INCREASED FOCUS ON VALUES - A TOOL IN STRESS PREVENTION?

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Abstract
Can an increased focus on values in working life be a preventive factor in stress prevention? Values are defined as the shared principles in an organisation which guide behaviour.The purpose of this study was to describe how musculoskeletal pain patients, perceive the importance of values in relation to coping with daily stress and in relation to health. Patients in physiotherapy treatment for different musculoskeletal disorders at three primary health care centres in the north of Sweden participated in the study, in total 95 patients. The patients answered a questionnaire covering values, work situation, coping behaviour and health and the relations between these aspects. All patients perceived that it was important to have values to follow at work such as doing one's best in work, making priorities, following one's priorities and having open and direct communication with others. A significant positive relation was shown between having motivating values and low emotion-focused strategies, in this case behavioural and cognitive coping strategies. A positive relation was also shown between having motivating values and low frequency of symptoms (good perceived health).Conclusion: Values and effective coping strategies may be motivating factors preserving health.
Key words: Values, stress, coping, prevention

Introduction
Can an increased focus on values in working life be a preventive factor in stress prevention? It is generally accepted that stress prevention is needed in working life. Healthy work organisations need to be developed. A healthy work organisation is an organisation characterised by both profitability and a healthy workforce, which can maintain a satisfying work environment and organisational culture through periods of market turbulence and change. In healthy work organisations the levels of stress are low and organisational commitment and job satisfaction are high (Lindström, 1994).Any organisation which seeks to maintain a good psychosocial working environment needs to have policies addressing stress prevention. Common sources of workplace stress are factors intrinsic to the job, the role in the organisation, relationships at work, career developments, organisational structure and climate, and the home–work interface (Cooper and Cartwright, 1994). Stress can be defined as an imbalance between work demands and individual capacity to deal with the demands (Frankenhauser, 1992). Can an imbalance between an organisation's values and the workers' values be perceived as a stress factor?

A value is a belief about how one ought to or ought not to behave, or about some end-state of existence worth or not worth attaining. Values are conceptions about good and bad, right and wrong. The values are social phenomena, but they are adopted individually with different emphasis. Values are the shared principles in an organisation which guide behaviour and evaluation of different outcomes (Keeney, 1994). Values express how things ought to be, as opposed to how they are now. Argyris and Schön distinguish between espoused values (expressed in talk and writing) and enacted values (values in use). They call the values in use theories of action, which truly guide the ways that people think and behave in different situations. A value system is a hierarchical organisation of values in

terms of importance. The values with the highest rank guide the behaviour if a choice has to be made between values. Values are based on basic assumptions and are means through which basic assumptions are reinforced or rejected.

The control, buffering or prevention of stress by the individual is called coping. Coping denotes all behaviours that an individual can perform in order to affect his or her own stress process. Coping in situations of stress has two main functions for solving problems and for the regulation of emotional stress. First, to change the situation by changing actions or the threatening environment and secondly, to manage the somatic and subjective components of stress-related emotions (Lazarus & Launier, 1987).

Good health can be viewed as a product of effective coping. There is a growing consensus that psychological coping can moderate the relationship between job demands and musculoskeletal symptoms. Coping mechanisms may reduce workers' negative perceptions of job demands, help them to handle symptoms or have a buffering effect on the job demand–strain relationship (Lindström & Hurell, 1992). There is much research about the importance of coping strategies for effective stress prevention (Lazarus & Launier, 1987) but little research about the importance of values in relation to effective coping, stress prevention and health within working life or among patient groups. No research or model has been found about the relations between values, stressful work situations, coping behaviour and health.

The aims of this study are to describe musculoskeletal pain patients perceptions of the importance of values in their ability to cope with job stress and in relation to health.

Research questions
Are values important in working life? If so, what values?
What strategies are used in coping with stressful job situations ? Are there differences between coping strategies used and frequency of symptoms?
Are values a motivating or demotivating factor in coping with job stress? Are there differences between motivation level of values and coping strategies used?
Do values influence type of coping strategy used?
Do values influence frequency of symptoms (perceived health)? If so, how?

Method
Study group
95 patients in physiotherapy treatment for different musculoskeletal disorders from three primary care centres in two cities in the north of Sweden during a three-week period in November 2000 participated in the study. The criteria for inclusion in the study were 1) a musculoskeletal diagnosis 2) on-going physiotherapy treatment at the centre and 3) working or sicklisted from work or recently retired. The total number of patients included in the study during the three week period was 105. As the patients answered the questionnaire in the waiting room before physiotherapy treatment the response rate was high, 95 of these 105 answered the questionnaire.

Instrument, procedure and statistics
The patients were asked by the physiotherapist to answer a questionnaire covering the research questions described above .The study can be seen as explorative and the questions were formulated to be as open as possible.
The ordinal-scale questions in the questionnaire were developed and tested for test-retest reliability (r= 0.83) before the study .Frequency analysis was used and the answers were described as percentages. The open questions were analysed by

content analysis and grouped in categories for each open question.The patients' perception of values were ranked from highly demotivating (value 1) to highly motivating (value 4). The coping strategies were ranked from high to low emotion-focused coping by giving emotional strategies value 1, behavioural strategies value 2 and cognitive strategies value 3. Level of symptoms (musculoskeletal and psychosomatic) were ranked from a very high frequency of symptoms (value 1) to a very low frequency of symptoms (value 4).Non-parametric statistics were used to test if there were significant differences between perception of values in relation to coping strategies and symptom level respectively (Wilcoxons test, two related samples, Altman, 1996).

Results

Are values important in working life? If so, what values?
All 95 patients perceived that it was important to have values to follow and that they had values to follow in working life. The most common values were doing one's best in work (60%), making priorities in work, following one's priorities (50%) and having open and direct communication with others (40%). Other not so common values were leaving the job at the workplace after work (25%) and trying to follow the rules and regulations at the workplace (20%). A few of the patients (10%) mentioned values relating to supporting colleagues needing help, having respect for one another at work and having respect for each individual's equal human value.

Coping in stressful job situations.
Eighty per cent of the patients perceived stress in their work, for various reasons: reduction of personnel (50%), time pressure (60%), physical strain (10%), unclear delegation of work tasks (30%) and stressful working environment in general (20%). All 95 patients perceived that it was important to cope with stressful situations in daily life. They used different coping strategies to handle their stress: emotional (30%), cognitive (50%), and behavioural strategies (40%).
The results showed significant differences between type of coping strategy used and frequency of symptoms. Patients using emotional coping strategies had significantly higher frequency of symptoms than patients using cognitive or behavioural coping strategies respectively ($p<0.05$). No difference was shown between patients reporting cognitive and behavioural coping strategies in relation to frequency of symptoms.

Are values a motivating or demotivating factor in coping with job stress?
All patients answered the question "Think about a stressful day at your workplace. Are your values a motivating or demotivating factor for you in coping with your stress?" Seventy per cent perceived that their values were a motivating factor, a help, improving their health, while 25% perceived them as a demotivating factor, reducing their health. Significant differences were noted between motivation level and frequency of symptoms. Patients perceiving their values as highly motivating had a significantly lower frequency of symptoms than those who did not ($p<0.05$).

Do values influence type of coping strategy used?
Eighty per cent of the patient group were of the opinion that their values influenced their coping strategies used in coping with daily stress situations. This influence was shown by high engagement and motivation in work (30%), by a focus on leaving the job at the workplace and not thinking about the job in leisure time (20%), by making good priorities and trying to follow them (20%), and by learning to say "no" to too high a quantitative workload (10%). A significant

positive correlation was noted between having motivating values and low emotion-focused coping strategies, in this case behavioural or cognitive coping strategies(p<0.05)

Do values influence perceived health? If so, how?
All patients were of the opinion that their values influenced their health. This influence was shown by working with high motivation and engagement in work tasks (30%), by thinking about what is right or wrong behaviour in critical situations (20%), by declaring each individual's equal human value (10%), by the opportunity to influence one's own work situation (20%), and by feelings of insecurity in situations difficult to cope with (20%). A significant positive correlation was shown between having motivating values and low frequency of symptoms (good perceived health) (p<0.05).

Discussion

In this study, the patients' stated that values were a motivating factor in coping with job stress, improving their health. Having motivating values was positively related to behavioural and cognitive coping strategies. Other research has confirmed that coping activity can shape the course of the on-going person–environment relationship (Lazarus & Launier, 1987). Having motivating values can be seen as a positive working environment factor, with favourable effects on the psychosocial working environment. It can motivate other people at the workplace to motivating values and good behaviour and counteract bullying and harassment. Other research also indicates that coping resources have a direct effect upon musculoskeletal strain levels (Shaw et al., 1993). In this study cognitive and behavioural coping strategies were associated with a lower frequency of symptoms. Finding functional ways to handle stress situations seem to imply less symptoms.
Can values be mediators between stressful work situations and coping behaviour? In this study motivating values were related to low emotion-focused coping (cognitive or behavioural coping) and preserved health (low frequency of symptoms), while demotivating values were related to a high frequency of symptoms. If values can be mediators between stressful work situations and coping behaviour has not been tested in this study, but I suggest a model, the value-related health model, to be tested in future studies.

Figure 1 in here

Values were mainly perceived as motivating factors preserving health at the work place. Motivating values were associated with a lower frequency of symptoms. This should be considered when adressing stress prevention and in the design of healthy work organisations. I recommend that the "value-related health model" can be tested in future studies as a tool in stress prevention. The results in this study are relevant for physiotherapy practice. Within primary health care and occupational health care, values in use can be identified by the physiotherapist as a question within the work anamnesis. If a patient consider values in use as important for health, they should be identified by the physiotherapist. To identify a patient's motivating values and to discuss adequate coping strategies in critical work situations can be seen as a useful stress prevention used by physiotherapists' within primary as well as occupational health care. It is also important for PT's to participate in work organisational efforts to integrate different cultures and values within workplaces. If such an integration can be more sucessfully performed and managed, it may lead to more healthy

organisations and a lower frequency of musculoskeletal problems among primary health care patients in general.

Conclusions
Values was perceived as a motivating factor in working life and influenced coping strategies used at the workplace and perceived health.
Motivating values and cognitive and/or behavioural coping strategies were associated with a low frequency of symptoms.

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Stressful work situations ⇐⇒Values ⇐⇒ Coping behaviour ⇐⇒ Health

Figure 1. The value-related health model. Values may be a moderator in the stress-coping process.