GUIDANCE ON PREVENTION AND MANAGEMENT OF STRESS AT WORK

THE NHS STAFF COUNCIL
WORKING IN PARTNERSHIP
HEALTH, SAFETY AND WELLBEING PARTNERSHIP GROUP
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INTRODUCTION

There is increasing evidence that work-related stress is on the rise. This has been identified through various studies and surveys. For example:

- In 2013, the Chartered Institute of Personnel and Development (CIPD), found that stress is the most important reason behind long-term sickness absence.
- The 2012 Labour Force Survey found rates of work related ill-health due to stress in the health sector significantly above the average for all industries (HSE 2013a).
- The annual NHS Staff Survey reported around one third of staff feel that they have suffered from workplace stress in the past 12 months. There are significant moral, financial and quality reasons for minimising stress in the workplace.

This guidance, produced by the Health, Safety and Wellbeing Partnership Group (HSWPG), uses many sources including best practice information from a study they commissioned Zeal Solutions to carry out. The study, published in late 2013, Health and wellbeing in healthcare settings, revealed which interventions can have a positive or a negative effect on an individual’s health and wellbeing.

This aim of this guidance is to enable health organisations to work in partnership to reduce the causes and risks associated with workplace stress. The key aspects of this guidance are:

- identifying how management behaviours impact on the health of staff
- demonstrating how the impact on health and wellbeing can be positively improved and how sickness absence levels can be reduced by saying and doing the right thing as a manager.

Who is the guidance for?

The guidance is aimed at employees at all levels within the organisation.

For executive and non-executive board-level members – it demonstrates best practice that all organisations should be working towards. This will deliver compliance with health and safety at work legislation, duties under the NHS Constitution and reduce the possibility of loss of work days due to stress. It will also minimise the risk of civil claims for stress and the possibility of Health and Safety Executive (HSE) enforcement notices, both of which can undermine public trust and confidence in the organisation. Furthermore, organisations that invest in the health and wellbeing of their workforce have been found to have better patient outcomes (Boorman 2009).

For senior HR, occupational health and health and safety practitioners – it provides a benchmark to audit current practices against. It also promotes the benefits of working in partnership to increase trust, benefit employees and improve the organisation as a whole. For organisational learning practitioners, it demonstrates the behaviours, cultures and terminology that can lead to improvements in employee health and wellbeing through management intervention.

For trade union safety representatives – it enables further opportunity to work in partnership with management to improve the health, safety and wellbeing of members in the workplace. It represents an opportunity for dialogue through health and safety committees and workplace stress policy groups to ensure minimising stress policies and practices are being effectively implemented in the organisation.
DEFINING STRESS

Work-related stress is defined by the Health and Safety Executive (HSE) as:

“The adverse reaction people have to excessive pressures or other types of demand placed on them at work.”

(HSE 2014)

Work-related stress develops because a person is unable to cope with the demands being placed on them. It is not in itself an illness, but physical or mental illness may manifest if not tackled.

Two people can be subject to the exact same experience and have very different physical responses. Within a workplace each and every situation can bring a different reaction to different individuals. Stress is subjective and is all about how the individual receives and interprets the factors which could cause stress. It is not the same as stimulus. Therefore, there is no suggestion that “stress can be good for you”. Stress is a word by definition with negative as oppose to positive connotations whereas stimulus is a positive feeling which prompts action.

Stress is often missed because it is not prevalent. Individuals can be suffering from the effects of stress, which could be caused by a number of different factors, but their tolerance can become reduced by factors in the workplace. This could result in a sudden and unexpected reaction to a certain event or events. Like many issues which cause a reaction in an individual, the event which causes a stress reaction or illness may only be a contributing factor, not the only factor.

Ultimately, any part of the human body can be damaged by exposure to stress over a long period of time, or as a result of a sudden traumatic event which causes harm or damage. Stress-related ill health can present itself in many different ways including physical and psychological health problems; not being seen does not mean the body is not being damaged.

Therefore, it is a requirement of all organisations to reduce the possibility or likelihood of events which may, over a period of time, or as a one off, cause the body to be damaged. In common with all health and safety legislation, if the risk cannot be removed, then it must either be reduced or some protection placed between the user and the risk.

Signs of stress

Stress can manifest in individuals in many ways including physical symptoms, changes in normal behaviour and emotional symptoms. These symptoms can develop into health conditions including depression and anxiety, heart disease and irritable bowel syndrome.
Examples of stress symptoms

Physical symptoms
- palpitations
- raised blood pressure
- tightness of chest/chest pains
- headaches
- abdominal cramps
- nausea
- sleep disturbance/tiredness
- aching and tense muscles/neck and backache.

Behavioural symptoms
- becoming withdrawn and not wanting to socialise
- increased alcohol, nicotine or drug intake
- under-eat or over-eat
- become accident prone
- become impatient, aggressive or compulsive
- working longer hours – not taking breaks
- no longer having time for leisure activities.

Emotional symptoms
- irritability
- anger
- negative thoughts
- restlessness
- increased anxiety
- increased alertness
- unnecessary guilt
- panic
- mood swings
- tearful
- loss of motivation.

Stress can also manifest in groups. This is particularly important to note with NHS working environments as stress within teams can impact on the delivery of quality care.

Examples of signs of stress in a group

Physical symptoms
- poor performance
- increased workplace disputes within group
- increased grievances and complaints
- increased sickness absence
- increased staff turnover.
IDENTIFYING THE CAUSES OF STRESS IN THE WORKPLACE

The HSE has developed six standards, known as the ‘management standards’, to help organisations manage stress. The standards are based on factors which are recognised to be the key causes of workplace stress. If not properly managed, these factors can lead to ill health, absence and reduced productivity.

**HSE’s management standards**

1. **Demand** – employee workload, work pattern and work environment.
2. **Control** – how employees are able to do their work.
3. **Support** – employees receive adequate information and support.
4. **Relationships** – being treated with dignity and respect.
5. **Role** – employees understand their role and responsibilities.
6. **Change** – the stability of the work environment regarding change.

One or a combination of these factors can result in an employee feeling stressed in the workplace. For example, an employee with a high work demand, with little support or information about how to do the job following recent organisational change, could be experiencing high levels of stress due to the complexity of factors that it involves.

Further information on meeting the management standards and the measures employers should take to minimise the risk of stress can be found on HSE’s website: [www.hse.gov.uk/stress](http://www.hse.gov.uk/stress)

The *Workplace health and safety standards*, produced by the HSWPG outline the legal requirements to risk assess stress: [www.nhsemployers.org/HSWP6](http://www.nhsemployers.org/HSWP6)
IMPACT OF ORGANISATIONAL CHANGE ON STRESS

The NHS has seen unprecedented levels of change over the past ten years. Change is likely to be a key cause of stress in the NHS workforce.

The potential health impact on the workforce of major organisational level change such as restructuring is well recognised. The Whitehall studies of UK civil servants found that poorly managed organisational change harms health (Cabinet Office 2004). Whilst change can be positive, staff may be particularly vulnerable to stress where:

• there is a risk of redundancy
• there is a risk of down-banding or de-banding
• their services are being outsourced or transferred to another employer.

Higher levels of presenteeism – going to work despite being unwell – have been observed in workers going through restructuring as there is a perception and sometimes a reality that workers with poor attendance records are more at risk of being made redundant (CIPD 2012, RCN 2013).

Organisational change has also been linked with an increased risk of bullying. Bullying from a manager or a colleague has been found to increase symptoms of stress (HSE 2013b).

There is also evidence that ‘survivors’ suffer from health problems, report less job satisfaction and have higher absence (Burke 2003). Employees that remain may experience feelings of guilt towards their dismissed colleagues and may experience increased job insecurity and associated anxiety. There is also evidence that pre-existing health problems, such as musculoskeletal disorders can worsen. Working in an unfamiliar environment with increased demands may also cause stress.

All these are subjective to the individual and their tolerance to factors. Some change can be positive but managers should be aware that stress will occur in individuals where they no longer feel in control. The HSE’s standards on stress outlines the states to be achieved in order to reduce the impact of organisational change.
Managers need to ensure that there is regular and quantifiable measurement of departmental susceptibility to workplace stress.
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 organisational provides.

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.

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 regard stress or anxiety reasons as being indicative that there are problems of workplace stress in a department, as there is no indication the absence is caused by 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.
- Organisations might find it useful to analyse its sickness absence data by age, disability, ethnicity, religion or belief, sex and sexual orientation to see whether there are any trends which merit further investigation.

Occupational health referrals/counselling statistics

- The number of self-referrals or access of occupational health services from a particular area or department can provide an indicator of high risk of stress.
- Managers are not always 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.
- Organisations might find it useful to analyse this data by age, disability, ethnicity, religion or belief, sex and sexual orientation to see whether there are any trends which merit further investigation.

Critical incidents/errors

- A number of incidents can reflect that staff are more likely to be placed at risk due to control or demand factors. This could also indicate where there are insufficient resources, human or physical, to do the job. Not being able to do the job properly can undermine the sense of achievement an individual has in a job, this causing a negative feeling.
• An increase in critical incidents is also likely to lead to a feeling of criticism, which can cause a spiral of negativity. This is indicated by the research done by Zeal Solutions, *Health and wellbeing in healthcare settings*, as increasing the likelihood of feelings of stress by staff. Therefore, high numbers of critical incidents is likely to indicate an area at risk of stress.

**Workforce information**

• Workforce information, such as vacancy rates, turnover or grievance and disciplinary statistics can provide information of where an area is at risk of stress.

• Vacancy rates can impact directly on demand where there is not enough people to do all of the job.

• Turnover can be an indicator of dissatisfaction with a manager, as it is often that people do not leave jobs, colleagues or specialties, rather they leave their manager. Therefore, 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 of violence at work**

• As indicated in the Zeal Solutions research, violence at work causes great stress in the workplace, again due to feeling of loss of control or demand. Therefore, high incidences in a department will indicate where there is potential for high stress.

**NHS Staff Survey data**

• NHS Staff Survey data cannot be analysed to departmental level, but at a directorate or clinical service unit level it can indicate where employees have anonymously expressed opinion on what they feel about a number of factors. These factors could increase stress, such as management support, appraisal, stress at work, violence, presenteeism and so on.

• Based on this 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.
EFFECTIVE STRESS MANAGEMENT POLICY IMPLEMENTATION

Organisations need to ensure all employees are aware that it takes the management of workplace stress seriously. A key way of achieving this is to effectively implement a workplace stress policy. Not only will this help to assure employees that managers take the issue seriously, it also provides an effective tool to identify, assess and tackle possible causes of stress in the workplace.

The policy needs to be under constant and active implementation. To ensure this, a stress at work policy group consisting of management and staff side working in partnership can help to ensure that departments are regularly assessing the risks of stress in the workplace and are taking action to address this. The group could:

- act as a focus group for best practice
- work as a discussion forum for organisational events which support the organisation to manage stress more effectively
- consult with any staff support networks that may exist within the organisation, for example, disabled employees network, lesbian, gay, bi-sexual and trans-gender (LGBT) network, black and minority ethnic (BME) network to get their insights/perspective on the implementation of the policy.

Care should be given to which parts of the policy are around process and which parts are around advice. There is a risk that guidance is seen as ‘policy’ in that it becomes an instruction to be followed. It may be useful to separate the document into policy and guidance:

- the policy part can deal with the process which needs to be followed to identify and manage stress
- the guidance can be around what departmental interventions can be put in place to reduce or prevent particular risks caused by specific occurrences.
**Checklist: What to include in the policy**

To make a strong statement and to have an effective process to identify, assess and manage stress in the workplace, policies need to reflect the following:

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<th><strong>Statement of intent</strong></th>
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<tr>
<td>Include a statement at the beginning of the policy making a commitment to tackle the causes of stress and the importance of dealing with and reducing stress.</td>
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<tr>
<th><strong>Context</strong></th>
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<tr>
<td>Ensure the policy reflects the legal implications of why organisations have to manage stress in the workplace.</td>
</tr>
<tr>
<td>• While there is no specific legislation on stress, the Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999 require all employees to be protected from risk and harm and for employers to assess the risks of workplace hazards. As stress can cause harm to individuals, stating the statutory requirements of organisations contextualises the need to have an effective stress at work policy.</td>
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<tr>
<td>• National Institute for Health and Care Excellence (NICE) guidelines on promoting mental wellbeing at work also provide context for work on stress and should be implemented by NHS organisations (NICE 2009).</td>
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<th><strong>Definitions</strong></th>
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<tr>
<td>Define ‘stress’ as this is key to understanding what it is and how it can occur. Citing HSE’s six management standards is key to understanding how stress can manifest and where it can be controlled in order to prevent it from causing harm.</td>
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<tr>
<th><strong>Process for identifying stress</strong></th>
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<td>Ensure there is an effective way for identifying where stress is likely to occur.</td>
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<td>• This could be through an annual audit, or through sporadic audits which could be targeted at specific departments, for instance who have been involved in critical incidents or significant change.</td>
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<tr>
<td>• One way of doing this is through using the HSE Indicator tool. This is an online audit tool comprising 35 questions. Alternatively, organisations can devise their own, shorter questionnaire which targets the particular area of risk they wish to identify. Whatever process is used to assess the risks of stress, including who could be harmed and how, organisations should ensure the process meets the HSE’s equivalence test. See: <a href="http://www.hse.gov.uk/stress/standards/equivalence.htm">www.hse.gov.uk/stress/standards/equivalence.htm</a></td>
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<tr>
<th><strong>Identifying priorities</strong></th>
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<tr>
<td>Ensure that once the data has been collected, it can be assessed and prioritised to identify where the greatest risk exists.</td>
</tr>
<tr>
<td>• If the HSE Indicator Tool is used, data can be downloaded into the HSE analysis tool to produce a report.</td>
</tr>
<tr>
<td>• The policy should state the process for implementing action and ensuring progress on priorities. Procedures should be put in place to monitor and review the effectiveness of the policy.</td>
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## Staff involvement in action planning

Ensure processes which look to prioritise key areas for action are agreed and implemented with staff involvement.

Once the data shows which departments and which factors are of highest concern, hold a time-out or action planning meeting with staff and their safety representatives to identify clear priorities with methods of evaluation and timescale for review.

Cascade action plans through team briefings for information and make them available to health and safety committees, workforce committees and stress at work policy groups for performance management and assurance purposes.

## Available resources

Make reference to what internal and external support is available to staff who suffer from stress on an individual basis, including:

- where to go in order to seek support
- which websites can offer advice on dealing with stress
- who to speak to within the organisation.

Individuals should be able to self-refer to occupational health services.

The policy should avoid giving advice on how an individual may self-diagnose stress. There is a risk that employees may think themselves as stressed, which itself becomes a source of stress.

## Responsibilities

Make reference to who is responsible within the organisation for implementing and supporting the policy:

- chief executive to reference the need for top-level support for ensuring policy practice is embedded within the organisation
- senior manager and line manager responsibilities – to implement at departmental level
- human resources – usually as the lead for the policy and to monitor effectiveness
- health and safety team – to support implementation of policy
- occupational health – to support implementation of policy
- safety representatives – to act in a collegiate way and escalate concerns
- employees – to act in a way which ensures their behaviours do not cause stress within others.

## Cross reference to policies which already exist

Ensure that the policy references other policies, such as the prevention of bullying and harassment or flexible working policies and practices. Stress is not in itself a single condition caused by a single factor.
MANAGEMENT BEHAVIOURS WHICH IMPACT ON STRESS AT WORK

The research carried out by Zeal Solutions looked at which management behaviours have positive and negative impacts on health and wellbeing in the workplace. In this section, managers can use the information as a toolbox to reflect whether they demonstrate the positive management behaviours which impact on health and what they could do differently that would have a positive outcome.

In partnership with the CIPD, HSE has also developed a self-assessment tool to help managers reflect on their behaviour and management style. The tool can be found at www.hse.gov.uk/stress/mcit.htm. Managers should also consider whether ‘unconscious bias’ is affecting their behaviour or decision making in any way.

Workplace features having a positive impact on health

Listed below are some of the recommended behaviours which are seen to have a positive impact on employee perceptions of support, with an impact statement taken from employees who were part of the Zeal Solutions research to illustrate the recommended behaviour. A full list of these behaviours can be found at www.nhsemployers.org/HSWPG

1. Supportive management behaviour

According to the HSE one of the six factors influencing stress at work is support. Zeal Solutions’ research indicated that managers offer an important role in offering support. The research states that employees look to managers for approval, appreciation and information. Management support was also seen as crucial at a time of organisational change, which is another of the HSE’s six factors.

<table>
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<tr>
<th>Recommended behaviour</th>
<th>Impact statement from research</th>
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<tbody>
<tr>
<td>Managers should provide feedback and communicate openly on actions/decisions taken</td>
<td>‘It’s not just the communication. It’s actually being honest... and answering the questions. And being open.’</td>
</tr>
<tr>
<td>Managers should utilise the knowledge, skills and expertise of their staff</td>
<td>‘Managers should involve the team in how to find solutions to problems. Staff have a great deal of experience, knowledge and expertise that can help to make a difference.’</td>
</tr>
<tr>
<td>Managers need to consider how best to protect staff from increasing and competing demands</td>
<td>‘We feel like we are fighting a constant battle because there are different demands coming in from different people.’</td>
</tr>
<tr>
<td>Managers need to keep staff updated and provide a rationale for actions and decisions taken</td>
<td>‘Managers need to keep you updated on what’s going on so you know what’s happening and you’re fully aware.’</td>
</tr>
<tr>
<td>Managers should be given the training as well as protected time to carry out performance reviews that are considered high-quality, effective and supportive of staff development opportunities</td>
<td>‘More needs to be made of performance appraisals. This is a good source of feedback but rarely used appropriately. It is used as a tick-box exercise but it needs to be monitored and used properly not just as a once-a-year exercise. We should also consider 360 degree appraisals, so we can appraise our managers.’</td>
</tr>
<tr>
<td>Managers should be offered training which makes them aware of the critical role they have to play in employee health and wellbeing</td>
<td>‘Managers need to lead by example and to be made more aware of the impact of their behaviour on others.’</td>
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Managers should also consider whether ‘unconscious bias’ is affecting their behaviour or decision making in any way.

Employees look to managers for approval, appreciation and information.
2. Positive interpersonal collegiate relationships

Another one of the six factors in influencing stress at work, according to the HSE, was relationships. Having positive relationships builds resilience within staff. For instance, staff groups experiencing a major or critical incident can share the experience through debrief with colleagues, which helps to control and manage the stress caused by the event.

Having positive working relationships across teams is also important for building teamwork outside the department. Having trust and appreciation across specialty and department supports more effective patient care as well as generating a feeling of wellbeing within individuals. These both produce positive feelings which helps manage the perception and resilience towards stress. Once again, consultation with relevant staff support networks can also help to engender trust and confidence across the wider organisation.

Below are some recommended behaviours which managers can implement which will increase the likelihood of people perceiving positive interpersonal collegiate relationships.

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<tr>
<td>Ensure all are aware of the true value of effective teamwork and the impact organisational change can have on performance</td>
<td>“We are looking at relocating... and I think anxiety levels have just shot through the roof, because that is beyond our control, but that would be an example of such a devastating impact on team culture, because we rely on each other so much.”</td>
</tr>
<tr>
<td>Provide appropriate and tailored team training and team working events this includes increasing the level of interaction between and within specialties</td>
<td>“Team work is pretty good in some parts, but we need more of it. We are not trained to work in teams but just expected to be able to do this. Some people are more natural at team working than others and this should be acknowledged and managed in some way.”</td>
</tr>
<tr>
<td>Make use of pre-existing services that assist with staff development</td>
<td>“We’ve got a mediation service which has been used quite a bit and that’s been brilliant.”</td>
</tr>
<tr>
<td>Wherever possible, ensure policies, procedures and practices are applied consistently</td>
<td>“It is often because different application of policies and procedures leads to conflict between people. You find that whispering cultures start to develop and issues escalate. Some staff are treated differently. For example, some are able to obtain annual leave when they like, for others it is a great deal more difficult.”</td>
</tr>
<tr>
<td>Utilise the most appropriate medium of communication when delivering messages</td>
<td>“People do everything by email now so you’re losing the personal touch... the email doesn’t portray emotions and is so impersonal.”</td>
</tr>
<tr>
<td>Managers should be offered training which makes them aware of the critical role they have to play in employee health and wellbeing</td>
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3. Positive contribution

Giving people information and feedback is central for supporting health and wellbeing in the workplace, as identified within both the role and support. Ensuring appraisals are carried out, and ensuring a balance between praise and constructive criticism, will support employees to understand and relate more effectively to their organisation.

Below are some of the recommended behaviours with impact statements which supports why staff who took part in the research feel this adds benefit.

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<tr>
<td>Make use of performance appraisal and supervision sessions to acknowledge positive contributions</td>
<td>“Although there are some improvements in places, more emphasis needs to be made on the importance of the performance appraisal system. This emphasis should not be put just on managers; all staff have a role to play here. Supervision doesn’t have to be formal it can also be informal. It becomes important that you can also chat about difficulties you are facing with colleagues who can help you to reflect and see a way through sometimes.”</td>
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<tr>
<td>Provide more positive feedback to staff</td>
<td>“At the end of the day for somebody – just anybody – to come to you and say ‘thank you.’ It’s a big word, thank you. Sometimes that’s just all you need.”</td>
</tr>
<tr>
<td>Ensure positive contribution is acknowledged within management development and training</td>
<td>“I don’t know if this is part of management training, but managers should be made aware of the fact that when staff are made to feel valued, this has a massive impact on their health and motivation.”</td>
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<tr>
<td>Share positive feedback or customer/client satisfaction with staff</td>
<td>“You rarely hear anything positive, all we hear is ‘we’ve had a massive complaint today’ but you rarely hear ‘we’ve had a lovely message that that says thank you very much.’ Hearing positive feedback is good for our morale.”</td>
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### 4. Participation/kept informed

Ensuring staff are kept briefed on key issues fits in with the role and support aspects of the HSE stress at work factors. The impact statements below illustrate the importance of ensuring staff have regular updates and regular feedback. Highlighted is the need to measure staff opinion, but to also give staff feedback on what managers plan to do with this information. This also gives an element of control, another factor regarded by the HSE as key to influencing stress.

Therefore, keeping staff up to date and working through issues identified within the annual staff survey to improve their workplace is an effective way of helping staff increase resilience against stress.

<table>
<thead>
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<tr>
<td>Keep staff up to date and in the picture</td>
<td>“I think if there was a bit more honesty about what was actually happening that would help. It seems as though we are given little snippets of information rather than the full picture. You often hear comments and things being said that can actually be interpreted in many different ways; it is unnerving and upsetting.”</td>
</tr>
<tr>
<td>Improve access to information through web-based technology</td>
<td>We have an intranet site but it is too complicated and difficult to navigate to find anything of use or meaning.”</td>
</tr>
<tr>
<td>Hold regular feedback sessions with staff groups so views can be shared, and questions asked and answered</td>
<td>“We would welcome the opportunity of meeting with senior managers at specific times throughout the year so we can raise our issues, share ideas and ask questions.”</td>
</tr>
<tr>
<td>When collecting data from staff (for example, through surveys), ensure staff understand how this has benefited them</td>
<td>“We seem to complete lots of surveys or forms but yet no one ever tells us what they are for or how they are being used or if anything has changed as a result of them.”</td>
</tr>
<tr>
<td>Prevent staff from hearing messages from other sources first rather than receiving information from credible sources within the organisation</td>
<td>“There is nothing more demoralising than hearing about change in your place of work through the local paper or from other sources. We are not children, although the news is not always easy to say, we would rather know than find out through a third party.”</td>
</tr>
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<td>Managers should be offered training which makes them aware of the critical role they have to play in employee health and wellbeing</td>
<td>“Managers need to lead by example and to be made more aware of the impact of their behaviour on others.”</td>
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</table>
Workplace features having a negative influence on health

This section discusses where management action can have a detrimental impact on stress in the workplace. Managers should consider these suggested behaviours in a positive manner, in that taking that approach can lead to a reduction in the negative factors which can increase feelings of stress.

1. Work overload

Stress is more likely to occur when there is a loss of control in managing demand – another one of the HSE factors which is seen to influence stress. Where that is often felt most acutely in organisations is through workload pressure. Where an individual perceives that they do not have control over the workload, this increases the risk of burnout. Clearly, the recommended behaviours suggest more management control in managing workflow and ensuring appropriate staffing with the required skills, but it also recommends that staff can escalate concerns and feel they are being addressed. This chimes with recommendations from the Francis Report on the Mid-Staffordshire NHS Foundation Trust public inquiry.

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Understand team workload and strengths and effective management of work tasks and teams</td>
<td>“Part of the solution is about managers knowing their staff, how much their staff have got on and how they are coping. Often staff are just so committed to doing a good job that they skip lunch or other breaks because time is so tight and they don’t want to let people down.”</td>
</tr>
<tr>
<td>Support staff in terms of prioritising tasks</td>
<td>“I don’t personally know which tasks I can just leave and which ones I can’t, but my manager does. It is important that they give you guidance and feedback and say actually, that one’s important, get that one done, don’t do that one.”</td>
</tr>
<tr>
<td>Develop a culture whereby staff feel confident about raising concerns about workload</td>
<td>“It is about engendering an open culture of communication at all levels. If staff feel they can communicate when they feel work is too much, then it allows them to share their feelings rather than holding on to them which cannot be good for their health.”</td>
</tr>
<tr>
<td>Encourage team work and skill mix</td>
<td>“Everyone should work as a team, you should all be doing your bit. It impacts on our workload because someone else hasn’t done their part.”</td>
</tr>
<tr>
<td>Review and reduce any unnecessary paperwork and administration</td>
<td>“Whilst it is important to record our practice, we sometimes have to record the same information/tasks on numerous occasions. I’m sure there are ways in which the amount of paperwork we have to complete can be reduced a little.”</td>
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2. Poor equipment and resources

Not having the right tools for the job is something which heightens the perception of stress in the areas of control, particularly where there is increased demand. It is recognised that there is always challenge in ensuring enough appropriate equipment within NHS resources, but if managed effectively, the research shows that this has a positive effect of feelings of resilience, as the impact statements below show.

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<tr>
<td>Improve access to resources and standardise resources</td>
<td>“It is important for us to have the right equipment to do the job. This can range from simple bits of equipment to more complex things. Sometimes it can be difficult to access equipment, we also have different pieces/types of equipment for certain jobs which can make life very difficult and confusing.”</td>
</tr>
<tr>
<td>Ensure staff are kept up to date with equipment faults, maintenance and repairs</td>
<td>“There can be a major problem but it takes two weeks to fix and nobody tells you anything, they just don’t act. There’s no communication.”</td>
</tr>
<tr>
<td>Ensure knowledge and learning is managed across the organisation</td>
<td>“We need to get better at capturing lessons and ensuring learning is shared and acted on. Staff are very innovative and have lots of ideas on how to save resources by, for example, working smarter and more effectively.”</td>
</tr>
<tr>
<td>Adopt a more strategic approach to asset management</td>
<td>“There are constant pressures across the trust to save on resources. The better the processes are for monitoring and managing our assets, the better we will be at managing and meeting our pressures to save money. This does not just apply to our hospital, this about the NHS in general.”</td>
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3. Difficult home-life balance

Another area where control and demand come in to conflict is around work-life balance. Where there is a perception that work impacts on home life, or prevents someone leaving on time to care for a dependent, there can be a perception that work has crossed a boundary which can lead to heightened perceptions of stress. Insisting on challenging timescales where they do not need to exist is another management behaviour which can be amended to improve the perception of health and wellbeing.

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<td>Monitor staff working hours</td>
<td>“I think that managers should speak to people who do work beyond their hours. It is important to get a real understanding of what it is possible to achieve in the time we actually work. This is because those who stop when they are supposed to stop are then made to look bad.”</td>
</tr>
<tr>
<td>Ensure the impact of additional duties and/or tasks are considered appropriately</td>
<td>“There is a need for forward planning. Instead of dropping things on people, to have that foresight and forward planning to do the instruction correctly in the first place.”</td>
</tr>
<tr>
<td>Consider the added value or benefit of flexible working</td>
<td>“There needs to be an education shift on the whole approach to flexible working.”</td>
</tr>
<tr>
<td>Empower/enable staff to feel confident about asking questions and raising issues</td>
<td>“Managers need to encourage people to ask more questions. So if someone says to you ‘it’s 4:55pm, can I have this tomorrow?’ you ask the question as to when it’s actually needed: ‘When are you actually going to use this information?’ ‘Well actually, 5pm tomorrow.’ So you think, actually I can do it tomorrow morning. But sometimes people don’t feel empowered to ask someone questions.”</td>
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<tr>
<td>Review and reduce any unnecessary paperwork and administration</td>
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Where there is a perception that work impacts on home life, there can be a perception that work has crossed a boundary which can lead to heightened perceptions of stress.
4. Work-related aggression and violence

Being treated with dignity and respect is also key to managing stress in the workplace. Staff are likely to have less resilience if they are subjected to behaviour which they feel undermines their sense of value and self-worth. Having a zero tolerance approach to violence towards staff and communicating successful prosecutions will allow staff to feel they have more control of the work environment, which as the HSE identify, is a key factor in supporting staff with stress.

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<td>Heighten awareness of the organisational response to tackling work-related violence</td>
<td>“More needs to be done in terms of the organisation’s response to violence and aggression. We know that letters are sent to patients, but the organisation needs to make staff more aware of the action it is taking to deal with this issue.”</td>
</tr>
<tr>
<td>Assess staff needs for workplace aggression and violence management training and ensure training is available to all staff and is well attended</td>
<td>“We are provided with conflict resolution training every three years as it is mandatory. However, you quickly lose the information you were taught. We also need to have more appropriate levels of training that help to tackle the problems – for example, internally staff need to be aware of the impact they have on each other. It is about being aware of each other’s perceptions.”</td>
</tr>
<tr>
<td>Making greater use of the court system/prosecutions/behaviour orders against aggressors and where successful prosecutions have occurred, ensure staff are aware of this</td>
<td>“If it’s actual physical violence they should be taken through the court system rather than an individual having to take it through the civil courts. It should be organisational... it’s the way the law works though, as opposed to the way the organisation works.”</td>
</tr>
<tr>
<td>Improve public education about the impact of workplace aggression and violence</td>
<td>“As a trust, we don’t actually publicise ‘what’s happening’... we don’t work particularly well with the press.”</td>
</tr>
<tr>
<td>Raise awareness of the importance of management support when dealing with workplace aggression and violence</td>
<td>“They’ve got better nowadays in terms of management coming in and seeing how you are... but that’s only up to Local Security Management (LSM) level, there’s nothing above that. It is important that staff feel they have the support and backing of their managers. Managers are important for helping staff to deal with incidents as well as trying to work out what happened and how it might be avoided in the future.”</td>
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WORKING IN PARTNERSHIP
A key requirement of managing stress is to consult with safety representatives and utilise resources which already exist both within and outside of NHS organisations.

Staff side safety representatives
- A safety representative is someone appointed by a trade union recognised for collective bargaining purposes.
- Trade union safety representatives can work in partnership with employers to support improvements in staff health, safety and wellbeing. Partnership in health and safety (H&S) should go further than this, for example, H&S policy should, wherever possible, be agreed with safety representatives as part of formal arrangements at an H&S committee.
- Safety representatives offer access to valuable insight and research from their own main trade unions and through contact and networking with colleagues from other trusts and staff side organisations. They can support organisations in delivering best practice in the provision of stress management in the workplace and carry out workplace assessments and audits to identify potential risks of stress.
- Working in partnership with staff side representatives increases the trust between management and individuals that the organisation takes the issue of stress management in the workplace seriously and is committed to having a positive approach to it.

Occupational health
- The occupational health team has knowledge and experience of supporting members of staff with health and wellbeing issues caused by stress in the workplace.
- Occupational health can support employees with workplace assessments to ensure underlying health conditions are not exacerbated and can ensure reasonable adjustments are put in place which support the employee to sustain an effective level of attendance at work.
- Occupational health can also assist in leading initiatives which can support employee’s health and wellbeing. By organising events such as stress management workshops, massage and relaxatherapy sessions or ‘money matters’ advice in liaison with the Citizens Advice Bureau, the team can offer employees advice, guidance and therapy to help support manage the demands of their working and personal lives.
- Occupational health may also support with organising and supporting with self-help and support groups for employees who have suffered with workplace stress and how they have managed to cope with that situation. Knowing other employees have suffered but successfully managed to deal with issues in the workplace which caused stress, supports the employee by recognising they are not alone and that it can be overcome.
Mindful Employer

- Mindful Employer is a charter mark which organisations can apply for to demonstrate that they are working towards standards and pledges which recognise the willingness to be better employers to employees with mental health problems.
- The mark ensures that organisations have positive statements in employment literature, that managers are trained in employment practice around recruiting and employing people with mental health issues and that occupational health can support employees with mental health issues.

More information can be found at www.mindfulemployer.net

MIND

- MIND is the mental health charity which supports individuals with mental health issues with support and guidance.
- MIND provides organisations with advice and guidance on how to support employees in the workplace.

Further information can be found at www.mind.org.uk
ABOUT THE HEALTH, SAFETY AND WELLBEING PARTNERSHIP GROUP

The Health, Safety and Wellbeing Partnership Group is a sub-group of the NHS Staff Council. It is a tripartite group involving staff side representatives from healthcare unions, management side representatives from NHS organisations and specialist members, such as the Health and Safety Executive, NHS Protect and the Institute of Occupational Safety and Health. It meets on a quarterly basis with a remit to do the following:

- to raise standards of workplace health, safety and wellbeing in the healthcare organisations
- to promote a safer working environment for all healthcare staff
- to promote best practice across both the NHS and the Independent sector.

This guidance was produced through effective partnership working between unions, management and specialist advisors. The group wishes to ensure this guidance is implemented with the same partnership approach. The HSWPG recognises that partnership working ensures best outcomes for patients and staff in protecting their health, safety and wellbeing.

REFERENCES


Burke R J [2003] ‘Survivors and victims of hospital restructuring and downsizing: Who are the real victims?’ International Journal of Nursing Studies, 40, 903-909


NHS Employers

The NHS Employers organisation is the voice of employers in the NHS, supporting them to put patients first. Our vision is to be the authoritative voice of workforce leaders, experts in HR, negotiating fairly to get the best deal for patients.

We help employers make sense of current and emerging healthcare issues to ensure that their voice is front and centre of health policy and practice. We keep them up to date with the latest workforce thinking and expert opinion, providing practical advice and information, and generating opportunities to network and share knowledge and best practice.

We work with employers in the NHS to reflect their views and act on their behalf in four priority areas:

- pay and negotiations
- recruitment and planning the workforce
- healthy and productive workplaces
- employment policy and practice.

The NHS Employers organisation is part of the NHS Confederation.

Contact us

For more information on how to get involved in our work, email commss@nhsemployers.org

www.nhsemployers.org

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