

Can workplace psychosocial risk factors predict an employee's decision to seek workplace counselling?

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Abstract

There has been extensive research effort attempting to identify the factors that contribute to a person's decision to seek psychological help. Specific factors have been distinguished as influential. Nevertheless these factors have not been consistently verified when it comes to seeking workplace counselling. Workplace counselling has known a significant development and business organizations are interested in appraising the usage of such a service by their employees and the return of their investment. The present research examined whether the employees' decision to seek workplace counselling can be predicted by the workplace conditions and more specifically by the workplace psychosocial risk factors. The study was carried out in one of the largest companies of the Greek public sector. 402 employees of various specialties participated voluntarily by responding to two separate questionnaires; one measuring the attitudes towards seeking workplace counselling and one measuring the workplace psychosocial risk factors. The scores in seven categories of psychosocial risk factors and the score in attitudes towards seeking counselling were analyzed using multiple regression. Stepwise method was applied in order to form a model that included the most statistically significant psychosocial risk factors. The results demonstrated a weak positive correlation which did not support the predicting value of the workplace psychosocial risk factors. Two of the seven psychosocial risk factors were included in the model which explained only a 4% of the variance. The conclusion that an employee's decision to seek workplace counselling is not strongly related to the external factors of the working environment is discussed along with other complementary assumptions.

Keywords: workplace counselling, psychosocial risk factors, regression analysis, prediction, attitude towards counselling, greek public sector.

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Introduction

A substantial number of studies (1-12) was directed towards discovering the factors that affect a person's decision to seek professional psychological help. Socio-demographic characteristics such as gender, ethnicity, marital status, education, socio-cultural context and income were repeatedly found to be related to the help-seeking behaviour (13). Along with the expansion of workplace counselling as an organizational provision during the last decades (14) there have been additional studies focusing on the factors that affect the employees' decision to seek the professional psychological help within the workplace. These studies revealed that the stigmatization of the users of the counselling service and the trustworthiness and confidentiality of the counselling services influence the decision to seek psychological support. Similar studies showed that otherwise well supported demographic factors such as gender or age were not consistently related thus cannot be taken as a predictor for the use of counselling in the workplace (1, 2, 3, 14, 15, 16). Especially the relation between gender and attitudes towards counselling was quite ambivalent as some studies verified the documented positive relationship between female gender and help-seeking attitudes while in other findings this was not supported. It was also suggested that no consistent relationship exists between the use of the workplace counselling service and specific groups of employees depending on seniority, job position, status (14).

The mentioned studies have focused on the characteristics of the user –socio-demographic characteristics– (7, 17, 18), on the properties of the counselling service –perceived trustworthiness, effectiveness, confidentiality etc.– (1, 2) and on the mental issue eg: stress level (19). Moreover the majority of the conducted studies on attitudes towards seeking professional psychological help, have focused –mainly for practical reasons- on certain groups such as students or teachers so it could be stated that there is a need to expand the research beyond the usually involved groups (13).

The present research tried to focus on what seemed to be an unexplored field. It aspired to add on the knowledge around the help-seeking behaviours by exploring whether there is a relationship between the psychosocial risk factors of the

workplace environment and the attitudes towards seeking counselling within the workplace. As a workplace psychosocial risk factor is considered every characteristic of the working environment –including job content, job design, job demands, work organisation and management, social context etc.–, that might cause psychological or physical harm to the employees (20; 21). The impact of psychosocial risk factors is placed upon a significant part of the working force, as almost 1 in 4 employees in the EU zone reports being exposed to conditions that affect his/her mental health (22). The impact is equally critical at business level mainly through greater numbers of absenteeism and presenteeism (present to work although being ill). In fact it was estimated that in 2014/2015 a little less than 10 million days were lost in the United Kingdom because of work-related stress, anxiety and depression (23). The consecutive cost for the business sector of work-related stress and psychosocial risks reaches the amount of billions of Euros (24). Similar publications in the US estimated that the cost of work-related stress to the American industry was more than 200 billion dollars every year in 1999 (24).

Materials and Method

A quantitative methodology was chosen in order to best approach the predicting property of the psychosocial risk factors (25). The research was characterized as exploratory within a field that lacked generalizable data thus this methodology was expected to be more effective in collecting a large number of subjects. In addition, this research aspired to provide tangible data for organizations in order to support a decision on whether workplace counselling is expected to be an appropriate action for their employees. The research design required the collection of self-reported data from the sample, in order to describe the population on the specific variables. Two self-report questionnaires were used: 1) PRIWA QUESTIONNAIRE (HellasEap) (Appendix 1), 2) Attitudes Toward Seeking Professional Help (ATSPPHS-SF) (4) (Appendix 2) and a set of demographical questions (Appendix 3).

Measuring psychosocial risks (PRIWA)

PRIWA is a self-report questionnaire that contains 68 positive and negative statements about individual and organizational risk factors. It consists of a 5-point Likert scale that ranged from 1 "strongly disagree" to 5 "strongly agree" to indicate their level of agreement or disagreement with each of these items. The statements were grouped into seven discrete components named 1. Organizational culture, 2. Job demands, 3. Job security, 4. Presenteeism, 5. Job satisfaction and Commitment, 6. Health and well-being, 7. Dysfunctional behaviours. According to its developers there is zero to low positive correlation between the total scores of the seven components which suggests that the components are independent (27). PRIWA is a relatively new instrument that was developed by HellasEAP in collaboration with the Experimenting Psychology Lab of University of Athens. Roussos et al. (27) examined samples from six different research projects in order to evaluate the psychometric properties of PRIWA. It concluded that PRIWA's internal consistency is $>.70$ in the Cronbach's alpha index (27), which is an accepted standard according to literature (28). After conducting test-retest data analysis a significant, positive correlation was demonstrated (27). The concurrent validity of the PRIWA was estimated by measuring Pearson's correlation coefficients between PRIWA and three other standardized instruments (Copenhagen Psychosocial Questionnaire, Utrecht Work Engagement Scale and Stanford Presenteeism Scale) that were given to the samples. The correlations that were calculated were all moderate to strong.

Measuring the attitudes towards counselling (ATSPPHS-SF)

The 10-item ATSPPH-SF (4) was used to measure general ATSPPH for mental health issues. It consists of 10 statements that are rated on a 4-point Likert-type scale (3 = Agree, 0 = Disagree), where items 2, 4, 8, 9, and 10 are reverse scored. Scores are summed together. The higher scores reveal more positive attitude toward seeking professional help. The correlation between the 10-item short form and the original 29-item scale was 0.87 (4). In literature both the ATSPPH (original

form) and the ATSPPH-SF have been repetitively used and demonstrated their psychometric support (13). According to Picco et al. (13), this survey tool is the only similar instrument that combines both an extensive application in numerous studies and an adequate psychometric examination.

The tool was translated in Greek, using back translation and the word "psychologist" was replaced by the word "counselor" in order to serve better the needs for a workplace counselling survey. It has been demonstrated in other studies that this kind of alterations do not have an impact on the validity of the questionnaire (29-31).

Socio-demographic data

Socio-demographic data relating to the participants were also collected using a structured questionnaire that included age, gender, job position, marital status, educational status, number of children and years of experience in the PC.

Recruitment

The recruitment included an email invitation to the personnel that had registered its personal email address in the company's archives -which added up to a number of 2.971- and written announcements in their workplace. The participation was voluntary and anonymous. Both the invitation and the announcement included a description of the study goals and a clarification of the voluntary and anonymous participation. The protection of confidentiality was particularly stressed. Those who were willing to participate followed a link to a specially designed web page (SurveyMonkey) and completed the questionnaires in their own time and place. A consent form was obtained from all the participants by clicking a special box in order to proceed to the questions. The collection of questionnaires was open for about a month period.

Response rate

The responses added up to 402 fully filled questionnaires. There were also another 42 questionnaires that lacked answers and thus were not perceived as valid.

Participants

All the employees were acceptable for participation. It is also indicated that there had been no new hiring in the last 9 years. The sample consisted of 402 participants. 10% of the participants were females and 90% males. The mean age was 43,5 years with a SD of 5,9. The ages ranged from 31 to 60 years. The 402 participants represented 7,7% of the total population. 270 of the participants were drivers, 34 were technicians, 64 were administrative personnel, 11 were supervisors and 23 were supporting personnel. A more analytic picture is presented in table 1 that follows:

Table 1: Frequencies

		Frequency	Percent
Gender	Male	362	90
	Female	40	10
Education Level	Compulsory	18	4,5
	High School	312	77,6
	University/College	54	13,4
	Post Graduate	18	4,5
Marital status	Single	49	12,2
	Married	309	76,9
	In committed Relationship	11	2,7
	Divorced/Separated	33	8,2
Job Position	Administrative personnel	64	15,9
	Drivers	270	67,2
	Supervisors	11	2,7
	Supportive personnel	23	5,7
	Technicians	34	8,5
Age groups	25-34	17	4,2
	35-44	217	54
	45-54	150	37,3
	55-64	18	4,5

The company's workforce at the time of the research was 5.207 people. The great majority of the employees, around 3.737 were drivers. There were around 804 technicians, 283 administrative workers, 182 supervisors and about 201 employees in various supporting positions. Almost 96.5% were men and only 3.5% women. The mean of age was 46 years

old. The following tables (2-5) provide a picture of the representativeness of the sample in relation to the total workforce of the examined company.

Table 2: Comparing age groups between sample and population

Age	% Sample	% Population
25-34	4%	3%
35-44	54%	40%
45-54	37%	46%
55-64	4%	10%

Table 3: Comparing years of experience groups between sample and population

Years of experience	% Sample	% Population
5-9	15%	17%
10-14	43%	42%
15-19	26%	20%
20-24	10%	11%
25-29	3%	4%
30-34	1%	4%
35-39	1%	2%

Table 4: Comparing education level groups between sample and population

Education level	% Sample	% Population
Compulsory level	4%	12%
High-school level	78%	82%
University level	13%	6%
Post-Graduate level	4%	1%

Table 5: Comparing job position groups between sample and population

Job position	% Sample	% Population
Administrative personnel	16%	6%
Drivers	67%	69%
Supervisors	3%	4%
Supportive positions	6%	7%
Technical personnel	8%	16%

It was considered a convenience sample, based on the voluntary status of participation. Although almost the entire workforce was approached, the employees that were studied were those who decided to participate based on their time availability, personal views on the subject, personal experience etc.

Data analysis

The research used correlation coefficients in order to demonstrate how the depended variables (predictors) can predict the outcome of the independent variable (outcome). The predictor variables were a) the score in seven categories of psychosocial risk factors and the outcome variable was b) the score in the attitudes towards seeking Professional Psychological Help –named as workplace counselling. The results included separate scores in the seven categories of psychosocial risk factors. The seven categories were the following: 1. Organizational culture, 2. Job demands, 3. Job security, 4. Presenteeism, 5. Job satisfaction and Commitment, 6. Health and well-being, 7. Dysfunctional behaviours.

IBM SPSS software version 22 was used for the analysis of the data. The analysis began with a general description of the population using descriptive statistics. Through the collection of demographic data it was possible to test previous findings such as preference to counselling by women and higher educated population. This was tested using T-test for differences between genders and One Way ANOVA for differences between levels of education. Univariate analysis was also conducted in order to examine the effect of each group to the mean score of Attitudes towards seeking counselling. Following that, inferential statistics were used to examine the correlation according to the research hypotheses. For the needs of the analysis a 0,05 level of significance is compared to the results.

The analysis aimed to examine the strength of the relationship between the seven independent variables of the psychosocial risk factors and the dependent variable of attitudes towards seeking counselling. Pearson's *r* correlation coefficient was estimated in order to determine the size and the direc-

tion of the association. Multiple regression was implemented using stepwise method to exclude the variables that did not have a significant correlation with the independent variable (Attitudes towards seeking Counselling). In the stepwise method each predictor was entered in the equation one by one according to its statistical significance. The software selected the predictor –from those which were available- that predicted the outcome in the best way according to mathematical criteria (32). Only the variables that were significantly correlated entered and remained in the model in the order of their significance. In addition SPSS software performed a removal test in order to assess whether an included predictor could be removed from the equation (32). Stepwise method was preferred because the available literature did not provide data on the predicting ability of the specific variables (32). Field (32) proposed the stepwise method for exploratory projects where the existing theory does not provide indications for the importance of the measured predictors.

Theory

Psychosocial risk factors

In the recent decades many changes have taken place within the working environment such as fast and continuous technological changes, economic globalisation, demographic changes, the rise of services in the place of physical jobs, increased demand for availability, new forms of employment, intensification of work, job insecurity etc. (21, 33, 34). These changes have contributed in the deterioration of the quality aspect of the workplace environment and specifically of the health and safety at work (21). In fact these changes have led to the appearance of the psychosocial hazards (21, 34-38)

The European Agency for Safety and Health at Work has determined and categorized the prevalent psychosocial hazards as shown in the following table 6:

As mentioned before the effects of psychosocial hazards are expanded greatly in the working population and the economic consequence –both direct and indirect- is enormous for businesses and the social security and welfare. As a result, contemporary research has put the workplace psychosocial

Table 6: Emerging psychosocial hazards identified by selected experts in the field

Areas of psychosocial hazards	Short description	Most important emerging psychosocial hazards
New forms of employment contracts and job insecurity	This area of hazards refers to new forms of employment that are usually short-termed, low paid and partly protected (socially). In general it describes work conditions that provide little control to the employee over his job and increased vulnerability which lead to a higher risk for occupational illness (39). Precarious work contracts. Job insecurity also leads to higher levels of stress that impact negatively on the employees' health. Among the usual effects of job insecurity is anxiety, depression, burnout and psychosomatic and physical complaints (40).	Precarious contracts in the context of an unstable labour market
		Increased workers' vulnerability in the context of globalisation
		New forms of employment contracts
		Feeling of job insecurity
		Lean production and outsourcing
The ageing workforce	The ageing workforce is a result of the ageing population within Europe combined with the higher retirement ages that is legislated (41). According to expert forecasts, the older working population suffer more from insufficient working conditions compared with the younger workers (Osha.eu).	Risk for the ageing workforce
Work intensification	Work intensification is largely detected in Europe as a result of budget cut downs, new forms of employment, new organizational structures and personnel reductions (42). Intensification can be identified at a quantitative, qualitative emotional and physical dimension and demands from employees to demonstrate fast pace, understanding of complicated cases, emotional resilience and physical endurance (42).	Long working hours
		Work intensification
High emotional demands at work	In the contemporary working environment and especially in the service sector -which has known an increasing competition and growth- harassment, bullying and violence have become a disturbing reality (21). According to the European Agency for Occupational Health and Safety (21) workers that face these emotional demands admit increased number of health problems related to work.	High emotional demands at work
Poor work-life balance	Work-life balance is a constant request of the employees, especially as the social conditions become more demanding (single parents, less family support, more women at work, etc.). As the working environment becomes increasingly coercive the impact on the employees can expand to their personal lives (21).	Poor work-life balance

Source: adapted from OSHA, 2012.

risks in the spotlight of and also their prioritization in modern occupational safety and health management, especially in European level (43).

This prioritization has inspired a rich variety of actions that aim to manage, reduce or prevent the psychosocial risks (43-45). The actions are designed and implemented at a national, organizational and European stage (43-44). A common classification of the applied interventions is by the stage that the action is focused and by the correlated targets of change, namely primary-, secondary- and tertiary level interventions (36). More specifically the primary level interventions attempt

to tackle the source of the work-related problem or stressor that is encountered in the workplace and are characterized as organizational level interventions (46). Secondary level interventions attempt to strengthen employees' ability to cope with exposure to these stressors, or to reverse, reduce or slow the progression of the situation (36). Further down, tertiary level interventions appear after a stress-related issue has been detected and offer remedial support and treatment (36-37). Although, it is widely supported and encouraged to function at the prevention level and focus at the primary-level interventions (36), in practice the tertiary level interventions are the most commonly observed in the organizations,

followed by the secondary level interventions while the primary level interventions are the rarest in use (47). Workplace counselling and psychological support is often encountered among the tertiary-level interventions which are used as reactive solutions for reducing the symptoms from psychosocial complaints (48, 49).

The statistics have shown a vast expansion of workplace counselling within the last two decades (15). McLeod (14) in his extensive review of previous studies on workplace counselling reported numerous interesting facts: More than half of the employees in the USA's private sector companies are provided with such services (14). At the same time a percentage of 6,5% of the employees in the organizations that provide counselling services actually takes advantage of this service every year. From the effectiveness perspective it has been shown by most studies that the application of counselling decreases the absence rates that are related to sicknesses and also decreases the symptoms of stress, depression and anxiety of most users (14, 50). This implies that a counselling service within an organization provides a return on investment and may contribute to the total productivity of the company (50).

In relation to the above facts, there has been identified a need for research on the effective designing and implementation of counselling within an organization. Despite that, there has been relatively little research on the matter of attitudes towards counselling and on the factors that affect the choice of an employee to use a counselling service within an organization (15). The conducted studies that investigated this issue, identified as the most usually related factors the demographics, the characteristics of the job, the educational level, the cultural values and the attitudes towards counselling itself (14). In coherence with the wider literature women are more expected to use the counselling services than men are (51). Likewise, female workers are expected to have more positive attitude towards workplace counselling (52). According to these studies, gender cannot be taken as a predictor for the use of counselling in the workplace and no significant differences were established between men and women employees (14-16). At the same time there are not cases of higher use of a workplace counselling service by male workers (14). Age

is also a non-consistent factor of prediction when it comes to workplace counselling (14). It is also proposed that there is not a consistent relationship between the use of the workplace counselling service and specific groups of employees depending on seniority, job position, status (14). It could be concluded from the above data, that workplace counselling is endorsed by various different groups of employees. What might also be suggested is that there are methodological flaws in the assessment of the involved variables or in the hypotheses that have prevented the generalization of the results (14).

Furthermore, an older study by West and Reynolds (19), showed a negative stereotyping of the counselling services that carry a psychological content and of the people who seek counselling. This negative stereotype makes the person less eager to seek professional help in the workplace (19). According to the same study the main predictors for the attitudes towards counselling were a) the employees' perception of the confidentiality of the service and b) the opinion about those who seek mental help. Despite the fact that stigmatization was a factor repeatedly encountered (1, 2), what other people believe or approve was found as less important than the personal attitudes towards help-seeking (8). Other related factors include the person's perception about the potential gains and the mental health professional's ability to actually help in certain difficulties (1, 8, 10, 11, 12). Previous use of mental health services is also related positively with attitudes towards help-seeking (53, 54). Finally, it should also be mentioned that a person's attitude towards managing a difficulty by itself and the underestimation of the risk factors and origins of mental issues place limitations in the attitudes towards help-seeking (1, 2, 11, 55, 56).

Summarizing the above elements it has been made evident that workplace psychosocial risk factors place a serious impact on the health of employees and the welfare of the businesses. It is also evident by now that organizations do invest their efforts in managing these risk factors and supporting their personnel. One of the most commonly used measures is workplace counselling. What has not been made clear enough –especially in comparison to the amount of investment and

impact- is whether the employees are willing to use the counselling service that may be provided by their employer.

One of the logical assumptions of existing literature is that a positive correlation exists between at least one workplace factor of psychosocial risk and attitudes towards seeking counselling in the workplace. This hypothesis was based on findings that the use of workplace counselling services is effected by the organizational culture (variable 1 – Organizational culture), the characteristics of the job (variable 2 – Job demands) and sources of stress and anxiety within the organization (variable 3 – Job security) (14). An employee seeks workplace counselling for issues related to health such as long sickness leave, anxiety, depression (variable 6 – health and well-being) and substance abuse (variable 7 – Dysfunctional behaviours) (57). Job satisfaction (variable 5 – Job Satisfaction and Commitment) has been found to be positively correlated to employees' health and especially mental health (58). According to its definition, variable 4 - Presenteeism is also related to health issues.

The study aimed to test whether a positive correlation between the psychosocial risk factors of the workplace and the attitudes towards workplace counselling can be verified. Furthermore, it will investigate the predicting ability of each psychosocial factor for the attitudes towards counselling. Consequently, the main hypothesis could be presented as follows:

Hypothesis I

H1: The attitude towards counselling can be predicted by the score of one or more psychosocial risk factors.

H0: The attitude towards counselling cannot be predicted by the score of one or more psychosocial risk factors.

The exploration of psychosocial risk factors in Greece has been mainly initiated by studies implemented at a European level. Some Greek surveys that focused on the psychosocial risk factors were implemented by organizations and businesses internally and were not published. To the best of the researcher's knowledge there were no published studies focusing on psychosocial risk factors within the Greek public sector either.

Results

Table 7 concentrates the socio-demographic characteristics of the sample. From the 402 participants, 90% (n=362) were male and 10% (n=40) female. The mean age was 43,5 years old and the mean of years employed in the organization was 14,8. 76,9% were married, 12,2% single, 2,7% in a committed relationship and 8,2% divorced or separated. The education level percentages were 77,6% for secondary level, 13,4% university/college level, and 4,5% for post-graduate level and 4,5% for primary level. 67,2% of the participants were drivers, 15,9% were administrative personnel, 8,5% technicians, 5,7% supportive personnel of various positions and 2,7% supervisors.

Table 7 shows the scores in the Attitudes Towards Seeking Counselling, with analysis for gender, education level, marital status, Job position and age. The results show a mean score of 15,63 (SD=1,48) for females which was numerically higher than the mean of 15,26 (SD=1,83) of males. To test the hypothesis that gender is associated with statistically significant differences in attitudes towards seeking counselling an independent t-test was conducted. The hypothesis of homogeneity of variances was tested using Levene's F test, $F=0,80$, $p=0,373$ and was determined satisfactory. The independent samples t-test showed a non-statistically significant impact of gender, $p=0,224$. This means that female participants have a non-statistically significantly higher score in the attitudes towards seeking counselling.

The descriptive statistics of the scores in attitudes towards seeking counselling across the four groups of education level (table 7) demonstrate that Post-graduate level participants have a mean of 15,50, University/College level participants a mean of 15,39, Secondary level a mean of 15,27 and Compulsory level a mean of 15,22. It is obvious that numerically the mean score is higher as the education level rises up. In order to test the hypothesis that education level had an effect on the attitudes towards seeking counselling, an oneway ANOVA was performed. Before progressing with the ANOVA, normality was checked and found satisfactory as the skew and kurtosis values of the four groups were less than |2,0| and |9,0| respectively (59). In addition the hypothesis of homogeneity of variances was tested and determined satisfactory using

Table 7: Scores in Attitudes towards seeking counselling in the workplace

		N	Mean	Std. Deviation
Attitudes towards seeking Counselling in the workplace	Total Sample	402	15,30	1,80
Gender:	Male	362	15,26	1,83
	Female	40	15,63	1,48
Education Level	Compulsory	18	15,22	2,016
	High School	312	15,27	1,784
	University/College	54	15,39	1,947
	Post Graduate	18	15,5	1,505
Marital Status	Single	49	15,86	2,062
	Married	309	15,19	1,776
	In committed Relationship	11	15,18	1,601
	Divorced/Separated	33	15,48	1,564
Job Position	Administrative personnel	64	15,39	1,432
	Drivers	270	15,38	1,835
	Supervisors	11	14,55	1,809
	Supportive personnel	23	14,43	1,854
	Technicians	34	15,16	1,990
Age (Range)	25-34	17	15,47	1,663
	35-44	217	15,35	1,943
	45-54	150	15,23	1,659
	55-64	18	15,11	1,278

Levene's F test, $F(3,398)=0,68$, $p=0,567$. The oneway ANOVA test uncovered that there is not a statistically significant effect of education level on attitudes towards seeking counselling $F(3,398)=0,152$, $p=0,928$ and therefore the null hypothesis was accepted.

The descriptive statistics of the scores in attitudes towards seeking counselling across the four groups of marital status (table 7) show that single participants have a mean of 15,86, divorced/separated participants have a mean of 15,48, married participants a mean of 15,19 and participants in Relation-

ship a mean of 15,18. Numerically the mean score is higher for single participants and for divorced/separated. In order to test the hypothesis that marital status had an effect on the attitudes towards seeking counselling, an oneway ANOVA was performed. Before progressing with the ANOVA, normality was checked and found satisfactory as the skew and kurtosis values of the four groups were less than $|2,0|$ and $|9,0|$ respectively. In addition the hypothesis of homogeneity of variances was tested and determined satisfactory using Levene's F test, $F(3,398)=0,44$, $p=0,724$. The oneway ANOVA test uncovered that there is not a statistically significant effect of marital status on attitudes towards seeking counselling $F(3,398)=2,09$, $p=0,101$ and therefore the null hypothesis was accepted.

The descriptive statistics of the scores in attitudes towards seeking counselling across the five groups of job position are demonstrated in table 7. It shows that administrative personnel has a mean of 15,39, drivers have a mean of 15,38, technicians a mean of 15,16, supervisors a mean of 14,55 and supportive personnel a mean of 14,43. Numerically the mean score for administrative personnel and drivers is higher. In order to test the hypothesis that job position had an effect on the attitudes towards seeking counselling, an oneway ANOVA was performed. Before progressing with the ANOVA, normality was checked and found satisfactory as the skew and kurtosis values of the four groups were less than $|2,0|$ and $|9,0|$ respectively. In addition the hypothesis of homogeneity of variances was tested and determined satisfactory using Levene's F test, $F(4,397)=1,08$, $p=0,366$. The oneway ANOVA test uncovered that there is not a statistically significant effect of job position on attitudes towards seeking counselling $F(4,397)=2,01$, $p=0,092$ and therefore the null hypothesis was accepted.

The descriptive statistics of the scores in attitudes towards seeking counselling across the four groups of age are demonstrated in table 7. It is shown that younger participants have a numerically higher mean than older participants. In order to test the hypothesis that age had an effect on the attitudes towards seeking counselling, an oneway ANOVA was performed. Before progressing with the ANOVA, normality was checked and found satisfactory as the skew and kurtosis values of the four groups were less than $|2,0|$ and $|9,0|$ respec-

Table 8: Correlations

		Attitudes towards seeking Counselling in the workplace	Factor 1 - Organizational Culture	Factor 2 - Job Demands	Factor 3 - Job Security	Factor 4 - Presenteism	Factor 5 - Job Satisfaction	Factor 6 - Health and Well-being	Factor 7 - Dysfunctional Behaviours
Pearson Correlation	Attitudes towards seeking Counselling in the workplace	1	0,17	0,076	0,119	0,171	0,198	0,158	0,075
	Factor 1 - Organizational Culture	0,17	1	0,535	0,327	0,355	0,513	0,532	0,403
	Factor 2 - Job Demands	0,076	0,535	1	0,299	0,335	0,329	0,58	0,388
	Factor 3 - Job Security	0,119	0,327	0,299	1	0,276	0,137	0,329	0,147
	Factor 4 - Presenteism	0,171	0,355	0,335	0,276	1	0,428	0,501	0,293
	Factor 5 - Job Satisfaction	0,198	0,513	0,329	0,137	0,428	1	0,441	0,272
	Factor 6 - Health and Well-being	0,158	0,532	0,58	0,329	0,501	0,441	1	0,525
	Factor 7 - Dysfunctional Behaviours	0,075	0,403	0,388	0,147	0,293	0,272	0,525	1
Sig. (1-tailed)	Attitudes towards seeking Counselling in the workplace	.	0	0,063	0,008	0	0	0,001	0,067
	Factor 1 - Organizational Culture	0	.	0	0	0	0	0	0
	Factor 2 - Job Demands	0,063	0	.	0	0	0	0	0
	Factor 3 - Job Security	0,008	0	0	.	0	0,003	0	0,002
	Factor 4 - Presenteism	0	0	0	0	.	0	0	0
	Factor 5 - Job Satisfaction	0	0	0	0,003	0	.	0	0
	Factor 6 - Health and Well-being	0,001	0	0	0	0	0	.	0
	Factor 7 - Dysfunctional Behaviours	0,067	0	0	0,002	0	0	0	.
N	Attitudes towards seeking Counselling in the workplace	402	402	402	402	402	402	402	402
	Factor 1 - Organizational Culture	402	402	402	402	402	402	402	402
	Factor 2 - Job Demands	402	402	402	402	402	402	402	402
	Factor 3 - Job Security	402	402	402	402	402	402	402	402
	Factor 4 - Presenteism	402	402	402	402	402	402	402	402
	Factor 5 - Job Satisfaction	402	402	402	402	402	402	402	402
	Factor 6 - Health and Well-being	402	402	402	402	402	402	402	402
	Factor 7 - Dysfunctional Behaviours	402	402	402	402	402	402	402	402

tively. In addition the hypothesis of homogeneity of variances was tested and determined satisfactory using Levene's F test, $F(3,398)=1,75$, $p=0,157$. The oneway ANOVA test uncovered that there is not a statistically significant effect of job position on attitudes towards seeking counselling $F(3,398)=0,24$, $p=0,865$ and therefore the null hypothesis was accepted.

Multiple regression was conducted to evaluate whether the workplace psychosocial risk factors that have been reported previously (1. organizational culture, 2. health and well-being, 3. dysfunctional behaviors, 4. job satisfaction and engagement, 5. work demands, 6. job insecurity and 7. Presenteism), predicted the total score of attitudes towards seeking

counselling of the employees. Table 8 ahead presents the correlation between the measured variables.

The data were analyzed using the Stepwise Method. According to the correlation table the variables that were entered into the equation were: Job Satisfaction and Presenteeism. The other variables of psychosocial risk factors were removed from the equation as they did not significantly contribute to the variance of attitudes towards seeking counselling. The first entered variable was Job Satisfaction and accounted for 4% of the variance ($R^2 = 0,04$, $\text{adj } R^2 = 0,04$) with a significance of $p < 0,001$ ($F(1, 400) = 16,29$). The next variable that was entered was Presenteeism that added a 1% of the variance at a significance of $p = 0,005$. The rest of the independent variables did not significantly contribute. The following ANOVA table 9 demonstrates the results of the variance analysis.

Table 9: ANOVA^a

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	50,866	1	50,866	16,291	,000 ^b
	Residual	1248,908	400	3,122		
	Total	1299,774	401			
2	Regression	62,870	2	31,435	10,140	,000 ^c
	Residual	1236,904	399	3,100		
	Total	1299,774	401			

a. Dependent Variable: Attitudes towards seeking Counselling in the workplace
b. Predictors: (Constant), Factor 5 - Job Satisfaction
c. Predictors: (Constant), Factor 5 - Job Satisfaction, Factor 4 - Presenteeism

Table 10: Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	t
		B	Std. Error	Beta	
1	(Constant)	14,172	,292		48,537
	Factor 5 - Job Satisfaction	,037	,009	,198	4,036
2	(Constant)	13,881	,327		42,514
	Factor 5 - Job Satisfaction	,028	,010	,152	2,820
	Factor 4 - Presenteeism	,076	,039	,106	1,968

Each step of the process produced regression coefficients. The regression equation included the unstandardized coefficients and was formed as:

Dependent variable = variable 1 (B of variable 1) + variable 2 (B of Variable 2) + constant

Attitudes towards seeking counselling = Predictor 1-Job satisfaction (0,03) + Presenteeism (0,08) + 13,89 according to the table 10.

The regression equation produced a small effect size ($R^2 = 0,05$, $\text{adj } R^2 = 0,04$), which indicates that the workplace psychosocial risk factors as measured in seven different categories were not a significant predictor of the attitudes towards seeking counselling in the workplace ($F(2, 399) = 10,14$, $p < 0,001$).

The next tables (11-12) provides additional information about the variables that were not included in the regression model.

Table 11: Excluded Variables^a

Model		Beta In	t	Sig.	Partial Correlation Tolerance	Collinearity Statistics
1	Factor 1 - Organizational Culture	,094 ^b	1,643	,101	,082	,737
	Factor 2 - Job Demands	,013 ^b	,243	,808	,012	,892
	Factor 3 - Job Security	,094 ^b	1,907	,057	,095	,981
	Factor 4 - Presenteeism	,106 ^b	1,968	,050	,098	,817
	Factor 6 - Health and Well-being	,088 ^b	1,615	,107	,081	,806
	Factor 7 - Dysfunctional Behaviours	,023 ^b	,449	,654	,022	,926
	2	Factor 1 - Organizational Culture	,076 ^c	1,322	,187	,066
Factor 2 - Job Demands		-,011 ^c	-,208	,835	-,010	,846
Factor 3 - Job Security		,075 ^c	1,475	,141	,074	,923
Factor 6 - Health and Well-being		,055 ^c	,932	,352	,047	,687
Factor 7 - Dysfunctional Behaviours		,003 ^c	,051	,959	,003	,888

Table 11 shows that the above predictors had a significance level $> 0,05$ which explained their exclusion. The entire output of the analysis is presented in the appendix.

Table 12: Excluded Variables^a

Model		Collinearity Statistics	
		VIF	Minimum Tolerance
1	Factor 1 - Organizational Culture	1,357	,737
	Factor 2 - Job Demands	1,122	,892
	Factor 3 - Job Security	1,019	,981
	Factor 4 - Presenteism	1,224	,817
	Factor 6 - Health and Well-being	1,241	,806
	Factor 7 - Dysfunctional Behaviours	1,080	,926
2	Factor 1 - Organizational Culture	1,400	,668
	Factor 2 - Job Demands	1,183	,775
	Factor 3 - Job Security	1,083	,769
	Factor 6 - Health and Well-being	1,456	,687
	Factor 7 - Dysfunctional Behaviours	1,127	,783
<i>a. Dependent Variable: Attitudes towards seeking Counselling in the workplace</i>			
<i>b. Predictors in the Model: (Constant), Factor 5 - Job Satisfaction</i>			
<i>c. Predictors in the Model: (Constant), Factor 5 - Job Satisfaction, Factor 4 - Presenteism</i>			

Discussion

The main research objective was to test whether the psychosocial risk factors of the workplace could be considered a predictor of the attitudes of the employees towards seeking workplace counselling. The psychosocial factors were divided into seven categories based on literature and on the survey material that was used. In addition this research aimed to test previous findings on the predictive factors of attitudes towards seeking counselling in the workplace.

Beginning from the latter, results came to confirm the inconsistency of previous literature. It was demonstrated that gender does not have a statistically significant effect on the attitudes towards seeking counselling in the workplace. At the same time it is important to mention that the mean of females was higher than that of males. This outcome is con-

sistent with the findings of previous studies (14-16). Similar results came up for the effect of age, marital status and job position on attitudes.

The correlation table revealed that all psychosocial risk factors had a positive correlation ($r > 0$) with the attitudes towards seeking counselling. However this correlation was not strong. Specifically the values of Pearson correlation coefficient were between 0,075 and 0,198, which according to Evans (60) are classified as weak and very weak correlation. The multiple regression analysis produced a model in which two of the psychosocial risk factors could be used as predictors of the attitudes towards seeking counselling. These factors were a. Job satisfaction and b. presenteeism. The rest of the psychosocial risk factors (organizational culture, health and well-being, dysfunctional behaviors, work demands and job insecurity) although they had a positive correlation with the attitudes, they were excluded from the model. Since a stepwise multiple regression was performed only the factors with statistically significant correlation were entered in the equation. Despite that, the model managed to explain below 5% of the variance. This was not quite expected as the existing literature provided clues that employees use workplace counselling services in order to get support for matters such depression, anxiety, substance abuse etc (57). Besides the amount of psychological distress is a strong motive for seeking help (61). Moreover, the characteristics of the organization and of the job have an impact on the use of workplace counselling (14).

Various explanations may be proposed in order to analyze the results. For example the above results could be interpreted through the assortment of motives and obstacles for seeking psychological help. This assortment includes two categories named i) *external* which encompasses the characteristics of the environment and the situational and ii) *internal* which encompasses the personal attitudes, values, experiences, beliefs, etc (62). The current study focused mainly on the circumstantial factors of the workplace environment. The specific results could support that the external factors of the workplace have a positive association but cannot constitute a strong predictor of the attitudes towards seeking workplace counselling. This conclusion may be also supported by the

fact that the relatively stronger correlations were found for factors such as presenteeism and job satisfaction. On the other hand it might be argued that psychosocial risk factors such as *health and well-being* and *dysfunctional behaviours* could also deliver strong positive correlation as these aspects could be classified as mainly internal. It is the researcher's belief that the employees who faced health problems or engaged in dysfunctional behaviours either did not participate in the study or if they did they were reluctant to reveal these personal details. This assumption is based on the answers on certain questions such as no. 10 of the PRIWA material "My performance in work is affected by substance use" where more than 91% of the participants disagreed or strongly disagreed. Similar percent for questions no. 21 "I cannot sleep easily if do not use medication" and no 34 "I consume alcohol in order to sleep", where 93% and 96% respectively of the participants disagreed or strongly disagreed.

Another explanation of the low predictive power of psychosocial risk factors may be related to the subtle assumption that this research made. It was assumed in the design that the existence of psychosocial risk factors in the workplace is equivalent to the existence of anxiety, stress depression or other mental issues of the employees. Although an association exists, a high rating of a psychosocial risk factor by an employee does not imply that this person is experiencing mental difficulties.

Limitations

The main threat to validity originated from selection. The way the subjects were approached and the voluntary basis of the participation classified it as a convenience sample. Therefore a generalization based on the data of this sample could face scientific doubts (63). Without qualitative data it was not clear which motives encouraged the participants to take part in the research and which obstacles –practical, personal, etc– prevented other employees from participating.

Response rate was also a point of concern. The statistics of the mailing campaign showed that of the 2.951 sent emails, 1453 were opened and 444 followed the link to the ques-

tionnaire. Again the reasons for not participating were not clear. The issue of low response rate troubles many surveys and questions the quality of the results. The main concern is whether some groups of the populations are over or under-presented. The case of representativeness was discussed previously with the help of tables and graphs. In addition there is evidence in literature backing that the response rate as an indicator is not an adequate sign of non-response bias (64-65).

The presented data demonstrate that the sample can be considered as representative judging from the socio-demographic characteristics. The graphs suggest that the sample is an actual *miniature* of the population and provide an extensive *coverage*. The recruiting method secured a general acclaim for data through public announcements and personal emails. The recruiting method also attempted to minimize any selective forces by not linking the participation to professional, financial or other rewards. Based on these arguments it is assumed that the specific sample is representative.

In relation to the sample the distribution between genders might be considered a limitation. Males represented 90% of the sample and although this is consistent with the company's population it is not in accordance with the general working population. Besides the skepticism on the statistics significance, another point of concern was related to the social role of males in the specific company and the specific culture. According to Pederson and Vogel (66) it is less likely to seek psychological help for males who face gender role conflict.

Finally, a limitation was the lack of question about previous experience of counselling which could offer a better insight by analyzing the two subgroups (with previous experience ≠ without previous experience). This limitation was evaluated as the most important one as the previous experience of counselling has been associated with more positive attitudes towards seeking psychological help. Specifically previous studies on attitudes towards seeking psychological help demonstrated that the participants with previous experience were less concerned about stigma and more willing to use counselling (17, 67).

Implications for practice

The weak correlation between the psychosocial risk factor and the attitudes towards counselling and the low predicting ability of the regression model did not provide a radical revelation. The research added some more factors to the list of those who cannot accurately predict the attitudes of a person towards seeking psychological help. Perhaps a more applicable conclusion was that the socio-demographical characteristics are not a consistent predictor of the attitudes towards workplace counselling. Similar results have been presented in previous studies and this implies that the decision to seek psychological help within the working environment is probably more related to the personal traits of the individual and to the conditions of his/her personal life as well.

The present study could also be useful to the organizations that provide or contemplate on providing a counselling service to the employees. It implied that the decision on the provision of the service should evaluate not only the conditions of the working environment, but also personal characteristics and probably other factors irrelevant to work.

Conclusion

The present research study examined two areas of significant scientific and professional interest –workplace psychosocial risk factors and workplace counselling- and explored the relation between them. It was considered crucial for the field of workplace counselling to detect specific predictors for the employee's decision to use the counselling service of an organization (68). Occupational health is a constant priority in the western world and in light of the recent changes in the workplace, the mental health of the employees has come to the spotlight (68). Many organizations seek for solutions in the establishment of a counselling service and desire to know whether this investment will be used by their personnel. The research embarked on the hypothesis that the psychosocial risk factors of the workplace affect the employees' decision to seek counselling within the workplace. Based on previous academic data, it was expected to find a positive association between the presence of psychosocial risk factors and the at-

titudes towards seeking counselling. The research aspired to document the workplace psychosocial risk factors as predictors of the attitudes towards seeking counselling. The analysis of the results did not verify the initial hypothesis. A positive association was demonstrated but the predicting ability of the psychosocial risk factors was weak. These results contributed to the exploration of the issue but did not provide a solid direction for the professional and scientific community. The weak positive association leaves space for a variety of explanations and hypotheses which need further examination. The research design could be used with mild modifications in order to test the results and to target a wider population. Based on the present results it could be concluded that an employee's decision to use a workplace counselling service is affected but not in a deterministic way by his perception of working conditions as these are quantified in scores of psychosocial risk factors.

The predicting model for the attitudes towards workplace counselling was insufficient and probably lacked significant factors that could not be measured in this research. The decision to seek psychological help -especially within the workplace- is a complicated result of internal and external factors. What this research may indicate is the need to examine more carefully the internal factors that impact on the individual's decision and whether these factors differentiate in the working environment. Future research projects could lead to more applicable results by collecting a wider variety of data and maybe including personal life data as well.

References

1. Jorm, A. F., Wright, A., and Morgan, A. J. (2007). Where to seek help for a mental disorder? National survey of the beliefs of Australian youth and their parents. *Med. J. Aust.* 187, 556-560.
2. Gulliver, A., Griffiths, K. M., and Christensen, H. (2010). Perceived barriers and facilitators to mental health help-seeking in young people: a systematic review. *BMC Psychiatry* 10: 113. doi: 10.1186/1471-244X-10-113
3. Milne, S.H., Blum, T.C. & Roman, P.M. (1994). Factors influenc-

- ing employees' propensity to use an Employee Assistance Program. *Personnel Psychology*, 47, 123145.
4. Fischer, E. H., and Turner, J. L. (1970). Orientations to seeking professional help: development and research utility of an attitudes scale. *J. Couns. Clin. Psychol.* 35, 79–90. doi: 10.1037/h0029636
 5. Yeh, C. J. (2002). Taiwanese students' gender, age, interdependent and independent self-construal, and collective self-esteem as predictors of professional psychological help-seeking attitudes. *Cult. Divers. Ethn. Minor. Psychol.* 8, 19–29. doi: 10.1037/1099-9809.8.1.19
 6. Vogel, D. L., and Wester, S. R. (2003). To seek help or not to seek help: the risks of self-disclosure. *J. Couns. Psychol.* 50, 351–361. doi: 10.1037/0022-0167.50.3.351
 7. Nam, S. K., Chu, H. J., Lee, M. K., Lee, J. H., Kim, N., and Lee, S. M. (2010). A meta-analysis of gender differences in attitudes toward seeking professional psychological help. *J. Am. Coll. Health* 59, 110–116. doi: 10.1080/07448481.2010.483714
 8. Bayer JK, Peay MY, Aust N (1997). Predicting intentions to seek help from professional mental health services. *J Psychiatry*. 1997 Aug;31(4):504-13.
 9. Jorm, A. F., Korten, A. E., Jacomb, P. A., Christensen, H., Rodgers, B., and Pollitt, P. (1997a). Mental health literacy: a survey of the public's ability to recognise mental disorders and their beliefs about the effectiveness of treatment. *Med. J. Aust.* 166, 182–186.
 10. Angermeyer, M.C., Matschinger, H., and Riedel-Heller, S.G. (1999). Whom to ask for help in case of mental disorder? Preferences of the lay public. *Soc. Psychiatry Psychiatr. Epidemiol.* 34, 202–210. doi: 10.1007/s001270050134
 11. Rickwood, D., Deane, F.P., and Wilson, C. (2007). When and how do young people seek professional help for mental health problems? *Med. J. Aust.* 187, S35–S39.
 12. Rughani, J., Deane, F.P., and Wilson, C.J. (2011). Rural adolescents' help-seeking intentions for emotional problems: the influence of perceived benefits and stoicism. *Aust. J. Rural Health* 19, 64–69. doi: 10.1111/j.1440-1584.2011.01185.x
 13. Louisa Picco, Edimanyah Abidin, Siow Ann Chong, Shirlene Pang, Saleha Shafie, Boon Yiang Chua, Janhavi A. Vaingankar, Lue Ping Ong, Jenny Tay and Mythily Subramaniam. Attitudes Toward Seeking Professional Psychological Help: Factor Structure and Socio-Demographic Predictors. *Frontiers in Psychology*. April 2016 | Volume 7 | Article 547.
 14. McLeod, J. (2008). *Counselling in the workplace: a comprehensive review of the research evidence*. 2nd ed. BACP.
 15. Walton, L (2003), 'Exploration of the attitudes of employees towards the provision of counselling within a profit-making organisation', *Counselling & Psychotherapy Research*, 3, 1, pp. 65-71, CINAHL Plus, EBSCOhost, viewed 12 January 2017
 16. Samuel O. Salami, (2008) "Psychosocial factors as predictors of mentoring among nurses in southwestern Nigeria", *Journal of Workplace Learning*, Vol. 20 Iss: 5, pp.348 – 363
 17. Figueroa, R.H., Calhoun, J.R., and Ford, R. (1984). Student utilization of university psychological services. *Coll. Stud. J.* 18, 186–196.
 18. Goh, D.H. & Ang, R.P. *Behavior Research Methods* (2007) 39: 259. <https://doi.org/10.3758/BF03193156>
 19. Michael A. West & Shirley Reynolds (1995) Employee attitudes to work based counselling services, *Work & Stress*, 9:1, 31-44
 20. Cox, T., & Griffiths, A. (1995). The assessment of psychosocial hazards at work. In M.J. Schabracq, J.A.M. Winnubst, & C.L. Cooper (eds), *Handbook of work and health psychology*. Chichester: John Wiley and sons.
 21. EU-OSHA (2007), European Agency for Safety and Health at Work, Expert forecast on emerging psychosocial risks related to occupational health and safety, Office for Official Publications of the European Communities, Luxembourg (available at: <http://osha.europa.eu/en/publications/reports/7807118>).
 22. EC (2010), European Commission, Health and safety at work in Europe (1999–2007) — A statistical portrait, Publications Office of the European Union, Luxembourg.
 23. HSE (Health and Safety Executive), 2015. 'Work related stress, anxiety and depression statistics in Great Britain 2014/15'. Available at: <http://www.hse.gov.uk/statistics/causdis/stress/>
 24. EU-OSHA, (2014b). 'Calculating the costs of work-related stress and psychosocial risks', Office for Official Publications of the European Communities, Luxembourg. Available at: https://osha.europa.eu/en/publications/literature_reviews/calculating-the-cost-of-work-related-stress-and-psychosocial-risks/view
 25. Creswell, John W. (2002). *Research design: Qualitative, quantitative, and mixed method approaches*. California: Sage Publication.

26. Jauregui, M. and Schnall, P.L., 'Work, psychological stressors and the bottom line', *Unhealthy work, causes, consequences, cures* (P. Schnall, M. Dobson and E. Rosskam, eds.), Amityville, NY, 2009.
27. Roussos, P., & Paraskevopoulou-Rush, A. (2017). The Psychosocial Risks and Impacts in the Workplace Assessment Tool: Construction and Psychometric Evaluation. Poster presented at the International Convention of Psychological Science. March 23-25, Vienna, Austria.
28. Nunnally, J. C., & Bernstein, I. H. (1994). *Psychometric Theory*. New York: McGraw-Hill.
29. Atkinson, D. R., & Gim, R. H. (1989). Asian-American cultural identity and attitudes toward mental health services. *Journal of Counselling Psychology*, 36(2), 209-212.
30. Gloria, A. M., Hird, J. S., & Navarro, R. L. (2001). Relationships of cultural congruity and perceptions of the university environment to helpseeking attitudes by sociorace and gender. *Journal of College Student Development*, 42, 545-562
31. Komiya, N., & Eells, G. T. (2001). Predictors of attitudes toward seeking counselling among international students. *Journal of College Counselling*, 4(2), 153-160.
32. FIELD, A. P. (2013). *Discovering statistics using IBM SPSS statistics: and sex and drugs and rock 'n' roll*.
33. Karoly, L. A and Panis, C. (2004), 'The 21st century at work: forces shaping the future workforce and workplace in the United States', Rand Mg-164-Dol, The Rand Corporation.
34. EU-OSHA (2002), *European Agency for Safety and Health at Work, Research on changing world of work*, Office for Official Publications of the European Communities, Luxembourg (available at: <http://osha.europa.eu/en/publications/reports/205>).
35. EU-OSHA (2009), *European Agency for Safety and Health at Work, New and emerging risks in occupational safety and health*, Office for Official Publications of the European Communities, Luxembourg (available at: http://osha.europa.eu/en/publications/reports/esener1_osh_management).
36. Leka, S., Vartia, M., Hassard, J., Pahkin, K., Sutela, S., Cox, T., & Lindstrom, K. (2008) *Best Practice in Interventions for the Prevention and Management of Work-Related Stress and Workplace Violence and Bullying* (pp.136-173), In: S. Leka & T. Cox (Eds.). *The European Framework for Psychosocial Risk Management*, 2008. PRIMA-EF, I-WHO Publications, Nottingham.
37. Leka, S., Hassard, J., Jain, A., Makrinov, N., Cox, T., Kortum, E., Ertel, M., Hallsten, L., Iavicoli, S., Lindstrom, K. and Zwetsloot, G. (2008b), *Towards the development of a European framework for psychosocial risk management at the workplace*, I-Who Publications, Nottingham.
38. Eurofound (2007), 'Work-related stress', *European Foundation for the Improvement of Living and Working Conditions*, Dublin.
39. De Cuyper, N., De Jong, J., De Witte, H., Isaksson, K., Rigotti, T., Schalk, R., 'Literature review of theory and research on the psychological impact of temporary employment: Towards a conceptual model', *International Journal of Management Reviews*, Vol. 10, 2008, pp. 25-51. <http://dx.doi.org/10.1111/j.1468-2370.2007.00221.x>
40. Wagenaar, A.F., Taris, T.W., Houtman, I.L.D., Van den Bossche, S. Smulders, P., Kompier, M.A.J., 'Labour contract differences in the European Union, 2000-2005: Differences among demographic groups and implications for the quality of working life and work satisfactio'n', *European Journal of Work and Organizational Psychology*, 2011 a, pp. 169-194. Available at: <http://dx.doi.org/10.1080/1359432X.2010.548121>
41. EU-OSHA, (2016). *The ageing workforce: Implications for occupational safety and health A research review*. Office for Official Publications of the European Communities, Luxembourg.
42. Eurofound *European Foundation for the Improvement of Living and Working Conditions, Overview report: 5th European Working Conditions Survey, 2012*. Available at: www.eurofound.europa.eu/pubdocs/2011/82/en/1/EF1182EN.pdf42
43. WHO (2003). Authored by S. Leka, A. Griffiths, and T. Cox, *Work Organization and Stress. Protecting Workers' Health Series, No 3*. WHO: Geneva.
44. ILO (2004). *Global Strategy on Occupational Safety and Health*, ILO: Geneva.
45. EU-OSHA (2014). *European Survey of Enterprises on New and Emerging Risks II (ESENER 2) – Managing safety and health at work*, Publications Office of the European Union, Luxembourg.
46. Sutherland, V.J. and Cooper, C.L. (2000). *Strategic Stress Management: An Organizational Approach*. New York: Palgrave.
47. Giga, S.I., Cooper, C.L. and Faragher, B. (2003). *The development of a framework for a comprehensive approach to stress*

- management interventions at work. *International Journal of Stress Management*, 10(4), 280-296.
48. LaMontagne, A.D., Keegel, T., Louie, A.M.L., Ostry, A., & Landsbergis, P.A., 'A systematic review of the job-stress intervention evaluation literature, 1995-2005'; *International Journal of Occupational & Environmental Health*, 13, 2007, pp. 268-280.
 49. Kompier, Michiel & Kristensen, Tage. (2000). Organizational work stress interventions in a theoretical, methodological and practical context.. *Stress in the workplace: Past, present and future*.
 50. McLeod J (2010). "Counselling in the workplace: the facts. A systematic study of the research evidence". *BACP*.
 51. Whelan, L., Robson, M. and Cook, P. (2002) Health at work in the British National Health Service: a counselling response. *Counselling Psychology Quarterly*, 15: 257-267.
 52. Harlow, K. C. (1998) Employee attitude toward an internal Employee Assistance Program. *Journal of Employment Counseling*, 35: 141-150.
 53. Halgin,R.P.,Weaver,D.D.,Edell,W.S.,andSpencer,P.G.(1987).Relation of depression and help-seeking to attitudes toward seeking professional psychological help. *J.Couns.Psychol.* 34,177-185.doi:10.1037/0022- 0167.34.2.177
 54. Lin,E.,and Parikh,S.V.(1999).Sociodemographic,clinical and attitudinal characteristics of the untreated depressed in Ontario. *J.Affect.Disord.* 53, 153-162.doi:10.1016/S0165-0327(98)00116-5
 55. Chong,S.A., Abdin,E., Vaingankar,J.A. ,Kwok,K.W., and Subramaniam,M. (2012).Where do people with mental disorders in Singapore go to for help? *Ann.Acad.Med.Singapore* 41,154-160.
 56. Wilson,C.J.,and Deane,F.P.(2012).Brief Report: need for autonomy and other perceived barriers relating to adolescents' intentions to seek professional mental healthcare. *J.Adolesc.* 35,233-237.doi:10.1016/j.adolescence.2010. 06.011
 57. Navare, S. (2008). Counselling at work place: A proactive human resource initiative. *Indian Journal of Occupational and Environmental Medicine*, 12(1), 1-2.
 58. Faragher, E.B., Cass, M., & Cooper, C.L., 'The relationship between job satisfaction and health: A meta-analysis'; *Occupational Environmental Medicine*, 62, 2005, pp. 105-112
 59. Schmider, E., Ziegler, M., Danay, E., Beyer, L., & Buhner, M. (2010). Is it really robust? Reinvestigating the robustness of ANOVA against violations of the normal distribution assumption. *Methodology: European Journal of Research Methods for the Behavioral and Social Sciences*, 6, 147-151.
 60. Evans, J.D. 1996. *Straightforward Statistics for the Behavioral Sciences*. Brooks/Cole Publishing; Pacific Grove, Calif.: 1996
 61. Neighbors C, Lee CM, Lewis MA, Fossos N, Larimer ME. (2007) Are social norms the best predictor of outcomes among heavy-drinking college students? *Journal of Studies on Alcohol and Drugs*. 2007;68:556-565.
 62. Pfohl, A., H., (2010). *Factors Influencing Psychological Help Seeking Attitudes and Behavior in Counselling Trainees*. Ohio State University.
 63. Powell, Ronald R. (1997). *Basic Research Methods for Librarians* (3 ed.)
 64. Groves, R. M., Presser, S. and Dipko, S. (2004). The role of topic interest in survey participation decisions, *Public Opinion Quarterly*, 68, 2-31.
 65. Groves, R.M. and Peytcheva, E. (2006). The impact of nonresponse rates on nonresponse bias: a meta-analysis, 17th International Workshop on Household Survey Nonresponse, Omaha, NE, USA.
 66. Pederson, Erin & Vogel, David. (2007). Male Gender Role Conflict and Willingness to Seek Counseling: Testing a Mediation Model on College-Aged Men. *Journal of Counseling Psychology*. 54. 373-384. 10.1037/0022-0167.54.4.373.
 67. Gonzalez, J. M., Alegria, M. and Prihoda, T. J. (2005), How do attitudes toward mental health treatment vary by age, gender, and ethnicity/race in young adults?. *J. Community Psychol.*, 33: 611-629. doi:10.1002/jcop.20071
 68. EU-OSHA (2013). *Priorities for OSH research in Europe: 2013-2020*. Luxembourg: Publications Office of the European Union.