Social Responsibility*, ed Tom Nash, Director Publications, London, 2001.

50 F Küskü and A Zarkada-Fraser 'An Empirical Investigation of Corporate Citizenship in Australia and Turkey' (2004) 15 *British Journal of Management* 57; S Lambert, 'Added Benefits: The Link between Work-life Benefits and Organizational Citizenship Behaviour' (2000) 43 *The Academy of Management Journal* 801.

51 T Goddard, 'Corporate Citizenship: Australian Corporate Attitudes towards Stakeholder Engagement' (2004) 2 *Journal of New Business Ideas and Trends* 12; A Carroll, 'The Moral Leader: Essential for Successful Corporate Citizenship' in *Perspectives on Corporate Citizenship*, eds J Andriof and M McIntosh, Greenleaf Publishing, Sheffield, 2001.

52 WorkSafe Victoria, *WorkHealth – Question and Answers*, 2008 <http://www.worksafe.vic.gov.au/wps/wcm/resources/file/eb1cc50bf1afda3/WHpublic_QAs_180308.pdf> at 1 July 2008.

53 Ibid.

programs. The aim of this initiative is to reduce the prevalence of musculoskeletal injuries by 5 per cent and related work absences by 10 per cent, through controlling associated chronic health conditions such as obesity, physical inactivity and smoking. Despite the fact that these chronic disease risk factors are not work-related, WorkSafe Victoria, in partnership with employers, has accepted their role in promoting the health of workers. Thus, it is feasible for these stakeholders to demonstrate similar corporate citizenry and mutual responsibility regarding the issue of mental stress among workers, regardless of whether the causes are work-related or not.

E. ADOPTING A CORPORATE CITIZENSHIP APPROACH TO THE PREVENTION AND MANAGEMENT OF STRESS

The International Classification of Functioning, Health and Disability (ICF)⁵⁴ is complementary to the philosophy of corporate citizenship. It offers a conceptual framework that encompasses business activity (i.e. employers and insurers) by recognising the impact business has on individual and community health. It may be that health prevention and promotion programs might be more successfully delivered through the improved participation of business in health-related causes. Business can play a significant role through driving industry changes by altering workplace practices, contributing to codes of conduct, creating guidance notes and defining workplace cultures. These strategies can assist in removing societal barriers and encourage the provision of supports and facilitators that ameliorate workplace stress. The ICF integrates the two opposing medical and social models, creating a combined biopsychosocial approach to health. This synthesis provides a coherent view of the various perspectives of health from a biological, individual and social perspective.

A new paradigm that moves beyond legislative compliance alone and responds to the individual/organisational interface is supported by the ICF by allowing social issues such as mental stress to be addressed within the business environment. Stakeholders can acknowledge the bioethical principle of beneficence, which assists to reduce the often tenuous link between business and community objectives.⁵⁵ This joint acknowledgement by multiple stakeholders is the first important step in being able to engage with a complex social health issue such as mental stress without the burden of legal responsibility.

Stakeholders might respond to the issue of work-related mental stress through various principles that reflect the values of corporate citizenship:

1. *Minimise harm*: minimise the negative consequences of work activities on stakeholders, including workers.⁵⁶ This refers directly to the employers' duty of care to ensure that workers are not exposed to hazards (including mental stress hazards) in the workplace which may result in ill-health or harm, but also addresses the moral obligation to protect workers from harm.
2. *Maximise benefit*:⁵⁷ contribute to societal wellbeing through investment in business activity that benefit shareholders and stakeholders by resolving joint complex social problems. Initiatives by employers to promote the overall health and wellbeing of their workers as joint members of society, regardless of the

54 World Health Organization, *International Classification of Functioning, Disability and Health*, World Health Organization, Geneva, 2001.

55 A Carroll, 'Corporate Social Responsibility: Evolution of a Definitional Construct' (1999) 38 *Business and Society* 268.

56 T Goddard, 'Corporate Citizenship: Australian Corporate Attitudes towards Stakeholder Engagement' (2004) 2 *Journal of New Business Ideas and Trends* 12; D Teller and T Goddard, 'Creating the Space for CSR: The Committee for Melbourne', in *Management Models for Corporate Social Responsibility*, eds J Jonker and M de Witte, Springer-Verlag, Heidelberg, 2006; Boston College Center for Corporate Citizenship, *What is Corporate Citizenship?*, 2007 <<http://www.bcccc.net/index.cfm?pageId=2007&cprintview=true>> at 17 February 2009.

57 Ibid.

- percentage contribution of workplace versus personal factors, and promote a healthy community.
3. *Be accountable and responsive to stakeholders:*⁵⁸ through collaboration and transparent reporting, which includes open communication between employers and workers regarding actions that are taken to promote the prevention and management of mental stress within the organisation.
 4. *Support strong financial results through more effective management of risk:* the anticipated outcome of a corporate citizenship approach is that through shared responsibility for addressing the issues related to mental stress disorders, regardless of causation, employers achieve the long-term benefits of a healthy workforce who have the capacity for optimal productivity.

F. WHY ARE ORGANISATIONS IMPORTANT IN THE MANAGEMENT OF MENTAL STRESS?

The literature identifies primary, secondary and tertiary interventions to prevent and manage work-related mental stress⁵⁹ at three levels. These are at the individual level, the organisational level and the individual-organisational interface.⁶⁰ Primary interventions that aim to prevent workers' exposure to mental stress are at the organisational level because they address potential work-related causes including the level of job demands, diversity of tasks available, flexible work arrangements, training and support requirements and job control available to workers.⁶¹ Secondary interventions are often at the individual level and include relaxation training, stress management counselling and cognitive behaviour therapy. These interventions aim to change the way in which individuals respond to stressors in their environment but do not eliminate or reduce the source of the stress.⁶² Tertiary interventions aim to minimise the effects of a stress disorder on an individual and are often provided via organisation-level strategies such as graduated return-to-work programs and counselling through employee assistance programs.⁶³ Implementing interventions at the individual level is often more expeditious than creating change across the culture, policies and processes of the organisation;⁶⁴ however there is evidence that organisationally focused interventions have positive impacts at both the individual and organisational levels and are more effective in addressing the impacts of job stress than interventions at the individual level alone.⁶⁵

Strategies that combine aspects of individual and organisational interventions to manage stress are likely to be more sustainable because they involve a two-pronged approach. Interventions at the organisational-individual interface have the potential to establish a healthy environment that not only *prevents* or minimises worker exposure to stress hazards, but also provides workers with the resources they need to become

58 Ibid.

59 E Kendall, P Murphy, V O'Neill and S Bursnall, *Occupational Stress: Factors that Contribute to its Occurrence and Effective Management*, Centre for Human Services, Griffiths University, 2000.

60 R DeFrank and C Cooper, 'Worksite Stress Management Interventions: Their Effectiveness and Conceptualisation' (1987) 2 *Journal of Managerial Psychology* 4.

61 M Dollard, 'Work Stress Theory and Interventions: From Evidence to Policy' (Paper presented at the NOHSC Symposium on the OHS Implications of Stress, Melbourne, December 2001).

62 A Lamontagne, T Keegel, A Louie, A Ostry and P Landsbergis, 'A Systematic Review of the Job Stress Intervention Evaluation Literature, 1990-2005' (2007) 13 *International Journal of Occupational and Environmental Health* 268.

63 Id at 269.

64 M Dollard, 'Work Stress Theory and Interventions: From Evidence to Policy' (Paper presented at the NOHSC Symposium on the OHS Implications of Stress, Melbourne, December 2001).

65 A Lamontagne, T Keegel, A Louie, A Ostry and P Landsbergis, 'A Systematic Review of the Job Stress Intervention Evaluation Literature, 1990-2005' (2007) 13 *International Journal of Occupational and Environmental Health* 268 at 277.

more resilient to stress, regardless of where it occurs. In practice, this would include organisational commitment to accept co-responsibility for maintaining the mental health of all workers, developing jobs with flexible working arrangements, providing suitable and sufficient knowledge, technological equipment and human resources to match work demands to the capabilities of workers, and facilitating workers' access to appropriate health services for individual treatment, such as individual and family counselling and stress management workshops.

However, employers who adopt a paternalistic approach may find that their perceptions of what workers perceive as the causes of their mental stress, and what is required to ameliorate this, are different to the perceptions of the workers themselves. Collaboration with workers is essential. Five key factors for a successful approach to mental stress prevention have been identified,⁶⁶ including: (i) adopting a stepwise and systematic approach; (ii) an adequate diagnosis or risk analysis of mental stress hazards; (iii) a combination of employer-directed and worker-directed measures (including prevention at the source of the hazard and increasing the coping capacity of workers); (iv) a participative approach to stress prevention involving workers and middle management; and (v) top-down support from senior management to embed workplace cultural change in practice.

Although a risk management approach to workplace hazards is commonplace for physical and environmental hazards such as manual handling, the identification of the sources of stress and implementation of appropriate controls are less understood within organisations. It is not sufficient for employers to rely simply on legislative guidelines for the identification and control of mental stress hazards as they are not well established. Organisational interventions solely based on compliance with duty of care requirements in OS&H legislation may fall short of the mark in effectively dealing with mental stress, as it can lead to a restricted focus on employee behaviours. Being proactive about the OS&H of employees requires the development of policies and processes at the organisational level that become culturally immersed in the workplace.

Drivers beyond legislative requirements might include perceived economic benefits⁶⁷ and the moral beliefs and values of the employer.⁶⁸ Moving beyond this minimalist legal requirement, organisational strategies driven by social change and moral and discretionary motivations all contribute to good corporate citizenship.⁶⁹ So while organisations may be motivated by enlightened self-interest, these strategies also have complementary financial, social and environmental gains for the key stakeholders and the community.⁷⁰

Through corporate citizenship, employers who provide a strong front-end approach to preventing mental stress among their workers, and who also provide workers with support and resources to manage stress when it occurs (regardless of the contribution of work and non-work factors), may reduce work absences and costs associated with mental stress claims. While many large employers may already have some of these strategies in place, small- to medium-sized businesses often lack access to the knowledge and resources to implement these measures. Therefore, the concept of corporate citizenship needs to extend beyond the employer to other community stakeholders including

66 M Kompier, C Cooper and S Geurts, 'A Multiple Case Study Approach to Work Stress Prevention in Europe' 9 *European Journal of Work and Organizational Psychology* 371.

67 M Oxenburgh, 'Cost-benefit of Ergonomic Improvements' in *Occupational Ergonomics: Work Related Musculoskeletal Disorders of the Upper Limb and Back*, eds F Violante, T Armstrong and Å Kilbom, Taylor & Francis, London, 2000.

68 KPMG Consulting, 'Key Management Motivators in Occupational Health and Safety' (2001) 23 *Safety in Australia* 26; N Storey, 'Senior Management Commitment to Health and Safety — What Drives Them?' (2001) 23 *Safety in Australia* 22.

69 A Carroll, 'A Three Dimensional Conceptual Model of Corporate Social Performance' (1979) 4 *Academy of Management Review* 497.

70 J Elkington, *Cannibals with Forks: The Triple Bottom Line of 21st Century Business*, New Society Publishers, New York, 1999.

workers compensation insurance companies, safety and health regulatory bodies and workers compensation authorities. Organisational risk management strategies have a greater propensity for all stakeholders to benefit; the worker benefits through resumption of work, the employer benefits through reduced worker absence and the insurer benefits through reduced financial liability and a less complex claims management process. Consequently, all stakeholders should consider their social responsibilities in contributing to the development of organisational risk management strategies that minimise the impact of mental stress.

For example, among employers, these preventative organisational strategies might focus on the inclusion of psychological profiling and matching as part of recruitment processes, identification of potential stress hazards as part of regular employee performance reviews and routine OS&H safety audits, and communication and collaboration with workers regarding their perceived needs through toolbox meetings. While the onus to address the prevention of work-related mental stress appears to fall on the shoulders of the employer, support from other stakeholders is essential. Employers need support to develop organisational processes that encourage open, transparent communication between workers and management regarding workload issues, training needs, peer and supervisor support and other factors impacting on the workers' psychological and physical health. OS&H regulatory agencies have the capacity to better inform employers about the issues of mental stress and provide advice on how to incorporate stress reduction strategies into their management processes.

In the event that a mental stress injury does occur, employers should focus on early intervention injury management (in many cases even before a formal claim is lodged). Accommodation of the stress disorder can be successfully achieved through modifications to work roles, flexible work hours, job redesign, and access to employee assistance programs including stress management and psychological counselling. However the capacity for an employer to deliver these is heavily influenced by the support they receive from the workers compensation authority and the insurer.

Workers compensation legislation in Australia currently provides employers with protection from financial responsibility for stress injuries that do not have significant work contribution. However, these legislative exclusions do little to encourage employers to adopt a holistic view of worker health. Instead they almost imply, 'If it's not my problem, and I am not financially liable, then it is not my concern.' This is diametrically opposed to the philosophy of good corporate citizenship, which would state that an organisation must remain politically and socially engaged. Therefore, legislators and workers compensation authorities responsible for administering the legislation might consider how the current exclusion provisions limit the capacity of employers to be good corporate citizens.

Another key stakeholder, the workers compensation insurer, has the capacity to influence the employer's organisational approach to the prevention and management of stress. Their influence can extend beyond, and sit external to, legislative requirements. The insurer has the potential to influence the organisational risk management strategies of underwritten organisations through their annual insurance premiums. Discounting annual insurance premiums for proactive socially responsible strategies to prevent and manage stress may be one method that shifts the focus of interventions from individuals to organisations. The number, duration and cost of mental stress claims can provide direct feedback to the employer about the success of their organisational strategies in managing stress injuries. This possibly makes the insurer a powerful facilitator of social and organisational change, resulting in effective risk management strategies to ameliorate mental stress among Australian workers.

G. CONCLUSION

Stress is a major concern of modern life. Causal factors for the development of stress and associated mental or musculoskeletal disorders are difficult to isolate due to the complex interactions of work- and non-work-related risk factors. A focus on reducing the major causes of stress in the workplace and promoting worker resilience to stress can be brought about through a deliberate focus on the organisational-individual interface. A corporate citizenship approach to the prevention and management of stress among workers requires all stakeholders to accept a role in managing this issue.

Corporate citizenship must move beyond simple rhetoric. Action-oriented solutions to complex community health problems such as stress will not come from individual societal sectors but from credible multi-stakeholder dialogues. The causal risk factors of poor health and stress spread across the economic, social and political milieu and encompass a broad suite of the social determinants of health. These determinants are often deeply embedded in our societal frameworks and require major deconstruction and consequent reconstruction to remove or reduce the factors that contribute to the issue of stress. The objective here is to move away from the burgeoning litigious environment and the guilt-by-association framework, putting responsibility for mental stress into a social model of health.

When everyone acts as good citizens, individually and collectively, we add value to society.⁷¹ The dynamic nature of this relationship ensures ongoing scholarly and community contributions to defining the current context of this relationship beyond legislative compliance.⁷² Good corporate citizens should always understand and manage their influence over the wider community for the benefit of society as whole, not distinctive components.⁷³ Corporate citizenship addresses the issue of mental stress among workers by regarding business and societal relationships as integral to the minimisation of mental stress. Employers who choose to adopt a moral, rather than a legalistic, stance towards their responsibility for promoting the mental health of their workers require the support of others in the community, including occupational safety and health and workers compensation regulatory agencies and workers compensation insurers.

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71 P Drucker, *Post-capitalist Society*, Harper Business Publications, New York, 1993.

72 A Carroll, 'Corporate Social Responsibility: Evolution of a Definitional Construct' (1999) 38 *Business and Society* 268.

73 T Goddard, 'Corporate Citizenship: Australian Corporate Attitudes towards Stakeholder Engagement' (2004) 2 *Journal of New Business Ideas and Trends* 12.