

Post-Holidays and the Broken Promise Effect - an EAP's Perspective

Insights from the Shepell•fgi Research Group



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EXECUTIVE SUMMARY

The December holiday season has long been associated with goodwill and cheer. In contrast, the *post-holiday* season is associated with more frequent health and well-being problems. Research has found higher rates of suicide and mental illness during this period. This has been dubbed the *broken-promise effect* - high expectations for the holidays that are unfulfilled.

With this in mind, the Shepell·fgi Research Group examined January EAP accesses to profile the people and problems that may be implicated in 'residual' holiday stress. It was hoped that EAP research could add a layer of information to the growing knowledge base on post-holiday 'blues' and pinpoint areas for prevention. The resulting study was based on a sample of 138,933 employees in 806 organizations.

The findings:

- There are 15% more accesses in January compared to the rest of the year (51% more than December alone).
- January increases in EAP access occur for 75% of presenting problems.
- January is associated with more reports of domestic violence (55% more) and other social health issues involving caregiving (42% to 50% more), marriage and relationships (10% to 42% more), and family (14% to 37% more) .
- Reports of mental health problems also rise in January, including suicidal thoughts and feelings (27% more) anger (12% more) and depression (7% more).
- Reports of physical health problems such as medical stressors (13% more) and weight management (10% more) rise in January.
- Other January increases were found for reports of debt and credit (39% more), career (28% more), and life transition issues (15% more).

January increases in EAP access were not associated with any one demographic group. However, there were slightly higher accesses for sales personnel and teachers, as well as employees in the certain industries (i.e., advertising, aerospace/aircraft, entertainment, consulting).

In general, the profile of EAP access in January can be summarized as frequent, multi-faceted, and representing a wide range of people. Thus, it is important for EAPs to maintain capacity and breadth in their services to address this diversity in both people and problems.

Social, mental, and physical health problems are costly if they are not prevented or properly treated. The report provides a number of actions that employers can take to address them. For example:

- Promote EAP awareness among employees throughout the year, both to prevent the emergence of post-holiday health problems and reduce the January 'rush' to EAP.
- Implement year-round employee health and wellness programs that feed back crucial information to employees, enabling them to manage their lifestyles more effectively (e.g., on-site health risk assessments).
- Leverage the new year as a time of employee renewal and engagement. This may involve re-connecting employees to their jobs, re-connecting jobs to the vision and strategy, and setting clear performance expectations for the rest of the year.

INTRODUCTION

The December holiday season can be a magical time of giving, sharing, and reflecting on things that give us meaning. However, it can also be one of the most stressful times of the year. The pressures of last minute shopping, over-spending, and escalating family problems can compromise health and wellness. As a result, some people turn to food and alcohol to stave off the 'ghosts of Christmas present'. The suspension of regular exercise further complicates the situation.

These issues led the Shepell·fgi Research Group to examine the frequency and types of EAP accesses (i.e., requests for services) that occur in January as expressions of 'residual' holiday stress. January accesses are believed to represent, in part, problems that are 'held onto' during the holidays or begin to emerge as the holidays wind down.

There is good evidence that January is a time of residual holiday stress. Research indicates that negative mood increases after holidays.ⁱ Suicides and suicide attempts tend to peak following holidays, especially Christmas.^{ii iii iv} Suicides also peak on New Year's Day, suggesting heightened distress towards the end of December.^v Rising death rates following Christmas may prompt more frequent reports of grief to EAPs.^{vi} So prominent is the increase in psychological distress following the holidays that it has been dubbed the *broken-promise effect*.^{vii} Many people have high, positive expectations of the holidays. For some people, the reality falls dangerously short.

By profiling January EAP accesses, employers may come to understand the holiday and post-holiday stressors that are faced by employees and their families. This understanding may inform prevention strategies that can be employed throughout the year.

METHOD

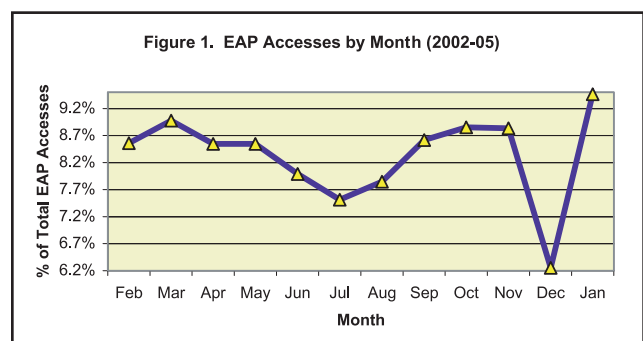
- The study was based on a sample of 138,933 employees in 806 organizations who accessed the EAP between January 2002 and December 2005.

- We excluded organizations from the study that became clients between 2002 and 2005 to control for employee population growth (including a higher proportion of organizations that join the EAP in January).
- Frequencies of EAP access were averaged over multiple "January's" and other months to control for (a) employee population growth due to hiring, and (b) historical effects.
- Data analytic methods included Pearson chi-square analysis and Chi-Squared Automatic Interaction Detection (CHAID).

RESULTS AND IMPLICATIONS

The January 'Spike' in EAP Access

The data shows a clear post-holiday increase in EAP access. There are 15% more accesses in January compared to the rest of the year, on average (see Figure 1). The increase from December to January, alone, is 51%.¹



Presenting Problems

What problems do people present to the EAP in January? The answer: a wide range of problems. The January increase occurs for 75% of problems that are presented to EAP when compared to the rest of the year (90% of problems when compared to December alone). This finding suggests that holiday stress affects everyone differently.

Although January increases occur for most presenting problems, some problems stand out when they are ranked by the size of their increase from other months to January (see Table 1).²

¹ The increase is not likely attributable to shorter days and less sunlight (i.e., seasonal affect). There are 28% more EAP accesses in January than December and February, on average (the former month contains the shortest day of the year).

² We focused on presenting problems that were associated with a reliable number of cases and a 10% or greater change. We also focused on issues too critical to ignore regardless of case rate or percentage change.

Table 1. Top-Ranked Presenting Problems by January Increase in EAP Access

| Social Health | Increase from Other Months (Averaged) to January | Increase from December to January |
|---------------------------------|-------------------------------------------------------------|----------------------------------------------|
| Domestic Violence | 55% | 122% |
| Childcare | 50% | 117% |
| Eldercare | 42% | 63% |
| Others' Substance Use | 42% | 46% |
| Blended Family | 37% | 37% |
| Family Law | 23% | 59% |
| Marital/Relationship | 19% | 67% |
| Child-Related | 19% | 48% |
| Marriage Dissolution (Legal) | 18% | 87% |
| Extended Family Relations | 14% | 74% |
| Separation | 10% | 39% |
| Mental Health | | |
| Suicidal Thoughts/Feelings | 27% | 56% |
| Other Personal/Emotional | 24% | 57% |
| Post Trauma | 19% | 62% |
| Anger Symptoms | 12% | 24% |
| Grief | 12% | 44% |
| Depression Symptoms | 7% | 19% |
| Anxiety Symptoms | 6% | 43% |
| Physical Health | | |
| Medical (Situational Stressors) | 13% | 65% |
| Weight Management | 10% | 118% |
| Alcohol-Related | - 4% | 17% |
| Drug-Related | - 14% | 1% |
| Other Health Issues | | |
| Debt/Credit | 39% | 110% |
| Career | 28% | 114% |
| Life Transition | 15% | 58% |

Social Health

Table 1 shows large January increases in access for domestic violence. Although there are fewer cases of domestic violence, this does not diminish the need for employers to show vigilance with respect to this problem both during and after the holiday season. Domestic violence is underreported, so any increase in EAP access may be viewed as the 'tip of the iceberg'.

Holiday stress appears to impact intimate relationships, in general. This is indicated by increased access for marital-relationship discord, separation, family law, and others' substance use. The holidays involve more interactions among extended and blended families. Long-standing family tensions can re-surface during the holidays as family members share more time and space than usual.

The holiday season may also create time pressures that compromise childcare and eldercare (e.g., shopping, longer work hours in the retail sector). Changing weather as well as vacation time for professional caregivers may also complicate these problems.

The predominance of social health issues among January accesses should not be taken lightly. Close relationships are vital for psychological well-being. For example, low social support can lead to physical health problems and even premature death.^{viii ix x} When social ties are broken (e.g., divorce, death of spouse), cardiovascular, endocrine, and immune systems are weakened. Death and disease rates also increase.^{xi xii}

Poor social health can also impede employee and organizational performance. For example, family-to-work conflict has been associated with reduced energy at work, job dissatisfaction, lateness, absenteeism, and lower performance.^{xiii xiv} The direct costs of home-based stressors have been estimated at \$0.5 billion a year - and twice that when indirect costs are included.^{xv}

Mental Health

While social health issues are viewed as stressors or 'inputs' into overall well-being, mental health issues are usually viewed as strains or 'outputs'.

January is associated with higher accesses for suicidal thoughts and feelings as well as depression, anxiety, and anger symptoms. These emotional problems are not only debilitating on a personal level, they also degrade work performance. Depression, for example, is characterized by a lack of positive emotions - the building blocks of human performance. Positive emotions broaden thought and action repertoires and improve problem-solving.^{xvi xvii xviii} Research on the 'happy-productive worker' shows that low positive affect impedes employee performance.^{xix xx} People with depression and anxiety also have difficulty thinking, concentrating, and carrying out actions.^{xxi}

Depression is costly to employers. It accounts for higher absenteeism rates than back pain, cardiovascular disease, hypertension, diabetes, and other mental conditions.^{xxii} Among major diseases, it ranks second

only to advanced cardiovascular disease in the total number of days that patients spend hospitalized or disabled at home.^{xxiii} Chronic depression and anger, together, are risk factors in cardiovascular disease, which also escalates drug and disability costs.^{xxiv xxv xxvi xxvii} Mental health disorders, in general, are the third-highest sources of direct health care costs, at \$4.7 billion.^{xxviii}

The January increase in EAP accesses for mental health problems suggests that people are receiving assistance for these problems. However, given that many of these problems are underdiagnosed, employers may need to work harder at recognizing symptoms of mental illness in the workplace.^{xxix}

Physical Health

January also appears to be a time for more frequent physical health-related accesses. As expected, clients are reporting more weight management issues. There are also higher accesses for situational medical stressors, indicating that holiday stress may complicate existing physical health problems and/or prompt the emergence of new ones.

Interestingly, there are fewer alcohol-and drug-related accesses in January relative to the rest of the year. Increases from December to January are also less steep relative to other problems. Given that the holiday season is often associated with consumption, it is possible that these problems are under-reported in January. It is also possible that social norms related to drinking are relaxed at this time of the year. Thus, fewer reports of alcohol and drug problems in January should not be taken too positively. Left unaddressed, these problems may erode health and safety in organizations (e.g., accidents).

Other Health Issues

Overall health and wellness is affected by more than social, mental and physical health. Financial 'health' figures into positive adjustment and life functioning, and may be both a cause and symptom of other problems. Given that spending and consumption are hallmarks of the holiday season, the increase in

debt/credit issues among January EAP accesses is not surprising.

The presence of career and life transition issues in January are also expected. People often use holidays and vacations as times of reflection. The new year, in particular, is a chance for renewal around life and work issues.

Demographics

Who accesses the EAP in January? The answer: A wide range of people. The kinds of problems that are presented to EAP in January are not generally attributable to one demographic or regional group. This is a key finding, as it suggests that few people are immune to holiday stress.

Approximately 9% of all people access the EAP in January. This percentage varies little from group to group, including:

- Eight to ten percent (8 to 10%) of clients within each province;
- Ten percent (10%) of males and nine percent (9%) of females;
- Nine percent (9%) of clients within each group according to age, employment status, and years of service.

The need for EAP in January also appears strong for most occupations. Ten percent (10%) of clients from most occupations accessed the EAP in January, including supervisors and managers. However, slightly more sales personnel (11%) and teachers (12%) access in January. Curiously, fewer nurses (7%) access the EAP at this time of the year. In terms of industry, slightly more clients from the advertising (20%), aerospace/aircraft (14%), entertainment (11%), and consulting sectors (11%) access the EAP in January relative to other industries (i.e., 9%).

The above results suggest that there is great diversity among people who access the EAP in January. However, this may not be true for certain 'pockets' of clients with more complex demographic profiles. We conducted a CHAID analysis to identify client

segments that access the EAP to a greater extent in January on the basis of *several* demographic variables. We found two segments that differed from the norm (i.e., 9%). These were clients with 15 or more years of service in the following combined sectors: 1) sales and crafts (18%), and 2) general administration, teaching, and marketing (13%).

CONCLUSION

The profile of EAP access in January can be summarized as frequent, multi-faceted, and representing a wide range of people. Given this diversity of people and problems, it will be challenging for employers to craft strategies to anticipate and manage post-holiday issues. However, the findings in this report also suggest that the EAP is capacious and broad (i.e., sensitive) enough to handle a large number of diverse clients and needs. On some level, clients must be trusted to know themselves, their issues, and actively seek out the specific EAP service that best matches their issue at this time of the year.

In light of this analysis, one of the best general strategies that employers can use to combat post-holiday stress in the workplace is to promote awareness of the EAP, well before, during, and after the holiday season to ensure that the program is utilized when needed.

RECOMMENDATIONS

The following recommendations can help employers to manage employee health and wellness during the holidays, as well as throughout the year.

What Can Employers Do?

Promote awareness of the employee assistance program throughout the year. Don't wait until the pre-holiday season to promote the broad services of your EAP to employees (e.g., counselling; financial, nutritional or legal advice). This enables employees to address their unique needs as they arise throughout the year instead of 'banking' them for later when they may be more complicated.

Manage the occupational health of your employees all year-round. Employers can maintain employee health and manage benefits costs through health and wellness services. This includes on-site health risk assessment, body mass indexing, blood pressure and cholesterol testing, ergonomic assessments, and pandemic planning. These services should be in place throughout the year to prevent the emergence of employee health problems. January and February are great times to launch such programs since employee readiness for health change may be highest.

Craft a strategy to re-engage employees in the new year. Since January is a time of reflection and renewal (and turnover), this is a great time for managers to re-connect employees to the organization. A 'state of the nation' address on vision, strategy, as well as employee roles in carrying out these goals can provide much needed meaning. Clarifying the pro-social impact that employees have on their clients and customers is another way of re-engaging people.

Provide employees with role clarity, feedback, and the information they need to succeed. Information is critical for employees to feel in control of their jobs. January is a good time to communicate and agree on duties and accountabilities (i.e., role clarity). Communicate clear performance expectations and provide regular feedback against those expectations. Finally, provide employees with information about organizational developments and how their jobs are affected. All of these things contribute to the meaningfulness of work.

Promote work-life balance. This can be accomplished by offering a range of limited time, alternative work arrangements (e.g., flextime, telecommuting). This can help relieve the conflict that employees feel between home and work demands, especially during the holiday season. Also, consider the employment of these arrangements all year round, enabling employees to self-manage work and non-work stressors as they arise. This makes good business sense. The use of flextime is associated with higher job satisfaction, commitment, and productivity^{xxx xxxi} as well as lower absenteeism, lateness, and turnover.^{xxxii}

Train supervisors and managers to spot indicators of emotional problems and substance use. This includes sad expressions, low enthusiasm, admissions of guilt or self-blame, physical agitation, changes in appearance, hostility, low interaction or cooperation with others, increased absenteeism and lateness, frequent mistakes, and poor performance.

Train supervisors and managers to be sensitive to signs of domestic violence. Indicators may include unexplained absences, harassing phone calls to the workplace, nervous or jittery behaviour, and injuries that are unexplained or have improbable explanations. If an employee discloses a problem, demonstrate support but avoid assessing the problem or offering well-meaning advice. Show respect for the employee's decisions and privacy and recommend the employee contact their family doctor, EAP or local family services centre.

THE SHEPELL•FGI RESEARCH GROUP

The Shepell•fgi Research Group, a subsidiary of Shepell•fgi, has a mandate to educate employers and business leaders on the physical, mental and social health issues that impact clients, their employees and families, and workplaces. The Research Group analyzes and provides commentary on key health trends, partnering with some of the industry's highest profile research institutes and scholars, and drawing from 25 years of expertise in the EAP industry. The findings contained in this report are based on Shepell•fgi proprietary data and are supported by information from a variety of academic, government, and private research sources. This study was conducted by Paul Fairlie, Director of Research of the Shepell•fgi Research Group. The Shepell•fgi Research Group is overseen by Paula Allen, VP Health Solutions and Shepell•fgi Research Group.

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