

Effectively measuring stress in the workplace

The HSE has developed a stress indicator tool that can be used to measure how an organisation is meeting the stress standards. Alongside the HSE indicator tool, there are a range of measures that a manager can use to assess the health of a department in relation to workplace stress. It is important to consider that there is no definitive calculation or formula to do this. Instead, managers should consider a range of measures, which suggest that there may be stress in the workplace. These can be individual to the particular service, the department or organisation wide.

Managers should also consider the frequency and timing of looking at information. Consideration of baseline data can be taken at a time of relative calm and used in comparison to other periods to identify potential greater risk of staff being susceptible to workplace stress. Equally, conducting an assessment at the onset of and immediately after sizeable organisational change can give an indication of the stress felt by staff as a result of the change.

One NHS organisation case study on the HSE website assessed and managed the risk of stress and decided to take a more proactive, preventative approach to managing stress-related ill health.

Below are examples of the type of information which should be considered holistically to indicate a department's prevalence to workplace stress.

Sickness absence information

- Managers could use information from the electronic staff record (ESR) to identify possible areas where there may be high levels of stress.
- Managers should not assume that sickness absence relating to stress or anxiety is necessarily as a result of workplace stress unless there is evidence that the absence is caused by pressures of work.
- Managers should look for workplace trends of high sickness absence or spotted absence to indicate where there is a risk of stress. These

absences could be indicative of high levels of fatigue or burnout, or indicators of an increased risk of bullying or harassment in an area.

see whether there are any trends which merit further investigation.

Occupational health referrals / counselling statistics

Due to the confidential nature of occupational health referrals, managers will not always be aware of when staff self-refer or access services for support. However, this information when gathered at a high level will provide an important guide to identifying risk in an organisation. Anonymised numbers of self-referrals or access of occupational health services from a particular area can provide an indicator of high risk of stress.

Critical incidents / errors / trauma

Within a health care setting, there may be times when employees, experience potentially distressing and traumatic situations which may have causal factors relating to stress. Repeated exposure to such events, can affect the mental health and wellbeing of employees and the team, for example, a high number of deaths in a short period.

Certain professions may make employees more vulnerable to post traumatic stress for example midwives (20-33%) and emergency nurses (39%). (SOM/RCN 2020).

Undertaking a risk assessment identifies key causes of stress, such as excessive demands and/or control factors, where there is lack of resources, human or physical to do the job. The assessment can introduce measures that can assist the manager and employee/s to identify actions required to resolve any concerns.

Workforce information

- Workforce information and analysis of statistical data regarding vacancy rates in departments may provide information of where the risk of work-related stress may be a concern.
- Vacancy rates can impact directly on demand where there are not enough people to do all of the work.

reason for leaving is crucial to understanding if there are any concerns within a department.

- Disciplinary, grievance or bullying and harassment figures demonstrate where a department may be dysfunctional or have weak leadership, leading to increases of stress through loss of control.
- Organisations are strongly recommended to analyse these areas of workforce information by age, disability, ethnicity, religion or belief, sex, and sexual orientation to see whether there are any trends which are concerning or merit further investigation.

Incidences verbal abuse / aggression and violence at work

- People, who have direct contact with members of the public, are at increased risk of violence and verbal aggression. (HSE INDG69).
- The presence of violence and harassment in the workplace can have a detrimental effect on the individual's mental health, from either a personal experience or being a witness to a co-worker. (ILO 2021)

Where the risk of violence or verbal aggression is not monitored, and if staff are not actively supported after an incident this could affect the moral of a team and the mental health of employees.

Therefore, monitoring and reviewing incidents of verbal abuse, aggression, and violence within specific departments against sickness absence could identify where control measures or where additional security measures may be required to reduce and prevent incidents.

NHS Staff Survey data

The 2021 NHS Staff Survey reported that work-related stress in registered nurses and midwives in England increased significantly to 53 per cent from 44 per cent in 2020 and 43 per cent in 2019. Midwives, mental health nurses and district and community nurses reported the highest levels of work-related stress.

NHS Staff Survey data cannot be analysed to departmental level, but at a directorate or clinical service unit level it can indicate where employees

Based on the above information, facilitated focus groups can be set up to test opinion on a qualitative basis which may indicate where there is significant risk of stress at work. Analysis of this data by various protected characteristics (for example, ethnicity, sex, or sexual orientation) may also reveal some useful information in terms of trends or patterns which may merit further investigation.