

## **The Impact of the Challenge of Change Training Programme on Sickness-Absence: A Case Study**

**Note:** Adapted from Roger, D. and Hudson, C. 'The role of emotion control and emotional rumination in stress management training'. *International Journal of Stress Management*, Vol. 2(3), 1995, pp. 119-132.

### **The Background**

Sickness-absence resulting from stress is a major problem for both public and private sector employers, costing millions of dollars in lost productivity. Concerns about high levels of sickness-absence amongst police officers in the North Yorkshire Police Force in England led to an invitation to the Work Skills Centre to help tackle the problem using the Challenge of Change (CoC) Resilience training programme. The CoC Resilience programme is a unique approach to managing stress based on Dr. Derek Roger's 30-year programme of research on stress and resilience, which commenced at the University of York in England and continues (since 2003) at the University of Canterbury in New Zealand. The Challenge of Change training system also includes the CoC Dream Team programme as well as a range of competency and climate survey assessments, all of which are the intellectual property of the Work Skills Centre Ltd.

There are two kinds of absenteeism: *primary*, where someone is physically unable to work through illness, and *secondary*, where someone remains off work despite being well enough to return. It is well established that prolonged stress can impact on primary absenteeism by impairing the immune system, but stress is also psychologically debilitating, and the low morale and poor job satisfaction that follow are among the most important factors in secondary absenteeism. Managing stress through enhanced resilience is therefore central to the well-being of individuals and the organizations they belong to.

The 'gold standard' for evaluating any form of treatment is the *randomised controlled trial*, which is used to test the effectiveness of new drugs. Participants in the trial are randomly allocated to a treatment group, who receive the new drug, and a control group, who receive a harmless substance called a placebo. The tablets given to each group look the same, and neither the participants nor the people administering the treatment know which group is which – the allocation is generated on a computer and is not revealed until the end of the trial, a procedure called 'double-blind'.

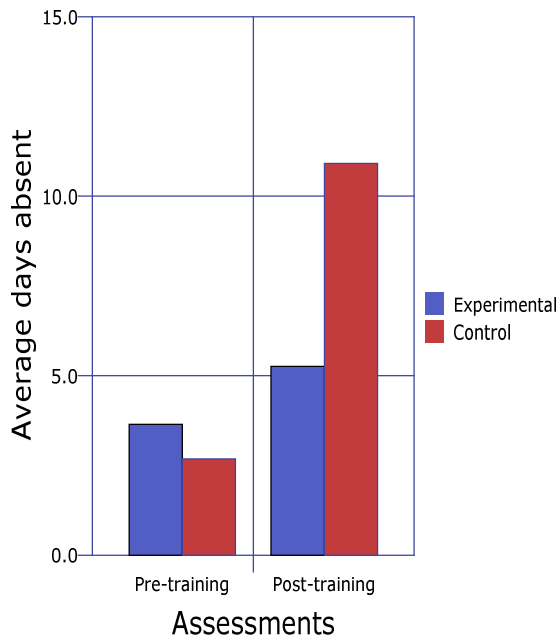
### **The Case Study**

For this case study, the 147 police officers who took part were matched for a range of factors such as age, rank, experience and marital status. They were then randomly allocated to an experimental group of 75 who received the Challenge of Change, and a control group of 72 who received 'dummy' training based on conventional stress management techniques. The training was provided to groups of around 10 participants within each of the overall experimental and control allocations.

Unlike drug trials it is impossible to blind trainers to the type of training they are offering, but the participants were unaware that they were receiving different programmes. They were also unaware that their levels of secondary sickness-absence were being monitored throughout the study. As an initial check, mean absenteeism rates for experimental and control groups were compared for the three-month period prior to the training. The difference was not statistically significant, which meant that the two groups were matched for the levels of absenteeism before the training began.

## Results of the study

Secondary absenteeism rates were available on a week-by-week basis for all participants, and the trial period covered the 11 months following the training for each group. The results showed that the average absenteeism figure for participants in the experimental group which received the Challenge of Change programme was 5.39 days over the 11-month period, while the average for the control group that received the dummy training was 10.96 days. The graph below displays the mean sickness-absence scores for the two groups before and after the training period.



The graph shows that the sickness-absence rates increased for both groups, but this is a consequence of the 11-month inter-test interval spanning the winter months, when the incidence of seasonal illnesses such as colds and influenza increases overall. The data are based only on the associated secondary absence rates, and while the small elevation from baseline to post-training for the trained experimental group was not significant, the seasonally-adjusted difference in sickness-absence between the groups after the training intervention was highly significant.

### Additional Effects of Follow-Up Training

As part of the study, it was possible to provide an additional refresher course in the CoC Resilience programme. A sub-group of officers from the experimental group in the main part of the study was divided randomly to an experimental group, who received the additional training, and a control group which did not. This part of the case study assessed coping skills as well as rates of secondary absenteeism.

All participants' coping capacity was assessed twice, at the start of the follow-up and again at the end. The levels of both absenteeism and coping capacity were checked at the start of the follow-up, and there was no significant difference between the groups on either measure. The results showed that the coping scores and absenteeism rates for the controls, who received no additional training, had remained unchanged over the trial period. However, the average coping score for the group that received the 'booster' training had increased significantly, and secondary absenteeism had been further reduced in comparison with the rate for the initial training alone.