



Tackling work-related stress: Lessons from the UK

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For more information visit www.hse.gov.uk/stress

Tackling work-related stress



- The UK perspective
- Lessons from the Management Standards approach
- Management Competency research
- What next?

The Health and Safety Executive



- NDPB sponsored by Dept. Work and Pensions
- Protect people against risks to health, safety and welfare arising out of work activities
- Ensure risks are properly controlled
- Functions arise out of the Health and Safety at Work etc Act 1974, other legislation and European Directives

Key features of UK health and safety legislation



- Places duties to manage risks on those whose work activities create them
- Predominantly goal-setting requirements, though
- Some specific requirements
- Many duties imposed 'so far as is reasonably practicable'
- Other duties 'strict liability'
- Approach to dealing with risks: the hierarchy of controls

HSE regulates....



- Mines
- Factories
- Farms
- Hospitals and schools
- Construction
- Offshore gas and oil installations
- Onshore chemicals
- The gas supply grid
- The movement of dangerous goods and substances
- Civil nuclear installations (including security)



The Health and Safety Executive

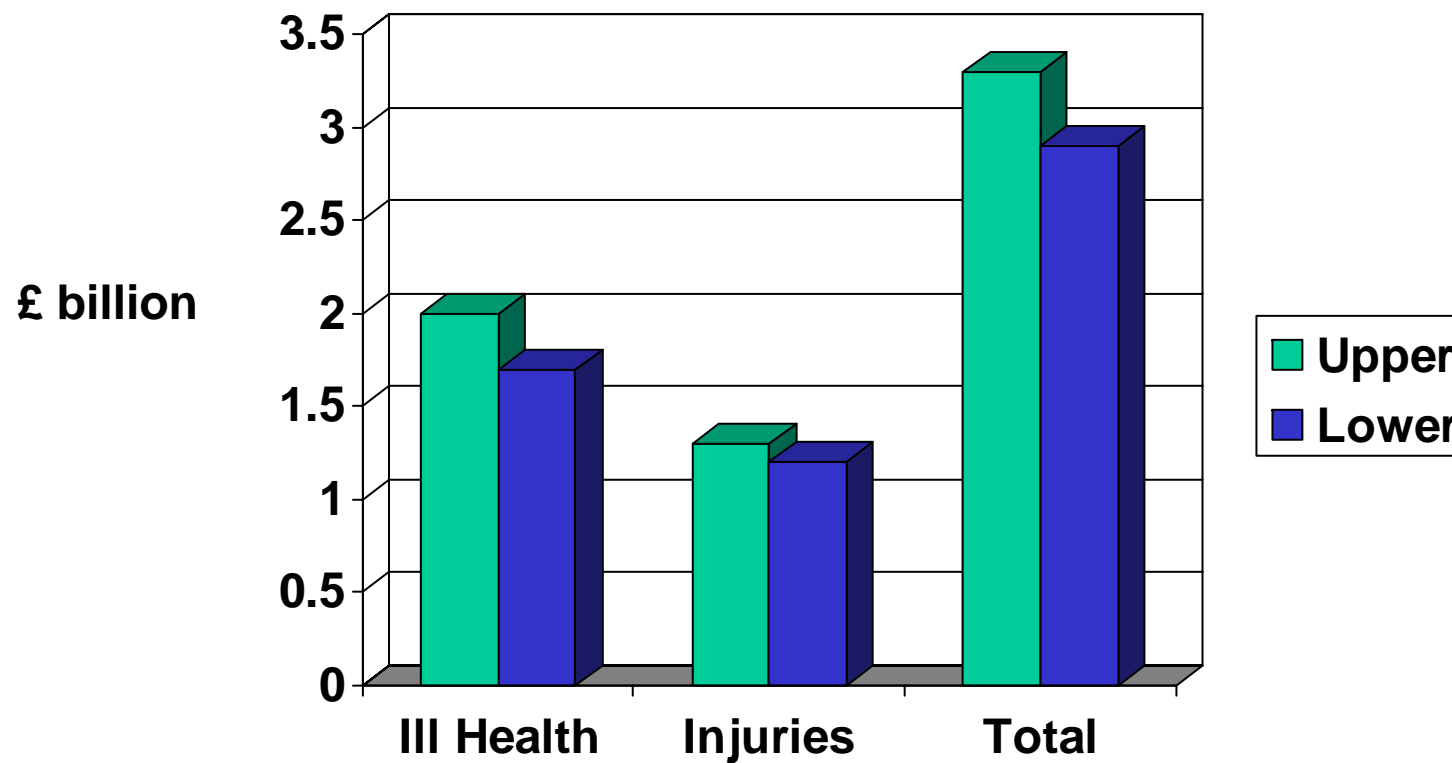


How we go about our work

- Inspection, investigation, enforcement, advice / education / promotion
- Strategies and plans
- Priority topics
- 'Matters of evident concern'
- Research



Cost to employers 2005/06



Cost to employers 2006/07: components



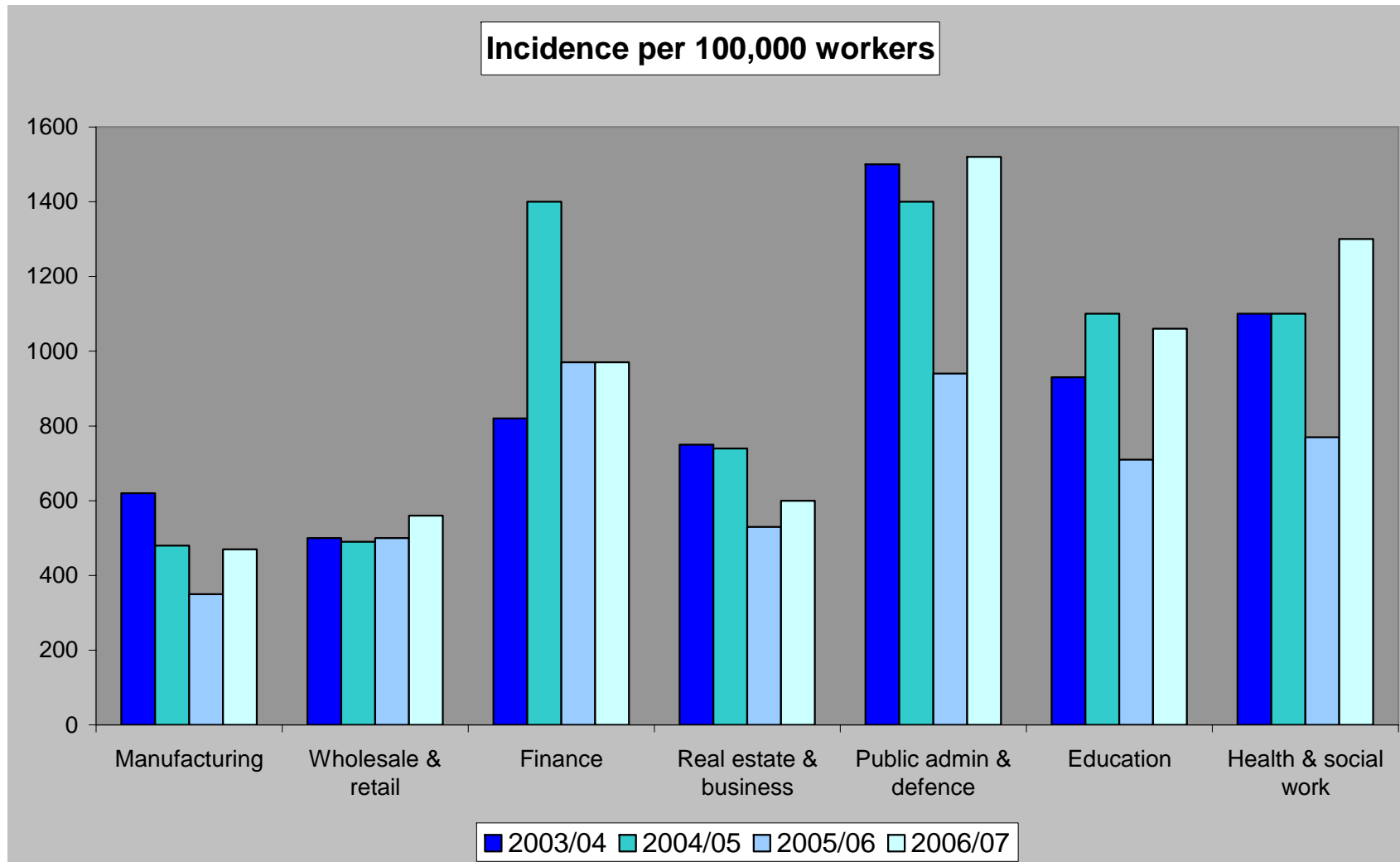
Sick Pay	£1.6 to £1.8 billion
Recruitment costs	£13 million
Administration costs	£29 to £32 million
Compensation & Insurance	£1.3 billion
Totals	£2.9 to £3.2 billion

Labour Force Survey – 2006/07

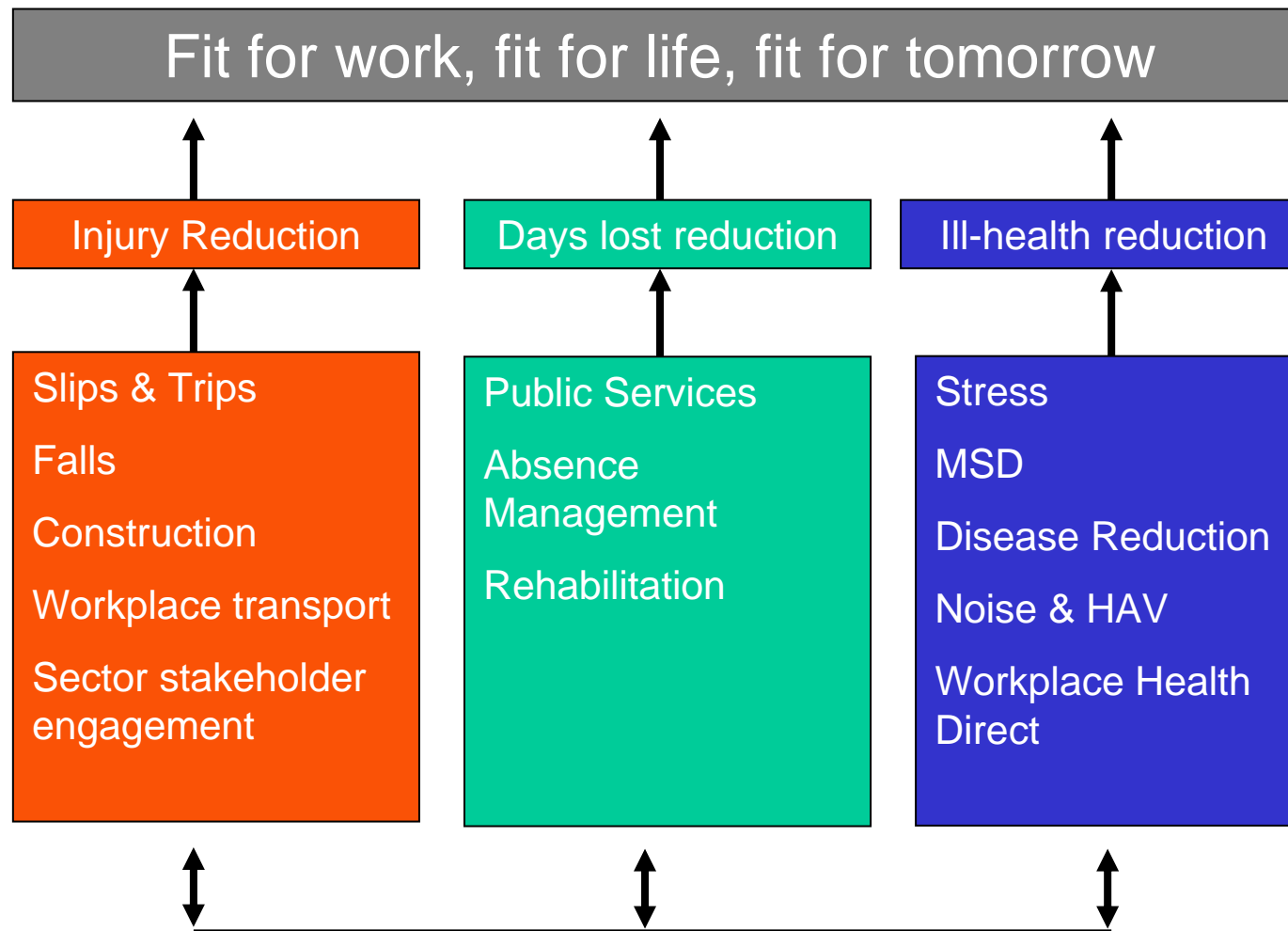


Self-reported work-related stress, depression & anxiety	All industry sectors
Prevalence	455,000
Prevalence rate per 100 workers	1.56
Incidence	242,000
Incidence rate per 100 workers	0.83
Days lost	13.8 million
Average days lost per worker	0.60

Labour Force Survey – 2006/07: Stress, depression & anxiety



Fit3 Strategic Programme



Preventing illness and promoting health: the role of the workplace

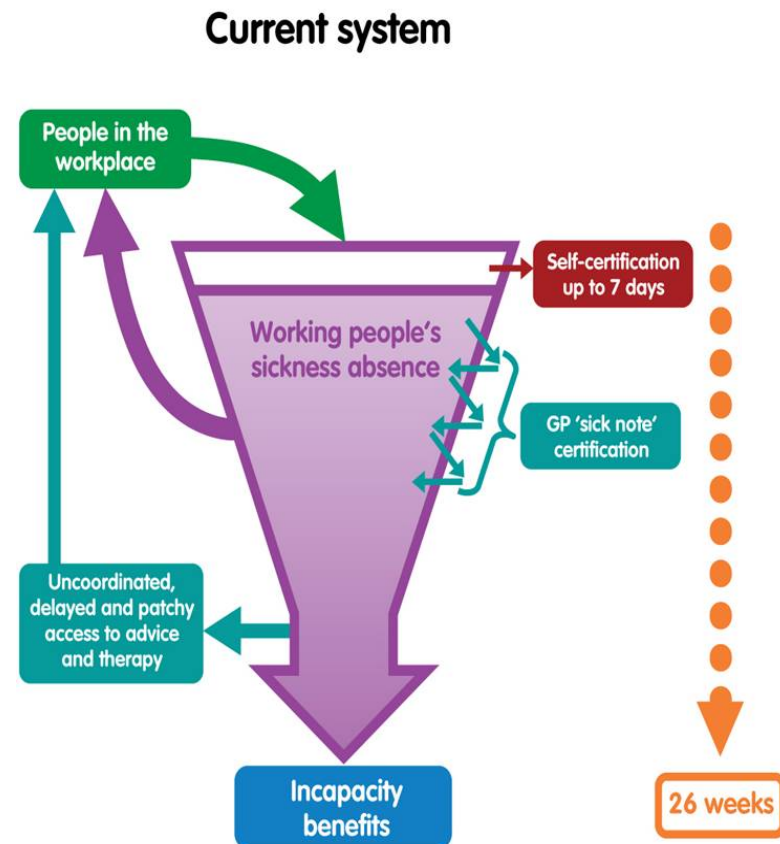


- 75% of working age people in Britain are in employment – and so spend high proportion of waking hours in the workplace
- The workplace offers great scope for targeting of messages and initiatives about healthy living – with potential impact on both employees and their families
- Need to go beyond essential compliance with health and safety legislation and promote health and well-being more generally

Work and health – what did we know?

What's not working:

- Perception persists that individuals should only be at work if 100% fit
- No clear pathway of rehabilitation for work-related ill-health
- This belief has led to outdated procedures for certification of sickness absence

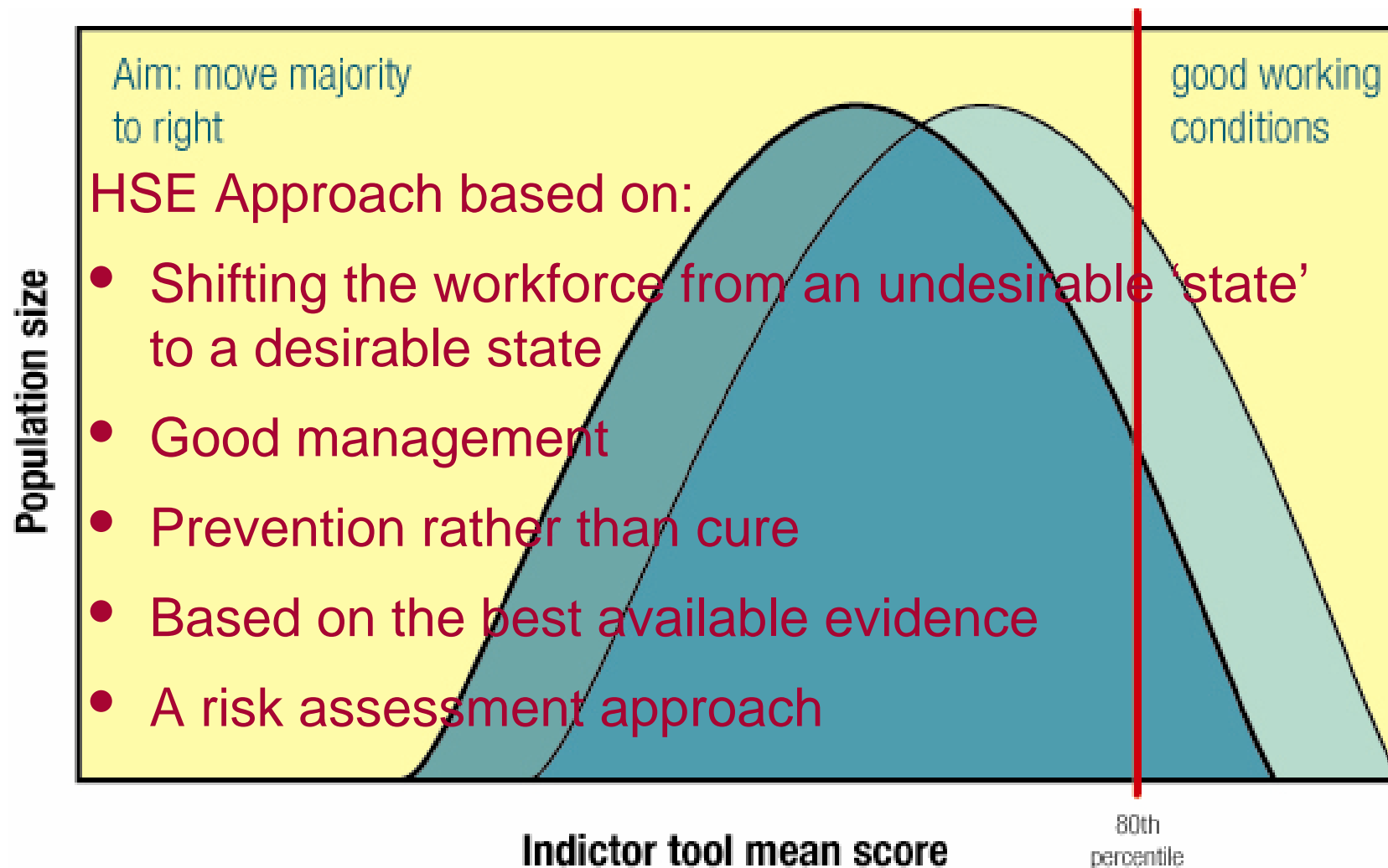


Work and health – what did we know?



- Not working is bad for you
- Work offers opportunities to promote individual health and well-being
- Work should be recognised by all as important and beneficial, and access to, and retention of work promotes and improves the overall health of the population
- Long-term sickness absence is a strong predictor of disability and mortality
- Work has a positive impact on health and well-being ('good jobs' in well managed organizations)
- Under some circumstances work can have adverse effects ('bad jobs')
- The key is prevention of **underlying causes** rather than relying just on management of outcomes (secondary & tertiary interventions)

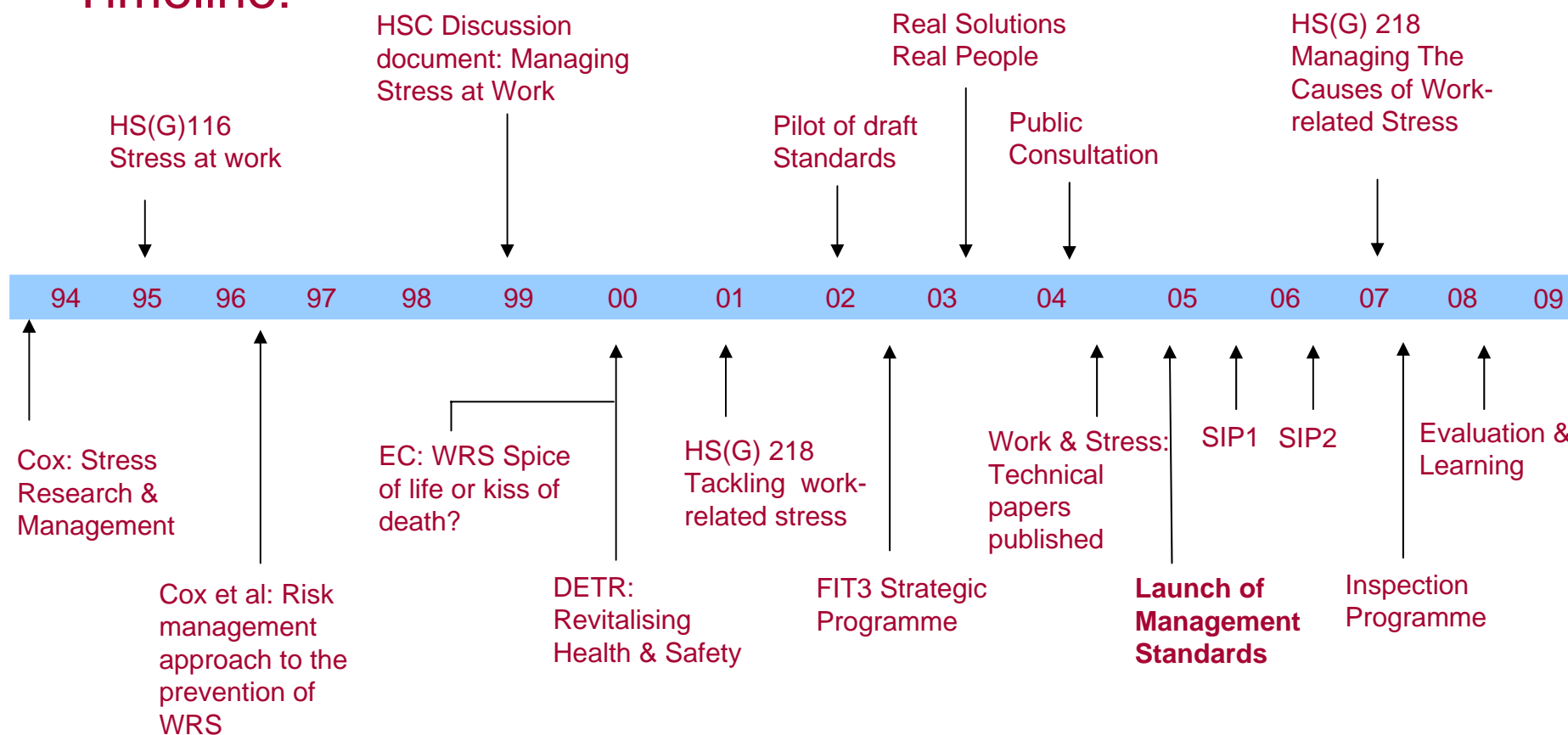
Population Shift



The Management Standards Approach

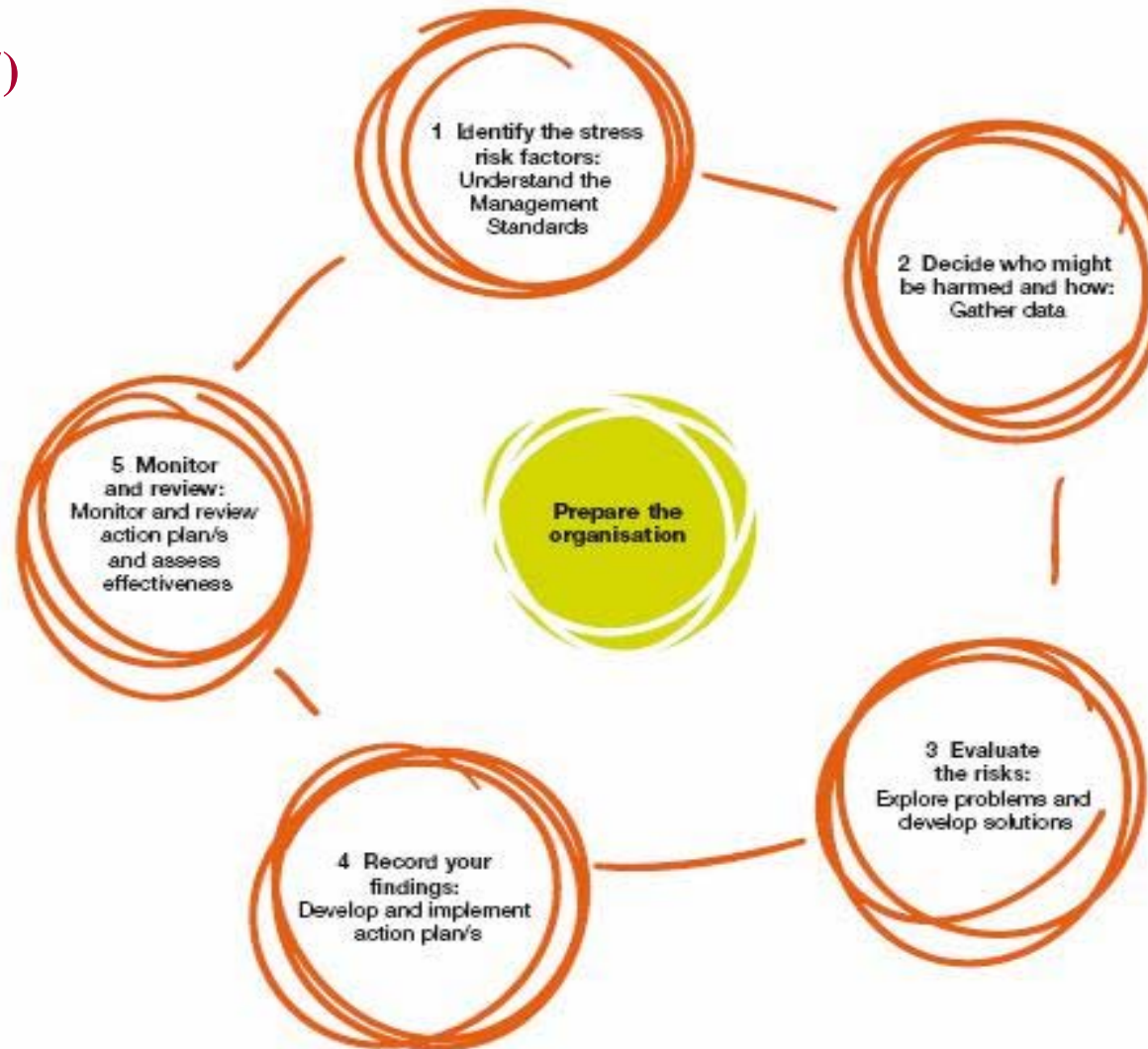


Timeline:



The Management Standards Approach

HSG218 (2007)

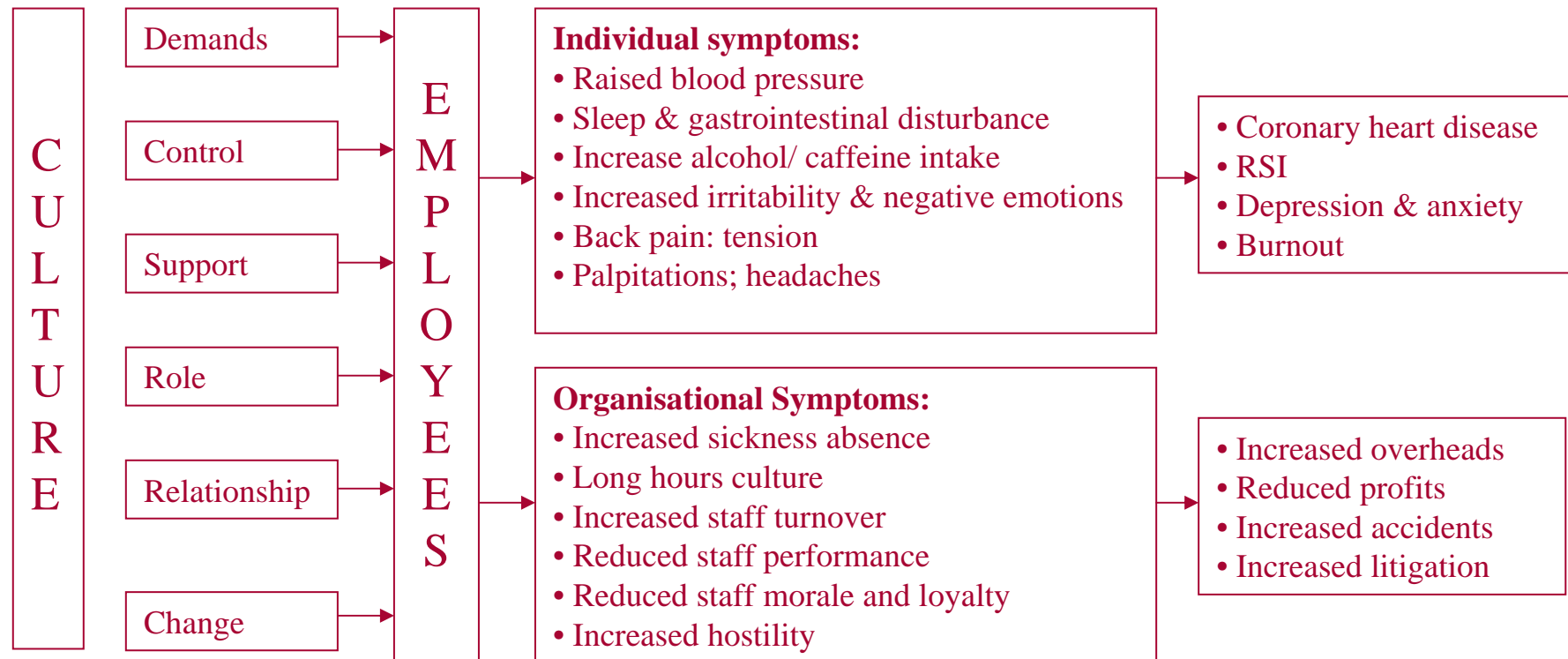


The Management Standards

The six areas are:

- **Demands:** workload, work patterns, and the work environment
- **Control:** How much say the person has in the way they do their work
- **Support:** encouragement, sponsorship and resources provided by the organisation, line management and colleagues
- **Relationships:** promoting positive working to avoid conflict and dealing with unacceptable behaviour
- **Role:** Whether people understand their role within the organisation and whether the organisation ensures that they do not have conflicting roles
- **Change:** How organisational change (large or small) is managed and communicated in the organisation.

Model of work stress

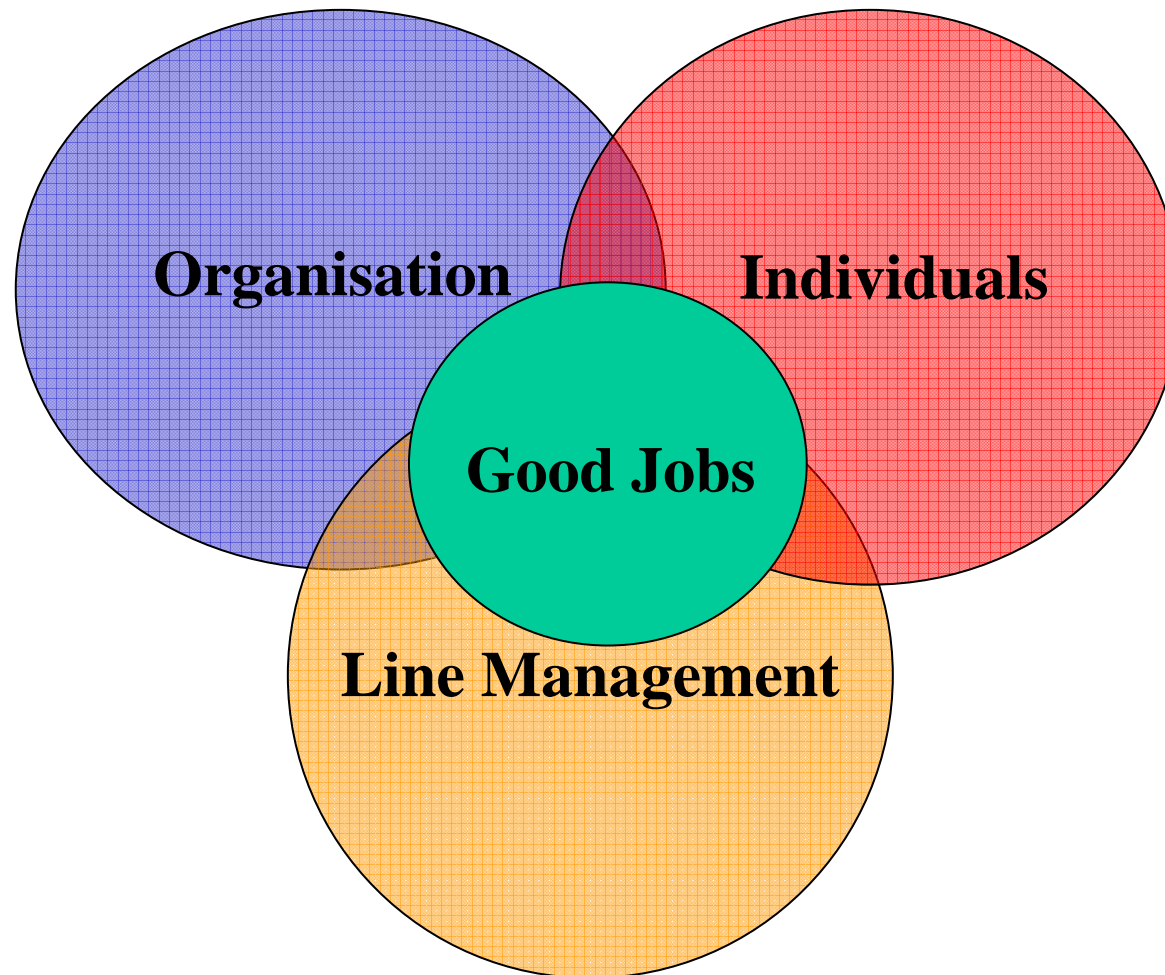


Management Standards: Tools



- Website: www.hse.gov.uk/stress
- HSE Indicator Tool
- MSQonline (pilot)
- HSE Analysis Tool
- Management Competency Tool
- Business Health Check

Developing Interventions: A collaborative approach



Interventions: what is being changed?

Lamontagne (2008)

Primary prevention

Social change



Economic, political context

Organizational change



Organizational context

Downsizing
Contingent work
New systems of work organization

Job redesign



Job characteristics

Low job control
High job demands
Social isolation

Secondary prevention

Individual coping, training



Stress response

Physiological effects (e.g., BP)
Psychological effects (e.g., burnout)
Health behaviors

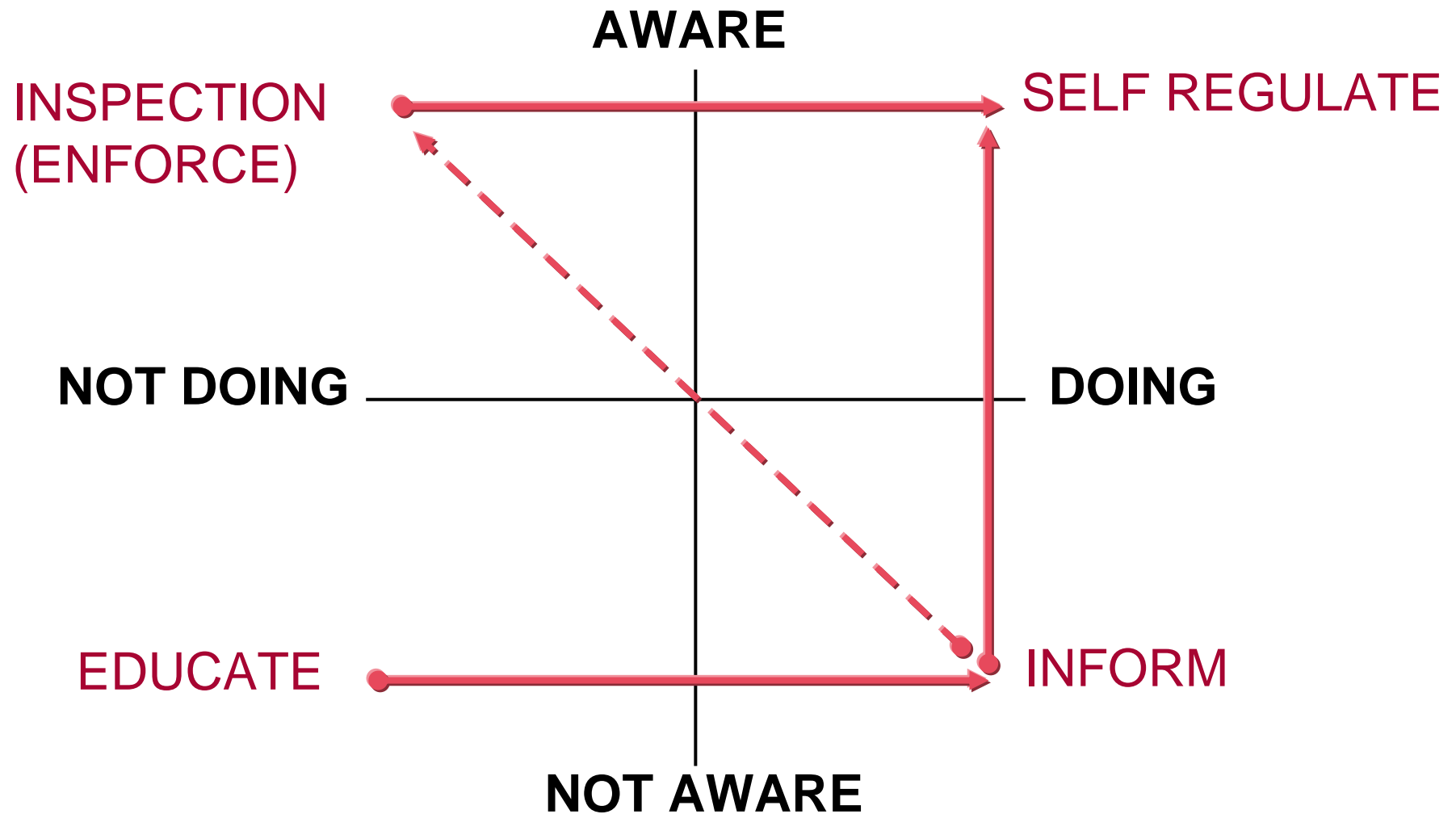
Tertiary prevention

Individual rehabilitation



Illness

Implementation Programme Development



Sector Implementation Plans (SIP)



SIP1

- 100 (69) Organisations from five primary sectors (health, local & central government, education and finance)
- 'Stress partners' (HSE Inspectors) assigned to each organisation
- Evaluation

SIP2

- 64 Workshops held in 2006/07
- Approx. 1800 delegates from 900 organisations
- 3 tier support from HSE (phone, master class, consultant selection)
- Follow up inspections 07/08 & 08/09
- Evaluation



Inspection Programme

- 100 HSE Inspectors have been trained in WRS
- Guidance issued to Inspectors on what to look for
- Follow-up inspections within primary sectors (health, local gov, education)
- Inspections being carried out on a targeted basis
- Inspections will focus on interventions rather than process issues

Inspection Data: Progress 08/09



Sector	Stage of Management Standards approach						Totals
	0	1	2	3	4	5	
Further Educat'n	14	12	19	9	3	11	68
Health	23	34	43	17	9	20	146
Higher Educat'n	11	6	11	4	1	11	44
Local Authority	21	20	35	10	19	33	138
Totals	69	72	108	40	32	75	396

Work-related mental ill-health

Precipitating events reported by psychiatrist and occupational physician reporting schemes 2004-2006*

- Job **demands** - workload and work scheduling issues
- Organizational factors – poorly defined **role**, low job **control**, perceived lack of **support** and poor management
- **Changes** at work
- Interpersonal **relationships**
- Personal development
- Traumatic events
- Home- work interface inc family responsibilities
- Previous psychiatric illness

* <http://www.hse.gov.uk/statistics/tables/thorp07.htm>

Key lessons from users

- *There is no “silver bullet”; so don’t waste time looking*
- *Try and align with existing initiatives; ‘don’t reinvent the wheel’*
- *It is the small things that make the difference*
- *Once we agreed that the Management Standards must be incorporated into every day work, it worked well*
- *Reintroduced regular team meetings to address workload, local cover and other immediate issues*
- *The Trust (NHS) now expects managers to thank staff*
- *These initiatives require managers to take ownership of their staff.*

Reflections on lessons learned

- Language is important: some users not comfortable using safety terminology (hazards, risk etc.) for health issues, need a more positive framework
- Management commitment difficult to obtain and retain; tends to evaporate at the first sign of bad news!
- Assumptions: level of competency, lack of, in respect to handling data proved a challenge
- Interventions: many were aimed at fixing broken systems; suggests a lack of organisational learning
- Management competency: technical management appears to be a common issue across UK sectors

The Management Standards



Embedding / new uses:

- Return to work interviews
- Annual appraisal systems
- Individual risk assessments
- Job risk assessment (task analysis)
- Competency frameworks



Management competencies for preventing and reducing stress at work

Full reports available at:

<http://www.hse.gov.uk/research/rrhtm/rr553.htm>

<http://www.hse.gov.uk/research/rrhtm/rr633.htm>



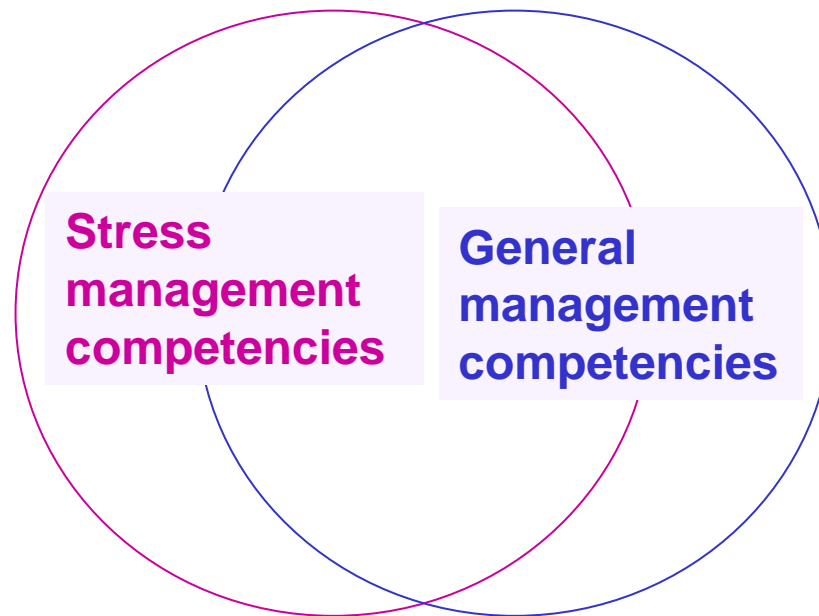
Why are line managers important?

- Managers' behaviour is a potential source of stress for those they manage
- Managers' behaviour can determine the presence/absence of psychosocial hazards for their staff
- Managers have a key role to play in identifying stress risks to those they manage (and who is being harmed)
- Managers have a key role to play in tackling stress if it occurs in their team (including rehabilitation following stress-related illness)

Why management competencies?



If we can define the behaviours/competencies that are important for stress management, we can integrate them...





Line Manager Competency Research

Management Standard	Groups of behavior
Demands	Thinking ahead
	Planning
Control	Consultative approach
	Empowering
Support	Feedback, advice and coaching
	Problem solving
	Providing support
Relationships	Acting with integrity
	Taking responsibility/ accountability
Role	Setting goals, roles and expectations
	Awareness and understanding of wider job context
Change	Effective communication
Individual management style	Awareness of stress in others
	Managing own emotions
	Empathy, openness and approachability
	Positive approach

Refined competency framework

Competency	Sub-Competency
Respectful and responsible: Managing emotions and having integrity	Integrity
	Managing emotions
	Considerate approach
Managing and communicating existing and future work	Proactive work management
	Problem solving
	Participative/empowering
Reasoning/Managing difficult situations	Managing conflict
	Use of organisational resources
	Taking responsibility for resolving issues
Managing the individual within the team	Personally accessible
	Sociable
	Empathetic engagement

Management Standards approach: Benefits



Sickness absence down 6% to 3.8% (£500,000 saved in agency cover), improved image as an employer from unfilled vacancies to a waiting list of applicants. Hinchinbrooke NHS Trust

Stress-related absence (measured by working hours lost) down from its peak by 75% (£250,000 saved in lost wages). A 1% gain in productivity for little cost. Bradford & Bingley Bank

Management Standards

Messages from the front line:
Staff have been given a voice and the opportunity to use it

This has been a really interesting, exciting, worthwhile process. It has also been hard work and frustrating at times.

Sickness absence down from 10.75 days to 7.2 days within two years - a total net saving of £1.57 million. Somerset County Council



What next for health at work?

- Health models review; taking an holistic approach to the management of stress and MSD
- Extension of the Management Standards approach; can this approach be applied to all workplace health issues?
- Health Work & Well Being; Good jobs agenda (<http://www.workingforhealth.gov.uk/>)
- Dame Carol Black review (<http://www.workingforhealth.gov.uk/Carol-Blacks-Review/>)

Summary



- The Management Standards approach has been used to successfully tackle work-related stress
- Many interventions are simple and low cost and are concerned with fixing broken systems
- We (HSE) need to evaluate and validate the 'new uses' for the Management Standards
- Going forward, the Management Standards will be integrated into a more positively framed tool-kit for health at work.

Thank You



Any questions?

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