



Australian Government

Comcare

# Working Well

An organisational approach to preventing psychological injury

A GUIDE FOR CORPORATE, HR AND OHS MANAGERS

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## **Comcare**

GPO Box 9905

Canberra ACT 2601

Phone 1300 366 979

[www.comcare.gov.au](http://www.comcare.gov.au)

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# Introduction

Many employees will at times feel that they are not coping well at work for a variety of reasons. Some of these employees will experience some degree of stress as a result. While many people have strategies to deal with these situations, work-related stress becomes a concern where it is intense or sustained for such a time that it causes ill-health, psychological injury and workers' compensation claims. Where significant numbers of employees experience the effects of stress at work, the problem can assume organisational proportions. Stress that has such harmful effects is now being recognised as a major workplace issue with significant costs for organisations, individuals and their families.

The factors that contribute to a psychological injury are many, and different prevention strategies may be required, depending on the factors prevailing in the particular organisation, workplace or work team.

This publication provides information to assist Australian government organisations to design and implement strategies to manage work-related stress and prevent psychological injury.

It provides information on the major causes of stress and psychological injury. It also covers evidence-based interventions for minimising the adverse impact of these factors, as indicated by international and Australian research and analysis of Comcare claims data.

Comcare recommends that agencies adopt a systematic and structured approach to occupational health and safety (OHS) risk management.<sup>1</sup> A four step process to risk management is recommended, involving:

1. **Identifying the sources of potential harm** to employee health and wellbeing.
2. **Systematically assessing the risk** of employees being harmed.
3. **Developing and implementing a plan to:**
  - a) address the workplace factors that are risks of psychological injury (primary intervention);
  - b) minimise the impact of stress on employees (secondary intervention);
  - c) provide safe and effective rehabilitation and return to work for individuals once an injury has occurred (tertiary intervention); and
4. **Monitoring and reviewing** the implementation and effectiveness of interventions against agreed performance indicators and targets to ensure continuous improvement.

Within this model, primary prevention seeks to address the sources of stress. Secondary prevention aims to reduce the severity of the consequences of stress before they become too serious – as such it supplements primary prevention by providing a 'safety net' to catch people experiencing stress.<sup>2</sup> While the importance and role of tertiary intervention (in particular, return to work strategies) is identified, detailed guidance on this issue is beyond the scope of this publication and is provided separately.<sup>3</sup>

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1 Comcare, *Identifying hazards in the workplace*, third edition, 2004, [www.comcare.gov.au/publications/OHS\\_10/index.html](http://www.comcare.gov.au/publications/OHS_10/index.html).

2 Mellington T, 'A Framework for Managing Stress and Anxiety in the Workplace', *Safety in Australia*, 26(2), pp.33-37.

3 See Comcare's *Stress and Psychological Injury Information Portal*, [www.comcare.gov.au/psychological-injury-portal/index.html](http://www.comcare.gov.au/psychological-injury-portal/index.html).

The approach outlined in this publication is based on the understanding that stress and psychological injury are often symptoms of organisational problems. Organisational problems require organisational solutions, but to *develop effective solutions, it is important to systematically assess and accurately diagnose the problem*. With this in mind, Comcare recommends an integrated and multifaceted approach to the prevention and management of work-related psychological injury.

## The relationship between stress and psychological injury

'Stress' is a generic term that is widely used in society to describe the feelings that some people have in response to pressures that they face in their lives. Stress itself is not a disease or injury and 'feeling stressed' is not sufficient to establish a workers' compensation claim, unless it results in a mental or physical injury. The form of mental injury generally associated with work-related stress is called 'psychological injury' and may include conditions such as depression, anxiety, adjustment disorder and post traumatic stress. Such injuries may be compensable under the *Safety, Rehabilitation and Compensation Act 1988*.

Work is generally beneficial to mental health and personal wellbeing. It provides people with structure and purpose and a sense of identity. It also provides opportunities for people to develop and use their skills, to form social relationships, and to increase their feelings of self-worth. It is not surprising then that the loss of work has been associated with extremely negative reactions that include psychological and physiological distress.<sup>4</sup>

There are circumstances, however, in which work can have adverse consequences for health and wellbeing. Stress at work is not always harmful – both useful stress ('eustress') and harmful stress ('distress') have been recognised. Eustress is challenging and can produce positive effects, such as the maximisation of output and creativity. *Distress may become evident, however, when a person is subjected to demands and expectations that are out of keeping with their needs, abilities, skills and coping strategies*. Distress is likely to result in a loss of productivity and a decline in overall levels of well-being.<sup>5</sup>

A number of forms of harmful stress have been recognised. Post traumatic stress disorder develops as a response to an acute stressful event or situation, such as witnessing a violent act. Acute stress usually involves a rapid response to an abrupt, single, easily identified cause (such as conflict in the workplace). Chronic stress, by contrast, is a build-up of pressures over a long period of time and has been defined as an ongoing internal reaction to external circumstances when the ability to cope with those circumstances is impeded.<sup>6</sup>

The ongoing occurrence of irritating or frustrating demands has been recognised as wearing down or overwhelming an individual's coping capacity, leading some researchers to suggest that 'daily hassles' are more powerful indicators of poor mental health than significant life events.<sup>7</sup>

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4 Kendall E, Murphy P, O'Neill V and Bursnall S, *Occupational Stress: Factors that Contribute to its Occurrence and Effective Management: A Report to the Workers Compensation and Rehabilitation Commission of Western Australia*, Centre for Human Services, Griffith University, August 2000, pp. 4-5.

5 Kendall and others, p.5.

6 Kendall and others, p.8.

7 Lazarus, quoted in Kendall and others, p.9.

The occurrence of stress depends on the interaction of the individual and the circumstances as they perceive them. No one is immune to stress, and some circumstances are so stressful that the majority of people would be adversely affected. However, an individual's reaction to stress will be influenced by a range of factors, including their personality, age, educational level, degree of training, health status (physical fitness and nutrition), social status in the organisation and the pressures they face outside the workplace.<sup>8</sup>

The psychological effects of stress are most often noted. However, it is important to appreciate its other consequences. In addition to mental ill-health, increased anxiety, depression, irritability, poor concentration and disturbed sleep can lead to lower productivity, an increased risk of accidents and disrupted relationships at work and home.

Stress has also been implicated in the development or aggravation of a number of physical conditions, such as coronary artery disease, certain types of cancer, gastro-intestinal disorders, skin rashes, migraine and asthma. The impact of chronic stress on the immune system<sup>9</sup> and chronic pain<sup>10</sup> has been recognised, as have the links between 'psychosocial factors' and musculoskeletal disorders, such as occupational overuse syndrome.<sup>11</sup> Workplace stress may also contribute to other types of injury such as back and secondary conditions.<sup>12</sup>

## The costs of stress and psychological injury

Psychological injury claims are a significant driver of workers' compensation premiums for Australian government organisations. This type of injury makes up only a relatively small proportion of all claims, but accounts for over a quarter of total claim costs. The costs of psychological injury claims are considerably higher than other injuries because they tend to involve longer periods of time-off work and higher medical, legal and other claim payments.

*However, workers' compensation costs, and the impact of stress on individual workers and their families, form only the tip of the iceberg.* If significant numbers of employees are experiencing and expressing the effects of stress at work, then the problem assumes organisational proportions. Work-related stress can impact on an organisation in many ways, including through an adverse impact on:

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- 8 New Zealand Department of Labour, Occupational Health and Safety Service, *Stress and Fatigue: their Impact on health and safety in the workplace*, 1998, [www.workinfo.govt.nz](http://www.workinfo.govt.nz), p.24.
  - 9 Padgett D and Glaser R, 'How Stress Influences the Immune Response', *Trends in Immunology*, August 2003, pp. 444-448.
  - 10 Kopec J and Sayre E, 'Work-Related Psychosocial Factors and Chronic Pain: A Prospective Cohort Study in Canadian Workers', *Journal of Occupational and Environmental Medicine*, 46(12), December 2004.
  - 11 Macdonald W, 'Workload, stress and psychosocial factors as hazards for musculoskeletal disorders', *Journal of Occupational Health and Safety – Australia & New Zealand*, 20(1), 2004, pp. 37-47.
  - 12 For further information on the effects of stress and the mechanisms involved, see European Agency for Safety and Health at Work, *Research on Work Related Stress*, Bilbao, Spain, 2000, [www.eur-op.eu.int](http://www.eur-op.eu.int), pp.89-97; and Mackay C, Cousins R, Kelly P, Lee S and McCaig R, 'Management Standards and Work-related Stress in the UK: Policy Background and Science', *Work and Stress: a journal of work, health and organisation*, 18(2), 2004, pp.97-101.

- workplace and work-team relations;
- productivity;
- quality;
- absenteeism;
- employee turnover;
- accidents; and
- customer and client complaints.<sup>13</sup>

Research in the health care industry has shown that bullying and violence have both personal and organisational costs. Mayhew and Chappell found that around 40 per cent of victims do not turn to anyone at all for support, but as the bullying continues, victims reduce their commitment, and then leave the organisation.<sup>14</sup>

While not all absence from work is stress-related, research has shown that employees who make workers' compensation claims for psychological injury generally take two to four times more unplanned leave than other employees prior to submitting a claim.<sup>15</sup> Absenteeism, high turnover and poor attendance are all essentially 'escape' or 'withdrawal' strategies and are characteristic stress responses.

In its report on absence management in the Australian Public Service (APS), the Australian National Audit Office (ANAO) noted the link between 'job situation' factors (including 'role stress'), job satisfaction and motivation to attend work. It found that while there were pockets of better practice across the APS, generally unscheduled absence was not being managed well by many agencies, particularly larger agencies. The ANAO estimated that \$136 million per annum could be saved if the bottom 75 per cent of Australian Government agencies were to reduce their unscheduled absence to the level of the top performing agencies.<sup>16</sup>

Other research has also emphasised the potential benefits for organisational performance of the management of the relationship between organisational and employee health and the prevention of work-related stress.<sup>17</sup> In addressing these issues, however, it is important to recognise that absenteeism, staff turnover, poor productivity, poor customer service and increased workers' compensation claims are frequently symptoms of underlying problems. *Treating the symptom without treating the problem is unlikely to be effective.*

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13 European Agency for Safety and Health at Work, *Research on Work Related Stress*, p. 98.

14 Mayhew C and Chappell D, 'Internal occupational violence (or bullying) in the health care industry', *Journal of Occupational Health and Safety – Australia and New Zealand*, 19, 2003, pp. 59-71.

15 Toohey J, 'Quality of Working Life Project: Report on the study of occupational stress in Commonwealth Government employment', Proceedings of The Second National Rehabilitation Conference, Sydney, CRS, 1993; Toohey J, 'Managing the stress phenomenon at work', Cotton P (ed.), *Understanding and managing occupational stress*, Australian Psychological Society, Melbourne, 1995.

16 Australian National Audit Office, *Absence Management in the Australian Public Service*, Audit Report No.52, 2002–03.

17 Cotton P and Hart P M, 'Occupational Wellbeing and Performance: a Review of Organisational Health Research', *Australian Psychologist*, 38(2), July 2003, pp.118-127; *Beacons of Excellence in Stress Prevention*, prepared by Robertson Cooper Ltd and UMIST for the Health and Safety Executive, HSE Research Report 133, 2003; and Giga S, Noblet A, Faragher B, and Cooper C, 'The UK Perspective: A Review of Research on Organisational Stress Management Interventions', *Australian Psychologist*, 38(2), July 2003, pp.158-164.

# What causes stress and psychological injury?

The majority of psychological injury claims are not the result of a major traumatic event or critical incident. *Most such claims develop over periods of six months or more, often in response to the interaction of a number of work-related and other factors.*

Claims data for psychological injury for Australian government organisations over recent years indicate that there has been an increase in the proportion of accepted claims classified as relating to 'work pressure.'<sup>18</sup> This category covers a range of factors including stress arising from workload backlogs and deadlines, organisational restructures, interpersonal conflict with peers and supervisors, and performance counselling.

Work pressure accounts for around 50 per cent of psychological injury claims. The next most significant category for Australian government organisations is 'all harassment/bullying combined' – which accounts for around a quarter of psychological injury claims. Of declining importance in recent years is 'exposure to workplace or occupational violence' which accounts for only about 10 per cent of psychological injury claims. 'Exposure to a traumatic event' (which includes witnessing a fatal or other accident) accounts for less than 5 per cent of psychological injury claims.

As a result of extensive research, most researchers now agree on which aspects of the work environment can cause employees work-related stress. These may be divided into 'physical' hazards and 'psychosocial' hazards. Exposure to physical hazards (such as noisy or dangerous work) can be associated with anxiety which, in turn, drives the experience of work-related stress. Psychosocial hazards are those aspects of the design, organisation and management of work and its social and environmental context that can cause psychological, social or physical harm.<sup>19</sup> Another way of considering the factors that cause work-related stress is by dividing them into those relating to the *context* in which the work takes place (or how the work is organised), and the *content* of the work (or what the job involves). This classification of causal factors is summarised in table 1.

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18 Comcare categorises the causes of claims according to the National Data Set. These categories are broad groupings reflecting the 'mechanism of injury', as recorded on claims for workers' compensation.

19 Cox T and Rial-Gonzalez E, 'Work-related stress: the European picture', *Working on Stress Magazine 5*, European Agency for Safety and Health at Work, 2002.

Table 1: Summary of risk factors

Work Context	Risk Factors
<b>Organisational culture and function</b>	Poor communication, low levels of support for problem-solving and personal development, lack of definition of organisational objectives.
<b>Role in organisation</b>	Role ambiguity and role conflict, responsibility for people.
<b>Career development</b>	Career stagnation and uncertainty, under-promotion or over-promotion, poor pay, job insecurity, low social value to work.
<b>Decision latitude/control</b>	Low participation in decision making, lack of control over work (control, particularly in the form of participation, is also a context and wider organisational issue).
<b>Interpersonal relationships at work</b>	Social or physical isolation, poor relationships with superiors, interpersonal conflict (including harassment and bullying), lack of social support.
<b>Customer-related</b>	The need to hide negative emotions during interactions with clients/customers, unrealistic customer expectations, and/or verbally aggressive clients/customers. Risk factors for violence include exchange of money with customers, few employees on site, and evening or night work.
<b>Home-work interface</b>	Conflicting demands of work and home, low support at home, dual career problems.
Work Content	Risk Factors
<b>Work environment and work equipment</b>	Problems regarding the reliability, availability, suitability and maintenance or repair of equipment and facilities.
<b>Task design</b>	Lack of variety or short work cycles, fragmented or meaningless work, under-use of skills, high uncertainty.
<b>Workload/work pace</b>	Work overload or underload, lack of control over pacing, high levels of time pressure.
<b>Work schedule</b>	Shift working, inflexible work schedules, unpredictable hours, long or unsocial hours.

Source: Adapted from Tom Cox, Amanda Griffiths & Eusebio Rial-Gonzales, *Research on Work Related Stress*, European Agency for Safety and Health at Work, May 2000.

## UK research

The Health and Safety Executive (HSE) in the UK has focused on six areas of work context and content that research has recognised as central to managing work-related stress, namely:

- **demands** – including such issues as workload, work patterns and working environment;
- **control** – how much say the person has in the way that they do their work;
- **support** – which includes the encouragement, sponsorship and resources provided by the organisation, line managers and colleagues;
- **relationships** – which includes positive working practices to avoid conflict and dealing with unacceptable behaviour;
- **role** – whether people understand their role within the organisation and whether the organisation ensures that the person does not have conflicting roles; and
- **change** – how organisational change (both large and small) is managed and communicated in the organisation.

The HSE has observed that there is strong evidence linking risk factors associated with demands, control and support to health outcomes, while the evidence linking roles, relationships and change to health outcomes is less strong.<sup>20</sup>

To assist employers in risk management, the HSE has developed a standards-based approach. Management Standards<sup>21</sup> based on the six areas defined above have been developed, with a 'platform statement' defining how conformity with the standard is achieved, and a list of 'states to be achieved'. Each standard represents a desirable state to be achieved in stress prevention and a guide to good practice. The British standards were trialed, evaluated and modified prior to finalisation and publication. The published standards are included at Appendix A.

## Organisational climate and morale

In Australia, the work of Cotton and Hart distinguishes operational demands and the context in which work is conducted, and recognises that contextual factors (such as leadership and managerial practices, climate and culture) strongly influence how employees cope with and manage their operational demands. Cotton and Hart have found that contextual factors tend to exert a stronger influence on employee wellbeing outcomes when directly compared with a wide range of operational stress risk factors.<sup>22</sup> In particular, their research shows that 'supportive leadership' and a high quality 'work team climate' strongly influence individual morale, which buffers employees against the impact of work-related stress risk factors.

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20 Mackay and others, p.104.

21 That is, a set of principles that can be applied to enhancing health and safety by identifying hazards and reducing associated risks.

22 Cotton P and Hart P M, 'Occupational Wellbeing and Performance: a Review of Organisational Health Research', *Australian Psychologist*, 38(1), 2003, pp. 118-127; and Cotton P, 'Developing an Optimal Organisational Climate: Towards Australia's Safest Workplaces II Conference Paper', March 2004, Canberra.

This work suggests that *employees in workgroups with high morale and supportive leaders are much less likely to perceive their workload as excessive, or to submit workers' compensation claims*. Cotton and Hart have also found that organisational climate (specifically supportive leadership, key people management practices, and the quality of the work team climate) will influence performance and productivity as well as minimising psychological injuries.<sup>23</sup> The key drivers of employee wellbeing and performance outcomes under their organisational health model are summarised in figure 1.

Figure 1: Organisational health model



2004 Dr Peter Cotton Comcare Prevention Project

The overlap between the contextual factors identified in table 1, those identified by the HSE in the UK, and the organisational health model becomes more apparent when the behaviours of supportive leaders are considered. According to the organisational health model, supportive leaders:

- are approachable and responsive when dealing with staff concerns (demands/support);
- demonstrate an understanding of the issues faced by their staff (demands/support);
- clarify work expectations, objectives and priorities (role);
- actively seek staff involvement in decisions (control);
- provide opportunities and encourage staff to work collaboratively with others (relationships);
- delegate and encourage staff to take initiative (control);
- can be relied on under pressure (support);
- support staff when things go wrong (support);
- provide frequent informal development-oriented feedback (support);
- treat people with consideration and respect and encourage team members to do the same (relationships); and
- are fair and equitable in their dealings with their staff (relationships).

In the list above, corresponding aspects of the UK HSE's Management Standards model are shown in brackets (and refer Appendix A).

Clearly, by providing supportive leadership, most of the contextual risk factors identified in Table 1 are addressed. Similarities between supportive leadership behaviours under the organisational health model and the HSE's Management Standards are also evident.

23 Cotton and Hart.

## Key issues

Some of the factors identified in table 1 and their relationships require some further explanation. This section discusses some key issues and some key misconceptions that are commonly raised in relation to work-related stress and psychological injury. It also identifies factors which could present barriers to successful interventions unless they are acknowledged and addressed as part of the risk management process.

### Workload, morale and work team climate

Some caution needs to be exercised in relation to the issue of workload, as the relationship between stress levels, workload and hours worked is not a close one. As noted above, Cotton and Hart have found that workgroups with high morale and supportive leaders are much less likely to perceive their workload as excessive. However, British research has found that *work situations involving low job control, high work demands and poor support are most clearly linked to poor health outcomes*.<sup>24</sup> Further, Macdonald points out that it should not be assumed that psychosocial factors are, by their nature, best managed by strategies to influence employees' motivation and morale, *without also considering issues relating to people's performance capacities and workloads*. She notes that there is increasing evidence of the negative effects on health of excessive working hours.<sup>25</sup>

As Cotton notes, people have a personal coping limit in relation to the amount of work they can reasonably be expected to undertake in a safe, healthy and productive manner over time.<sup>26</sup> A balance of effort and recovery (including time for rest, exercise and adequate nutrition) has been recognised as important to the maintenance of resilience – or the ability to cope with and 'bounce back' from stress.<sup>27</sup> Even a workgroup with high morale is unlikely to continue to be able to cope with high work demands indefinitely without adequate recovery time. Fatigue and burnout can become problems for such groups. However, *where workgroups have supportive leaders that encourage a 'care and concern' culture, including the early reporting of problems, and are proactive in addressing such issues, poor health outcomes are much less likely to result from high workloads*.<sup>28</sup>

### Harassment and bullying

Harassment and bullying are significant risk factors for psychological injury. Workers' compensation claims arising from harassment or bullying are often high cost claims because employees are reluctant to return to their previous workplace.

Survey analysis undertaken by the Australian Public Service Commission suggests that the primary concern of APS employees reporting bullying or harassment, relates to workplace relations and the quality of management.<sup>29</sup>

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24 Mackay and others, p.104; and Cox T, Griffiths A, and Rial-Gonzalez E, Research on Work Related Stress, European Agency for Safety and Health at Work, 2000.

25 Macdonald, p.112.

26 Cotton P, 'Using employee opinion surveys to improve people outcomes', 2005, [www.comcare.gov.au/psychological-injury-portal](http://www.comcare.gov.au/psychological-injury-portal).

27 For further information, see New Zealand Department of Labour, Occupational Health and Safety Service, *Stress and Fatigue: their impact on health and safety*, January 1998.

28 Cotton P, 'Using employee opinion surveys to improve people outcomes', 2005, [www.comcare.gov.au/psychological-injury-portal](http://www.comcare.gov.au/psychological-injury-portal).

29 Australian Public Service Commission, State of the Service Report 2003-04, Commonwealth of Australia, 2004, pp.184-192.

Similarly, a study undertaken by Cotton and others that examined bullying behaviours in the Victorian public sector work environment found that the level of bullying behaviours reflects the overall quality of an organisation's people management practices. The Victorian study found that the following factors were critical:

- the quality of performance feedback;
- the degree of involvement in decision-making processes;
- the extent to which immediate managers show empathy and demonstrate understanding of the issues faced by employees;
- the degree to which managers are proactive in addressing emerging issues and problems; and
- the availability of flexible working arrangements.

*Work environments characterised by low levels of these factors were associated with an increased risk of bullying.* The researchers concluded that bullying awareness seminars had limitations in addressing the incidence of workplace bullying behaviours. They suggested that to address this issue, organisations also needed to target aspects of their core people management practices.<sup>30</sup>

### **Customer-related factors**

It has been recognised that there are unique risk factors associated with providing customer services either across the counter, in call centres or in human services, such as healthcare. In this type of work the expectations and behaviour of customers represent an additional source of work demands. The self-control required to manage emotions when dealing with difficult situations results in what researchers' call 'emotional work' and may cause strain for employees. In addition to the strain of emotional work, customer behaviours that threaten employees' sense of control or self-esteem, which prevent employees from developing good relations with their customers and/or which make employees feel insecure during interactions with their customers are important sources of stress. These situations tend to deplete the individual's personal resources, and emotional exhaustion, job dissatisfaction and ill health can result.<sup>31</sup>

### **Individual susceptibility**

Individual personality will influence how people respond to negative work experiences and work pressures. Some individuals have vulnerabilities or characteristics that contribute to the stress process (such as negative thinking patterns, the perception of being controlled by their circumstances, poor coping skills or past experience of stressors). In addition, there are people in employment who already have a psychological condition (such as depression) or have experienced psychological difficulties in the past.

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30 Cotton P, Hart P M, Palmer R, Armstrong K, Schembri C, *Research Summary: Bullying Behaviours in Public Sector Work Environments*, 2001, [www.comcare.gov.au/psychological-injury-portal](http://www.comcare.gov.au/psychological-injury-portal).

31 Dollard M, Dormann C, Boyd C, Winefield H and Winefield A, 'Unique Aspects of Stress in Human Service Work', *Australian Psychologist*, July 2004, 38(1), pp. 84-91. Emotional labour has also been found to be a factor in physically dangerous jobs (such as firefighters, police and other emergency personnel), see Kendall and others, p.38.

Pre-employment screening is one approach to these issues and may be warranted in specific contexts where employees are exposed to ongoing high-level pressures.<sup>32</sup> However, psychometric testing has its limits as a prevention strategy for psychological injury. While such testing may identify people with an *extreme vulnerability* to such injury, it is much less successful in identifying people with a mild to moderate susceptibility. The value of identifying such individuals is questionable, as people with a mild to moderate susceptibility *with strong morale* are unlikely to report problems with stress or submit a psychological injury claim. Further, personal vulnerability factors are not static and can vary in an individual across time and context.<sup>33</sup>

Another approach to susceptibility is to focus on improving individual resilience and coping skills through training and support services. It is important to provide programs to assist individuals who are more vulnerable or have been exposed to workplace trauma. However, research has highlighted that personality characteristics are extremely difficult to modify.<sup>34</sup> The most successful interventions give priority to work-related (or organisational) measures that tackle the causes of workplace stress, in combination with worker-directed measures.<sup>35</sup>

## Recruitment

People may experience stress when they are subjected to demands and expectations that are out of keeping with their needs, abilities, skills and coping strategies. So it is important that managers understand the demands associated with particular work assignments and ensure that individuals are recruited, inducted and trained to have:

- a clear understanding of work expectations, objectives and requirements; and
- the skills and abilities to carry out their tasks competently, or appropriate support to enable them to do so.

Attention also needs to be paid to ensuring that staff are supported to maintain and develop their skills and abilities as job requirements change over time. This helps to avoid the development of a mismatch between the person and the assignment, and may mean the use of training, mobility, career counselling and other strategies.

It is useful, however, to place the relative importance of recruitment as a prevention strategy in context. The preliminary findings of Cotton's multi-jurisdictional analysis of psychological injury claims files and interviews with claimants and managers suggest that only *around 10 per cent* of claims are preventable by improving selection and recruitment processes. By contrast, he estimates that *up to 60 per cent* of psychological injury claims are preventable by improving morale, supportive leadership and the work team climate.<sup>36</sup>

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32 Cotton and Hart, p.125.

33 Advice provided to Comcare by Dr Peter Cotton; also see Kendall and others, pp.21-30.

34 Kenny D, 'Occupational stress: reflection on theory and practice', *Stress and Health: research and clinical applications*, Kenny D (ed.), Harwood, Australia, 2000, pp.375-396.

35 European Agency for Safety and Health at Work, *Research on Work Related Stress*.

36 Cotton P, address to Comcare/HSA conference, 'Better Health at Work: Preventing Psychological Injury', Canberra, August 2004. Cotton estimated that a further 30 per cent of claims are difficult to predict or prevent, and for this group effective return to work strategies are essential.

## Poor performance

While performance problems are often associated with work-related psychological injury claims, they may be a symptom rather than a cause.

Analysis of psychological injury claims often reveals that employers and employees have substantially different views regarding the cause of a claim. Employees may see the source of their claim as unsatisfactory interaction with someone in the workplace, often their manager, whereas employers often put the claim down to poor performance.

Identifying the underlying causal factors behind a claim may be complicated by the fact that employees who are experiencing stress will tend to disengage from the workplace. Indicators of this process include a decline in performance, increased conflict and grievances, and an increase in absenteeism or sick leave use. These withdrawal behaviours may at first go unnoticed, until a major issue arises. If not recognised, a manager's response may add to the level of stress being experienced, and exacerbate the problem. In this context making a psychological injury claim may be a form of protest that signals the failure of other processes to deal with the underlying issue.<sup>37</sup>

Once performance decline has become a significant problem, internal human resource strategies (such as performance appraisal and counselling, underperformance processes and disciplinary procedures) will tend to add to the level of stress and the likelihood of aggressive responses if not handled sensitively. Adversarial interactions can become a driving force that exacerbate the problem and increase the likelihood of a workers' compensation claim. Yet research has consistently found that adversarial approaches are particularly detrimental to return to work processes.<sup>38</sup>

Adversarial reactions can also be encouraged by a 'culture of blame' – blaming the injured worker, blaming the manager, blaming the system. Such approaches polarise opinions. They can contribute to a break down of employer-employee relations that make return to work extremely difficult to achieve. The focus should rather be on working together to find solutions to the underlying issues, seeking curative approaches, and effectively managing return to work.

## Failure to deal with the issue

Researchers have identified a number of reasons why managers may fail to deal adequately with employees who experience work-related stress, including:

- the devolution of human resource functions may occur without being accompanied by adequate knowledge of issues related to health and stress, or the necessary skills to deal with these issues;
- managers may be reluctant to concede that their management styles may be associated with ill health or stress in their employees;
- different employees may respond differently to the same working environment and management style. This may lead managers to conclude that a problem is the individual's – rather than accepting the need to acknowledge and respond to differences in their employees;

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37 Kendall and others, pp.61-62.

38 Kendall and others, p.81.

- managers may be reluctant to be educated in this area if they do not consider health and safety to be part of their responsibilities; and
- managers may be reluctant to 'intrude' into a worker's private life, although stresses arising outside of work can spill-over into the workplace.<sup>39</sup>

While relationships with managers have the potential to impact on work-related stress, these relationships cannot be considered in isolation from the financial, organisational and strategic goals of the organisation. Stress and psychological injury prevention strategies that narrowly address content and context risk factors for stress are likely to be of limited impact, unless strategies are also developed to address managers' skills and abilities and any broader organisational issues. One way to do this is to ensure that managers at all levels are involved in all stages of the development of interventions.

## Steps in the prevention and management of psychological injury

There has been some debate about whether it is appropriate to adapt risk management approaches developed for physical hazards to work-related stress. Some suggest that the essentially psychological nature of the stress process, and difficulties associated with determining the relationship between hazard and harm, make risk management inappropriate. However, while the concept of risk assessment is less well developed in relation to psychosocial hazards, with modification, the basic principles can still apply.<sup>40</sup>

In applying a risk management framework it is important to appreciate that organisational and combined organisational/individual level interventions to address the causes of psychological injury are generally more effective than approaches that only aim to increase an employee's ability to manage their own stress responses.<sup>41</sup> Employee-focussed approaches (such as counselling, relaxation training and stress management training) can assist employees to develop greater resilience to work-related stress. However, in attributing stress management to an individual, these approaches do little to address the organisational sources of work-related stress. As such they are less likely to produce sustainable prevention outcomes or improvements in organisational performance.<sup>42</sup>

Other factors are also important to successful interventions. Where approaches have employed strong designs focused on a significant work-related stress issue, the most encouraging results have been obtained.<sup>43</sup> Approaches developed within a framework for continuous improvement, rather than with an expectation of dramatic and uniformly positive impact, are also recommended.<sup>44</sup>

Table 2 outlines the steps in an organisationally-focussed program to prevent and manage psychological injury. It incorporates 'primary' and 'secondary' prevention of psychological injury within the steps outlined.

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39 Kendall and others, pp. 57-60.

40 Mackay and others, p.101-102; and see Cousins R, Mackay C, Clarke S, Kelly C, Kelly P and McCaig R, 'Management Standards and work-related stress in the UK: Practical development', *Work and Stress: a journal of work, health and organisation*, 18(2), 2004, p.114.

41 Giga and others, p.162.

42 Kendall and others, pp.116-119; European Agency for Safety and Health at Work, *Research on Work Related Stress*.

43 Mackay and others, p.105.

44 Mackay and others, p.107.

Table 2: Steps in the prevention and management of psychological injury

<p><b>Before you start</b></p>	<p>Foster leadership awareness, commitment and accountability for safe, healthy and supportive workplaces.</p> <ul style="list-style-type: none"> <li>Regularly monitor performance against indicators of organisational health and provide senior managers with briefings on trends in these indicators.</li> <li>Where indicators suggest there is a cause for concern, develop a business case to support the need for intervention.</li> </ul> <p>Provide information, support and training to managers and employees on their roles and responsibilities in promoting safe, healthy and supportive workplaces.</p>
<p><b>Step 1 – Identify sources of potential harm</b></p>	<p>Consider whether employees are at risk of psychological injury by identifying the sources of potential harm to employee health and wellbeing in the organisation (such as lack of supportive leadership and poor work team climate).</p>
<p><b>Step 2 – Assess the risk</b></p>	<p>Systematically assess the risk of potential harm to employee health and wellbeing. Analyse organisational and work team information to understand the nature, extent and causes of psychological injury in the workplace and identify priority areas for action.</p>
<p><b>Step 3 – Develop and implement a plan to:</b></p> <ul style="list-style-type: none"> <li><b>Address the workplace factors that are risks of psychological injury (primary intervention)</b></li> </ul>	<p>In consultation with employees, middle and senior managers, develop and implement strategies that address the causes of psychological injury across the organisation.</p> <ul style="list-style-type: none"> <li>Be guided by research, case studies and other information about the most effective approaches to stress prevention and management, but ensure that solutions are specific to the organisation and its context.</li> </ul>
<ul style="list-style-type: none"> <li><b>Minimise the impact of stress on employees by responding to warning signs and intervening early (secondary intervention)</b></li> </ul>	<p>Monitor the impact of stress on employees. Develop programs to identify and provide support for employees who are not coping, and reduce the severity of the consequences of stress before it becomes too serious. Ensure that a ‘safety net’ of support and assistance is in place.</p>
<ul style="list-style-type: none"> <li><b>Implement safe and effective rehabilitation and return to work (tertiary intervention)</b></li> </ul>	<p>Provide rehabilitation and return to work assistance in partnership with the employee if it is required and preferably before a workers’ compensation claim has been lodged.</p>
<p><b>Step 4 – Monitor and review</b></p>	<p>Monitor and review the implementation (process) and effectiveness (outcome) of interventions.</p> <ul style="list-style-type: none"> <li>Measure and report against agreed targets and performance indicators, and review against strategy goals.</li> <li>Aim for continuous improvement, rather than expecting a dramatic and uniformly positive impact.</li> <li>Improve interventions as indicated by the review and evaluation.</li> </ul>

# Before you start

Before starting a program to prevent and minimise the risk of psychological injury, it is important to clarify accountabilities and gain the commitment and participation of stakeholders across the organisation.

Better performing agencies will foster leadership commitment and accountability for safe, healthy and supportive workplaces. They will also involve their employees in assessing risks and in developing and implementing solutions to control those risks.

## Foster leadership commitment and accountability

Management commitment and involvement in safety programs has been found to be associated with good safety performance<sup>45</sup> and successful stress management interventions.<sup>46</sup> Involvement includes making a personal contribution to OHS consultation, and frequent contact between workers, management and supervisors. Senior management involvement acts as a motivational force for middle management to implement organisational guidelines and directives in OHS and injury management, and for employees to cooperate in this implementation. For these reasons, *the commitment of the organisation's chief executive officer and leadership team to addressing the risk of work-related stress is critical.*

The best results are achieved through approaches that integrate stress risk management with improved approaches to recruitment, people management, absence management and performance management, and that recognise the interdependence between individual and organisational health.<sup>47</sup> Many of the factors that affect performance, customer service, and levels of unplanned absence are the same as those influencing psychological injury claims. So management needs to understand the importance of quality people management practices, and be prepared to support the necessary improvement strategies.

There are a number of ways to foster leadership commitment and accountability for safe, healthy and supportive workplaces. These include:

- providing managers with information about their roles and responsibilities in relation to duty of care and return to work;
- clarifying roles and responsibilities in duty statements and workplace agreements;
- setting workplace targets for improving workplace safety and return to work performance;
- providing managers with information on how their workplaces are performing in relation to targets and other indicators (for example, the rate of unplanned absences and the incidence and cost of workers' compensation claims);

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45 Cohen A, Smith M and Cohen H, *Safety program practices in high versus low accident rate companies – an interim report*, Cincinnati, NIOSH, US Dept Health Education & Welfare, 1975; and Smith M, Cohen H, Cohen A and Cleveland R, 'Characteristics of successful safety programs', *Journal of Safety Research*, 10(1), 1978, pp.5-15.

46 European Agency for Safety and Health at Work, *Research on Work Related Stress*; and European Agency for Safety and Health at Work, *How to tackle psychological issues and reduce work-related stress*, Bilbao, Spain, 2002.

47 *Beacons of Excellence*.

- making a business case for intervention by identifying the outcomes and cost of poor performance and the potential benefits of investing in improvement strategies;<sup>48</sup>
- devolving to managers the financial responsibility for the cost of workers' compensation claims from their employees; and
- reporting workers' compensation performance in the organisation's annual report.<sup>49</sup>

## Build a business case

Management may be generally committed to OHS, but their understanding of work-related stress, associated risk factors and outcomes may be limited. Providing information and training to managers on these issues is the first step in gaining their commitment and support. Preparing a business case for intervention can also be crucial.

Consistent with the organisational health model (refer Figure 1), organisations or workplaces with high potential for psychological injury are likely to perform poorly against indicators of employee wellbeing (such as morale, job satisfaction and distress) and leadership support. They are also likely to perform poorly against certain performance and behavioural outcome indicators, in particular:

- task performance – as indicated by a decline in productivity and/or an increase in customer complaints; and
- 'withdrawal behaviours' – as indicated by excessive unplanned absence, fixation with fair treatment issues, excessive emotional responses to minor operational issues, and workers' compensation claims for psychological and other stress related injuries.<sup>50</sup>

Considering available information about outcome indicators can be an important preparatory step to building the case for a more rigorous risk management approach.

Most large organisations regularly run employee opinion surveys and many of these will provide measures of employee morale, job satisfaction or perceptions of leadership support. Other useful sources of data include measures of absenteeism, turnover, conflict (use of grievance, disciplinary and appeals procedures), EAP use, information from exit interviews, 360 degree or other structured feedback processes, customer complaints, and workers' compensation claims and claim trends.

It is essential that analysis is not limited to workers' compensation data and that, wherever possible, data is analysed down to the work team level. An organisation or workplace may have few or no psychological injury claims, but could be sitting on a potential time bomb if, for example, morale is low and other indicators (such as absenteeism, turnover, conflict and perceptions of leadership support) are deteriorating.

*Regularly monitoring performance against indicators of organisational health, and providing senior managers with briefings on trends in these indicators will enable organisations to identify emerging problems and assess the need for further analysis and intervention.*

48 The HSE has developed information, case studies and tools to assist business case development, see [www.hse.gov.uk](http://www.hse.gov.uk).

49 For more information on strategies to foster leadership accountability for healthy, safe and supportive workplaces, see *Safe and Sound: A discussion paper on safety leadership in government workplaces*, [www.comcare.gov.au/psychological-injury-portal/safe-n-sound.html](http://www.comcare.gov.au/psychological-injury-portal/safe-n-sound.html) or Comcare's leadership kit, [www.comcare.gov.au/leadership/leadership.html](http://www.comcare.gov.au/leadership/leadership.html).

50 Cotton P, Comcare Prevention Project, 2004.

Poor performance on indicators of organisational health across an organisation will suggest the need for more detailed analysis, specifically designed to assess underlying issues. However, if preliminary analysis reveals poor performance in only discrete elements or locations of the organisation, a more targeted approach may be justified (for example, based on analysis of available data, interviews and focus groups). A targeted approach can have the advantage of applying resources more efficiently to achieve improvement where it is most needed.

## Engage employees

Australian OHS legislation provides a basis for employees and employee representatives to provide input into decision making that affects their occupational health and safety. People work more safely when they are involved in the decision-making process and have specific responsibilities and feedback about their work.<sup>51</sup>

Studies show that where employers manage occupational health and safety and injuries without such consultation, performance (as measured by indices such as injury rates), is considerably worse than when consultation occurs.<sup>52</sup> Management styles characterised by openness and encouragement of employee participation are likely to be the most effective in promoting a positive safety culture. More specifically in relation to work-related stress, research undertaken by the European Agency for Safety and Health at Work has identified *the involvement and commitment of employees, middle and senior managers as crucial for every stage of a successful stress intervention*.<sup>53</sup> In the UK, the HSE has also emphasised the importance of a 'bottom-up' approach that is able to capture local concerns and context.<sup>54</sup>

There are a number of ways to engage employees in maintaining safe, healthy and supportive workplaces. These include:

- providing information and training to employees on their roles and responsibilities in maintaining safe and healthy workplaces;
- involving employees in corporate committees or processes that impact upon OHS;
- providing opportunities for employees to identify and assess risks and discuss and develop solutions to workplace hazards, through surveys, formal consultative processes, as part of regular team meetings, and through focus groups; and
- involving employees in the development, implementation and/or evaluation of injury prevention and management program and systems.<sup>55</sup>

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51 Cohen H and Cleveland R, 'Safety program practices in record holding plants', *Professional Safety*, March 1983, pp.26-33, cited in O'Dea A and Flin R, *The role of managerial leadership in determining workplace safety outcomes*, Health and Safety Executive, UK, 2003, p.13.

52 For example, Frick KAJ, Jensen PL, Quinlan M and Wilthagen T, *Systematic Occupational Health and Safety Management perspectives on an international development*, Pergamon, NY, 2000.

53 European Agency for Safety and Health at Work, *Research on Work Related Stress and How to tackle psychological issues and reduce work-related stress*.

54 Mackay and others, p.101.

55 And see Comcare, 'The principles of the SRC Commission OHS risk management model', [www.comcare.gov.au/pdf\\_files/OHS\\_30\\_June04\\_V1.pdf](http://www.comcare.gov.au/pdf_files/OHS_30_June04_V1.pdf).

## Step 1 – Identify sources of potential harm

A risk management approach ensures that the employer's response to managing risk is commensurate with that risk. The first step in this process involves identifying the sources of potential harm to employee health and wellbeing in the organisation or workplace.

Identifying the sources of potential harm for psychological injury is in many respects more difficult than for physical injury. Most of the risk factors for psychological injury (discussed above) cannot be observed by a physical inspection of the workplace. Some may be able to be identified by considering workers' compensation claim data and claim file information, and by interviewing claimants and their managers. However, as a prevention strategy this has obvious limitations.

Some of the risk factors may be identified by auditing the nature of the work and the way it is organised (for example, is the work customer-related, does it involve shift work, does work involve physical isolation, does it lack variety or is it time paced?). Unfortunately, other key risk factors (such as poor communication, career stagnation, lack of participation in decision making, poor relationships with co-workers, low morale and unsupportive leadership) are less readily identified without the use of research techniques such as employee surveys and/or focus groups and interviews. This is particularly so for large organisations. Further, without the use of such techniques it is difficult to identify areas where a number of key risk factors may be impacting. Absence and turnover data may help to indicate 'hotspots' but reveal little information about underlying causal factors.

Many proprietary employee opinion surveys include a range of measures relevant to managing work-related stress. For example, many surveys will provide measures of employee morale and/or job satisfaction, as well as information about employees' perceptions of trust, fair treatment, the quality of communications, participation in decision making, ethical leadership, the effectiveness of management, the extent to which people are valued and/or workloads. Such information may also be able to be supplemented by considering information from exit interviews, 360 degree or other structured feedback processes. Other employee surveys have been developed specifically to assess key factors such as morale and organisational climate, or performance against management standards.<sup>56</sup>

The appropriate approach to adopt in a particular organisation will depend on a number of considerations. These include:

- how recently an employee opinion survey was conducted by the organisation;
- whether previous surveys were comprehensive or had significant gaps in relation to key stress risk factors;
- the size and diversity of the organisation; and
- what analysis of outcome indicators (such as absenteeism, turnover, workers' compensation claims) suggests about the nature, extent and severity of the problem.

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<sup>56</sup> For more information on surveys and organisational climate surveys in particular, see Cotton P, 'Using employee opinion surveys to improve people outcomes', 2005, [www.comcare.gov.au/psychological-injury-portal](http://www.comcare.gov.au/psychological-injury-portal); Queensland Government, Office of the Public Service Commissioner, *A Guide to Improving Organisational Climate Using the Queensland Public Agency Staff Survey*, February 1998; Queensland Government, Office of the Public Service Commissioner, *Employee Opinion Surveys – How to Guide*, February 2000. The HSE website, [www.hse.gov.uk](http://www.hse.gov.uk), provides further information on the UK Management Standards approach.

*No one survey tool is favoured, but it is important that organisations ensure that they use reliable and valid tools to assess the risk of work-related stress.*

In the UK, the HSE has developed a simple risk assessment methodology that is consistent with Comcare's recommended four-step process. The HSE has moved away from identification of 'stress' towards recognition of the importance of good management practice – an approach which has some parallels with the organisational health model. As noted above, the HSE has developed Management Standards (refer Appendix A) against which organisations can assess their performance. Its process and associated tools enable an organisation to identify broad areas of potential concern, and then to explore the specifics with a view to providing targeted and effective interventions.

To assist the risk assessment process, the HSE has developed a two-stage stress-risk Indicator Tool (which is reproduced at Appendix B). The Indicator Tool is designed as a two-part questionnaire. The 'first pass' part of the tool serves as a screen for problems in a particular area (corresponding to step 1 of Comcare's risk management model). The 'second pass' examines more specifically the broad nature of the problem in any of the six areas covered by the first pass. While the Indicator Tool consists of 35 items, the shorter 'first pass' tool consists of only 8 items.

## Step 2 – Assess the risk

Having identified sources of potential harm to psychological health and wellbeing in an organisation (for example using the HSE's 'first pass' Indicator Tool, or other reliable tools), the next step is to systematically assess the risk in order to prioritise areas or issues for action.

More detailed risk assessment can be assisted by the use of appropriate survey tools (such as the HSE's 'second pass' Indicator Tool, or other reliable tools, such as surveys measuring morale, leadership support and work team climate). Analysis of workplace data and focus group discussion can also be useful at this stage. Such analysis will enable an assessment to be made of the hazards identified – by focusing on key causal factors and work locations (or 'hot spots').

Workplace factors and locations assessed as high risk would receive priority attention when developing and implementing a plan of action under step 3. By targeting the response, intensive development and human resource management support can be focused on these work factors and locations. As Cotton notes, organisations using such targeted strategies tend to show greater overall improvement in organisational performance and people outcomes. He also emphasises that survey results should ideally be reported down to the work team level to enable an assessment of factors that exert greatest influence on people-related outcomes.<sup>57</sup>

It should be noted that HSE research has shown that no single questionnaire, on its own, is sufficient to assess all risks of work-related stress.<sup>58</sup> For this reason, the HSE emphasises the importance of focus groups or other forms of consultation in this phase of the risk assessment process. Focus groups can:

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57 Cotton P, 'Using employee opinion surveys to improve people outcomes', 2005, [www.comcare.gov.au/psychological-injury-portal](http://www.comcare.gov.au/psychological-injury-portal).

58 Rick J, Briner R, Daniels K, Perryman S and Guppy A, *A Critical Review of Psychosocial Hazard Measures*, Sudbury, HSE Books, 2001, quoted in Cousins and others, p.127.

- allow employees to confirm or challenge the nature of the problems identified by survey tools – thereby guarding against any false results in the survey process;
- explore the issues further and define them in more detail; and
- raise locally relevant issues.

*In practice, there is potential overlap between steps 1 and 2 and flexibility is possible. The HSE's approach has been developed with this in mind, and flexibility is encouraged. For example, an organisation concerned about 'survey fatigue' or preferring to have greater depth of information in the first instance can proceed straight to the 'second pass' stage of the HSE model. Questions from the Indicator Tool can be included in an organisation's own staff survey. Small organisations, or organisations that are well acquainted with their 'hotspots' are encouraged to make greater use of focus groups, or even to start the risk assessment process with focus groups.<sup>59</sup> Other survey approaches can often incorporate similar flexibility.*

## Step 3 – Develop and implement a plan

Work context and work content factors will differ between organisations and work groups. So any plan to prevent and manage stress and psychological injury must be based on specific risk identification and assessment processes. Such a plan may comprise interventions aimed at:

- addressing the workplace factors that are risks of psychological injury** (such as poor work team climate) by developing solutions to treat the identified risk factors (primary intervention);
- minimising the impact of stress on employees** by responding to warning signs and intervening early to ensure that individuals who are not coping receive assistance and support (secondary intervention); and
- implementing safe and effective rehabilitation and return to work strategies** (tertiary intervention).

### Address the workplace factors that cause harm

Research indicates that the closer the intervention is to the risk, the more far reaching will be the preventative impacts and outcomes.<sup>60</sup> It also shows that each level of intervention (that is primary, secondary and tertiary) should be complementary.<sup>61</sup>

Process is also important. Most successful and cost-effective solutions are developed from within an organisation, in partnership with employees.<sup>62</sup> Focus groups or other forms of consultation are essential to this phase of the process – just as they are to the earlier steps.

<sup>59</sup> For further information on the HSE's risk assessment methodology, its development and application, see Cousins and others, pp. 113-136.

<sup>60</sup> Kendall and others; LaMontagne, T, Evaluation of Occupational Stress Interventions: An Overview, Paper 3, NOHSC Symposium on the OHS Implications of Stress, 2001, [www.nohsc.gov.au/PDF/ResearchCoordination/StressSymposium/StressSymposiumBriefingMaterial.pdf](http://www.nohsc.gov.au/PDF/ResearchCoordination/StressSymposium/StressSymposiumBriefingMaterial.pdf).

<sup>61</sup> LaMontagne.

<sup>62</sup> European Agency for Safety and Health at Work, *Research on Work Related Stress*.

In step 3, employees should be consulted about ways of improving the situation with a view to securing their support and commitment to the remedial action required. Employees and focus groups may need guidance and assistance, however, to ensure that their action planning targets those factors that are most likely to result in significant improvement (such as the drivers of morale and work team climate).

To improve the effectiveness of action planning, it is recommended that organisations put processes in place to ensure quality and accountability, such as by:

- centrally reviewing the quality of action plans;
- assisting workgroups with poor quality plans to improve them to achieve better outcomes;
- following up to ensure that managers and their work teams implement agreed actions; and
- measuring and reporting improvement, eg by comparing work team survey data with that from the previous period.<sup>63</sup>

As a means of getting started on an action plan, it can be useful to consider case studies outlining successful interventions that may be generalised to other situations. Links to websites that include such information may be found on Comcare's website.<sup>64</sup> In addition, tables 3 and 4 provide some possible organisational solutions to risks associated with work context and work content (listed in alphabetical order).

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63 Cotton P, 'Using employee opinion surveys to improve people outcomes', 2005, [www.comcare.gov.au/psychological-injury-portal](http://www.comcare.gov.au/psychological-injury-portal).

64 [www.comcare.gov.au/psychological-injury-portal](http://www.comcare.gov.au/psychological-injury-portal).

Table 3: Work context risks - possible solutions

Risk factor or indicator identified (Work Context)	Possible solutions
<b>Change management</b>	<ul style="list-style-type: none"> <li>• Provide effective leadership during periods of change.</li> <li>• Build the capacity of managers to support their employees through times of change.</li> <li>• Review how the organisation provides employees with information about proposed changes.</li> <li>• Establish consultation and communication processes to engage employees in change and provide access to relevant support during changes.<sup>65</sup></li> <li>• Consider using the HSE's Management Standard on 'change' as a better practice guide to the states to be achieved.</li> </ul>
<b>Climate/culture</b>	<ul style="list-style-type: none"> <li>• Focus on recruiting and developing supportive leaders with strong people management skills.</li> <li>• Use organisational development programs to improve the quality of leadership and people management practices (focusing on clarity around work expectations and objectives, strong employee engagement processes, good co-worker relations, goal congruence, provision of development-oriented feedback, and transparency and equity of organisational processes and procedures).</li> <li>• Develop accountability for people-related outcomes at all levels of the organisation.</li> <li>• Consider using the HSE's Management Standards as a better practice guide to the states to be achieved.</li> </ul>
<b>Communications</b>	<ul style="list-style-type: none"> <li>• Consider the systems in place for top-down communications (such as newsletters, briefings, regular meetings).</li> <li>• Consider systems to provide staff feedback and staff involvement in decision-making – such as team and group meetings.</li> <li>• Consider systems to improve cross functional communications – such as forums to discuss common problems and solutions, and shared leadership and governance models.</li> </ul>

65 Terry D and Jimmieson N, 'A Stress and Coping Approach to Organisational Change: Evidence from Three Field Studies', *Australian Psychologist*, 38(2), July 2003, pp.92-101.

<b>Co-worker relations</b>	<ul style="list-style-type: none"> <li>• Identify the characteristics of teams that are working well within the organisation to help identify what can be done to improve workgroup interactions in areas with problems.</li> <li>• Establish clear job descriptions and task assignments, supportive supervisory styles, participative decision making and prior agreed mechanisms to reduce conflict.</li> <li>• Don't ignore signs of conflict, and use EAPs or external mediators if help is needed to resolve issues.</li> <li>• Use work team projects to improve interactions, eg a work-based project with focussed coaching so that new behaviours are integrated into the core business of the team.</li> <li>• Consider short-term secondments to and between work units to improve understanding of the work.</li> <li>• Consider using the HSE's Management Standard on 'relationships' as a better practice guide to the states to be achieved.</li> </ul>
<b>Critical incidents</b>	<ul style="list-style-type: none"> <li>• Develop and implement an organisational policy on critical incident response.</li> <li>• Provide access to practical, emotional and social support.</li> <li>• Provide factual information, monitor employee reactions.</li> <li>• Provide access to early intervention for employees who report distress.<sup>66</sup></li> </ul>
<b>Customer-related</b>	<ul style="list-style-type: none"> <li>• Develop and implement policy and procedures that deal with threatening or inappropriate customer behaviour to ensure that employees feel secure during interactions with customers (also see 'occupational violence' below).</li> <li>• Provide customer-focussed training to enhance an employee's ability to separate personal emotions from the inherent demands of the job. 'Role separation' may be important to coping with the unique stressors of human services work.</li> <li>• Focus on control/autonomy and social support as these have been recognised as important in determining the impact of customer-related factors.<sup>67</sup></li> </ul>
<b>Decision latitude/ control</b>	<ul style="list-style-type: none"> <li>• Develop supportive leaders who delegate and encourage participation and initiative.</li> <li>• Encourage leaders to provide support when things go wrong – discourage the development of a 'blame culture'.</li> <li>• Use development programs and team projects to encourage initiative and involvement in decision making.</li> <li>• Ensure that regular team meetings are held that provide scope for employees to participate in decisions that concern their work.</li> <li>• Ensure that consultative mechanisms enable participation in broader organisational issues.</li> <li>• Consider using the HSE's Management Standard on 'control' as a better practice guide to the states to be achieved.</li> </ul>

66 For further information see Devilly G and Cotton C, 'Psychological Debriefing and the Workplace: Defining a Concept, Controversies and Guidelines for Intervention', *Australian Psychologist*, 39(2), July 2003, pp.144-150.

67 For further information see Dollard and others, 'Unique Aspects of Stress in Human Service Work', pp. 84-91.

<b>Harassment/bullying</b>	<ul style="list-style-type: none"> <li>• Promote a supportive leadership culture that will not accept bullying and which encourages and acts on reports of such behaviour.</li> <li>• Develop and implement an organisational policy on harassment/bullying.</li> <li>• Clearly define the complaints process, inform and train managers and employees on their rights and responsibilities.</li> <li>• Develop networks or groups of trained contact officers, advisers in the human resource area of the agency, employee assistance programs, and informal complaint procedures.<sup>68</sup></li> <li>• Provide support during any investigation process.</li> <li>• Consider guidance published by the Australian Public Service Commission on this issue.<sup>69</sup></li> <li>• Consider using the HSE's Management Standard on 'relationships' as a better practice guide to the states to be achieved.</li> </ul>
<b>Performance capacity and career development</b>	<ul style="list-style-type: none"> <li>• Review recruitment strategies to ensure that individuals are recruited, inducted and trained to have a clear understanding of work expectations, objectives and requirements, the skills and abilities to carry out their tasks competently, and appropriate support to enable them to do so.</li> <li>• Consider using probationary employment to assess suitability.</li> <li>• Consider using mobility, mentoring and career counselling programs to better match individuals to jobs, broaden the skill base and assist in developing career paths.</li> <li>• Use team-based projects to broaden skills and develop responsibilities.</li> </ul>
<b>Performance management</b>	<ul style="list-style-type: none"> <li>• Implement effective performance management systems with clear expectations and procedures that are understood by managers and employees. Aim for a two-way process, covering positive feedback on performance, areas for improvement, future goals and objectives and training needs.</li> <li>• Train managers to provide effective development-oriented feedback.</li> <li>• Encourage a culture of continuous feedback, rather than restricting feedback to performance reviews.</li> <li>• Also see 'Performance capacity and career development'.</li> <li>• Consider using the HSE's Management Standard on 'support' as a better practice guide to the states to be achieved.</li> </ul>
<b>Role in organisation</b>	<ul style="list-style-type: none"> <li>• Ensure roles and responsibilities are clearly specified, regularly reviewed and modified where necessary, in consultation with staff, eg as part of the business planning process.</li> <li>• Where role conflicts emerge, review relevant roles and responsibilities. If current roles are appropriate, clarify these in consultation with staff. If not appropriate, establish revised roles in consultation with staff.</li> <li>• Avoid situations where an individual takes on dual roles where conflicts of interests might occur.</li> <li>• Consider using the HSE's Management Standard on 'role' as a better practice guide to the states to be achieved.</li> </ul>

68 In its analysis of this issue, the Australian Public Service Commission noted the need for alternative paths to make complaints in view of its finding that only a small minority of relevant employees used harassment contact officers. Australian Public Service Commission, *State of the Service Report 2003-04*, Commonwealth of Australia, 2004, pp.189-190.

69 Public Service and Merit Protection Commission, *Working Together: Maintaining an harassment-free workplace*, 2001, [www.apsc.gov.au/publications/harassment.htm](http://www.apsc.gov.au/publications/harassment.htm). This guide is being revised and is expected to be replaced with new guidance in June 2005.

<p><b>Occupational violence</b></p>	<ul style="list-style-type: none"> <li>• Conduct a violence vulnerability audit, considering all of the environments in which the organisation operates.</li> <li>• Develop a policy in relation to violence and aggression against employees, including a statement that occupational violence is unacceptable and a commitment to prevention and support strategies.</li> <li>• Develop a control plan for any identified 'at risk' areas (eg clients do not have access to dangerous implements or objects that could be used as weapons or missiles, no ready access to cash/valuables/drugs on site, waiting rooms comfortable and waiting times reduced).</li> <li>• Take into account how staff move between working areas, parking lots and transport when assessing vulnerability and developing the control plan.</li> <li>• Consider using architectural and engineering designs as part of the control plan for 'at risk' areas (eg facility has safety glass, good internal and external lighting, escape routes planned to prevent entrapment of employees, wide counters, duress alarms, communication devices, design for visibility or include CCTV in high risk areas).</li> <li>• Ensure that risk controls cover employees exposed to violence (consider ratios of staff to clients, skills, training and experience, use of rotations to reduce exposure, procedures and back up for staff working alone or in areas of isolation, support and supervision)</li> <li>• Ensure procedures are in place to manage critical incidents, emergencies and evacuations and that drills are used to test their effectiveness.</li> <li>• Where risk controls include security devices, ensure periodic servicing, testing and maintenance is carried out.</li> <li>• Investigate and assess all reports and threats, including near misses, and regularly review the effectiveness of controls.<sup>70</sup></li> </ul>
<p><b>Work/life balance</b></p>	<ul style="list-style-type: none"> <li>• Provide access to appropriate flexible working time arrangements (eg part-time work, home based work, job sharing, phased retirement, additional purchased leave, non-standard working hours).</li> <li>• Reinforce policies through provisions in certified and workplace agreements.</li> </ul>

<sup>70</sup> For more information see Mayhew C, 'Preventing Violence Against Health Workers', *Safety in Australia* 26,(2), 2004, pp.21-31; and ILO, *Safework: Violence at work*, [www.ilo.org/public/english/protection/safework/violence/index.htm](http://www.ilo.org/public/english/protection/safework/violence/index.htm).

Table 4: Work content risks - possible solutions

Risk factor or indicator identified (Work Content)	Possible Solutions
<b>Boring, repetitive work</b>	<ul style="list-style-type: none"> <li>• Redesign jobs to increase the variety of tasks.</li> <li>• Use job rotation to increase task variety where redesign is not practicable.</li> </ul>
<b>Physical working environment</b>	<ul style="list-style-type: none"> <li>• Review the work environment in consultation with employees.</li> <li>• Ensure that there are effective systems in place to identify and control risks.</li> <li>• Ensure employees know and can access the consultative mechanisms in place to respond to their concerns (Health and Safety Representatives and consultative committees).</li> </ul>
<b>Shift work</b>	<ul style="list-style-type: none"> <li>• Use best practice shift systems to minimise fatigue. Specifically, ensure that rosters permit adequate time between shifts for employees to arrive at work well rested.</li> <li>• Avoid mandatory night shifts for older employees.<sup>71</sup></li> </ul>
<b>Workload</b> <sup>72</sup>	<ul style="list-style-type: none"> <li>• Provide supportive leadership – regularly review workloads, prioritise tasks, define performance quality expectations, cut out unnecessary work, give warning of urgent jobs, meet training needs, and encourage employees to raise and discuss problems so solutions can be developed.</li> <li>• Ensure that staffing levels and performance capacities are adequate, including to meet periods of peak demand.</li> <li>• Where practicable, give employees some control over the way they do their work.</li> <li>• Avoid unrealistic deadlines.</li> <li>• Where practicable, substitute heavy manual tasks with machinery to reduce physical workloads.</li> <li>• Avoid encouraging employees to regularly work long hours.</li> <li>• Put systems in place to respond to individual concerns. Consider whether low morale, unsupportive leadership and poor work team climate are the real issues.</li> <li>• Consider using the HSE’s Management Standard on ‘demands’ as a better practice guide to the states to be achieved.</li> </ul>
<b>Work pace</b>	<ul style="list-style-type: none"> <li>• Set reasonable work-rate standards.</li> <li>• Avoid machine-paced work where practicable.</li> <li>• Design to allow self-pacing at varying rates where practicable.</li> <li>• Ensure adequate work breaks and, where practicable, allow some flexibility in the timing of breaks to match employees’ needs.</li> <li>• Use job rotation to enable respite for employees working at fast pace.</li> <li>• Consider using the HSE’s Management Standard on ‘demands’ as a better practice guide to the states to be achieved.</li> </ul>

71 Comcare, *Productive and Safe Workplaces for an Ageing Workforce*, Commonwealth of Australia, 2003 addresses health and safety risks and solutions for an ageing workforce.

72 For further information on workload issues, see Macdonald, pp.102-117.

## Minimise the impact of stress on employees

While primary prevention focuses on the issue of stress at the source, secondary prevention focuses on providing a safety net to catch people who are not coping at work and assist them before they develop a psychological injury. Information about secondary prevention activity should be monitored and assessed, as it can be an important part of reviewing and continuously improving primary prevention activities.

Early intervention is the key to minimising the impact of stress on employees. It means identifying and responding to early warning signs and providing assistance to an employee at the earliest possible stage. Some managers find it difficult to talk to staff about their behaviour. As a result, performance issues may not be addressed, or may be treated as disciplinary problems. The longer the problem is left, the more difficult it becomes to deal with.

*For early intervention to work successfully, it is essential that managers at all levels are trained to recognise early warning signs (refer table 5) and have the skills to respond appropriately. It is also important to ensure that early intervention policies and strategies take account of other relevant corporate policies, such as absence and performance management.*

Table 5: Signs that suggest there may be a stress problem

Work performance	Emotional Behaviour
Declining or inconsistent performance	crying
Inability to concentrate	Angry or aggressive outbursts
Not getting things done	Erratic behaviour (inconsistent with usual behaviour)
Indecisive	Over-reaction to problems
Forgetful	Sudden mood changes
Loss of enthusiasm	Irritability/moodiness
Failing to take annual leave	Feeling depressed or anxious
Increased errors/accidents	
Reduced reaction times	
Withdrawal	Relationships
Reluctance to give or offer support	Criticism of others
Arriving late and leaving early	Lack of co-operation
Extended lunches	Marital or family difficulties
Cynicism	Conflict with team members/manager
Absenteeism	Use of grievance procedures
Turnover	Bullying or harassment claims
Presenteeism	
Reduced participation in work activities & social events	
Fixation with fair treatment issues	
Physical/physiological signs	Seeking support
Tired all the time	Employee complains of 'not coping' with the work, 'feeling stressed', or a lack of management support
Sick and run down	EAP use
Difficulty sleeping	Submission of workers' compensation claims
Headaches	
Weight loss or gain	Substance abuse
Dishevelled appearance	Increased consumption of caffeine, alcohol, cigarettes and/or sedatives
Gastro-intestinal disorders	
Rashes	

Source: adapted from Noreen Tehrani, *Managing organisational stress: a guide*, Chartered Institute of Personnel and Development, [www.cipd.co.uk](http://www.cipd.co.uk).

## Absenteeism

Sickness absence is not always just a matter of ill health. It is usually affected by a combination of personal and work factors. Monitoring where unscheduled absence is occurring can help to identify people or work groups that are not coping with the pressures of work. Responding to these situations needs to be carefully managed, however, preferably within an integrated policy framework.

Recent studies<sup>73</sup> suggest that a formal policy or set of guidelines is an important influence, and an important first step, in the successful management of absence. A clear policy that is well communicated and understood by employees will clarify expectations and provide the basis for a consistent approach, based on the fair and equal treatment. Approaches to managing absence that incorporate health and wellbeing initiatives, and provide support in the form of flexible working arrangements are becoming more widespread. Such approaches can assist employees to lead more balanced and healthier lives, contributing to a more positive working environment.

A comprehensive approach to absence management should also incorporate assistance for managers to identify, manage and support employees who are at risk of becoming ill or remaining absent from work for an extended period. Improving line managers' communication skills is an important part of this approach, *as discussing an employee's absence needs to be handled with sensitivity*. These training requirements may be addressed through specific absence management or communication skills courses. Another approach is to address them through programs designed to build supportive leadership more generally, by fostering a 'care and concern' early intervention culture.<sup>74</sup>

## Employee and manager assistance

Employee Assistance Programs (EAPs) provide employees with access to short-term, confidential, professional counselling. Management advisory services that form part of many EAPs can provide advice and coaching to assist managers to handle difficult people and difficult situations. Mediation and other conflict management services may also be available under EAPs and can be useful in resolving underlying issues. They can also provide coaching services to assist managers to improve their people management skills.

Reviewing a workplace's EAP, MAP, mediation, training and employee development services can be important in the development of effective secondary prevention strategies. Such analysis should ensure that these services are capable of supporting an early intervention response and minimising the impact of stress on an employee, a manager or a team.

Table 6 provides information about possible organisational solutions to assist employees who are exhibiting signs that they may not be coping at work.

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73 For more information on approaches to absence management, see HiP (HR in Practice), *Managing Absence*, 1-04, acirrt, University of Sydney & IDS, 2004.

74 Cotton P, 'The Comcare Pilot Psychological Injury Prevention Project: Preliminary Findings, Intervention Experiences and Anecdotal Reports', paper presented to Towards Australia's Safest Workplaces III Conference, Canberra, March 2005, [www.comcare.gov.au](http://www.comcare.gov.au).

## Central monitoring

Line managers are generally best placed to identify most of the early warning signs for stress and psychological injury. However, even where they are trained to recognise these signs, some may fail to do so, or may fail to recognise that their own management style may be part of the problem. To ensure that these situations are contained in their effects, it is important that human resource/corporate areas monitor indicators such as absenteeism, turnover, use of grievance procedures, and EAP services to identify potential problem areas. Human resource/corporate staff can then work with line managers to ensure they have the appropriate advice and support to enable them to address emerging issues effectively.

Table 6: Assisting employees at risk or who are not coping

Warning Signs	Possible solutions
<b>Absenteeism</b>	<ul style="list-style-type: none"> <li>• Develop and implement an absence management policy (eg covering recording sickness absence, keeping in contact with the employee, and flexible workplace options to support return to work).</li> <li>• Train managers in their roles and responsibilities, including identifying the early warning signs for individuals who are not coping with work pressures, how to respond and provide support.</li> <li>• Provide managers with advice and assistance in handling difficult absence issues (eg through HR/corporate areas and/or EAPs and Management Advisory Programs).</li> <li>• Develop the capacity for HR/corporate areas to monitor absenteeism, identify 'hot spots' and assist managers to respond appropriately.</li> <li>• Consider reinforcing policies through provisions in certified or workplace agreements.</li> <li>• Consider the need to improve work team climate and supportive leadership.</li> </ul>
<b>Conflict</b>	<ul style="list-style-type: none"> <li>• Ensure conflict resolution processes (eg mediation and facilitation) are in place to resolve interpersonal conflict before it escalates.</li> <li>• Ensure managers are trained to deal effectively with conflict and have assistance to deal with specific issues as they arise (eg through EAPs and Management Advisory Programs).</li> <li>• Consider the need to reinforce policies through provisions in certified or workplace agreements.</li> <li>• Consider the need to improve work team climate and promote a culture of mutual respect and support.</li> </ul>
<b>Other employee behaviours (erratic behaviour, declining performance, depression etc)</b>	<ul style="list-style-type: none"> <li>• Develop and implement an early intervention stress management policy. This may be part of broader early intervention approach. Aim to ensure that at risk employees receive advice, support and appropriate assessment and treatment (eg through EAPs and medical providers) and that underlying issues are addressed.</li> <li>• Where necessary provide coaching for individual managers (eg through Management Advisory Programs).</li> <li>• Consider reinforcing policies through provisions in certified or workplace agreements.</li> <li>• Provide training in coping skills and individual stress management.</li> <li>• Consider the need to improve work team climate and supportive leadership.</li> </ul>

## Implement effective return to work

When an employee is not at work due to a work-related injury they may feel isolated and detached from the workplace. The key to achieving a successful return to work is providing immediate and supportive action.

Whether the injury is as a result of a physical or psychological condition the approach is similar. Claims management experience shows that return to work outcomes are improved where:

- an employee perceives that their work is valued;
- management is committed to the return to work effort (such as finding suitable duties); and
- there is peer support on return to the work group.

Comcare recommends that workplaces adopt an approach to return to work that includes the following elements:

- **clear policy or guidelines** on the organisational assistance available for employees exhibiting early warning signs of not coping at work (including stress-related absence from work). This assistance should not be contingent upon the employee submitting a claim, or a claim being accepted by Comcare. Having a senior manager responsible for ensuring the effective application of the policy is also important<sup>75</sup>;
- **line manager awareness** of the early warning signs, including symptoms of distress and low morale, and how to respond appropriately (achieved through training, policy and guidance material);
- **early contact with the employee** to offer assistance. A supportive initial response can minimise the impact of a stress-related injury on the individual;
- **early and expert assessment to identify employee needs**. An approved rehabilitation provider or a medical expert can accurately assess underlying issues and identify the potential barriers to maintaining the employee at work, or to returning an absent employee to the workplace once they are medically able;
- **involvement of the employee and supervisor to develop an agreed plan** to enable the employee to remain at work or return to work. The plan should include strategies (such as mediation) to resolve workplace issues or any other identified issues that may otherwise prevent recovery;
- **access to effective medical treatment** and evidence-based therapeutic interventions if there is a psychological condition (for example, cognitive and other psychological therapies);<sup>76</sup> and
- **flexible workplace solutions** to support the individual at work. Work adjustments such as changes to tasks, the way the work is managed, or work scheduling can be a positive way of assisting an individual back to their former functional level and good psychological health.<sup>77</sup>

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75 Noreen Tehrani, *Recovery, rehabilitation and retention: Maintaining a productive workforce - a CIPD guide*, Chartered Institute of Personnel and Development, [www.cipd.co.uk](http://www.cipd.co.uk).

76 See Beyondblue, the National depression initiative, for information on evidence-based treatment of depression and anxiety, [www.beyondblue.org.au](http://www.beyondblue.org.au).

77 Comcare, *Easy Reference Guide - Recognition, Resolution and Recovery: Early intervention to support psychological health and wellbeing*, 2005, [www.comcare.gov.au](http://www.comcare.gov.au). And see 'Best practice in rehabilitating employees following absence due to work-related stress', Research report 138, prepared by The Institute for Employment Studies for the UK Health and Safety Executive, UK, 2003.

Comcare provides an extensive range of information, training and support for return to work and rehabilitation case management. For more information, call a Comcare rehabilitation adviser on 1300 366 979 or visit [www.comcare.gov.au](http://www.comcare.gov.au).

## Step 4 – Monitor and review

Having developed a plan to address or minimise work-related stress and psychological injury, it is important that organisations consider how the plan and associated activities will be monitored and reviewed. This is essential to the development of a continuous improvement approach to stress risk management. *'Interventions must be seen within the context of what is possible and practicable in complex organisations.'* A *'balance of effects, as in continuous improvement, rather than an expectation of dramatic and uniformly positive impact'* should be the aim.<sup>78</sup>

There are a number of tools and approaches available to organisations to monitor and review their program. Monitoring and reviewing the program involves:

- **stating clear program objectives.** It is important that program objectives are clarified and confirmed before developing a set of performance indicators, and ideally should be agreed upon as part of the planning conducted under step 3. Program objectives should be future-oriented and describe the outcome expected from the program. The objective(s) should provide the rationale for why the program is being implemented.
- **setting targets and performance indicators.** Targets and performance indicators will indicate progress towards meeting the objective(s). Targets will indicate a goal that an organisation needs to achieve to realise the program's objective, and by when. Performance indicators provide a measure of progress towards meeting the objectives and targets.
- **monitoring and reviewing the program's implementation.** Providing regular reports to senior management or to a program reference group will provide a level of accountability for, and confidence in, the implementation of the program. It will also assist in identifying, discussing and addressing barriers to implementation or refinement to the approach as required.
- **reviewing the effectiveness of the program,** including the short and longer-term impact of the activities implemented – a summary of evaluation methods and designs is provided in table 7, and
- **using the review findings to inform refinements and improvement** to the program or to future people management, organisational or leadership development or health and safety initiatives.

### Targets

Target setting has emerged internationally and in Australia as a key strategy for engaging the interest of executive teams in improving health and safety at work. Targets influence forward planning and the development of practical measures to generate better outcomes in health and safety.

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<sup>78</sup> Mackay and others, p.107.

Working towards targets signals senior management accountability for improved outcomes. Organisations may wish to introduce workplace-based improvement targets to guide and motivate managers and employees to better prevent and manage work-related stress and psychological injury.

Workplace targets for work-related stress should indicate what changes the organisation is seeking to achieve through the implementation of interventions.<sup>79</sup> For example:

- all managers are aware of the potential causes of work-related stress and psychological injury;
- employees are involved in the development and implementation of strategies to address the causes of work-related stress and psychological injury;
- early rehabilitation intervention occurs for all psychological injury claims;
- procedures are in place for responding to threats of occupational violence; or
- the number of claims submitted for psychological injury claims reduces by 50 per cent.

It is also useful to indicate a timeframe for when these targets are expected to be achieved. Some outcomes may be expected in the short to medium term, others in the long term. Achievement of one target may also be contingent upon another target. If this is the case, the timing for achievement of the target should reflect this relationship. For example, a target to develop and communicate procedures for early intervention will be a precursor to a target of achieving a reduction in time taken for early intervention.

### **Performance indicators**

Performance indicators provide a measure of progress towards meeting the objectives and targets. By establishing performance indicators to measure changes in the workplace the organisation will be able to monitor:

- the implementation of strategies and activities designed to address or minimise risk;
- the outcomes or effectiveness of those strategies and activities; and
- changes in the hazards or level of risk.

It is difficult for an organisation to measure the effectiveness of work-related stress prevention activities on an ongoing basis without the use of tools such as an employee opinion survey. If an employee opinion survey was used as part of step 1, the organisation should consider repeating the survey at regular intervals.

The need to select valid measures should be balanced with the expense and ease of data collection. The indicators should be subject to continuous improvement. Some may prove to be more accurate indicators than others as information systems change and develop so it may be necessary to delete less effective measures and add others.

Organisations should consider including a mix of performance indicators based on the sources of data analysed in step 1 and 2 and used to formulate the psychological injury prevention and management plan. Tracking data over time or at intervals will provide an indication of workplace change and the impact of interventions.

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79 LaMontagne A and Shaw A, 'Evaluating OHS Interventions: A Worksafe Victoria Intervention Evaluation Framework', 2004, p.10.

Performance indicators can be outcome-based, reflecting system or operational performance (such as injury rate or number of days lost), or input-based often called positive performance indicators (such as number of staff attending OHS information sessions).<sup>80</sup>

Outcome indicators are important measures, but generally reflect the results of past actions. There is often a time lag between action taken by an organisation to improve performance and any measurable change in performance. Outcome indicators may hide potential risks. For example, a low incidence of injury does not necessarily mean that adequate safety systems and controls are in place, or that hazards have been identified or addressed.

Examples of outcome indicators that organisations may wish to use to track the performance of psychological injury prevention and management include:

- the seasonal rate of absenteeism;
- the rate of workers' compensation claims for psychological injury (submitted and accepted);
- changes in the mechanism of injury of workers' compensation claims;
- the rate of utilisation of EAP/staff counselling services (noting that an increase in use may indicate success in promoting the service, rather than an increased need for the service);
- the rate of reported workplace conflict; and
- the rate of unresolved workplace conflict and whether conflict resolution strategies (such as mediation) are used before absence from work.

Positive performance indicators allow an organisation to measure activities undertaken and that are designed to positively impact on outcome performance. They focus on how successfully an organisation or workplace is performing in relation to OHS.<sup>81</sup>

Examples of positive performance indicators for psychological injury prevention and management include evidence that:

- senior management has received reports on the causes of work-related stress and psychological injury and the steps taken to address or minimise these causes;
- work content and/or work context risk factors are considered in business or change management plans;
- percentage of managers and employees who have been trained or provided information on procedures designed to address or minimise the impact of work-related stress;
- employees are surveyed to assess their level of morale and perceptions of supportive leadership; and
- the performance of the organisation against its business objectives.

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80 Standards Australia, *AS/NZS 4804:2001 Occupational Health and Safety Management System – general guidelines on principles, systems and supporting techniques*.

81 NOHSC, *OHS Performance Measurement in the Construction Industry: Development of Positive Performance Indicators, 1999*, [www.nohsc.gov.au/PDF/statistics/opmconppi\\_report.pdf](http://www.nohsc.gov.au/PDF/statistics/opmconppi_report.pdf).

## Review

A program review means asking questions to evaluate the extent to which program objectives are being met and/or what steps need to be taken to improve the program of activities to ensure the objectives can be met.

Evaluation questions can focus on how well the program of activity is being (or was) implemented. This type of evaluation is called 'process' or 'formative' evaluation. Process evaluation can be done during the implementation stage of the program or after its completion, whereas formative evaluation is done during the intervention and is used to refine or fine-tune the activities or approach. Both types of evaluation are relatively less resource intensive than effectiveness evaluation, and reflect an approach to continuous improvement.

Process and formative evaluations provide answers to questions like:

- how were activities implemented?
- were the right stakeholders involved?
- are the activities impacting upon performance indicators or targets?
- how well did the activity address the cause of the work-related stress and psychological injury?<sup>82</sup>

Evaluation questions may also focus on the outcomes of the program. Effectiveness evaluation requires more time than process or formative evaluations and can only be conducted at the completion of the program. This type of evaluation will answer questions like:

- did the program achieve its objectives?
- did the program meet the identified need?
- did the program deliver value for money?<sup>83</sup>

Table 7 provides a summary of possible evaluation designs and methodologies that may be used in conducting effectiveness evaluation, sorted in order to increasing cost and difficulty and increasing causal inference.

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82 LaMontagne and Shaw, p. 3.

83 LaMontagne and Shaw, p. 3.

Table 7: Evaluation design and methods

Case study	Looking in-depth at one case or a small set of cases and qualitatively analysing what happened and why.
Cross-sectional	Collecting data on a group of employees and/or managers at one point in time.
Before and after	Comparing data from before and after the intervention in the same group.
Longitudinal	Following a group over time and collecting data on the same measures at two or more points in time.
Pseudo-experimental	Two groups receive different interventions but are not randomly allocated (for example, allocation based on workplace location)
Experimental	Start with a single group and randomly assign individuals or workplaces to different intervention conditions. The groups should be comparable in all respects except the intervention received. One group will be a control group.

Source: LaMontagne A and Shaw A, 'Evaluating OHS Interventions: A Worksafe Victoria Intervention Evaluation Framework', 2004.

## Terms and concepts

### Absenteeism

Usually refers to unplanned absences from work such as sick leave, carer's leave and lateness. An increase in an employee's frequency and duration of absences can be a sign of stress and the associated gradual disengagement from the workplace. Such withdrawal behaviours are a strong indicator of an increased risk of psychological injury.

### Acute stress

A sudden onset injury that usually involves a rapid response to an abrupt, single, easily identified cause (such as conflict in the workplace).

### Burnout

A syndrome of complete physical and emotional exhaustion. It is characterized by pessimism, paranoia, rigidity, diminished sense of humour, increased physical complaints, self-medication and social withdrawal, and may be associated with excessive and prolonged stress.

### Chronic stress

A condition arising from a cumulative reaction to a build up of pressure over time (eg as a result of increased workload, increased hours, role conflict, job insecurity, interpersonal conflict and lack of support). Chronic stress wears people down and eventually overwhelms the individual's ability to cope.

## **Discretionary performance**

Refers to a variety of work behaviours that are important for organisational success, but are not necessarily defined as part of an individual's core task responsibilities (eg in their duty statement). Discretionary performance covers behaviours such as volunteering to carry out tasks, helping co-workers, exerting extra effort, levels of participation, client/customer focus, courtesy, and promoting the organisation to others. Research has found that these behaviours are positively influenced by high-levels of supportive leadership. Discretionary performance is an important contributor to the overall success of an organisation.

## **Distress**

Psychological distress refers to the negative feelings (such as anxiety, anger, depression, or frustration) that individuals may experience in response to pressures or demands. Distress can occur when a person is subjected to demands and expectations that are out of keeping with their needs, abilities, skills and coping strategies. Distress can lead to mental and physical ill health.

## **Early intervention**

Steps taken to support an employee at risk of developing work-related stress, or experiencing the early stages of psychological ill-health. Early intervention means responding to an early warning sign and providing assistance to an employee. Responding early can often prevent the employee from becoming ill, taking long-term sick leave or needing to submit a workers' compensation claim.

## **EAP**

Employee Assistance Program. Most agencies have contracts with EAP providers that offer a range of counselling and other services to staff. Some of these programs also offer Management Advisory Services to provide individual managers with practical advice and/or coaching about how to handle difficult people or issues before relationships deteriorate. Mediation and conflict resolution services provided through these programs can be useful in early intervention.

## **Eustress**

Positive or pleasant stress. This form of stress results in good consequences, such as a sense of fulfilment and personal growth. Eustress is a beneficial stress that enhances performance, and leads to a positive outcome.

## **Harm**

The type and nature of adverse impacts on employees' health, including mental health outcomes such as anxiety and depression. Apart from individual health impacts, harm may also refer to outcomes for the organisation, such as absenteeism, errors and impaired efficiency.

## **Hazards**

Those features of the workplace (either physical or psychosocial in combination) that have the potential to lead to harm or unwanted consequences.

## **Job satisfaction**

The degree to which an individual derives satisfaction from the performance of their work and the work experience. Job satisfaction refers to the evaluations that individuals make about their work experience by weighing up positive and negative experiences.

## **Morale**

In the context of work, morale describes the positive experiences and feelings that an individual has at and through work, including positive social aspects. Generally associated with positive feelings such as pride, energy and enthusiasm. Research indicates that high levels of morale can play an important role in protecting individuals from the negative effects of stress.

## **Organisational climate**

Includes employee perceptions and evaluations of leadership practices, decision making processes, working relationships among employees, appraisal and recognition, as well as roles and goals. 'Work team climate' refers to these same characteristics within the immediate work team. Organisational climate reflects the way things are done in a particular work environment. Organisational climate perceptions are critical determinants of individual behaviour in organisations – mediating the relationship between objective characteristics of the work environment and individual employee responses.

## **Post traumatic stress**

Post traumatic stress disorder is a delayed response to an acute stressful and life threatening event or situation, such as witnessing a violent act.

## **Primary prevention**

Prevention activity that seeks to address work-related hazards and the sources of harm (eg changes to organisational culture, workload, job redesign). When managed in concert with secondary and tertiary prevention activities, it can reduce the incidence and severity of work-related stress and psychological injury claims.

## **Presenteeism**

A term which recognises that although a person may be present in the workplace they may be unproductive due to low morale, or be too sick, distressed or distracted to work effectively. A form of 'withdrawal' behaviour.

## **Psychological injury**

The form of injury generally associated with stress is called 'psychological injury'. The medical conditions included in this term include depression, anxiety disorders and post traumatic stress disorder. These are clearly defined diagnoses and require appropriate clinical assessment and intervention.

## **Psychosocial hazards**

Factors concerned with the design, organisation and management of work that have the potential to lead to psychological or physical harm.

## **Risk**

The likelihood that exposure to a hazard will lead to harm.

## **Risk assessment**

A process that identifies and manages organisational risks to the health and wellbeing of employees.

## **Secondary prevention**

Prevention activity that aims to reduce the severity of the consequences of hazards and harm before they become too serious. As such, it supplements primary prevention by minimising the adverse effects of a hazard. Secondary prevention strategies focus on altering the way that individuals respond to stress, and include identifying and assisting employees exhibiting the early warning signs of stress, training in coping strategies, exercise, relaxation and meditation and providing employee assistance programs. Information collected through secondary prevention can inform primary prevention activity.

## **Stress**

Stress is a broad term used to describe the feeling that people may have in response to pressures or demands that they face in their lives. Some level of stress is to be expected and can be managed or tolerated. Stress itself is not an illness. However, if demands and expectations continue to exceed a person's needs, skills, abilities and coping strategies over a period of time it can lead to mental and physical ill health. Factors that produce stress are sometimes referred to as 'stressors'.

## **Task performance**

Relates to performance of the core tasks the employee is required to perform (eg as specified in the duty statement).

## **Tertiary prevention**

Refers to the treatment of the identified condition and amelioration or restoration to a full state of health and functioning. It includes rehabilitation and return to work strategies provided to an employee who is in the early stages of ill-health or who has developed an injury or illness. Tertiary prevention (or management) is not contingent upon an employee submitting a workers' compensation claim. Information collected and experience gained through tertiary prevention can inform improved primary and secondary prevention.

## **Withdrawal behaviours**

Employee behaviours including increased absenteeism, turnover and submitting workers' compensation claims – behaviours that are experienced as a withdrawal from the workplace and/or work. Research indicates that such behaviours are more strongly influenced by low levels of morale (for example, lack of energy, enthusiasm and pride) than the presence of distress.

## **Work team climate**

See 'organisational climate'

## **Work pressure**

The most common cause of psychological injury claim for Australian government employees. Classified according to the 'Types of Occurrence Classification System' (TOOCS 2.1), it is a national code intended to identify the action, exposure or event which was the direct cause of the most serious injury or disease. It includes mental stress arising from work backlogs, deadlines, responsibilities, organisational restructure etc; mental stress arising from interpersonal conflict with peers, supervisors; and mental stress arising from performance counselling, job disciplinary action, job promotion disappointment. It excludes threatened assault at work by a person other than work colleagues; single act of threatened assault by a work colleague or colleagues; repetitive threatened assault, verbal threats or abuse from a work colleague or colleagues; and sexual or racial harassment.

# Appendix A:

## Health and Safety Executive (UK) Management Standards

### DEMANDS

Includes issues like workload, work patterns, and the work environment

**The standard is that:**

- Employees indicate that they are able to cope with the demands of their jobs; and
- Systems are in place locally to respond to any individual concerns.

**What should be happening / states to be achieved:**

- The organisation provides employees with adequate and achievable demands in relation to the agreed hours of work;
- People's skills and abilities are matched to the job demands;
- Jobs are designed to be within the capabilities of employees; and
- Employees' concerns about their work environment are addressed.

### CONTROL

How much say the person has in the way they do their work

**The standard is that:**

- Employees indicate that they are able to have a say about the way they do their work; and
- Systems are in place locally to respond to any individual concerns.

**What should be happening / states to be achieved:**

- Where possible, employees have control over their pace of work;
- Employees are encouraged to use their skills and initiative to do their work;
- Where possible, employees are encouraged to develop new skills to help them undertake new and challenging pieces of work;
- The organisation encourages employees to develop their skills;
- Employees have a say over when breaks can be taken; and
- Employees are consulted over their work patterns.

## **SUPPORT**

**Includes the encouragement, sponsorship and resources provided by the organisation, line management and colleagues**

### **The standard is that:**

- Employees 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.

### **What should be happening / states to be achieved:**

- The organisation has policies and procedures to adequately support employees;
- Systems are in place to enable and encourage managers to support their staff;
- Systems are in place to enable and encourage employees to support their colleagues;
- Employees know what support is available and how and when to access it;
- Employees know how to access the required resources to do their job; and
- Employees receive regular and constructive feedback.

## **RELATIONSHIPS**

**Includes promoting positive working to avoid conflict and dealing with unacceptable behaviour**

### **The standard is that:**

- Employees indicate that they are not subjected to unacceptable behaviours, e.g. bullying at work; and
- Systems are in place locally to respond to any individual concerns.

### **What should be happening / states to be achieved:**

- The organisation promotes positive behaviours at work to avoid conflict and ensure fairness;
- Employees share information relevant to their work;
- The organisation has agreed policies and procedures to prevent or resolve unacceptable behaviour;
- Systems are in place to enable and encourage managers to deal with unacceptable behaviour; and
- Systems are in place to enable and encourage employees to report unacceptable behaviour.

## ROLE

Whether people understand their role within the organisation and whether the organisation ensures that the person does not have conflicting roles

**The standard is that:**

- Employees indicate that they understand their role and responsibilities; and
- Systems are in place locally to respond to any individual concerns.

**What should be happening / states to be achieved:**

- The organisation ensures that, as far as possible, the different requirements it places upon employees are compatible;
- The organisation provides information to enable employees to understand their role and responsibilities;
- The organisation ensures that, as far as possible, the requirements it places upon employees are clear; and
- Systems are in place to enable employees to raise concerns about any uncertainties or conflicts they have in their role and responsibilities.

## CHANGE

How organisational change (large or small) is managed and communicated in the organisation

**The standard is that:**

- Employees indicate that the organisation engages them frequently when undergoing an organisational change; and
- Systems are in place locally to respond to any individual concerns.

**What should be happening / states to be achieved:**

- The organisation provides employees with timely information to enable them to understand the reasons for proposed changes;
- The organisation ensures adequate employee consultation on changes and provides opportunities for employees to influence proposals;
- Employees are aware of the probable impact of any changes to their jobs. If necessary, employees are given training to support any changes in their jobs;
- Employees are aware of timetables for changes;
- Employees have access to relevant support during changes.

Source: [www.hse.gov.uk/stress](http://www.hse.gov.uk/stress)

## Appendix B: Health and Safety Executive (UK) Indicator Tool

The full Indicator Tool, revised following extensive development, consultation and piloting by the HSE in the UK. The tool has been made freely available for use. The eight items that constitute the shorter, first pass tool are marked with an asterisk.

### **Demands (8 items)**

*Scored on a 5-point LIKERT scale 'never', 'seldom', 'sometimes', 'often', 'always':*

- I am pressured to work long hours
- I have unachievable deadlines
- I have to work very fast
- I have to work very intensively
- I have to neglect some tasks because I have too much to do
- Different groups at work demand things from me that are hard to combine
- I am unable to take sufficient breaks
- \*I have unrealistic time pressures

### **Control (6 items)**

*Scored on a 5-point scale 'never' to 'always':*

- I can decide when to take a break
- I have a say in my own work speed
- \*I have a choice in deciding what I do at work
- I have a choice in deciding how I do my work

*Scored on a 5-point scale 'strongly agree', 'agree', 'neutral', 'disagree', 'strongly disagree':*

- I have some say over the way I work
- My working time can be flexible

### **Managerial support (5 items)**

- I am given supportive feedback on the work I do ('never' to 'always')
- I can rely on my line manager to help me out with a work problem ('never' to 'always')

*'Strongly agree' to 'strongly disagree':*

- I can talk to my line manager about something that has upset or annoyed me about work
- I am supported through emotionally demanding work
- \*My line manager encourages me at work

### **Work colleague support (4 items)**

- If the work gets difficult, my colleagues will help me ('never' to 'always')
- I get the help and support I need from colleagues ('strongly agree' to 'strongly disagree')
- \*I receive the respect I deserve from my colleagues at work ('strongly agree' to 'strongly disagree')
- My colleagues are willing to listen to my work-related problems ('strongly agree' to 'strongly disagree')

**Role (5 items)**

Scored 'never' to 'always'

I am clear what is expected of me at work

I am clear about the goals and objectives for my department

I know how to go about getting my job done

\*I am clear what my duties and responsibilities are

I understand how my work fits into the overall aims of the organization

**Relationships (4 items)**

Scored 'never' to 'always'

There is friction or anger between colleagues

I am subject to personal harassment in the form of unkind words or behaviour

I am subject to bullying at work

\*Relationships at work are strained

**Change (3 items)**

Scored 'strongly agree' to 'strongly disagree':

\*Staff are consulted about change at work

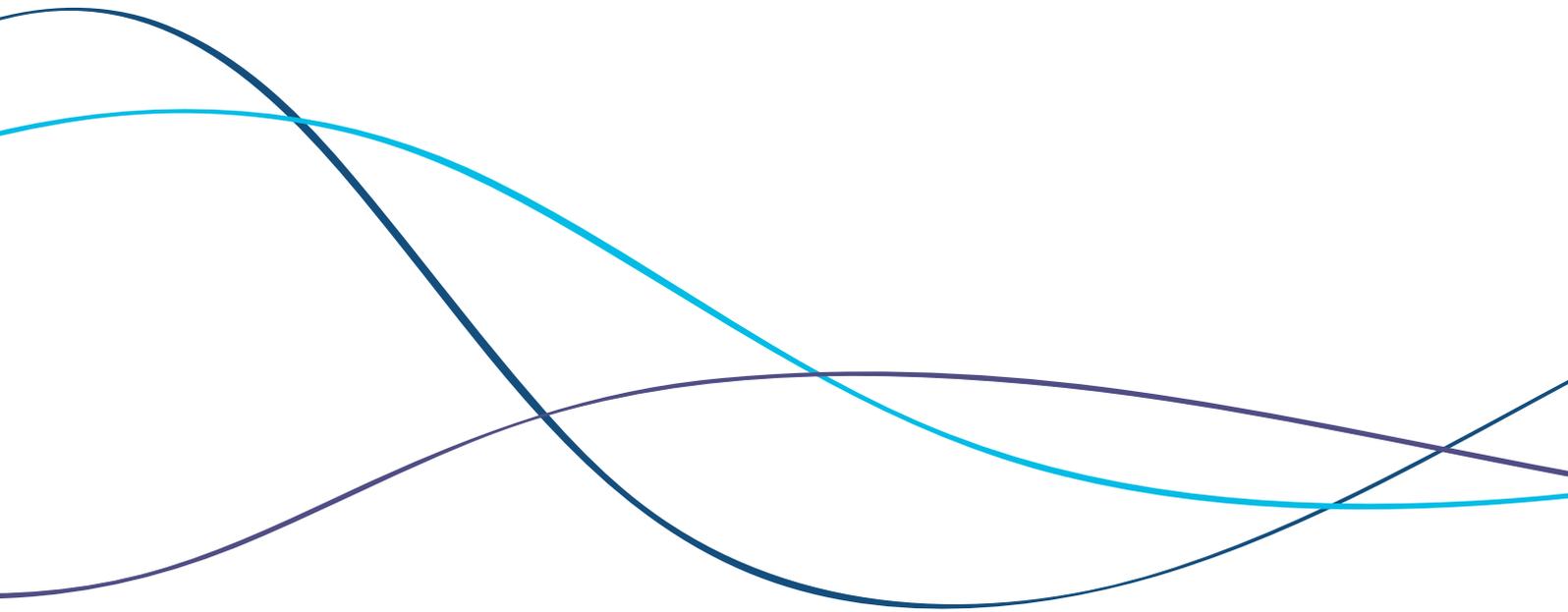
I have sufficient opportunities to question managers about change at work

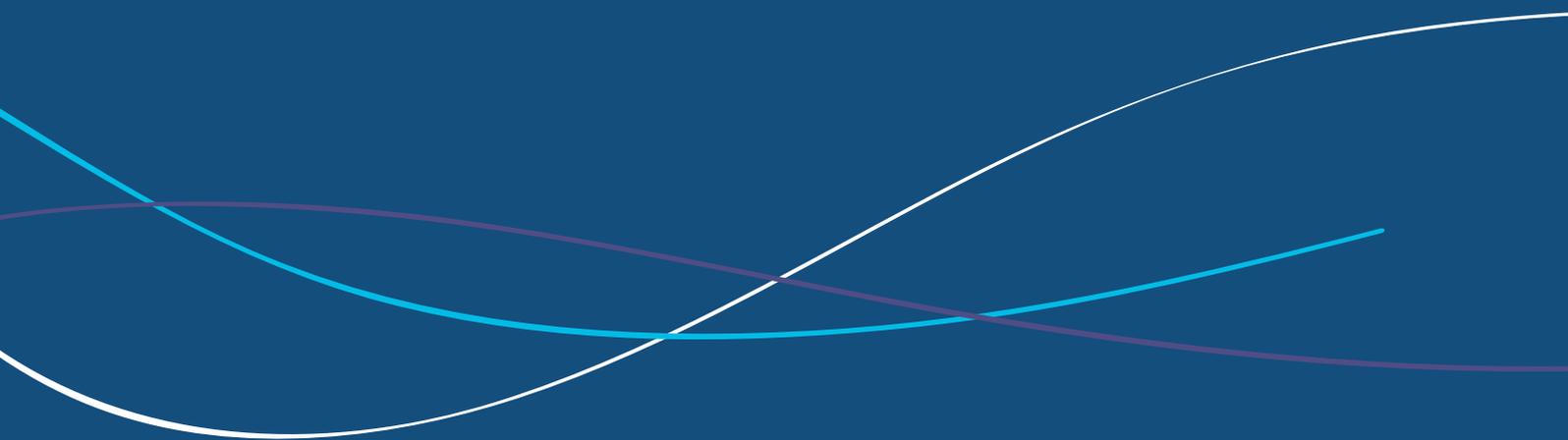
When changes are made at work, I am clear how they will work out in practice.

Source: Cousins R, Mackay C, Clarke S, Kelly C, Kelly P and McCaig R, 'Management Standards and work-related stress in the UK: Practical development', *Work and Stress: a journal of work, health and organisation*, 18(2), 2004, p.130; and [www.hse.gov.uk/stress](http://www.hse.gov.uk/stress).









For further information contact  
Comcare  
GPO Box 9905  
Canberra ACT 2601

Telephone — 1300 366 979  
Internet — [www.comcare.gov.au](http://www.comcare.gov.au)

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