### Staying fit on the job: Effects of work-related individual coaching in Germany

#### TU Braunschweig, Psychotherapy & Diagnostics, Germany

M. Sc. Lilly Paulin Werk & Professor Beate Muschalla I.werk@tu-braunschweig.de

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H-WORK







### Why do we need mental health interventions?



- Increasing social and cognitive demands in the world of work (Hunt & Madhyastha, 2012)
- High work demands (e.g. high workload, lack of skills, high bureaucratic burden) can be stressful for employees (Lukan et al., 2022)

- What about employees with (chronic) mental disorders? (Rajgopal, 2010)
  - Lack of person-job fit (Edwards, 1996): (impaired) capacities can no longer meet the job demands
  - Affected by work ability, and often have long periods of sick leave (incidence of reported incapacity to work for mental disorders is twice as high as for physical illnesses; Linden, 2017)

## Individual coaching for the prevention of incapacity to work



Goal: individual interventions for **targeted problem solving** of the individual employee (**no "one size fits all"**)

- Effects of coaching from the literature (an extract):
  - Improved goal-attainment (Wang et al., 2021)
  - Increased work performance (Theeboom et al., 2014)
  - Higher self-efficacy (Moen & Federici, 2012; Theeboom et al., 2014)
  - Better (work) coping strategies (Theeboom et al., 2014; Wang et al., 2021)
  - Improved psychological well-being (Theeboom et al., 2014; Wang et al., 2021)

## Method - Setting, participants, coach



On the basis of a **needs analysis** (qualitative interview analysis), introduction of individual coaching for employees of several organizations in Germany

Participants: N = 199 employees (11 non-participants, 10 drop-outs)

<u>Coach:</u> Behavior therapist in training (L. P. W.) under supervision of an experienced psychotherapist (B. M.)

### Coaching: Three sessions (one hour each)

- Behavioral situation analysis
- Practicing alternative behaviors and/or cognitions
- Reflection and conclusion

## Professional fields of participants



 Classification of professional fields according to concrete work tasks (Muschalla & Linden, 2013)

Professional fields	N = 199 (%)
Office	<b>55 (28%)</b>
Service	63 (32%)
Education & Research	44 (22%)
Healthcare	27 (13%)
Production	10 (5%)

## Method - Work capacity analysis



Work-related characteristics measured directly before and after coaching (pre-post)

### Impairment of work capacities: Mini-ICF-APP-Selfrating (Linden et al., 2018):

- Adherence to regulations
- Planning and structuring of tasks
- Flexibility and ability to adapt to changes
- Competency and application of knowledge
- Ability to make decisions and judgments
- Proactivity and spontaneous activity

- Endurance and perseverance
- Assertiveness
- Contact with others and small talk
- Group integration
- Dyadic or close relations
- Self-care
- Mobility

→ Mean value across all 13 work capacity dimensions

## Method – Work ability and Coping strategies



Work-related characteristics measured directly before and after coaching (pre-post)

#### Global Work Ability (Work Ability Index WAI; Hasselhorn & Freude, 2007)

Item: "Current work ability compared with the lifetime best: Assume that your work ability at its best has a value of 10 points. How many points would you give your current work ability? (0 means that you cannot currently work at all)".

### Job Coping Strategies (JoCoRi 7 items; Muschalla et al., 2015)

- Example item: "When I get nervous or stressed at work, I can calm myself down."
- $\rightarrow$  Report of the mean value across all 7 items

# **Coaching topics**



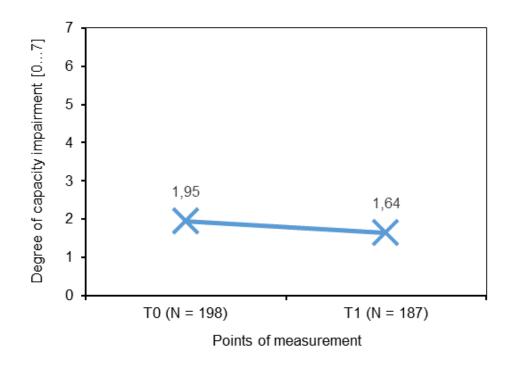
Classification of topics by "taxonomy of work-related stressors" (Rosen et al., 2010)

Coaching topics	N = 199 (%)
Role stressors	11 (5.5%)
Workload	69 (35%)
Situational constraints	6 (3%)
Lack of control	8 (4%)
Interpersonal demands	71 (35.5%)
Careers issues	22 (11%)
Job conditions	12 (6%)
Acute stressors	0 (0%)

## Results: Impairment of work capacities



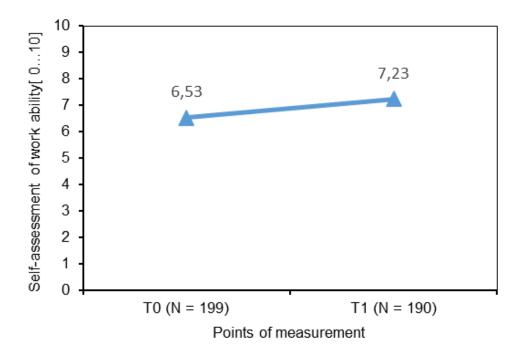
Impairment of work capacities was rated lower after coaching than before coaching (T= 9.60, p< .001,  $d_7$  = 0.70).



## Results: Work ability



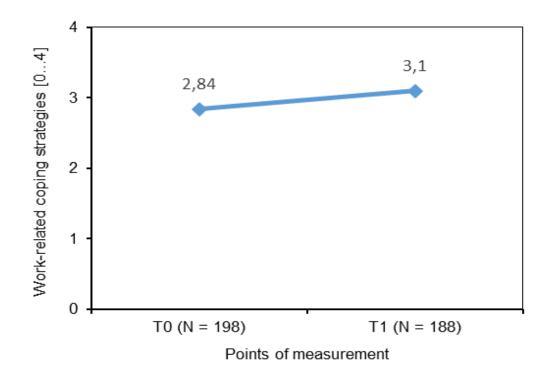
Global work ability is rated higher after coaching than before coaching (T = -5.86, p < .001,  $d_7 = 0.43$ )



## Results: Job coping strategies



Job-coping strategies are rated higher after coaching than before coaching (T = -8.11, p < .001,  $d_7 = 0.59$ )



### Discussion



- + Improvement in work relevant capacities, work ability and coping strategies is consistent with previous research on individual coaching (e.g., Losch et al., 2016; Theeboom et al., 2014)
- + Individual focus on one topic
- + Three sessions
- + Low-threshold access
- + Identification of of mental disorders through psychopathological expertise of the coach (behavioral therapist)

#### Limitations:

- Convenience sample
- No control group (= no effectiveness statement)
- Self-assessment of participants
- Sample with high resources (few impairments in pre-measure nevertheless improvements!)

### Take home message



- Short coaching of three sessions can improve work related resources.
- Coaching should be behavioral and focused on one individual topic.
- The approach to **mentally ill employees** (25-30% of general work force) and **healthy stressed employees** is **different**.

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