

# Presentation on "Management of Stress in the Workplace"

David started his presentation by bouncing some 'stress' into the audience's court when he asked for a definition of what it was. When it was apparent that he had succeeded, he helped us out by saying that it was different for Engineers and Psychologists. He asked if there were any sceptics in the audience and admitted that the HSE thinking was split between those who were concerned and those who were afraid it was a fad in danger of becoming the next 'RSI'.

The HSE defined it as: -

**"...the reaction people have to *excessive pressure* or other types of demand placed upon them. It arises when they worry that they can't cope" – 1995**

**AND**

**"..people's natural reaction to *excessive pressure* – it isn't a disease. But if stress is excessive and goes on for some time, it can lead to mental and physical ill-health." - 1998**

Or, to put it another way: -

**"Stress is what we experience when we feel we cannot cope with the pressures and demands placed upon us.**

**When stress is *intense, repeated or continuous*, ill health can result." US/UCEA 1999**

David went on to say that Stress should not be pathologised because it is not a disease and he wanted to dispel some myths about it that had grown up over the years.

## ***Myths to Dispel!***

1. Some stress is good for you
2. We can easily separate 'work stress' from 'non-work' stress.
3. There is a single 'smart' solution.
4. Merely dealing with the casualties by using a counselling service is sufficient, despite recent court decisions.
5. 'Stress' Risk Assessment is the same as for other types of risk
6. Anybody really fully understands stress, or how to prevent it.

In answer to the question "***Why now?***" is so much emphasis being placed on the problem in the Universities, David went on to quote the following reasons: -

- Increasing workload – student numbers and research are up – unit funding is down.
- Increasing external accountability and scrutiny (and badly done!)
- Constant change to cope with changing environment.
- Changes in work generally – IT.

This was the starting-off point in Birmingham, with the launch of **Phase 1** in 1995/96, where it was perceived as a serious issue in the light of rising numbers of stress referrals to Occupational Health. The aim of the intervention was: -

To keep people

- At work
- Healthy
- Productive
- At their optimal performance

The levels of Management Intervention were to be

- 1<sup>0</sup> – Identifying and addressing organisational causes of stress
- 2<sup>0</sup> – Increase awareness and help individuals develop 'resilience'
- 3<sup>0</sup> – Provide first aid for casualties  
e.g. Counselling/EAPs (Employees' Assistance Programmes).

Then there was the question of which department should lead this project, if we were to avoid 'turf wars' breaking out? The candidates were: -

- Human Resources
- H&S (Occ. Health and H&S)
- Psychologist
- Counsellor
- Consultant
- Manager.

(Although there is no, one answer to this, it is generally held that the Manager is the best placed to lead). It was decided to use the HSE Model for Risk Assessment and the **First Challenge** was to select a suitable and sufficient method from the following types: -

- Health and performance indicators (information already available)
- "Objective" assessment (checklists on staff behaviour/attitude and organisational factors.
- Perception surveys (questionnaires e.g. OSI, Asset, HSE Pilot)
- Organisational Stress Measure (OSM)
- Structured Group work (e.g. HSE Stress guidance?)

A typical "**Objective Assessment**" would cover: -

- **Staff Attitudes and Behaviour**
  - annual leave patterns
  - motivation/commitment
  - excessive hours
- **Organisational Factors**
  - pace & extent of change
  - supportive policies
  - poor physical conditions and isolation
  - complex and demanding tasks

Information already available would be: -

- Sickness absence
- Ill-health retirements
- Grievance/Harassment procedures
- Staff turnover
- Occ. Health & Safety Information
- Work performance
- Exit interviews

'Perception Surveys', so-called, avoid the stigma of 'stress' in the title and would include: -

- **Stress Audit**  
Off-the-peg/bespoke/HSE Pilot/OSM
- **Staff Survey**  
In-house or external  
(e.g. satisfaction survey)
- **Staff diaries**
- **Focus Groups**  
Using Expert facilitators

David added that these surveys have their particular 'Pros' and 'Cons', which will determine their suitability for different situations, as follows: -

<b>Pros</b>	<b>Cons</b>
Comparability	Tells you what you already know?
Credibility	Broad themes vs. Specifics
Involvement	Suspicion
Commitment	Procrastination
Persuasive	Guilty knowledge
	"Touchy-feely" and not very scientific.

As for the outcome, surveys might tell us something about stress levels in terms of **consequences & perceptions**, to quantify the seriousness of the problem and provide evidence for a management case for action. If you are lucky, David added, the survey might give you some idea of what to do about it!

The things they **do not** tell us are equally important: -

- Detailed information about specific issues to tackle (although some new generation surveys are getting better)
- May not tell you where the "hot-spots" are in your organisation
- May not discern issues that are departmental, central or external.  
- this usually depends on sample size (ethics) and survey design.

The **Second Challenge** to the model is to decide on the Standards for Intervention:

-

- **Primary** HSE Standards?
- **Secondary** Training modules  
Scientific literature
- **Tertiary** Published Standards/Audit Professional Body/CORE

The HSE standards cover the main factors which can lead to work-related stress: -

- Demands

- Control
- Support
- Relationships
- Roles
- Change

Based on the Bristol study, 20% of employees are either very or extremely stressed by their work. In order to achieve a satisfactory standard for the **Demands, Control and Support Stressors**, at least 85% of employees will have to indicate satisfaction with the way that these elements of the work activity are managed. This is the 'cut-off point' for these particular stressors. Evidence linking the stressors for **Relationships, Roles and Change** to health outcomes are set at the slightly less robust level of 65%.

The draft standard for Support demands that at least 85% of employees should indicate that they receive adequate information and support from their colleagues and superiors, and systems are in place locally to respond to any individual concerns. This state will be achieved, as follows: -

- The organisation provides employees (including managers) with adequate support at work.
- There are systems in place to help employees (including managers) provide adequate support to their staff or colleagues.
- Employees know how to call upon support from their managers or colleagues.
- Employees are encouraged to seek support at an early stage if they feel as though they are unable to cope.
- The organisation has systems to help employees with work-related or home-related issues (e.g. Employee Assistance Programmes) and employees are made aware of these

The HSE Model is well structured into the following stages: -

#### **Preparation**

- Get commitment from your organisation
- Select the pilot group

#### **First Pass**

- Define the current state of the organisation against management standards.
- Feedback results to staff and others

#### **Second Pass**

- Define the problem areas in more detail

#### **Consultation**

- Consult with employees to confirm the nature of the problem and agree what action to take

#### **Taking Action**

- Put in place ways of dealing with the problem – i.e. **Interventions**

#### **Review**

- Review the results of the project

- Deal with the individual issues that have arisen

Some 'Do's and Don'ts are: -

**DO**

- Ensure that staff receive sufficient training to undertake the core functions of their job.
- Provide constructive, supportive advice at annual appraisal
- Provide flexibility in work schedules, where possible
- Allow phased return to work after long-term absence
- Hold regular liaison/team meetings
- Provide opportunities for career development.

**DON'T**

- Trivialise the problems of others
- Discriminate against people on the grounds of sex, race or disability or other irrelevant reasons

The strategy for **Phase Two** at Birmingham was based on the following elements: -

**Primary**

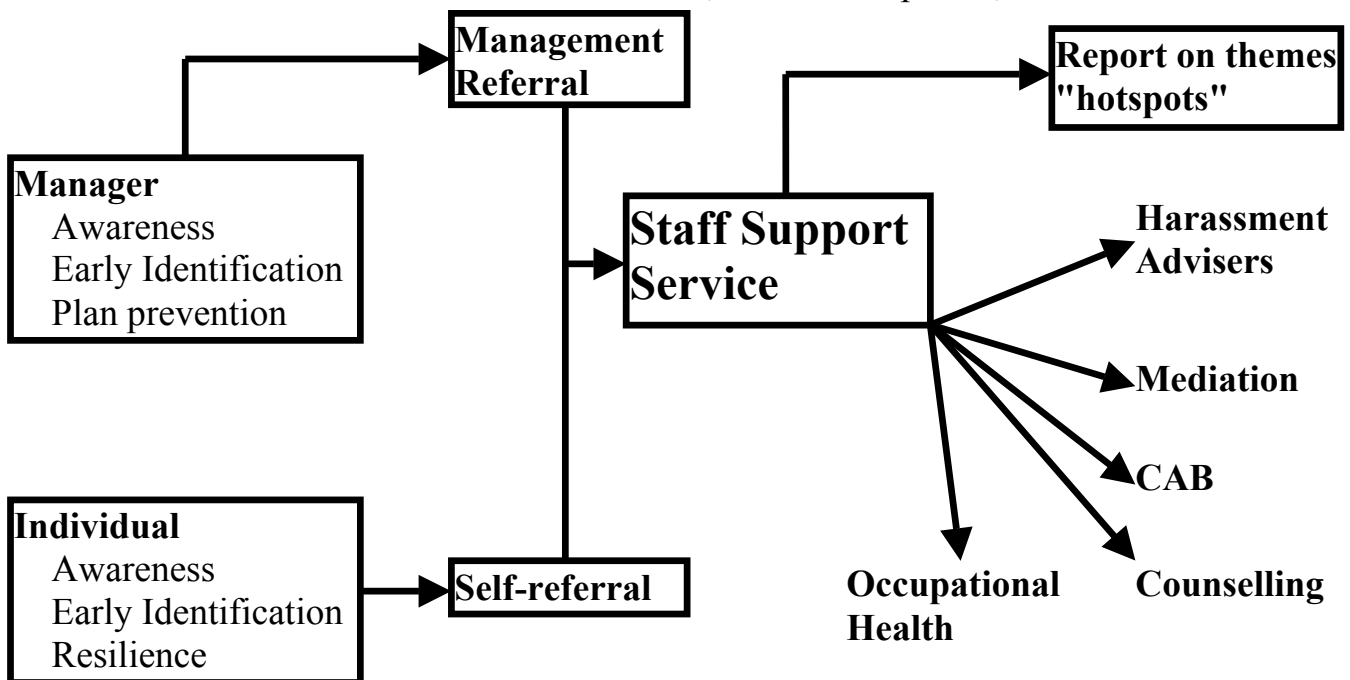
- It was a Personnel Management issue
- Improved management development
- OSM diagnosis and advice at departmental level
- Participation in UK initiatives and share best practice

**Secondary**

- Awareness campaigns, training, coping strategies, incorporated into relevant training.

**Tertiary**

- New model of staff support – central assessor to identify needs of individuals/groups to refer to most appropriate support – Mediation, counselling, Harassment Adviser, Mental Health, Citizen's Advice Bureau, staff development, etc.



David said that the **Third Challenge** to this model was that we wanted to demonstrate a Clear, Measurable effect of the Interventions and can a controlled experiment be used to confirm findings. The following are some indicators which provide useful measures: -

- Sickness Absence
- Staff Turnover
- Productivity
- Counselling Service feedback (Small sample)
- Health monitoring (physical and mental)
- Repeat survey for comparability

Other signs of the success of Stage Two have been: -

- Awareness – credibility at the top of the organisation
- Ability to argue successfully for resources
- System 'out in the open' and getting embedded
- Active work in Budget Centres now Heads are to appraised on performance – embedding!
- Identifying 'hotspots'
- Issues from OSM and support services feedback – Senior people interested
- Support Service uptake

With the value of hindsight, David commented, what is it reasonable to do?

- Address it in a multi-disciplinary way calling on external help if needed
- Adapt the risk Management model
- What further assessment do you need to do?
  - Review information currently available*
  - Is their enough evidence already?*
  - Use the HSE Pilot?*
- Talk to the staff about it
  - This is about perceptions and feelings*
- Produce a Policy Statement
  - Gaining Management commitment*
- Ensure there is staff support
  - Acknowledging that you won't be able to solve everything and that there will be CAB and Helpline.*
- Maintain a balance between Organisation and Individual
- Consider provision of Management training
  - Dispel those myths and enable/empower people to do something*
- Are there some simple management changes that might help?
  - Remove hassles/irritations*
- Be brave – be Iterative
  - Review it regularly – If it doesn't work – do something else*
- Accept that quantitative measures of performance may not be appropriate or possible
- Inaction is NOT an option – Something (even if it is limited) is better than nothing

Above all, David concluded, *be realistic* – this is what they mean when they talk about '*changing the culture*' and it isn't easy because it took Birmingham 5, 6, or 7 years to get here! The moral is – "Don't panic and have a go!"

The Chairman thanked David for his very comprehensive presentation of a sensitive issue which would continue to grow in significance as the pace of change accelerated. The members joined him in showing their appreciation in the normal manner.