Managing job stress in the Netherlands

Wilmar B. Schaufeli* and Michiel A.J. Kompier**

Abstract

Compared to other countries, work pressure, sickness absence and work incapacity rates due to work-related mental problems are quite high in the Netherlands. About a decade ago, a new Working Conditions Act (WCA) was introduced that had far-reaching consequences for the way job stress is dealt with in organizations. The WCA emphasizes the central role to be played by commercially operating Occupational Health and Safety Services (OHSSs) and defines a new kind of professional – the Work & Organizational Expert – who is primarily responsible for the assessment and prevention of job stress. Recently, a number of instruments have been developed for psychosocial risk assessment that are now widely used on a regular basis in a way that is prescribed by the WCA. Preventive measures are increasingly taken by organizations in order to reduce job stress and sickness absence rates. Some 'lessons' may be learned from the Dutch approach; recommendations pertain to (1) the role of government, (2) legal recognition of psychosocial work factors, (3) the privatization of the occupational health and safety sector, and (4) evaluation of job stress prevention programs.

Introduction

The aim of this paper is to provide an overview and evaluation of recent developments and experiences in the Netherlands on the assessment of psychosocial risks at work and the prevention of job stress. The more specific objective is to answer six related questions :

1. What are the facts and figures on job stress in the Netherlands ?
2. What legal framework and national infrastructure exist for psychosocial risk assessment and stress prevention ?
3. What view do employers organizations and trade unions take of job stress ?
4. Which instruments are used to assess and evaluate job stress and psychosocial risks ?
5. What kind of preventive measures do companies take to reduce job stress ?
6. Are there lessons to be learned from the Dutch experiences ?

In order to answer these questions, information was gathered from (inter)national labour statistics, scientific books and journals, popular and professional journals, newspaper reports, and policy documents mostly from the Dutch Ministry of Social Affairs and Employment.

Job stress in the Netherlands : the facts and figures

Work pace

A recent survey sponsored by the European Commission among nearly 16,000 workers in all 15 EU member states revealed that compared to all other countries, Dutch workers experience the highest levels of work pressure (Paoli, 1997). That is, 58% of Dutch workers report that their work pace is high more than 50% of their working time, against the European average of 42%. A comparison with a similar survey (Paoli, 1992), conducted four years earlier, showed that work pressure in Europe had increased by 7% from 1991 to 1995, but even more sharply in the Netherlands – 11%. These figures are very much in line with the findings of the National Work and Living Conditions Survey carried out among a representative sample of the Dutch working population every three years from 1977 to 1989 (Houtman & Kompier, 1995). The percentage of workers who report working at a very high work pace rose steadily from 38% in 1977 to 51% in 1989; an increase of 13% in 12 years.

Work incapacity

Roughly speaking, work incapacity rates in the Netherlands are twice as high as those in other European countries like Norway, Belgium, Germany, Denmark, Sweden, and Great Britain (Stichting van de Arbeid, 1999). However, such comparisons should be approached with extreme caution since legislation, regulations, and social security systems differ greatly between countries (for an overview see Gründemann & Van Vuuren, 1997). For instance, in the Netherlands employers have to pay the first year's absence, regardless of cause. Most collective agreements provide for full pay. After one year's illness, a national compensation system comes into operation, and this guarantees compensation until recovery regardless of occupation. The compensation is paid from a premium-based social security fund and, within certain budgetary limits, is a maximum of 70% of last earnings.

Typical for the Netherlands is that almost one-third of incapacity benefit recipients are assessed as incapable of work on mental grounds. In 1998, mental health problems were the largest diagnostic group

* Department of Psychology and Research Institute Psychology & Health, Utrecht University, The Netherlands

** Department of Work and Organizational Psychology, University of Nijmegen, The Netherlands

Wilmar B. Schaufeli, PhD
Utrecht University
Department of Psychology
P.O.Box 80140
3508 TC Utrecht
The Netherlands
W.Schaufeli@fss.uu.nl

Michiel Kompier, PhD
Department of Work and Organizational Psychology
University of Nijmegen
P.O. Box 9104
6500 HE Nijmegen
The Netherlands
Kompier@psych.kun.nl

Article first published in *International Journal of Stress Management*, No. 8, pp. 15-34, Kluwer Academic Publishers, 2001.
Reproduced by permission of Kluwer Academic/Plenum Publishers.

for work incapacity (32%), followed by musculoskeletal disorders (19%) (Stichting van de Arbeid, 1999). In addition, the size of the former group has risen sharply. In 1967 when the Dutch Incapacity Security Act was introduced, mental health problems accounted for 11% of the new incapacity benefit recipients. Ten years later, this had risen to 20% and since the early nineties the yearly rate has remained unchanged at about 30%. A comparison with other European countries shows that the percentage of people incapable of work in the Netherlands and receiving benefit on mental health grounds is much higher than in other countries: varying from twice as high in Norway to five times as high in Great Britain (LISV, 1998).

A closer inspection of these mental health cases reveals that the majority – approximately 80% – do **not** suffer from major psychopathology such as psychosis, neurosis or personality disorder, but from adjustment disorder (LISV, 1998; Van Engers, 1995). Following the International Classification of Diseases (ICD-10), these cases are labelled as 'situation dependent or exogenous reaction' and include predominantly chronic job stress and burnout.

In a Dutch study of more than 7,000 recently incapacitated employees, 53% of the respondents reported a direct clear relationship between aspects of their work and the health problems that caused their incapacity (Gründemann & Nijboer, 1998). Work aspects most frequently cited as major causes of the incapacity were physical workload (43% of respondents), mental workload (26%), and general working conditions (29%). Of those who were assessed incapable of work on mental grounds, 56% reported a direct relationship between their work and their incapacity. Another Dutch study that compared work characteristics of over 3,000 employees who were absent due to incapacity for work for 12 months or more with work characteristics of the total working population, revealed five risk factors that were three to four times more prevalent among the former group : high work pace, low job autonomy, high physical workload, unfavourable social climate, and low pay (LISV, 1998).

Sickness absence

A careful comparison revealed that sickness absence rates in the Netherlands are 50% higher than in Germany and even double those of Belgium (Prins, 1990). Another indication of relatively high job stress levels in the Netherlands is that 12% of workers' absence days is due to mental or psychological disorders, which, together with musculoskeletal disorders (13%), constitute the most frequent diagnoses (Houtman, 1997). For long-term absences of six weeks and more, this rate of mental disorders is more than twice as high (27%). Again, the vast majority (85%) do not suffer from severe psychiatric disorders but are labelled 'exogenous reaction' (Van Engers, 1995).

Costs

In 1998, the sickness absence rate was 5.6% and there are currently approximately 880,000 work incapacity benefit claimants. This accounts for 12.8% of the total workforce (CBS, 1999). From an economic perspective, sickness absence and work incapacity constitute huge benefit costs amounting to $25 billion in 1995 which corresponds to approximately 8% of the Dutch Gross Domestic Product (Gründemann & Van Vuuren, 1997).

Health-based selection processes

On the one hand, job stress – as indicated by rates of work incapacity and absence due to mental problems – is relatively high in the Netherlands. Also, high work pressure is a prominent facet of working life in the Netherlands and seems to act as a precursor of serious health problems. On the other hand, work productivity is high compared to other European countries. If hourly work productivity in industry is indexed at 100 points, productivity in France, Germany and Great Britain is 82%, 78%, and 62%, respectively (Ministry of Social Affairs and Employment, 1997). Japan and the USA come behind these European countries.

It seems that these are two sides of the same coin, suggesting that health-based selection is occurring on the Dutch labour market. Houtman and Kompier (1995) described this typical Dutch "healthy worker effect" of squeezing the least healthy workers out of the active labour force – nearly 20% of the Dutch workforce receives sickness or incapacity pensions. There are indications that employers are keen to select the healthiest and most motivated workers in order to reduce their future financial risks – so called front-door selection (Houtman, Smulders & Klein Hesselink, 1999). Consequently, the resulting work force is relatively healthy and motivated and – thus – productive.

What legal framework and national infrastructure exists ?

The Working Conditions Act (WCA)

After a 10-year period of phased introduction, the Dutch Working Conditions Act (WCA) was finally issued on 1 October 1990 as the successor to the outdated Safety Act 1934. As a result of the implementation of the EU Framework Directive in 1994, important amendments were made, and a completely new version of the WCA was brought into force on 1 November 1999 (Staatsblad 1999, p. 184). The WCA is inspired by similar Swedish legislation and defines the role of employers, employees, the works council, the Labour Inspectorate, and the Ministry of Social Affairs and Employment. In addition, the WCA provides the legal basis for the tasks and certification of Occupational Health and Safety Services (OHSS). The WCA aims to increase workplace safety levels and maintaining, and by the same token improve, workers' mental and physical health, and well-being. The Act applies to all employed persons, both in the private and public sectors, and in organizations of all sizes. The WCA goes beyond merely protecting the employee's health and safety by promoting their well-being within the company. In other words, the Act is not based on a negative definition of health (i.e., the absence of a disease), but on a positive definition (i.e., the presence of physical and psychological well-being). Finally, the WCA strongly favours collective, organization-based preventive measures over individual curative measures.

As to the psychosocial aspects of work, the WCA provides that :

- The workplace, working methods, tools, machines, appliances and other aids used, and the work content should – as far as may reasonably be required – be in accordance with the personal characteristics of the employees.
- Monotonous and repetitive work should be avoided, as far as may reasonably be required.

As far as obligations for employers are concerned, the WCA provides – among other things – that :

- An active policy by employers to foster safety, health and well-being must be based on a thorough written and regularly conducted inventory and assessment of all work-related risks, including psychosocial risk factors. The risk inventory and assessment, which should also include a plan of action to reduce risks, must be sent to the OHSS for approval.
- Employers should engage experts from OHSSs to assist in : (1) approving – or carrying out – the risk inventory and assessments as well as the plan of action; (2) social and medical guidance of sick employees (including drawing up a work resumption plan); (3) carrying out periodic medical examinations; (4) holding a working conditions surgery.

The WCA is administered by the Labour Inspectorate, which is part of the Ministry of Social Affairs and Employment. The Inspectorate may impose administrative fines on employers who contravene the WCA. Criminal proceedings may be brought against employers for serious breaches. However, rather than a negative, penalty-based approach, official governmental policy towards maintaining and implementing the WCA and preventing job stress is more positive. Examples include providing information (brochures, leaflets, magazines, videos, television programs), funding the development of instruments for assessing psychosocial risks and job stress (checklists and questionnaires), introducing a "Stress at work" policy and research program to encourage employers to make stress prevention an integral part of their common company practice, stimulating preventive programs in particular organizations (so-called examples of good practice), and disseminating knowledge through conferences, workshops, training programs, books, articles, and the internet.

Additional relevant legislation

Supplementary legislative measures were put in place in the second half of the nineties to reduce sickness absence and work incapacity rates and the financial costs associated with them. For instance, employers in a particular branch of industry must pay higher social insurance premiums when sickness absence or work incapacity rates rise in order to stimulate an active and preventive working conditions policy from their side. Furthermore, the way individual incapacity benefits are calculated has been changed. In most cases this has led to lower benefits. Accordingly, both employers and employees have to pay for the huge costs that are associated with high absence and work incapacity rates. On the other hand, financial incentives have been provided for employers to hire people with a disability or who are on work incapacity benefit.

Occupational Health and Safety Services (OHSSs)

OHSSs are independent commercial enterprises that operate in the private market by selling their services to companies. In 1998, 95% of all Dutch companies had a contract with an OHSS; the remaining 5% consist exclusively of small companies with fewer than 10 employees (Arbeidsinspectie, 1999).

In order to operate legally, OHSSs must be certified. This certificate can be obtained from private certifying companies if the OHSS meets certain legal and quality criteria. Each OHSS must employ at least one certified professional from each of the following four fields : (1) occupational medicine; (2) occupational safety; (3) occupational hygiene; and (4) work and organization. These professionals are meant to work together as a team. Many OHSSs also employ human factor specialists and work and organizational psychologists for ergonomic consultation and for individual counselling and treatment of workers, respectively.

The Work and Organizational Expert

The W&O expert is a new profession, exclusively employed in OHSSs. Training of W&O experts takes places in three post-graduate teaching facilities that have been accredited by the Ministry of Social Affairs and Employment. In 1996 about 195 W&O experts were employed by the OHSSs, which means that one expert was available for every 25,200 workers at that time (Van Wieringen & Langenhuysen, 1997). It is estimated that in 1999 about 280 W&O experts (full-time equivalents) were employed in all Dutch OHSSs, roughly one expert for every 17,500 workers.

Rather than working primarily with individual workers, the W&O expert's job is to advise management on policy issues to improve work organization. The W&O expert has four key tasks : (1) organizational advice and recommendation of measures; (2) psychosocial risk assessment; (3) implementation of organization-based measures to reduce job stress and sickness absence rates; (4) co-ordination and integration of measures – i.e. acting as a liaison between the company and the OHSS team.

What are the views of employers' organizations and unions ?

Employers' organizations

Employers tend to argue that employees nowadays have shorter working weeks than they had in the past, but suffer from self-imposed off-the-job demands (e.g. recreation activities, family obligations, sports). To clarify their point they introduced the concept of "life stress" (or life pressure), as opposed to work stress (or work pressure). Accordingly, employers would like a systematic distinction between the so-called "risque professionnel" (i.e. work-related causes) and the "risque sociale" (i.e. remaining causes) of sickness absence and work incapacity.

Generally speaking, employers tend to interpret employees' health problems, sickness and work incapacity by either pointing at the impact of the non-work situation (life stress) or by blaming factors within the individual (medicalization). Employers' organizations also want stricter medical examinations for those claiming work incapacity benefit.

Trade unions

Over the last decade, Dutch trade unions have become more active in the field of occupational stress. Recently, the largest Dutch trade union (FNV) has mounted a campaign that includes distributing information brochures on job stress and work pressure among their members. Dutch trade unions have also carried out various large-scale surveys on job stress in various branches of industry, not only to assess the scale of the problem and study the contributing factors, but also to canvass their members' suggested solutions (Warning, 2000). Furthermore, an easy-to-use instrument to analyse stress at work was developed, the so-called "Quick Scan Work Pressure" (Nelemans, 1997). Traditionally, trade unions are keen to point at the causal role of work-related factors in employees' health complaints, sickness absence and work incapacity. They stress the importance of early rehabilitation, since it has been shown that after a few weeks of sickness the prognosis for work resumption deteriorates dramatically (Schroer, 1993).

Trade unions are quite critical of the privatization of OHSSs, arguing that the private market actors (i.e. employers and OHSSs) have failed to adequately tackle job stress, sickness absence, and work incapacity. They also doubt whether OHSSs have sufficient expertise to provide proper social and medical guidance for sick employees, since the usual approach is strictly medical, emphasizing individual rather than workplace-related factors.

What instruments are used for psychosocial risk assessment ?

Assessment and evaluation of psychosocial risk factors is a key activity of the W&O expert. During the last twenty years many different instruments have been developed that are now being used by OHSSs. The most important instruments are discussed below.

Checklists

For the purpose of quickly screening the psychosocial work environment, four simple checklists have been developed (Kompier & Levi, 1994), which cover : (1) job content; (2) working conditions; (3) terms of employment, and (4) social relations at work. Sample questions that are scored in yes/no format are : "Are many tasks performed with a short work-cycle less than 1.5 minute ?" (job content); "Are there dangerous situations in the workplace ?" (working conditions); "Are workers being replaced in case of sickness absence ?" (terms of employment); "Are workers being discriminated because of their gender, age or race ?" (social relations at work). These checklists, which are administered at the company or work-team level, include between ten and twenty items that are scored individually. Since no statistical norms are available, the prevalence of psychosocial risk factors cannot be validly assessed.

One of the Dutch trade unions has also developed a checklist for psychosocial risk factors at work : the "Quick Scan Work Pressure" (Nelemans, 1997), which is particularly geared towards the assessment of quantitative and qualitative workload. The instrument, which also exists in a computerized version, has been distributed among union members for use by local works councils.

One example of an expert or secondary-level approach is the WEBA[1]-instrument (Vaas, Dhondt, Peeters & Middendorp, 1995). Its development, strongly influenced by German action theory (Frese & Zapf, 1994) and the Job Demand-Control model (Karasek & Theorell, 1990), was actively sponsored by the Ministry of Social Affairs and Employment. It is essentially a method of job analysis which is based on independent and more or less objective indicators (e.g. job descriptions, expert ratings) rather than on the worker's own subjective judgements. It assesses risks at job level and not at individual level.

One of the virtues of the WEBA-methodology is that specific interventions follow from the risk assessment and evaluation of the particular job, such as job rotation, regulation of workload, creating feedback loops, elimination of social isolation, changing the work order, and increasing participation in decision-making. The instrument gained considerable popularity : a survey held in the early 1990s found that over a quarter of all large companies had used the WEBA (Goudswaard & Mossink, 1995). However, the WEBA has also been criticized because it is rather time-consuming and because inter-rater reliabilities are quite low.

Self-reporting questionnaires

As in other countries, job stress questionnaires are fairly popular in the Netherlands, probably because they provide an efficient way to gather detailed information from relatively large groups of workers (Evers, 1995). Most Dutch questionnaires in this field contain sets of questions about various aspects of the job, including psychosocial risk factors, and possible consequences for (mental) health and well-being. By aggregating the scores of individual workers at unit or job level and comparing them with other units, or with similar jobs, relative risks can be evaluated (benchmarking). Although different questionnaires are available the most promising and widely-used instrument is the VBBA[2]-inventory (Van Veldhoven, Meijman, Broersen & Fortuin, 1997). This questionnaire has been carefully psychometrically constructed and is actively promoted by a foundation that acts as an R&D facility for most of the Dutch OHSSs. For instance, computerized data processing is offered, including comparisons with relevant reference groups. A large database is available, which to date includes over 80,000 Dutch employees, more than 1% of the total working population (Van Veldhoven, Broersen & Fortuin, 1999). The VBBA consists of four sections or modules, each of which includes various multi-item scales; (1) job characteristics (e.g., mental workload, emotional workload, work pace, physical effort, task variety, autonomy); (2) work organization and social relations (e.g., task unclarity, communication, relationship with colleagues and superior, provision of information); (3) terms of employment (e.g., pay, future job security); (4) job strain (e.g., commitment, turnover intention, fatigue, worry, quality of sleep, emotional reactions, disengagement). The first three sections include job stressors or psycho-social risk factors, whereas the final section includes stress reactions or strains.

A Dutch adaptation of the Maslach Burnout Inventory is available (Schaufeli & van Dierendonck, 2000) to assess burnout, a particular syndrome of work-related mental exhaustion. The test manual includes three versions to be used in : (1) the human services; (2) education; (3) all remaining professions. Based on clinically validated cut-off scores, employees with high (i.e. clinical) burnout levels can be identified.

Psychophysiological measures

In the mid-eighties, an ambitious project was funded by the Dutch Ministry of Social Affairs. Its aim was to develop a 'Stressomat', a toolbox to measure objective psychophysiological stress reactions, mainly cardiovascular and respiratory reactions, elicited by standardized computerized laboratory tests. The program was ended after several years due to problems with the reliability, validity and practicability of these tests.

Administrative data

Prompted from the working conditions and sickness absence legislation, all companies – sometimes assisted by their OHSS – analyse their sickness absence and work incapacity rates. In order to facilitate this, national standards for the analysis of both sickness duration and sickness frequency – including simple

[1] From the Dutch acronym WElzijn Bij de Arbeid ("Well-being at work").

[2] From the Dutch acronym Vragenlijst Beleving en Beoordeling van de Arbeid ("Questionnaire on the Experience and Assessment of Work").

tables that may be used to test for significance – have been developed (Projectgroep Uniformering Verzuimgegevens, 1996). Furthermore, handbooks and instruction manuals have been developed that combine checklists, questionnaires and analyses of administrative data (Kompier & Marcelissen, 1990), (see also next paragraph).

What preventive measures are taken ?

Government initiatives : handbook, exemplary projects, instruction manual

The Dutch government has actively encouraged preventive programs to reduce job stress and sickness absence rates in organizations. In the late 1980s, the Ministry of Social Affairs and Employment launched a comprehensive policy and research program on job stress in order to develop instruments, tools, preventive strategies, facilitate best practices, and disseminate knowledge and transfers of experience. One of the first developments was a "work stress handbook" (Kompier & Marcelissen, 1990), which provides both a theoretical and practical framework for the prevention of job stress at company level. It emphasizes a systematic and stepwise approach and an appropriate stress audit (diagnosis) as a basis for possible preventive measures. Several instruments (see above) are introduced to measure risk factors in the psychosocial work environment, and to identify risk groups and a big focus is put on planning and implementing change processes in organizations. A second government initiative was the production of a more practical instruction manual on stress prevention for the employees of three large unions (Kompier, Vaas & Marcelissen, 1990).

Also, research on job stress was funded, a national study on identifying risk factors and risk groups was carried out (Houtman & Kompier, 1995), and a national monitoring instrument on job stress and physical load was implemented (Houtman, Goudzwaard, Dhondt, Van der Grinten, Hildebrandt & Van der Poel, 1998). This instrument was administered in 1993 and again in 1995-1996 among a large representative sample of both the Dutch labour force and Dutch companies.

Finally, organization-based intervention projects were funded in order to establish examples of good preventive practice. The main aim was to develop evidence-based practical guidelines for setting up such programs, in order to encourage other organizations and branches of industry to take similar initiatives. Between 1989 and 1995, four such projects were carried out to develop, implement, and evaluate stress reduction programs in a production plant (Maes, Verhoeven, Kittel & Scholten, 1998), a general hospital (Lourijsen, Houtman, Kompier & Gründemann, 1999), a construction company (Cooper, Liukkonen & Cartwright, 1996; pp. 25-48), and in three community mental health centres (Van Gorp & Schaufeli, 1996). Based on these four projects, and by way of disseminating knowledge and transferring experience, a manual was written that contains detailed guidelines on how to set up programs in organizations to reduce job stress and promote worker health (Janssen, Nijhuis, Lourijsen & Schaufeli, 1996). The manual puts forward a stepwise approach. The five steps are : (1) preparation and introduction of the project; (2) problem identification and risk assessment; (3) choice of measures and planning of interventions; (4) implementation of interventions; (5) evaluation of interventions. This stepwise approach follows the steps that are outlined in the "work stress handbook" mentioned earlier, which are also akin to those of the so-called control cycle, introduced by Cox and Cox (1993).

A recent investigation into preventive measures taken by organizations to reduce workload and job stress reveals that training (i.e. stress management and skills training) and education (i.e. didactical stress management) are used most frequently – i.e. by over 9% of all surveyed organizations (Houtman, Zuidhof & Van den Heuvel, 1998). Other measures were : introduction of team meetings (8%), alleviating the individual employee's workload (7%), training of supervisors in social leadership (7%), task rotation (5%), and task enrichment (5%). Compared to measures targeted at preventing physical strain, measures for preventing job stress were less frequent in Dutch organizations. Organizations indicated that the main reasons for taking preventive measures were to increase employee motivation and involvement (70%), and reduce absenteeism (62%). Complying with legal obligations was cited by "only" 31% of employers.

Although empirical research on organization-based interventions to prevent and reduce job stress is still quite scarce (Kompier & Kristensen, in press), substantial progress has been made over the last decade. Not only as far as studies with a quasi-experimental control-group design are concerned (for a review see Bamberg & Busch, 1996), but also with respect to "natural experiments" (e.g., Cooper, Liukkonen & Cartwright, 1996). As far as the Netherlands is concerned, ten such natural experiments were analysed using a multiple case study approach (Kompier, Geurts, Gründemann, Vink & Smulders, 1998). The results showed that in most cases, sickness absence rates were reduced and that often the financial benefits outweighed the costs of the interventions. These results suggest that stress prevention may be beneficial to both the employee and the organization. The authors conclude that five factors seem to be at the heart of a successful approach : (1) its stepwise and systematic nature; (2) an adequate diagnosis or risk analysis; (3) a combination of various measures (i.e. both work-centred and person-centred); (4) a participatory approach (i.e. worker involvement); and (5) top management support. More recently, intervention studies have also been carried out in a European context with comparable results (Kompier & Cooper, 1999).

Discussion

The purpose of this paper was to provide an overview and evaluation of recent developments and experiences in the Netherlands with respect to the assessment and prevention of job stress. In the introduction, we posed six related questions that were all addressed except for the final one. In this concluding section we will first comment on each of the five issues raised above and finally address the sixth question, i.e. what lessons might be learned from the Dutch way of managing job stress.

Job stress is a major problem in the Netherlands

It seems that, also compared to other countries, job stress is a serious social problem in the Netherlands. The experienced work pressure is high, as are sickness absence and work incapacity rates, particularly for work-related mental problems. This may be the price that a highly competitive and successful economy has to pay in terms of human costs. In recent years, however, the price of 'squeezing out'

the less healthy, less productive, and less motivated employees from the nation's labour force has become so high as to force the government into drastic action. Financial penalties have been applied to employers to reduce sickness absence and work incapacity rates, while the prevention of job stress in organizations has also been stimulated.

It is still too early to say whether these measures have been effective, although there are indications that positive initial effects in terms of reduced sickness absence and work incapacity rates have tailed off (Stichting van de Arbeid, 1999; Geurts, Kompier & Gründemann, in press). It is likewise very difficult to estimate the impact of (changes in) legislation on sickness absence figures and work incapacity figures, since Dutch society is a dynamic open system.

The comprehensive legal framework is difficult to implement

The new legal framework on working conditions which was phased in during the 1990s is based on quite modern principles such as active participation of employers and employees, and risk prevention at the source rather than merely treatment. Also, Dutch legislation embraces a positive and comprehensive health concept that is geared towards the improvement of physical health **and** the worker's well-being. This legislation has proven to be difficult to implement since it differs fundamentally from the traditional approach in occupational safety and health which is dominated by a fairly technical and medically-oriented approach focused on the individual rather than on the integrated socio-technical system in which the employee is working. It is difficult not just for professionals but for employers, too – although for quite different reasons, – to think and act along these different lines laid down by the new legislation. In a way, modern Dutch legislation on working conditions bespeaks the triumph of a multi-disciplinary approach to occupational health and safety that recognizes the unique contribution of the behavioural sciences. The clearest illustration is the introduction of a new type of professional – the Work & Organizational Expert – who is meant to play a crucial role in reducing job stress. Yet, the W&O experts – as a young and top-down institutionalized profession – are still defining their role in everyday practice. This is a difficult task in the business-like environment in which their employers, privatized OHSSs, have to operate.

Conflicting views of employers and unions

From the outset, legislation – particularly as far as psychosocial factors are concerned – has been fiercely debated, not only politically in parliament but also between employers and employees. Employers argue that the current legislation is unfair because they are held (financially) responsible for employee behaviours that are beyond their control – the so-called 'risques sociales' (social risks) like sickness absence due to personal or family problems or sports injuries. Typically, employers do recognize that psychosocial risk factors at work can be a problem, and seem to be willing to take some responsibility for the 'risques professionels' (work risks) (Houtman *et al.*, 1998). By contrast, Dutch trade unions have in recent years put much emphasis on work pressure and job stress as major themes in collective bargaining with employers (Warning, 2000).

Psychosocial risk assessment is spreading

Less than five years after the legal obligation to conduct an inventory and assessment of psychosocial risks at regular intervals came in, almost 90% of organizations with over 100 employees have complied (Arbeidsinspectie, 1999). By contrast, only about one-third of the smaller companies employing less than ten workers have done so. Despite the fact that various instruments are available for assessing psychosocial risks, there seems to be a bottleneck in using them, especially in small and medium-sized companies. The Dutch government has taken a pro-active stance in stimulating the development of various instruments as well as implementing them in practice. There seems to be a growing consensus among OHSSs on the use of one particular instrument – the VBBA self-report questionnaire. This is exemplified by a recent publication in which VBBA data on psychosocial risks and job stress collected from almost 70,000 workers between 1995 and 1999 are analysed (Van Veldhoven, Broersen & Fortuin, 1999).

Prevention of job stress is relatively rare but gaining ground

As with psychosocial risk assessment, prevention of job stress is chiefly being done by larger companies that employ 500 workers or more. A recent survey showed that the larger the company, the more measures were taken (Goudswaard & Mossink, 1995). Small companies with fewer than 10 workers are much less active. The government played an active role in funding 'best practice' projects and disseminating knowledge on the prevention of job stress. Work pressure is identified as a major risk for job stress by employers and unions alike. Despite the fact that the number of measures taken by companies to reduce job stress – mainly by reducing work pressure – is relatively low, they have become more frequent in recent years.

What lessons can be learned ?

Can we learn from the Dutch situation ? Can conclusions be drawn for the Dutch themselves as well as for other countries ? To some extent the situation in the Netherlands is unique. Industrial relations in this country are fairly harmonious, with a strong traditional emphasis upon consensus-building and co-operation between social partners and the national government. Social, administrative, and legal systems are deeply rooted in national history and culture, and as such they cannot be transplanted to other nations. Nevertheless, recommendations drawn from Dutch experiences might be helpful, since other European member states are dealing with the same European Framework Directive on Safety and Health (1994).

The role of the government

Over the years, the Dutch government has pursued an active policy towards job stress and its prevention. This not only relates to issuing modern legislation but also to stimulating its implementation by positive incentives and facilitating initiatives rather than by penalizing measures. This policy of encouragement not only raised the awareness of job stress among the general public and in organizations, but also resulted in practical products like risk assessment inventories, 'best preventive practices', and large statistical databases for identifying psychosocial risks and risk groups. Although the immediate impact of government policies on what actually happens in organizations should not be overestimated, job stress is increasingly recognized as a national problem by all parties involved (employers, employees, professionals, scientists, and government). Furthermore, a common need has evolved towards the reduction and prevention of job stress.

***Lesson 1** : An active government policy on job stress may prevent it from remaining a 'no-go area' and put it on the political and company agendas.*

Legislation and legal recognition of psychosocial work factors

In Dutch working conditions legislation, psychosocial factors are recognized as comparable to other work constraints, like physical, biological or toxic agents.

***Lesson 2** : Modern working conditions legislation should not only address traditional health and safety issues, but also psychosocial work characteristics (job content, social relations at work). Such legislation is crucial for worker protection in today's society.*

***Lesson 3** : Such legislation and a corresponding national administrative infrastructure for working conditions (OHSSs) are crucially important to stimulate organizations to take action.*

However, such a legal and administrative infrastructure is a necessary but not a sufficient precondition for guaranteeing workers' health and well-being. There may well be a distinction between theory and practice, and negative side-effects are possible (e.g., health-based selection; no tenured employment for employees with a chronic illness). Such undesirable spin-offs probably stem from the fact that employers are held responsible for the financial costs of sickness absence and work incapacity, regardless of their causes. As we have seen, in the Netherlands, no difference is made between the 'occupational risk' and 'social risk'.

Lesson 4 *: Special attention should be paid to small and medium-sized companies, which often lack special expertise for risk assessment and risk prevention. Branch organizations could probably play an energizing role here.*

Privatization of the occupational health and safety sector

Key players in the national infrastructure – the OHSSs – operate as private businesses in a highly competitive market. OHSSs find themselves in a difficult position because they are commercial organizations which depend on their customers. These customers – employers – tend to buy only those services from OHSSs which they are obliged to by law. In practice, this means that the work of OHSSs is often limited to rehabilitation for individual sick workers, rather than tackling the problems at source – i.e. at the organizational level - as is suggested by the WCA.

***Lesson 5** : Privatization of occupational health and safety services may have negative side-effects such as minimum service packages bought by employers and the stimulation of secondary instead of primary prevention.*

Research on job stress and job stress prevention

As we saw earlier, various studies have focused on the prevention of job stress. Although more such studies are clearly needed on the effects of stress prevention, there is increasing evidence that examples of good preventive practice yield positive outcomes, both for the employer and for the employee. These studies also help in identifying success factors with respect to the content of interventions and their implementation.

***Lesson 6** : For both theoretical and practical reasons, more stress intervention projects in companies need to be carried out and systematically evaluated.*

Finally, we should like to single out a positive consequence of the broad Dutch focus on job stress, i.e. a positive research climate in this field. A flourishing field of occupational health psychology has now grown up. Many universities now offer programs in occupational health psychology, and many students are enrolled in post-graduate courses. Over the past two decades, an active research community has developed, operating within a research infrastructure that includes universities and private research institutes. Data on risk assessment and job stress are gathered more or less systematically and the effects of policy measures are monitored quantitatively.

***Lesson 7** : Research and practice seem to mutually reinforce each other since scientific research may benefit from governmental and societal attention to job stress. On the other hand, government – and to a somewhat lesser extent company – policies have been influenced by research in the field.*

It remains to be seen to what extent the management of job stress in the Netherlands, which is based firmly in the notion of consensus-building between employers, employees and the government, contains useful elements – amongst others the seven 'lessons' – which can be applied in other national contexts. ■

Acknowledgement

The authors wish to thank Jan Harmen Kwantes, Sabine Geurts, and Charles Engelen for their valuable comments on an earlier draft of this article.

References

■ Arbeidsinspectie (1999), *Arbomonitor Arbeidsinspectie. Rapportage over 1998* [Monitor on working conditions of the Labour Inspectorate. Report on 1998], Den Haag, Ministerie van Sociale Zaken en Werkgelegenheid.

■ Bamberg, E., & Busch, C. (1996), "Betriebliche Gesundheidsförderung durch Stressmanagement-training : Eine Metaanalyse (quasi-) experimentellen Studien" [Organization-based health promotion using stressmanagement training. A meta-analysis of (quasi)-experimental Studies], *Zeitschrift für Arbeits- und Organisationspsychologie*, 40, pp. 127-137.

■ CBS – Centraal Bureau voor de Statistiek (1999), *Enquête beroepsbevolking 1998* [Labour force survey 1998], Voorburg/Heerlen, CBS.

■ Cooper, C. L., Liukkonen, P., & Cartwright, S. (1996), *Stress prevention in the workplace : Assessing the costs and benefits to organisations*, Dublin, European Foundation for the Improvement of Living and Working Conditions, Loughlinstown House.

■ Cox, T., & Cox, S. (1993), *Psychosocial and organizational hazards at work : Control and monitoring*, Copenhagen, WHO Regional Office.

■ Evers, A. (1995), *Meetinstrumenten voor arbeidsomstandigheden, stress en welzijn* [Instruments for measuring working conditions, stress and well-being], Lisse, Swets & Zeitlinger.

■ Frese, M., & Zapf, D. (1994), "Action at the core of work psychology : A German approach", in Dunnette, M. D., Hough, J. M. R., & Triandis, H. C. (Eds.), *Handbook of Industrial and Organizational Psychology*, Vol. 4 (pp. 271-340), Palo Alto, CA, Consulting Psychologists Press.

■ Geurts, S.A.E., Kompier, M.A.J., Gründemann, R.W.M. (in press), *The cure of the Dutch disease : facts and policies on sickness absence and work disability in the Netherlands*.

■ Gründemann, R.W.M. & van Vuuren, C.V. (1997), *Preventing absenteeism at the workplace : European research report*, Dublin, European Foundation for the

Improvement of Living and Working Conditions, Loughlinstown House.

■ Gründemann, R.W.M. & Nijboer, I.D. (1998), *WAO-intrede en werkhervatting* [Work incapacity and work resumption], Amsterdam, NIA-TNO.

■ Goudswaard, A. & Mossink, J.C.M. (1995), *Evaluatie arbowetgeving met betrekking tot welzijn bij de arbeid* [Evaluation of the WCA with regards to well-being at work], Den Haag, Ministerie van Sociale Zaken en Werkgelegenheid.

■ Houtman, I.L.D. (Ed.) (1997), *Trends in arbeid en gezondheid* [Trends in work and health], Amsterdam, NIA-TNO.

■ Houtman, I.L.D & Kompier, M.A.J. (1995), "Risk factors and occupational risk groups for work stress in the Netherlands", *in* Sauter, S.L. & Murphy, L.R. (eds.), *Organizational risk factors for job stress*, pp. 209-226, Washington DC, American Psychological Association.

■ Houtman, I.L.D., Goudswaard, A., Dhondt, S., Van der Grinten, M.P., Hildebrandt, V.H. & Ven der Poel, E.G.T. (1998), "Dutch monitor on stress and physical load : risk factors, consequences and preventive action", *Occupational and Environmental Medicine*, 55, pp. 73-83.

■ Houtman, I.L.D., Zuidhof, A.J., van den Heuvel, S.G. (1998), *Arbobeleid in ontwikkeling : Werkdruk en RSI de belangrijkste problemen. De monitor stress en lichamelijke belasting 1995/1996* [Towards a working conditions policy : Work pressure and RSI the most important problems. The monitor for stress and physical demands 1995/1996], Den Haag, Vuga.

■ Houtman, I.L.D., Smulders, P.G.W. & Klein Hesselink (1999), *Trends in arbeid 1999* [Trends in labour], Alphen aan den Rijn, Samsom/TNO-Arbeid.

■ Janssen, P.P.M., Nijhuis, F.J.N., Lourijsen, E.C.M.P., Schaufeli, W.B. (1996), *Gezonder werken : Minder verzuim! : Handleiding voor integrale gezondheidsbevordering op het werk* [Healthy work : Less absenteeism! A manual for worksite health promotion], Amsterdam, NIA.

■ Karasek, R. & Theorell, T. (1990), *Healthy work : Stress, productivity and the reconstruction of working life*, New York, Basic Books.

■ Kompier, M.A.J. & Cooper, C.L. (eds.) (1999), *Preventing stress, improving productivity. European case studies in the workplace*, London, Routledge.

■ Kompier, M.A.J. & Marcelissen, F.H.G. (1990), *Handboek werkstress : Systematische aanpak voor de bedrijfspraktijk* [Handbook work stress : A systematic approach for organizational practice], Amsterdam, NIA.

■ Kompier, M., Vaas, S. & Marcelissen, F. (1990), *Stress door werk? Doe er wat aan!* [Work stress ? Do something about it!], Amsterdam, FNV/CNV/MHP.

■ Kompier, M. & Levi, L. (1994), *Stress at work : causes, effects and prevention. A guide for small and medium sized enterprises*, Dublin, European Foundation for the Improvement of Living and Working Conditions.

■ Kompier, M.A.J., Geurts, S.A.E., Gründemann, R.W.M., Vink, P. & Smulders, P.G.W. (1998), "Cases in stress prevention : the success of a participative and stepwise approach", *Stress Medicine*, 14, pp. 155-168.

■ Kompier, M.A.J. & Kristensen, T. (in press), "Organizational work stress interventions in a theoretical, methodological and practical context", *in* Dunham, J. (ed.), *Stress in the workplace : Past, Present and future*, London, Whurr Publishers Limited.

■ LISV – Landelijke Instituut Sociale Verzekeringen (1998), *Psychische klachten en de WAO* [Mental problems and the Work incapacity Act], Amsterdam, LISV.

■ Lourijsen, E., Houtman, I., Kompier, M. & Gründemann, R. (1999), "The Netherlands : A hospital, Healthy working for health", *in* Kompier, M.A.J. & Cooper, C.L. (eds.) *Preventing stress, improving productivity. European case studies in the workplace*, pp.86-121, London, Routledge.

■ Maes, S., Verhoeven, C., Kittel, F., & Scholten, H. (1998), "Effects of a Dutch wellness-health program : The Brabantia project", *American Journal of Public Health*, 88, pp. 1037-1041.

■ Ministerie van Sociale Zaken en Werkgelegenheid (1997), *Nederland en de Europese Unie : Feiten and cijfers* [The Netherlands and the European Union : Facts and figures], Den Haag.

■ Nelemans, R. (1997), *Quick Scan werkdruk* [Quick Scan work pressure], Kerckebosch, Zeist.

■ Paoli, P. (1992), *First European survey on the work environment 1991-1992*, Dublin, European Foundation for the Improvement of Living and Working Conditions, Loughlinstown House.

■ Paoli, P. (1997), *Second European survey on the work environment 1995*, Dublin, European Foundation for the Improvement of Living and Working Conditions, Loughlinstown House.

■ Prins, R. (1990), *Sickness absence in Belgium, Germany and the Netherlands : A comparative study*, Amsterdam, NIA.

■ Projectgroep Uniformering Verzuimgegevens, (1996), *Berekening van ziekteverzuim. Standaard voor verzuimregistratie* [Calculating sickness absence rates. Standard for registration of sickness absence rates], Amsterdam, NIA.

■ Schaufeli, W.B. & van Dierendonck, D. (2000), *Utrechtse Burnout Schaal – UBOS : Handleiding* [Utrecht Burnout Scale: Test manual], Lisse, Swets & Zeitlinger.

■ Schroër, C.A.P. (1993), *Verzuim wegens overspanning : een onderzoek naar de aard van overspanning, de hulpverlening en het verzuimbeloop* [Sickness absence due to overstrain : a study into the nature of overstrain, social-medical guidance and the sickness absence process], Maastricht, UPM.

■ Stichting van de Arbeid (1999), *Nota "Beperking ziekteverzuim en instroom in de WAO"* [Report "Reduction of absenteeism and work incapaciation risk"], Den Haag, 5/99.

■ Vaas, S., Dhondt, S., Peeters, M.H.H. & Middendorp, J. (1995), *De WEBA methode* [The WEBA- method], Alphen a/d Rijn, Samsom.

■ Van Engers, R.W. (1995), *Overspannen in de Ziektewet : Een onderzoek naar de oorzaken en het verloop van ziekteverzuim wegens overspanning* [Overstrained and absent from work : A study on the causes and the development of sickness absence rates due to overstrain], Amsterdam, Tica.

■ Van Gorp, K. & Schaufeli, W.B. (1996), *Een gezonde geest in een gezonde organisatie : Een aanzet tot burnout-interventie in de ambulante GGZ* [A healthy mind in a healthy organization: A burnout intervention program in community mental health care], Den Haag, Vuga.

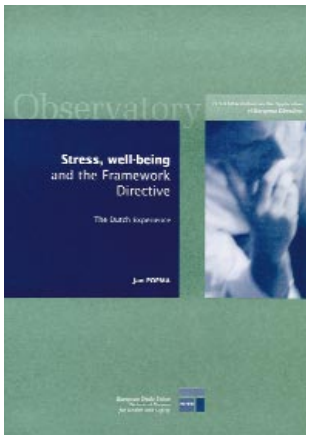
■ Van der Hek, H. & Plomp, N. (1997), "Occupational stress management programmes : a practical overview of published effect studies", *Journal of Occupational Medicine*, 47, 3, pp. 133-141.

■ Van Veldhoven, M., Broersen, J.P.J. & Fortuin, R.J. (1999), *Werkstress in beeld* [Job stress in the picture], Amsterdam, Stichting Kwaliteitsbevordering Bedrijfsgezondheidszorg.

■ Van Veldhoven, M., Meijman, T.F., Broersen, J.P.J. & Fortuin, R.J. (1997), *Handleiding VBBA* [VBBA Test Manual], Amsterdam, Stichting Kwaliteitsbevordering Bedrijfsgezondheidszorg.

■ Van Wieringen, A.F. & Langenhuysen, K.F.J. (1997), "Verslag van een onderzoek naar taken en tijdsbesteding" [Report on a study of tasks and time spent], *in* Peereboom, K.J., Ludding, J.J.M. & Van der Woude, M.A. (eds.), *De Arbeids- & Organisatiedeskundige in de Arbodienstverlening*, pp. 115-134, Den Haag, SDU.

■ Warning, J. (2000), *Werkdruk nieuw vakbondsthema* [Work pressure new theme for unions], Zeist,



Stress, well-being and the Framework Directive. The Dutch Experience / Jan Popma
TUTB, Brussels, 1998 / ISBN : 2-930003-26-x
32 pages, 210 x 295 mm / 14.87 €