
**Management Standards for Work-related stress
in the UK – a success story?**

**3rd Canadian Congress on Mental Health and
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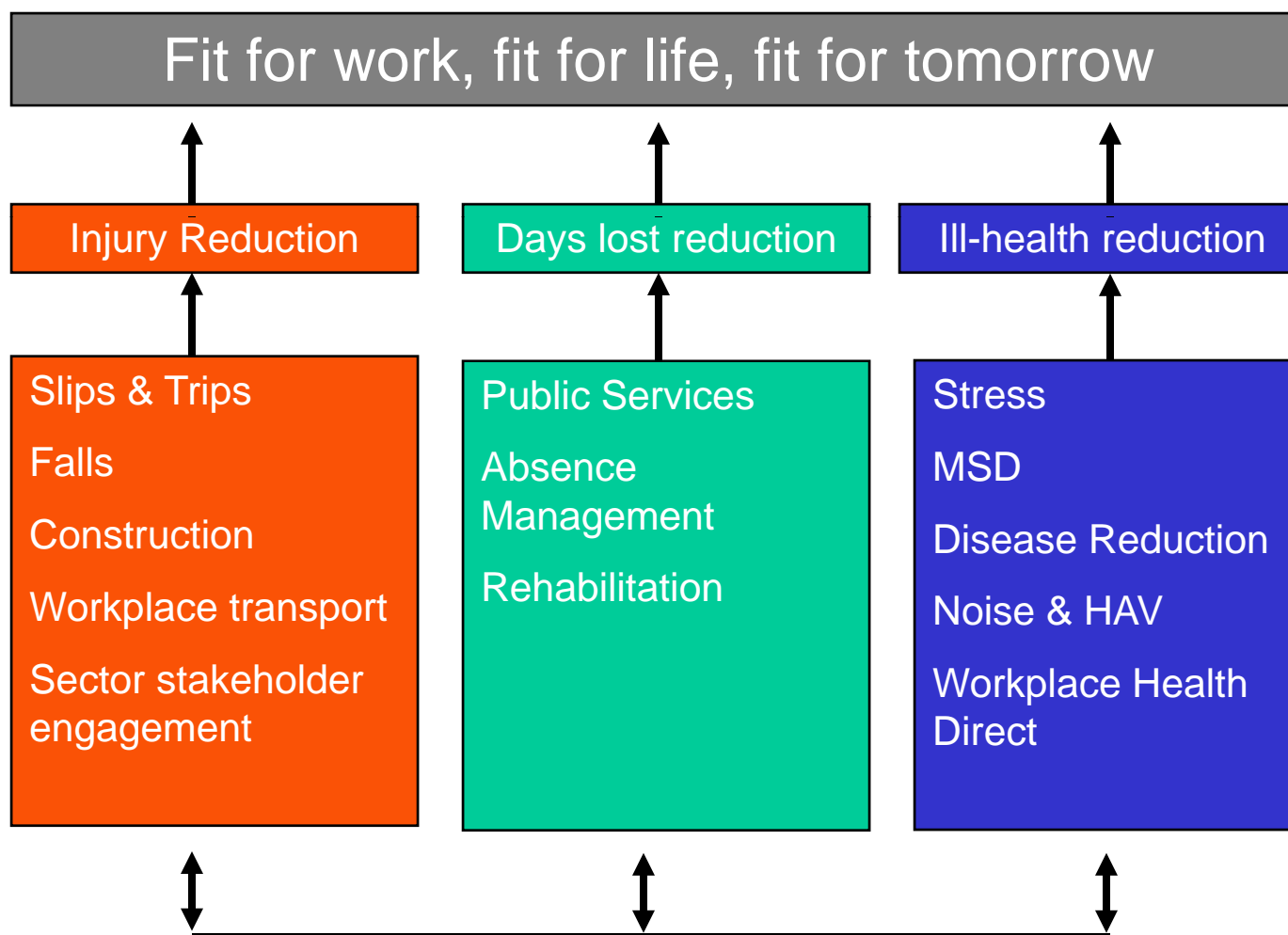
What I would like to cover today

- **Work and health – what does the big picture look like?**
- **What are the drivers for action?**
- **What have we been doing in the UK on work – related stress?**
- **Specifically – what does the Management Standards process look like and how does it work?**
- **How are we measuring success?**

Embedding the Management Standards

- **Using them to structure return-to-work interviews**
- **Using them in annual appraisals and other forms of performance agreements**
- **Using them for individual risk assessments**
- **For assessing risks in particular jobs (as in task analysis)**
- **As a part of competency frameworks**

Fit3 Strategic Programme



Work and health – what we know



- Not working is bad for you
- Work offers opportunities to promote individual health and well-being
- Work should be recognised by all as important and beneficial, and access to and retention of work promotes and improves the overall health of the population
- On the downside poor working conditions can impair health and well-being
- Long-term sickness absence is a strong predictor of mortality

What does this mean?

We need:

- Increase to 80% employment from current 75%
- More people in work
- People at work for more of the time
- People able to work to a later age
- People with health problems and disabilities able to return to work
- Work seen as important for people's health and wellbeing

What is required?



-
- Appropriate priority to health of working age people
 - Joined up thinking and working
 - A coordinated approach
 - Engagement of all stakeholders:
 - employers
 - unions
 - health professionals
 - government and its agencies
 - independent, public and voluntary sectors
 - Leadership
 - Learning from ground breaking work in Scotland

Shaw Trust (2006) – key findings



- Employers badly underestimate the extent to which employees are suffering from stress, anxiety and depression and other forms of mental illness
- Most companies don't have effective policies to deal with employee's mental health and don't know enough about their legal position
- Most companies don't have effective provision to manage mental health in the workplace
- Workplace attitudes indicate widespread discrimination towards people with mental ill-health although this may not be conscious or intentional
- The majority of directors believe industry needs significantly more support for tackling mental health issues in the workplace

HSE's Health Agenda (1)

- Widening from risks arising from hazardous materials
- Common health problems – not just work-related aspects
- Cannot resolve alone – more strategic and partnership based approach
- Break down traditional demarcation between occupational and public health
- Change of message – work is solution
- More focus on rehabilitation and return to work

HSE's Health Agenda (2)

- Move beyond negative connotations of 'stress' to embrace more positive notions such as well-being and its enhancement
- 'What's good?' not 'What's bad?'
- Internal personal resources – self-esteem, self-efficacy, competence
- Whole-person approach
- Resilience – agreeing on how best to conceptualise
- Going beyond the Management Standards

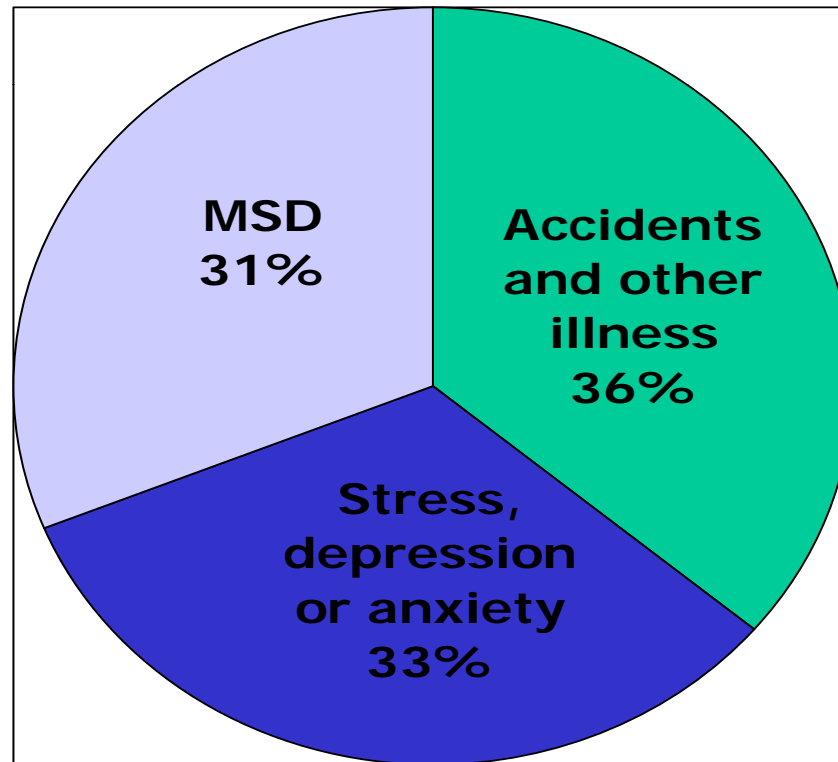
What is Stress?

- A natural reaction to excessive pressure
- When perceived demands exceed the individual's ability to cope
- It is not a disease but if excessive/prolonged can lead to mental and physical ill health
- There is no such thing as positive stress (only positive pressure) - stress is always negative
- Stress is not a recognised medical condition

HSE Definition

Stress is the adverse reaction people have to excessive pressure or other types of demand placed on them.

Number of Working Days Lost: All Work Related Injury and Ill Health



Scale of the Problem

- HSE sponsored labour force survey: Self reported work related illness in 2004/2005
 - 245 thousand new cases of WRS, depression or anxiety in previous 12 months
 - WRS biggest contributor to number of working days lost
 - Estimates 12.8m working days lost in GB per year

Change of Approach

- assess effects
- palliative measures
- adapt workers

**protects
status quo**

- assess risks
- preventive measures
- adapt work

**protects
workforce**

Individual v Collective Solution

- identify symptoms
- adapt response
- change behaviour / perception

Individual remedy

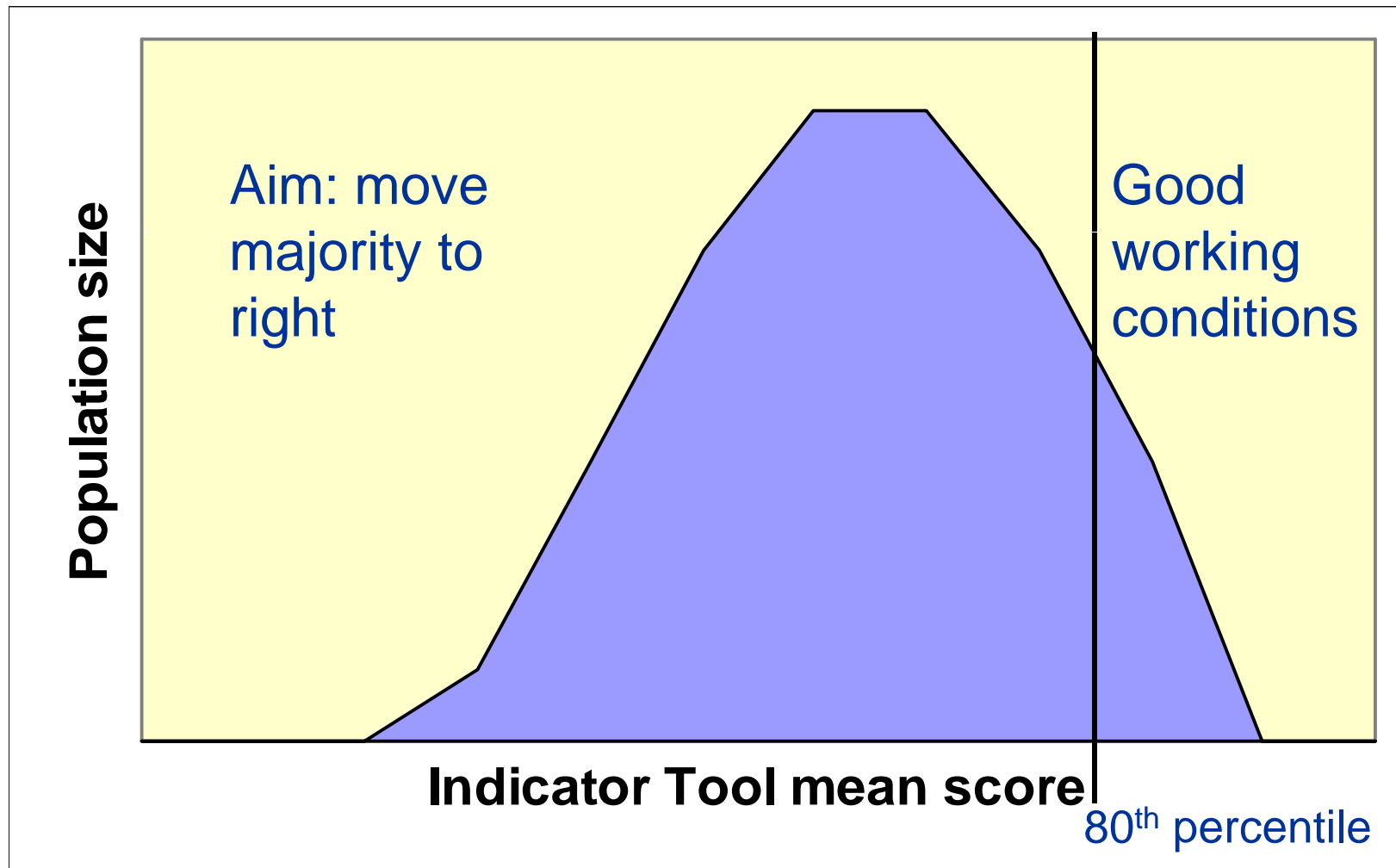
- identify stressors
- adapt work
- change external conditions / culture

Collective remedy

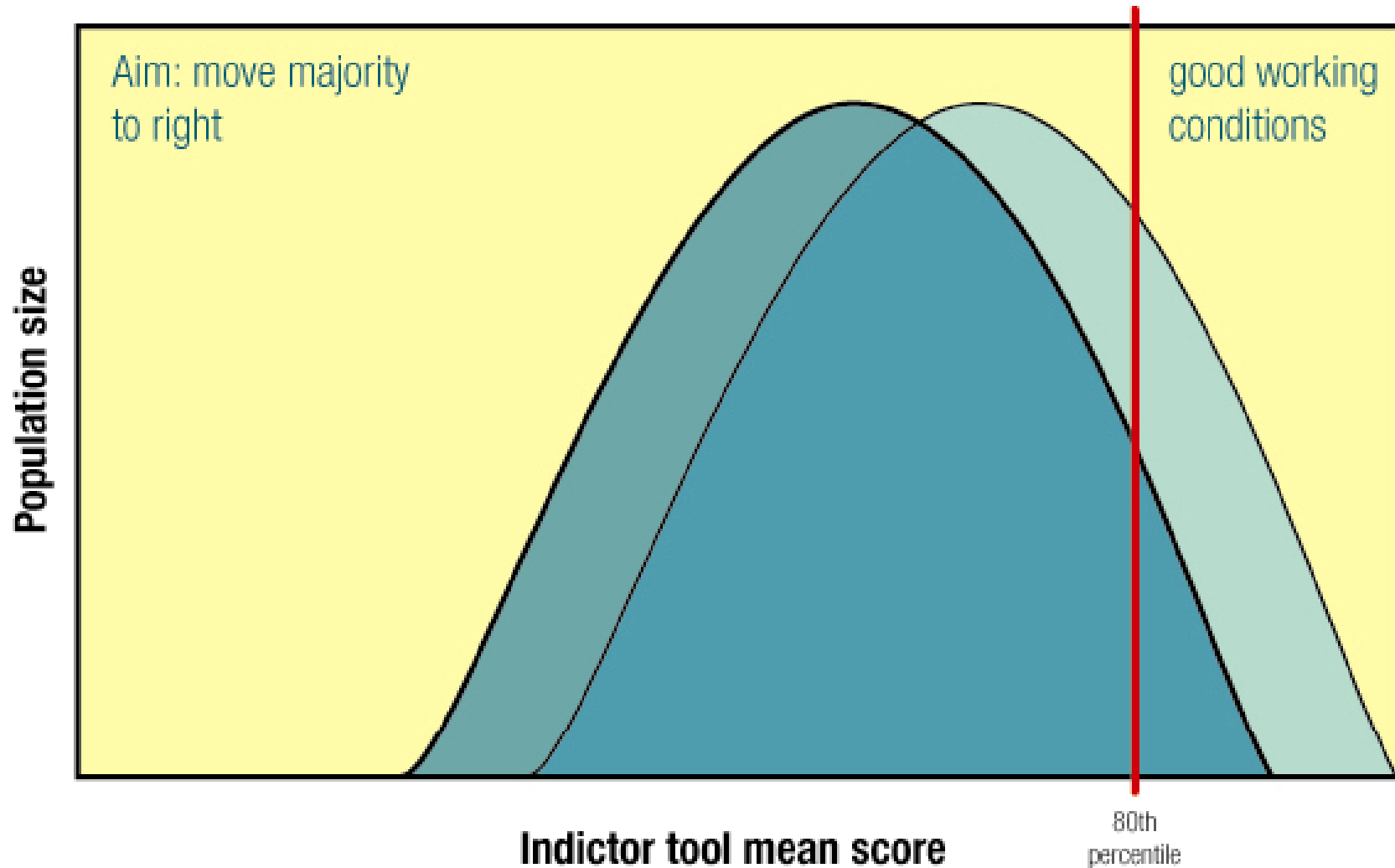
The population approach

- Small effects in large populations more powerful than large effects in small ('high-risk') populations – 'moving the massive middle'
- Shifting the distribution to a healthier state (continuous improvement) – mimic good performers
- Conspicuously 'ill' are reflection of average in the population
- Disease/dysfunction continuously distributed in the population ('caseness' arbitrary)
- Using in stress priority programme

Population Shift/State To Be Achieved



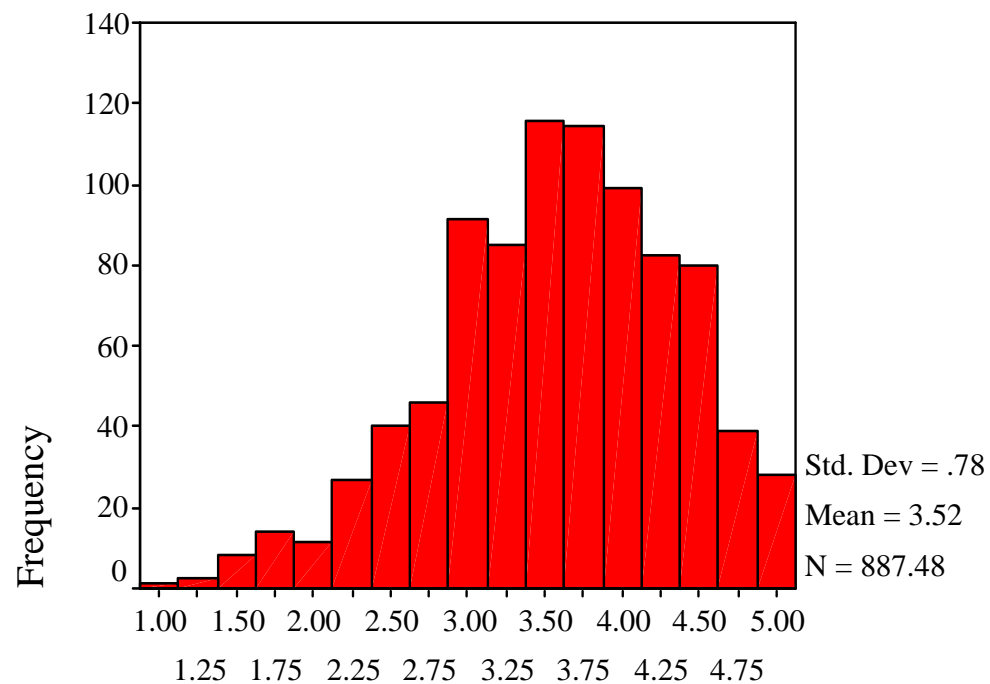
Population Shift/State To Be Achieved



UK population data for demand based on five point scale April 2004 (n ~ 2000) (ONS Omnibus survey)



Histogram



SDEMAND

Cases weighted by WTA

Management Standards Development



Partners told us that Standards should be:

- Based on evidence
- Practical and easy to use
- Applicable across the board
- About problems and their solutions
- Flexible and adaptable
- Supported by a business case

HSE's Approach

- Good management
- Prevention rather than cure
- Shifting the workforce from an undesirable 'state' to a desirable state
- Based on the best available evidence
- A risk assessment approach

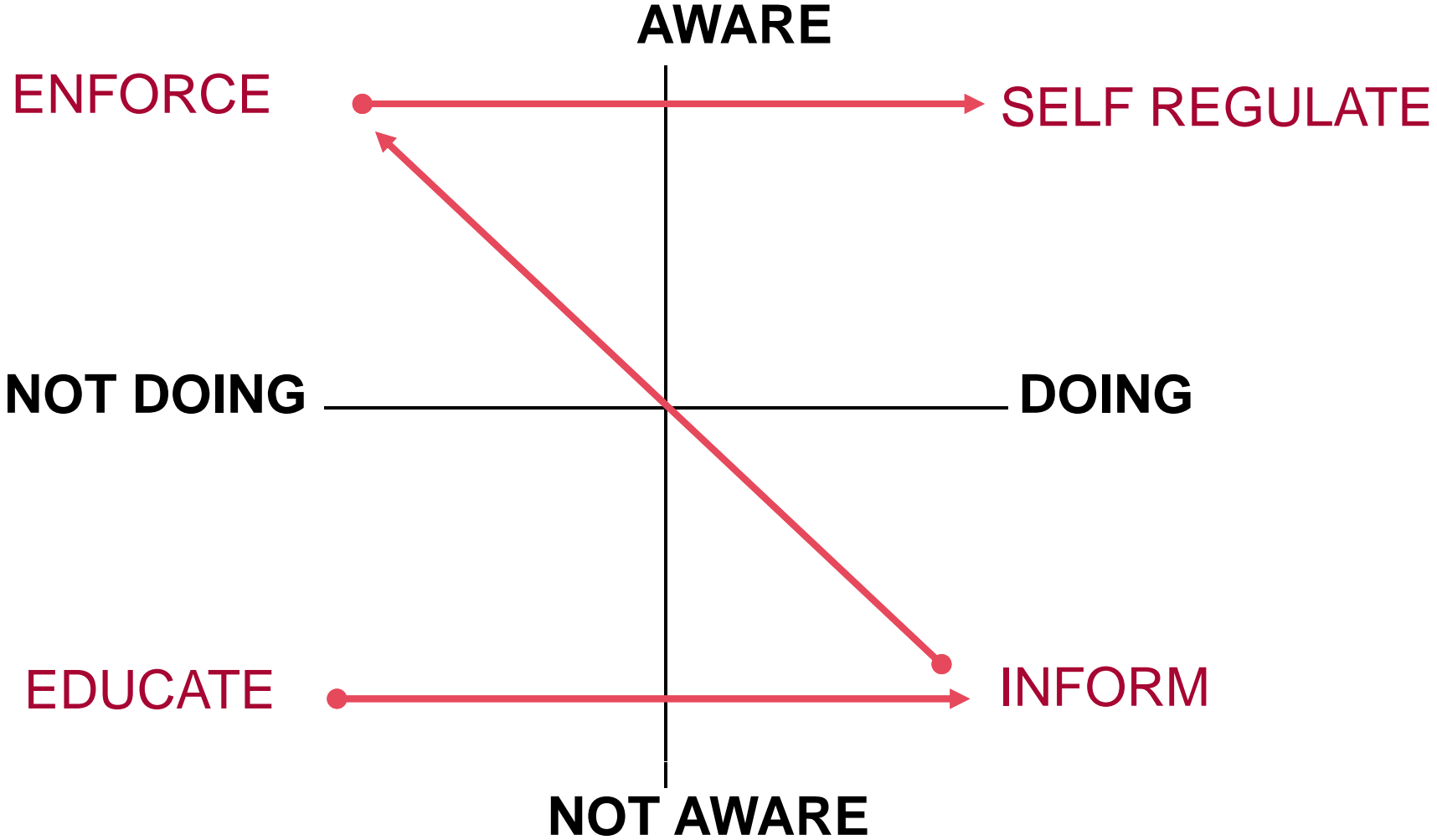
How do the MS accomplish this?

- By risk assessment
- By asking the workforce what their views are regarding the workplace (good and bad)
- By taking note of and visibly acting upon the workforce's views
- By being inclusive and making people feel that their views are important
- By continuous improvement of working conditions
- By defining a 'State to be achieved' for each standard

Management Standards for Work Related Stress

- Designed to enable employers and employees to work in partnership to deal with stress at organisational level
- Help organisations gauge performance and identify areas for improvement
- Help simplify the risk assessment process for stress
- Developed with real organisations and tested further with real people
- Based on the best available evidence

Stress Priority Programme Development



Problem Solving*

- ***NB Systematic approach/people at all levels to contribute to finding solutions/in groups***
- Identify the problem
- Find the best ways of gathering data
- Brainstorm the problem/explore options and solutions/evaluate priorities and decisions/select the best solutions for the situation and context
- Implement and review
- Evaluate and learn

* Business: The Ultimate Resource (2nd Edition) A & C Black London (2006) p 676-677

The Management Standards Approach



Identify the problem

- Recognition – *can you see or feel the problem?
Is it isolated or part of a bigger problem?*
- Symptoms – *how is the problem manifesting
itself especially individual health and well-being?*
- Causes – *what are they, what has gone wrong,
why has it happened?*
- Effects – *what else is being affected by it
especially organizational performance?*

Six Management Standards

- **Demands:** - workload, deadlines, work scheduling, physical environment
- **Control:** - decision authority, autonomy, pacing, interruptions
- **Support:** - organisational, managerial colleagues, practical and emotional
- **Relationships:** - interpersonal conflict, bullying and harassment
- **Role:** - ambiguity, conflict, image, responsibility
- **Change:** - new ways of working, new technology, change strategies, consultation and involvement

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.

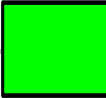
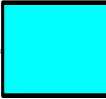


Understand the Management Standards



	Health	Local Govmnt	Central Govmnt	Educati on	Finance
Demand	2	2	2	1	2
Control	4	3	6	6	4
Support	3	6	=3	5	3
Role	=5	5	5	4	=5
Relation	=5	4	=3	3	=5
Change	1	1	1	2	1

From Analysis Tool....



	Your		Suggested	Suggested		
	Results		Interim	Longer Term		
			Target	Target		
						Key 
Demands	4.00		4.13	4.25		
Control	4.58		4.58	4.58 *		
Managers' Support	4.70		4.70	4.70 *		
Peer Support	4.25		4.25	4.75		
Relationships	4.63		4.75	4.75		
Role	4.80		5.00	5.00		
Change	4.17		4.17	4.17 *		



Demands

Question		Average
3	Different groups at work demand things from me that are hard to combine	3.00
6	I have unachievable deadlines	2.83
9	I have to work very intensively	3.00
12	I have to neglect some tasks because I have too much to do	3.50
16	I am unable to take sufficient breaks	3.75
18	I am pressured to work long hours	4.60
20	I have to work very fast	2.67
22	I have unrealistic time pressures	4.00
Overall		4.00

Sector Implementation Plans (SIP)

SIP1

- 69 Organisations from five primary sectors
- 21 from the health sector
- Evaluation

SIP2

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

Lessons from SIP 1 and associated work



What was done

- Assumptions compared with reality
- Identified barriers and enablers
- Identified what needed to be done to overcome problems/ fill the gaps

Lessons from SIP 1 and associated work



Data sources

- SIP1 forms returned to Stress Partner e mail account
- Interviews with organisations
- Interviews with HSE and LA Stress Partners
- Interim evaluation findings
- Scientific literature

The Organisation



- NHS Trust providing hospital Care for 150,000 adults
- Hospital is purpose built and opened in 1983
- Employs 1,800 staff
- Trust awarded 'zero-star' rating in 2002
- New Chief executive appointed !
- Undergoing rapid growth
- Major organisational change being implemented

Drivers for action

- Legacy of rigid and autocratic management style
- Problem solving ‘constipation’
- Middle management acted as ‘damp-proof course’ inhibiting both downward and upward communication
- High levels of staff turnover and absence
- Enthusiasm from Trade Unions and staff side for action
- Instigation of ‘Valuing people’ initiative – ‘What’s good, what’s bad about working here?’
- West Dorset NHS trust issued with ‘Improvement Notice’

The strategy

- Top management commitment
- Allocation of appropriate resources
- Set up of trust-wide steering group
- Formal risk assessment approach
- Commitment to action plan as a result of identified problems (ISFAIRP)
- Staff participation including all stakeholders is key
- Evaluation following interventions - has it worked?

What are we already doing?

- Improving Working Lives (IWL)
- Management training (remove 'damp-proof course')
- Specialist skills training
- Organisational Development initiatives
- Site redevelopment and design of new facilities for patient care
- Revamped HR strategies

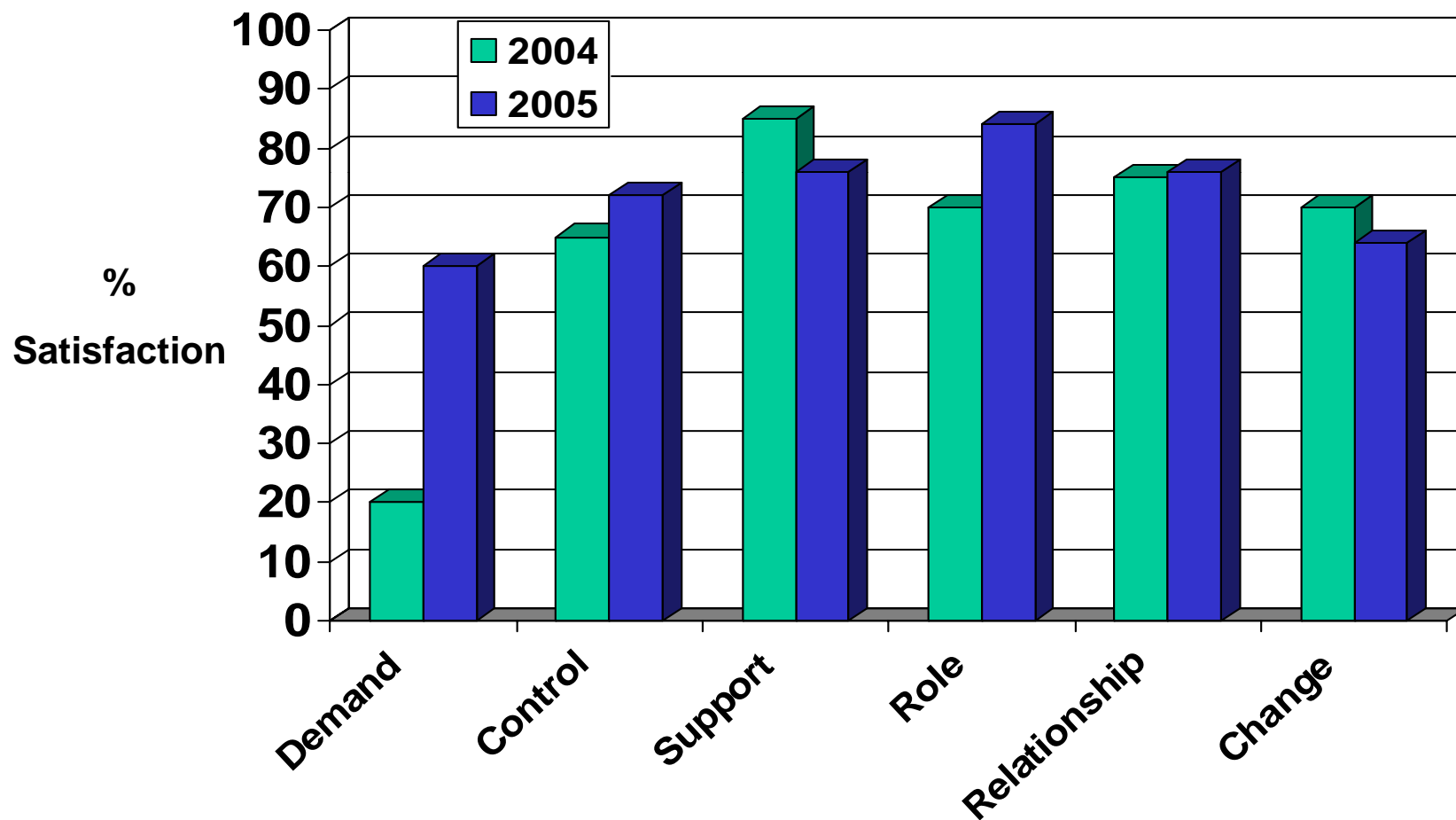
What did the data show?

- Hot spots
- Variations in response rate
- Some factors more salient/critical than others
- Good things and bad things (lessons from good performers)
- Allowed systematic quantification of areas for improvement
- NB. *These data are input into focus groups not end in themselves*

Management context for action plans

- Regular and relevant staff meetings with real participation in decision making
- Structured staff development programmes and grading reviews
- Structured and purposeful staff consultation (e.g. problem solving workshops)
- Job rotation to ensure skill use and physical loading
- A culture that supports strong management communications and encourages active involvement
- Experienced help and advice being readily available (mentoring and perceptorship systems)
- Giving staff responsibility and freedom to make decisions (in line with their skills and capabilities)
- Flexible rostering

The Results



What were the benefits?

- Improved staff satisfaction
- Sickness absence reduced to 3.8% a 37% reduction!
- Significantly reduced turnover especially in key posts
- Less use of 'bank' nursing staff saving £500,000/year
- Continuation of 2 star status
- Awarded 'Improving Working Lives Plus' status
- Significant improvements in productivity
- Improved organisational image/reputation
- Patient (customer) satisfaction improved in all areas



Key Learning Points

- Commitment from all employees, management and staff, are essential
- Communications are a prerequisites to success
- There is no, one, big hit to solving all problems
- There are enormous business benefits to doing this
- The Management Standards approach allows organisations to move towards a culture of openness and organisational learning

Case Study:

Key messages:

- Staff usually know the answers!
- You will not find a 'silver bullet', so don't waste your time looking!
- Small changes can have a big impact
- Cost of not addressing the issue can be huge in terms of performance and litigation!
- Net saving after costs of interventions etc. £1.57m (over two years)

For further details see Research Report 295 at www.hse.gov.uk

Embedding The Approach

This is about making the management of the risk factors of stress part of everyday management.

How can this be achieved?

- Reviewing existing policies & procedures based on interventions
- Evaluating effectiveness of interventions on organisational performance
- Continuous improvement

Why are line managers important?

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

Line Manager Competency Research



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

Healthy Workplace Solution Workshops

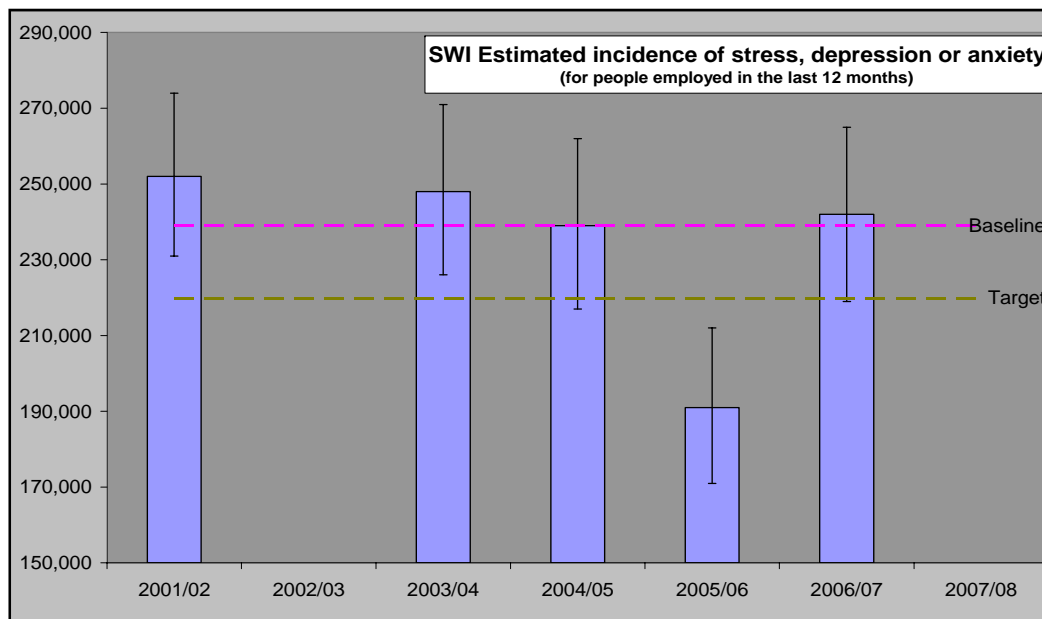


- Over 90% of delegates rated the sessions as very useful or useful
- 85% agreed that the workshops gave them knowledge to take forward the MS in their organisation
- 81% agreed that the workshops would enable presentation of a convincing case to senior managers for tackling sickness absence
- But – only 38% already had Board level agreement to implement the MS, or thought they were very likely to have agreement in the next 12 months.



STRESS INCIDENCE STATISTICS

- The SWI survey provides our main measure of levels of work-related stress
- Our PSA target was to reduce stress incidence by 8% by 2008
- Stress incidence fell dramatically in 2005/06 but has risen to previous levels in 2006/07 and is no longer on track to meet the target reduction
- Whether figures are increasing or decreasing, we must be careful not to attribute the change directly to HSE activity



PSYCHOSOCIAL WORKING CONDITIONS

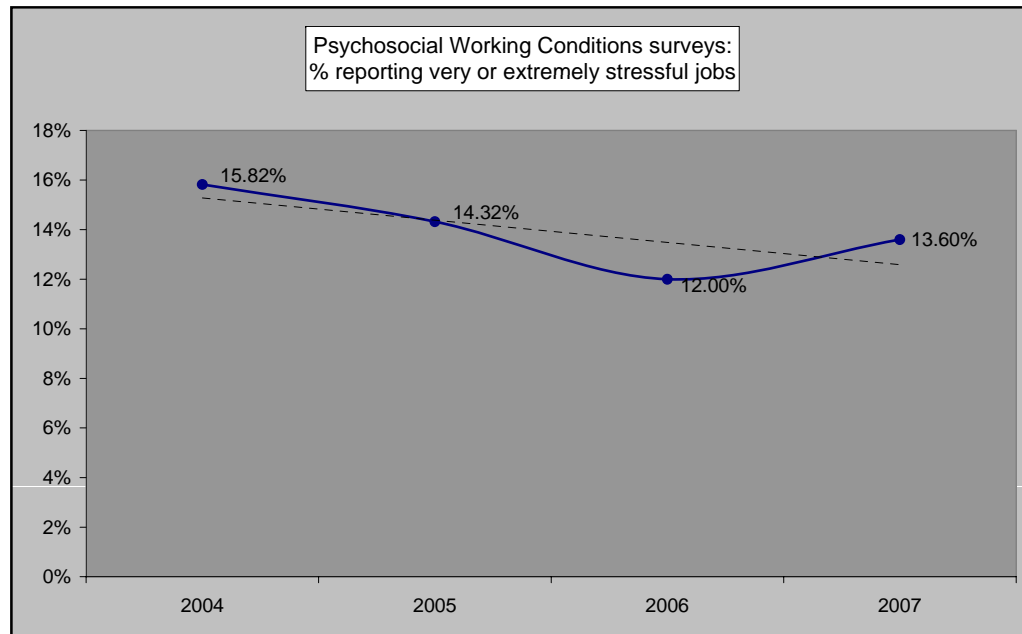


- Stress Programme approach was to tackle stress from the roots, by encouraging improvement of psychosocial working conditions

- Psychosocial working conditions survey run annually since 2004 to measure change.

- We would expect improvements to begin in 2007 with a more sharp upturn in 2008

- Some evidence of improvement in conditions so far but “job stress” follows same pattern as stress incidence



HEADLINES FROM THE 2007 PSYCHOSOCIAL WORKING CONDITIONS SURVEY

Role:

Significant improvement from 2006 to 2007 but no significant trend over the period 2004-2007.

Relationships:

Small fall between 2006 and 2007, breaking a previously significant upward trend between 2004-2006.

Change:

Small NS* improvement from 2006 to 2007, continuing a mildly significant upward trend between 2004-2007.

Demand:

Small NS improvement from 2006 to 2007 but no significant trend over the period 2004-2007.

Control:

Very small NS improvement from 2006 to 2007 but no significant trend over the period 2004-2007.

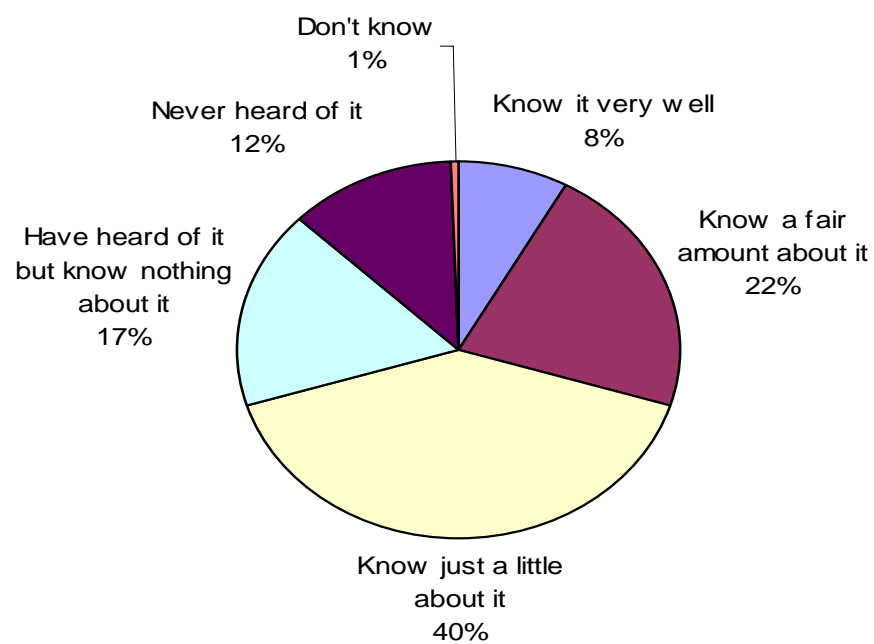
Managerial Support:

Small NS improvement from 2006 to 2007 but no significant trend over the period 2004-2007.

Peer Support:

Small NS improvement from 2006 to 2007 but no significant trend over the period 2004-2007.

**How familiar are you with the HSE Management Standards for Work-related stress
(For those who have not used)**



Summary



-
- HSE promoting simple, generic, risk assessment approach to managing stress
 - Evidence based (process and tools)
 - Good for business
 - Continuous improvement model
 - Management Standards for Work-related Stress were launched November 3rd 2004
 - States to be achieve identify acceptable working conditions
 - Indicator Tool provides measure for organisations and “UK plc”
 - Overarching aim: population shift (especially by 2010)