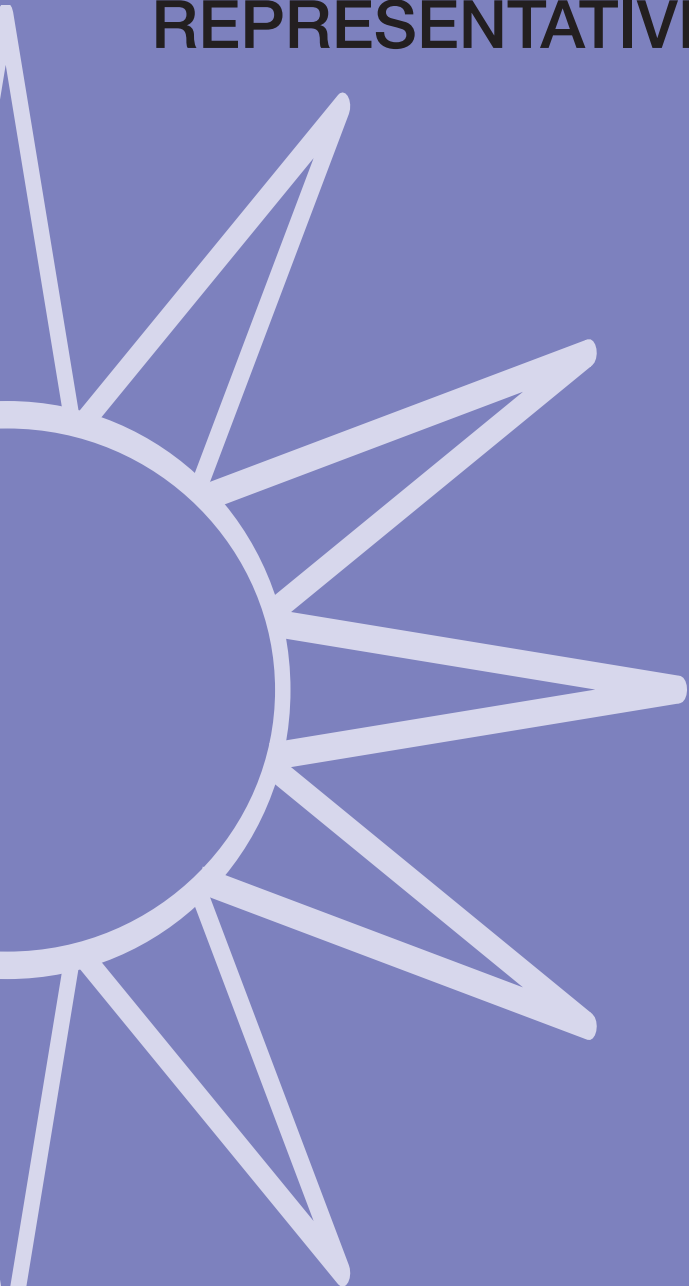
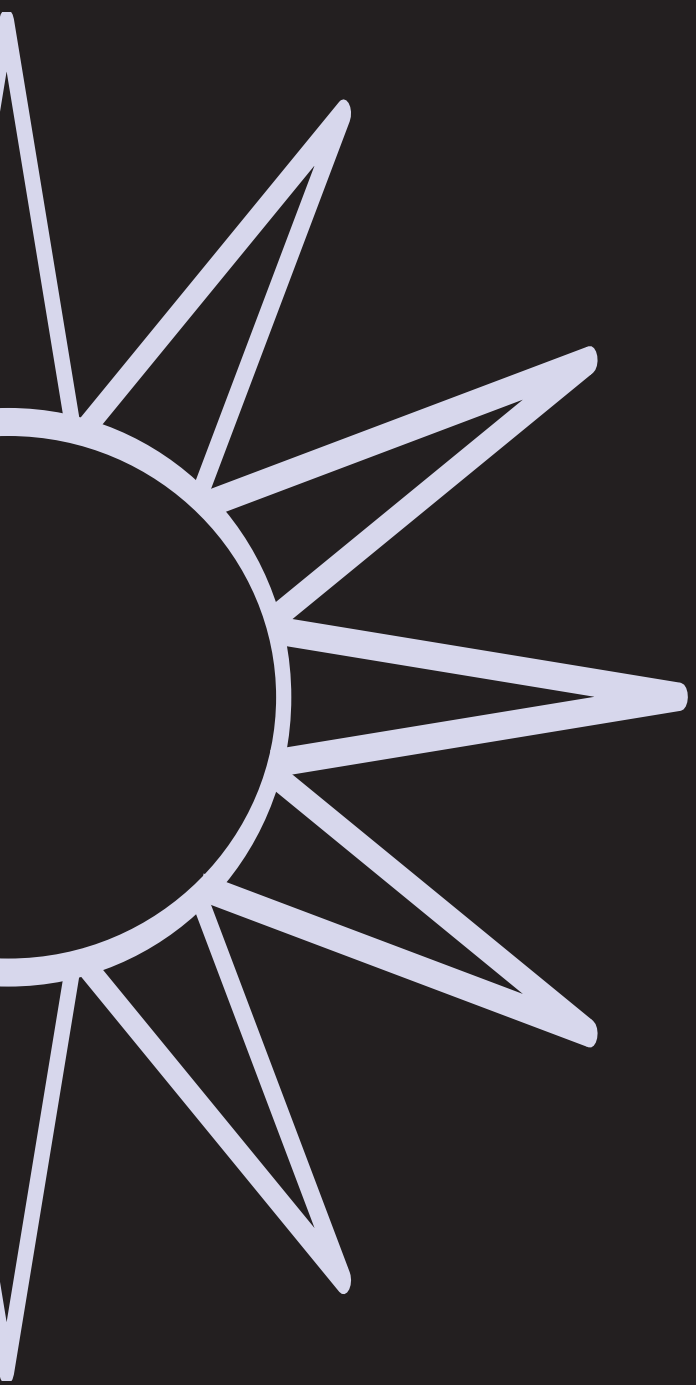




WORK-RELATED STRESS GUIDANCE FOR HEALTH AND SAFETY REPRESENTATIVES





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Kim Sunley

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The Society of Radiographers

207 Providence Square

Mill Street

London SE1 2EW

Telephone: 020 7740 7200

Facsimile: 020 7740 7233

E-mail: info@sor.org

Website: www.sor.org

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1. INTRODUCTION

Work related stress is a real and live workplace hazard and arguably presents one of the greatest challenges to the health of the health service workforce. Figures from the Health and Safety Executive (HSE), the government body responsible for overseeing workplace health and safety, show that incidences of ill health caused by stress are higher in the health sector than any other work environment¹. The results of the 2005 national staff survey of NHS staff working in England found that 36% of staff had suffered from stress related to work within the previous 12 months². A study by the National Audit Office in 2003 on health and safety within the NHS found that stress was emerging as a serious issue with over two-thirds of NHS Trusts reporting an increase since 2000³. Furthermore, recommendations resulting from the same study called on NHS Trusts to review their strategies for managing work related stress and for providing counselling and other support to staff.

Work related stress is also a major concern for Trade Union safety representatives⁴. In a recent TUC survey of safety representatives six out of ten identified stress as the major workplace hazard with workloads, organisational change, bullying and cuts in staff being the main cause of increased stress.

Following a call by SoR members at the Annual Delegates Conference of 2006, this guidance has been developed to provide advice and information to safety representatives and managers on addressing work related stress.

This guidance gives a definition of work related stress; outlines the legal, moral and economic imperative for addressing stress; details a framework for managing stress through use of the HSE stress management standards; and most importantly, gives practical steps that SoR health and safety representatives can take to ensure that a stress management framework is implemented. Advice on stress policies and guidance for members on how to recognise and deal with work-related stress is also included.

Issues that can cause stress such as bullying and harassment; long working hours and fatigue and violence and aggression are not addressed in detail and readers should refer to respective SoR guidance on these topics along with sources of further information identified in this guidance.

2. WHAT IS WORK-RELATED STRESS?

Definition

Stress can mean different things to different people. Some say that stress is good and that they 'thrive on it', others complain of 'suffering from stress'. However, these positive and negative connotations of stress are not helpful as there is no such thing as good stress and stress is not an illness in itself so it is not possible to 'suffer from stress'.

The UK wide recognised definition of stress developed by the HSE⁵ is as follows:

'The adverse reaction people have to excessive pressure or other types of demand placed on them.'

Qualifying this definition the HSE point out that pressure is part and parcel of all work and helps to keep us motivated or give us a 'buzz'. But excessive pressure can lead to stress, which can make people ill. So in other words, pressure can be good but excessive pressure leads to stress and stress can lead to illness.

Cox et al (2002)⁶ describe stress as a simple balance mechanism (see figure 1.1.) When demands and resources are usually in balance work design and management can be described as healthy. If demands and resources are frequently out of balance the experience of work stress is more likely.

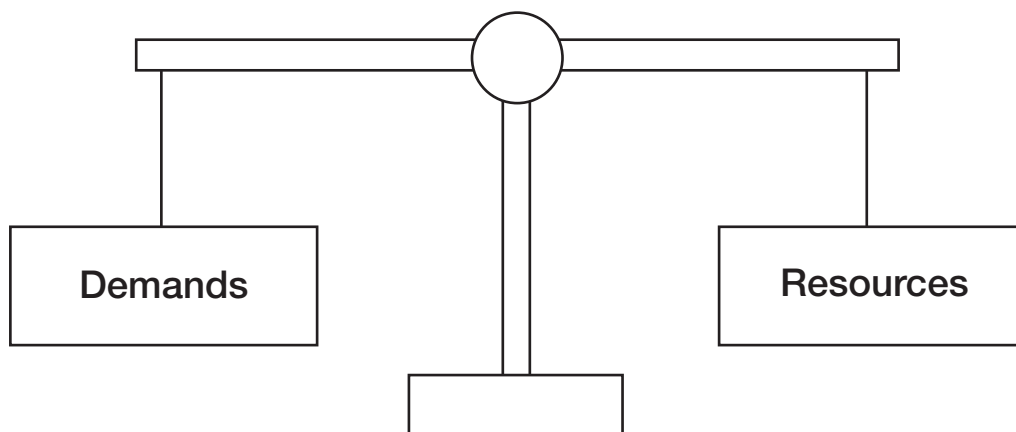


Figure1.1: Balance model of work stress: no stress situation

The Society of Radiographers concurs with the HSE's definition of stress and does not accept the argument that some stress is good for you.

Whilst the SoR recognises that it can be difficult to totally eliminate all sources of stress from healthcare environments, employers must still manage stress and take steps to reduce the risks of staff developing stress related illnesses.

Members, including managers and supervisors, should remember that stress is not a weakness and work-related stress is a symptom of an organisational problem, not an individual failing. Stress should be treated like any other workplace hazard.

Sources of Stress

Sources of stress, sometimes known as stressors or stress related hazards, can originate at work or at home. Major life events such as bereavement, divorce, redundancy and financial difficulties can all cause stress and have the potential to lead to stress related illnesses such as clinical depression. Even events which have a positive outcome such as moving house or buying a first home can lead to stress. Anyone who has been through the process of getting a mortgage approved, dealing with estate agents and solicitors, finding a suitable home to move to, negotiating the right price, waiting for survey results and getting it all done under a set timeframe with the potential that it may fall through is likely to have experienced some level of stress!

There are various taxonomies of work related stressors but they are broadly associated with design and management of work, work environments and work organisation. In a study looking at interventions to control stress at work in hospital staff⁶, The Institute of Work Health and Organisations at the University of Nottingham categorised the sources of stress and associated hazards as follows:

Category	Hazardous Conditions
Content of Work	
Job Content	Lack of variety or short work cycles, fragmented or meaningless work, under use of skills, high uncertainty, continuous exposure to people through work.
Workload/Work pace	Work overload or under-load, machine pacing, high levels of time pressure, continually subject to deadlines.
Work Schedule	Shift working, night shifts, inflexible work schedules, unpredictable hours, long or unsociable hours.
Control	Low participation in decision making, lack of control over workload, pacing, shift working etc. lack of control (particularly in the form of lack of participation) is also a context and wider organisational issue.
Environment and Equipment	Inadequate equipment availability, suitability or maintenance; poor environmental conditions such as lack of space, poor lighting, excessive noise.

Category	Hazardous Conditions
Social & Organizational Context to Work	
Organisational culture and function	Poor communication, low levels of support for problem solving and personal development, lack of definition of, or agreement on, organizational objectives.
Interpersonal relationships at work	Social or physical isolation, poor relationships with superiors, interpersonal conflict, lack of social support.
Role in organization	Role ambiguity, role conflict and responsibility for people.
Career Development	Career stagnation and uncertainty, under promotion or over promotion, poor pay, job insecurity, low social value of work.
Home work interface	Conflicting demands of work and home, low support at home, dual career problems.

The HSE⁵ identify six broad categories of risk factors for work related stress, these are demands; control; relationships; change and role. These are similar to the factors identified above and form the basis of the HSE's tool on stress risk assessments which should be implemented in every workplace. Further explanation on the tool and how it can be implemented can be found in chapter 4.

Post Traumatic Stress

Post traumatic stress can occur after experiencing or witnessing traumatic events including serious accidents, natural disasters, terrorist attacks, violent deaths, physical assaults and other situations in which an individual felt extreme fear, horror or helplessness. The radiography workforce has the potential to experience traumatic stress at work e.g. following a physical assault by a patient.

An individual with post traumatic stress will often experience a range of responses which usually, but not always, develop immediately or within three months of a traumatic event. Responses include reliving aspects of the trauma e.g. flashbacks and nightmares; avoiding memories of the event e.g. by feeling detached, cut off or emotionally numb or avoiding situations that remind the person of the event; being easily aroused e.g. disturbed sleep, lack of concentration or being easily startled. These responses are quite normal and many people find that symptoms disappear in due course. For some people the symptoms will continue for longer than a month or may be extreme and post traumatic stress disorder may be diagnosed. Sufferers may also have other symptoms such as severe anxiety, a phobia or depression.

Effects of Stress

Nobody is immune to the effects of stress and the effects of excessive pressure, however, some people have access to support and coping mechanism e.g. a supportive family or network of close friends which can help them deal with the stress. For others support may not be so readily available.

Stress is not in itself a disease or illness but the physiological reaction to stress can result in both physical and psychological illnesses.

The reaction to stress, sometimes referred to as 'fright and flight', results in the release of adrenaline and other chemicals into the bloodstream and evolved so that people were better prepared to deal with danger and life threatening situations. Adrenaline helps us get out of difficult situations and is easiest explained with the 'caveman' scenario i.e. where a caveman was faced with a fright such as a predatory animal he would have a stress reaction which would enable him to take flight from the situation and make use of the adrenaline. However, in modern day stress situations it is not always easy to take flight e.g. where a patient is verbally aggressive and abusive this will result in a stress reaction and in a hospital environment it would be difficult to run away or take flight every time you get verbally abused. Sometimes the stress reaction can take place following more subtle events over a longer period of time. It is this continuous exposure to stressors and the ongoing release of adrenaline that causes ill health.

Short term symptoms of stress

The symptoms of stress can manifest themselves in physical, emotional and behavioural changes. Some examples are as follows:

Physical symptoms	Behavioural symptoms	Emotional symptoms
Headaches/migraines	apathy	anxious
Muscle tension	Increased use of alcohol and /or cigarettes	irritable
Backache/neckache	Use of tranquillisers or illicit drugs	Feelings of guilt
Indigestion/heart burn	Indecision	Fear and panic
Poor sleep patterns/fatigue	Unusually impulsive	Anger/aggression
nausea	Unusually emotional	Lack of concentration
dizziness		Low self esteem/confidence
Skin rashes		
palpitations		

Long term effects

Whilst the effects of stress on mental health have been recognised for many years. Recent studies have linked stress with physical illnesses such as heart disease and diabetes, obesity, poor reproductive health and in some cases cancer^{7 8 9}.

Examples of health effects identified by research studies include:

- Digestive system e.g. ulcers; irritable bowel syndrome.
- Immune system e.g. diabetes; allergies.
- Reproductive system e.g. menstrual disorders; miscarriages.
- Mental Health e.g. anxiety and depression; alcoholism.

Home or Work Origins?

Stress can originate from home or work or both. The nature of stress is such that, if it originated at home, it is difficult to leave behind when the front door to your home is closed and can impact on how you feel and perform at work. Similarly stress originating from work cannot necessarily be left behind at the end of the working day and can impact on family life and relationships.

Progressive employers should understand the interface between work and home related stress and recognise the importance of supporting employees regardless of where the stress originates.

Stress in the NHS

A major study to look at the effectiveness of interventions to control stress in the NHS⁶ found the following to be problems that can lead to stress in NHS employees:

- **Staffing** - particularly in specialist staff where recruitment and retention is difficult. It found the problems were not simply caused by a lack of numbers but rather by teams working short of just one or two members of staff. The authors reported that “such small shortages of staff appeared to have a disproportionate impact.”
- **High Workload** – related to the peripheral workload placed on many staff in particular specialist and highly qualified staff. The authors found that in several departments administrative workload was a major problem. Whilst some administrative work was seen as part of the job and could only be carried out by clinical staff, some administrative tasks were being done not for this reason but because of a lack of administrative support.
- **High level of patient demand** – with patients encouraged to expect much from the service and to voice their needs and demands.
- **Verbal abuse and aggression towards staff**

Further studies of stress in NHS professionals found the following major causes of stress^{10 11} :

- Erosion of autonomy/lack of control over work.
- Work/life balance.
- Rigidity of hierarchy.
- Doing tasks below grade.
- Lack of the right tools/broken tools to do the job.
- Increase in patients' expectations.
- Increase in administrative duties.
- Organisational confusion.
- Isolation from other team members.
- Colleagues not understanding each others roles and competencies.
- Lack of management support.

These studies were carried out in 2001/2002 and the raft of subsequent changes and reforms within the NHS may well show that there are now different problems that are causing stress. Indeed, organisational change in itself can be a major cause of stress.

Bullying has also been identified in several studies as being endemic in the NHS^{12 13 14}. Some explanations for the extent of bullying include the hierarchical structures within the NHS and the target driven environment. Bullying has been identified as a major cause of stress.

Causes of stress have been identified in respective NHS staff surveys, including poor communication and lack of participation in decision making. The most recent survey of staff in Wales¹⁵ found that only around a third of staff felt that different parts of their organisation communicate effectively with each other and that communication between staff and management was effective; that managers in their organisation try to involve staff in important decisions; and get clear feedback on how well they are doing in their job. Just over half felt they did not have time to carry out their work. These findings are echoed in the 2006 Scottish survey of NHS staff.

For the radiographic workforce issues such as pressures to meet targets, and the impact that this can have on workload; the threat of redundancy; inadequate resources including old equipment; poor working environments; the threat of violence particularly for lone workers; the impact of shift work and long working hours are all potential causes of stress. A study carried out on therapy radiographers identified that stress was associated with the potential to make errors¹⁶.

3. WHY ADDRESS STRESS?

The National Audit Office⁹ report that only 8% of Trust occupational health leads and 7% of health and safety leads have identified stress as one of their top three priorities whereas staff representative bodies identified the need for risk assessments to target interventions to control stress. A more recent survey of senior managers on stress management in the NHS found that 65% of respondents either didn't have stress risk assessments in their Trust or were not aware whether or not stress risk assessments had been carried out¹⁷. There is clearly a need to outline the arguments for addressing stress

MORAL DUTY

The previous chapter has already outlined the serious effects that work related stress can have on an individual's health and wellbeing. Stress can and does devastate peoples' lives and can have a knock on effect on personal relationships. Healthcare organisations should be exemplar employers and need to care for their staff and remember that without a healthy workforce they cannot deliver quality patient care.

LEGAL DUTY

Criminal Law

Whilst there is no specific law addressing work related stress employers have general duties under both the Health and Safety at Work etc. Act 1974 and the Management of Health and Safety at Work Regulations 1999 to address workplace stress.

Health and Safety at Work etc. Act 1974

The *Health and Safety at Work etc. Act 1974* (HASWA) provides the broad framework in which health and safety at work is regulated. HASWA sets out general duties on the employer to ensure the health, safety and welfare of their employees and other affected by their activities. As stress is a major cause of ill health employers have a duty, so far as is reasonably practicable, to reduce stress.

The Management of Health and Safety at Work Regulations 1999

Under Regulation 3 and 4 of the *Management of Health and Safety at Work Regulations 1999* employers are required to carry out a suitable and sufficient assessment of health and safety risks in order to identify preventative and protective measures necessary to reduce them.

The schedule to the regulations set out a clear hierarchy for control measures which should be applied when dealing with work-related stress:

1. Avoid the hazard/risk altogether (*i.e. wherever possible sources of stress should be removed*)
2. Combat the risk at source (*i.e. get to the root of the problem rather than treat the effects*)
3. Adapt work to the individual
4. Adapt to technical progress - keep up to date and informed on new developments in ways of working that reduce or eliminate hazard/risk.

5. Give priority to collective protective measures (*i.e. implement measures that protect everyone rather than individuals*).
6. Ensure adequate information, instruction and training
7. Issue Personal Protective equipment only as a last resort (*i.e. in the case of stress, personal protective equipment would be individual counselling*)

Other key pieces of legislation, which are relevant in managing and reducing stress in the workplace are as follows:

The Workplace Health, Safety and Welfare Regulations

The Workplace (Health, Safety and Welfare) Regulations 1992 require workplaces to meet certain standards with regards the environment and facilities including provision of welfare facilities; cleanliness of environment, workplace temperatures and space. As highlighted earlier, poor environmental conditions such as lack of space and poor lighting can lead to stress.

- Regulation 7 requires temperature inside buildings during working hours to be reasonable.
- Regulation 8 requires every workplace to have suitable and sufficient lighting.
- Regulation 10 requires employers to provide sufficient floor area, height and unoccupied space for purposes of health, safety and welfare.

The accompanying Approved Code of Practice and HSE guidance give further details on the requirements¹⁸.

The Display Screen Equipment Regulations 1992

The *Health and Safety (Display Screen Equipment Regulations) 1992* require employers to assess the risks to 'users' of display screen equipment¹⁹. Users are employees who habitually use display screen equipment as a significant part of their normal work. With the introduction of PACS, the majority of the radiographic workforce will be considered as users.

In relation to stress, the regulations require employers to ensure that workstations meet minimum standards which are set out in the schedule to the regulations. These include minimising distracting noise and ensuring the software is appropriate to the task, provide feedback on the system status and no undisclosed monitoring.

Safety Representatives and Safety Committees Regulations 1977

Under the *Safety Representatives and Safety Committees Regulations 1977*, safety representatives have a number of rights which can assist with the prevention and management of stress. Employers have a duty to consult safety representatives in 'good time' on matters relating to health and safety. In relation to stress this would include consulting safety representatives on plans, risk assessments and arrangements to manage stress. Safety representatives should also be consulted on matters which could impact on a member's health and welfare e.g. organisational change, and on the introduction of new technology which can in some instances, cause stress and anxiety.

Safety representatives also have a right to investigate incidences of work related ill health; receive collective anonymised data on work related sickness absence and accidents and carry out joint inspections of the workplace at every 3 months to ensure that environmental stressors are well controlled.

Disability Discrimination Act 1995

The *Disability Discrimination Act 1995* makes it unlawful to discriminate against disabled employees.

Section 1 of the Act defines a person as having a disability if he or she has a physical or mental impairment which has an effect on his or her ability to carry out normal day-to-day activities. That effect must be:

- substantial (that is, more than minor or trivial), and
- adverse, and
- long term (that is, it has lasted or is likely to last for at least a year or for the rest of the life of the person affected).

Stress and stress related illnesses such as depression and anxiety would fall under the definition of a disability if the impairment lasted twelve months or is likely to last twelve months or more and the stress is having a substantial and adverse effect on the ability to carry out normal day to day activities. If a person's mental health problem is stress related the day to day activity affected is very likely to be the individual's memory or ability to concentrate, learn or understand, so if it can be shown that the effect of the stress on these day to day activities was substantial and adverse, the person would fit into the definition of disabled under the Disability Discrimination Act²⁰.

Where an employee has a disability employers are required to implement 'reasonable adjustments'. There is no hard and fast definition of reasonable but a combination of type of business; extent of disability; financial impact and practicality of adjustments should be considered.

When dealing with stress or mental health problems the Disability Rights Commission give the following as examples of reasonable adjustments:

- Adjustments to physical surroundings in order, for example to reduce noise levels or overcrowding.
- Allocating some of the employee's duties to another employee to reduce the workload.
- Phased hours during a return to work programme.
- Providing counselling or other forms of support such as a mentor.
- Transferring the employee to another job in order, for example, to enable him/her to report to another supervisor, work with different colleagues or have a less demanding position.

Working Time Regulations 1998

Long hours and shift work have the potential to cause stress. The Working Time Regulations 1998 go some way to protecting employees from the ill health effects of long hours. The main requirements of the regulations are:

- A maximum working week of not more than 48 hoursⁱ, including overtime, when averaged over a 17 week period.
- For those classified as 'night workers'ⁱⁱ a maximum of 8 hours night work
- A daily rest period of 11 hours.
- A day off per week.
- A rest break of 20 minutes if the working day is more than six hours long.
- Paid annual leave of four weeks.

Common Law

Personal injury cases for stress related illnesses have been taken under common law. Under common law the employer owes a general duty of care to each individual by providing a safe system of work and to protect employees from foreseeable risks.

Common law cases on stress can be difficult to pursue and many are settled out of court. One of the most high profile stress cases took place in 1996. *Walker vs. Northumberland County Council*²¹ was the first case where an employee, John Walker, successfully argued that his employers were liable for his nervous breakdown. Mr Walker was a social services manager for Northumberland County Council and due to the expanding population his work load increased dramatically. Mr Walker began to experience symptoms of stress in 1985 when he became irritable and could not sleep. In November 1986 his GP diagnosed him as suffering from depression. After several months off sick he returned to work. In his absence a backlog accumulated and clearly his workload was excessive. Following discussion with his employer, the County Council, they promised him assistance but within a few weeks this support disappeared. His workload continued to increase and Mr Walker suffered a further breakdown. The judge found that whilst the first breakdown was not foreseeable the second was. Following the first breakdown the Council had failed to discharge their duty of care and adequately respond to the change in circumstances. Mr Walker was awarded £175,000 but the estimated cost to the employer was over £400,000 including damages, costs of a 2 week trial and sick pay¹¹.

Subsequent cases were challenged in the High Court, Court of Appeal and the House of Lords. In 2002 the case of Mrs Hatton, Mr Barber, Mr Bishop and Mrs Jones was heard in the Court of Appeal²². The judgement resulted in a premise that an employer can usually assume that an employee can withstand normal job pressures (unless he knows of a particular problem or vulnerability). Meaning that unless the employee has made the employer aware of a problem then it is unlikely that a claim will succeed. In 2004 the House of Lords overturned one of the four cases dealt with by the Court of Appeal and Mr Barber, a former teacher, was awarded £91,000 for loss of earnings plus £10,000 for pain, suffering and loss of amenity in a claim against Somerset County Council for work-related stress that resulted in depression and early retirement.

i An individual employee can choose to opt out of the 48 hour maximum working week

ii An individual is classified as a night worker if they spend a third of their working time working nights

The Court of Appeal judgement also set out the following principles, which may be applied in future cases:

- Employers must keep up to date with developing knowledge of occupational stress and probable effectiveness of the precautions that can be taken to meet it.
- An 'autocratic and bullying style of leadership' that is 'unsympathetic' to complaints of occupational stress is a factor that courts can take into account when deciding whether there has been a breach of an employer's duty to an employee.
- Once employers know that an employee is at risk of suffering injury from occupational stress, they are under a duty to do something about it. This duty continues until something reasonable is done to help the employee.
- Employees who complain do not need to be forceful in their complaints and need not describe their troubles and symptoms in detail. They may be suffering from depression, making it more difficult to complain. Their complaints should be listened to sympathetically.
- Certified sickness absence due to stress or depression needs to be taken seriously by employers. It requires an enquiry from the employer about the employee's problems and what can be done to ease them. Employees should not be brushed off with instructions to re-prioritise work without the employer taking further steps to consider the situation.
- A management culture that is sympathetic to employees suffering from occupational stress, and is prepared to act to alleviate it, may make a real difference to the outcome. Monitoring employees who are known to be suffering from occupational stress is mandatory. If they do not improve, more robust steps may need to be taken to help them.
- There is a statutory duty to carry out risk assessments.

A more recent case in the NHS was of a health visitor, Melanie Garrod who was awarded £140,000 compensation after being exposed to a 'health-endangering' workload. The High Court award was made after Melanie Garrod, 53, said she suffered two breakdowns when North Devon Primary Care Trust failed to bring in temporary staff to cover for colleagues on sickness or maternity leave. She was supposed to do a 30-hour week but often had to work many more hours unpaid to cope with the workload²³.

Enforcement Action

Health and safety law is criminal law which is enforced by Health and Safety Executive (HSE) Inspectors and Local Authority Environmental Health Officers. HSE Inspectors enforce the law in the NHS and as well as prosecuting NHS employers they can also issue penalties including improvement notices. In July 2003 West Dorset General Hospitals NHS Trust was issued with an improvement notice for failing to address work-related stress. Specifically for a breach of Section 2 of the *Health and Safety at Work etc. Act 1974* and Regulation 3 of the *Management of Health and Safety Regulations 1999* for failing to make a suitable and sufficient assessment of the risks to health and safety of their employees from exposure to work related stress. There was also no policy on the management of work-related stress.

The HSE is currently targeting NHS Trusts and supporting them with the implementation of the stress standards, however following this phase of support and advice they have not ruled out enforcement action on those Trusts who continue to fail to implement risk assessments on stress.

ECONOMIC IMPERATIVE

NHS Employers, who are responsible for workforce and employment issues, working on behalf of NHS organisations in England report that stress is responsible for 30% of sickness absence in the NHS, costing the service an estimated £300m to £400m every year, with an average of 29 days lost for each case of stress²⁴. This may just be the tip of the iceberg as stress can often manifest in short term frequent absences due to headaches, general malaise and fatigue disturbed sleep.

NHS Employers also give examples of savings, where Trusts have adequately addressed stress including one Trust making a saving of £500,000 a year in agency cover. Another Trust found that staff sickness absence fell from 6 to 3.8 per cent over a year following the implementation of policies to tackle work-related stress.

NHS Employers also point to the fact that stress can lead to low morale and reduced productivity. Trust's who adequately tackle stress can also get discounts on their insurance premiums. The NHS Litigation Authority (NHSLA), which is effectively the NHS's insurance body, is rolling out Risk Management Standards for Acute Trusts in 2007. The standards require Trusts to have a stress policy which is embedded and actively monitored.

Whilst the cost of personal injury claims are covered by the insurance body, uninsured costs have to be met by the Trust, these are sometimes referred to as the 'hidden' costs and include costs from sick pay and having to employ agency staff to cover for the absent member of staff.

Reputation Risks

In an increasingly competitive healthcare environment with reforms being introduced to give patient's more choice, healthcare organisations cannot afford to have a poor reputation when it comes to health and safety.

The improvement notice served on Dorset General Hospitals NHS Trust created a lot of negative media coverage for the Trust including national media and even made the front page of the Times newspaper.

The Healthcare Commission who are responsible for overseeing the implementation of the Department of Health's quality standards in England, namely the Standards for Better Health, gather data to monitor a Trust's performance against the Standards. One of the standards is on health and safety, which includes the management of work related hazards such as stress. A Trust's board has to say whether or not they are meeting the standards, the Healthcare Commission then counter checks these annual self assessments and awards a quality rating to the Trust. Failure to meet standards will result in a low rating. These quality ratings are published annually by the Healthcare Commission.

The HSE have also linked good management of work related stress with improved customer satisfaction²⁵ and HSE sponsored research on stress in the NHS found anecdotal evidence of improved patient satisfaction⁶.

4. HEALTH AND SAFETY EXECUTIVE'S STRESS MANAGEMENT STANDARDS

In November 2004 the HSE launched the stress management standards. The standards are not legally binding but provide a useful framework for the implementation of stress risk assessments, which are a legal requirement. Along with the TUC, the Society of Radiographers would have liked the stress standards to have more of a legal status and be incorporated in an Approved Code of Practice, but nonetheless, support the existing standards as the most effective way of managing work related stress. In addition to supporting the risk management process they also encourage a partnership approach to addressing work related stress, with the full involvement of safety representatives and provide a yardstick by which organisations can gauge their performance on tackling the key causes of stress.

The management standards cover six key areas and outline the standard to be met and what needs to be put in place to achieve the standard. The standards are detailed in the table below

<p>DEMANDS Includes issues like workload, work patterns and the work environment.</p> <p>The standard is that:</p> <ul style="list-style-type: none"> 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. <p>What should be happening/states to be achieved:</p> <ul style="list-style-type: none"> 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. 	<p>CONTROL How much say the person has in the way they do their work.</p> <p>The standard is that:</p> <ul style="list-style-type: none"> 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. <p>What should be happening/states to be achieved:</p> <ul style="list-style-type: none"> 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 take.
<p>SUPPORT Includes the encouragement, sponsorship and resources provided by the organisation, line management and colleagues</p> <p>The standard is that:</p> <ul style="list-style-type: none"> 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. <p>What should be happening/states to be achieved:</p> <ul style="list-style-type: none"> 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. 	<p>RELATIONSHIPS Includes promoting positive working to avoid conflict and dealing with unacceptable behaviour</p> <p>The standard is that:</p> <ul style="list-style-type: none"> 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. <p>What should be happening/states to be achieved:</p> <ul style="list-style-type: none"> 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 organization

The standard is that:

- employees indicate that the organisation engages them frequently when undergoing an organizational 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.

The HSE have also developed a five step framework for implementing stress risk assessments, using the standards as a benchmark. These five steps are as follows:

- Step 1: Getting started, look for the hazards.
- Step 2: Decide who might be harmed and how.
- Step 3: Evaluate the risk and take action.
- Step 4: Record your findings.
- Step 5: Monitor and Review.

The following chapter will go through the five step approach and focus on how SoR health and safety representatives can get involved in the process.

5. IMPLEMENTING THE STRESS MANAGEMENT STANDARDS

Step 1: GETTING STARTED, LOOK FOR THE HAZARDS

The first step to implementing any stress management programme is to get senior management and board level commitment. Some organisations go as far as appointing a 'Board Champion' to oversee the implementation of the stress management programme. Effective implementation of the standards will have a resource impact, particularly at the early stages, but the medium and long term benefits to an organisations as well as the legal imperative to risk assess, have already been highlighted in Chapter 3. It is vital that senior managers and Board members are aware of the risks of failing to effectively address workplace stress.

Equally, effective implementation relies on the full involvement of staff side unions including representatives of the Society of Radiographers. The trust of staff needs to be secured for an organisational stress management programme to succeed and this can only be achieved with buy in from trade unions.

The organisational hazards will be those identified within the standards i.e.

- Demands of the job.
- Control over work.
- Support from managers and colleagues.
- Relationships at work.
- Role in organisation.
- Change and how it is managed.

All parties involved in implementing the HSE stress standards should familiarise themselves with the standards and states to be achieved (see pages 18 and 19).

An action plan with a jointly agreed time frame for implementation of the stress management programme should be developed. Individuals with responsibility for implementing the action plan should be clearly identified. It is helpful to have a lead coordinator. A working group (e.g. a sub-committee of the Health and Safety Committee with management, HR, occupational health and union representatives) should be set up to oversee implementation. Other staff can be co-opted if available e.g. occupational psychologist; communications experts. Within the action plan there should be a commitment to provide feedback to staff on progress.

Communicating the aims, objectives and implementation plan of the stress management programme is of utmost importance. A variety of media can be used to achieve this including the intranet; newsletters; posters; team meetings; a lunchtime briefing session or stall in the canteen. One hospital in Scotland created a stress logo, developed by a member of staff, to raise awareness on stress. The logo appeared on pens, mouse mats and sceensavers.

Practical steps for safety representatives

- Get work related stress on the joint staff side consultative committee agenda and, using the drivers detailed in chapter 2, seek commitment from senior management to fully implement the HSE's stress management standards.
- Ensure that you are consulted and involved in plans to implement the management standards including the action plan or even better get a seat on the working group to be more involved in implementation (ensure you are given adequate facilities time for this role).
- Secure facilities time to be involved in the project both organisation wide and locally.
- Start to gather your own evidence on the extent of the problem within your organisation by asking to see a breakdown of the results of the latest staff survey for your organisation and collective sickness absence data.
- Do your own local survey to find out what the issues are (see 33).

Step 2: DECIDE WHO MIGHT BE HARMED AND HOW

As stress can be a complex issue it is best to use a combination of quantitative and qualitative data to establish the sources of and extent of stress within the organisation.

Data from the national staff surveys will give valuable information on what hazards are more prevalent in your particular organisation. For example, the national survey for NHS staff in England asks questions on whether there are regular team meetings and whether teams have clear objectives – a negative score in this area could indicate that there was a lack of support from managers and role ambiguity.

Sickness absence data; staff turnover data; number of grievance cases and information obtained from appraisals and exit interviews will also give a broad indication on the extent of the problem within the organisation. Surveys done by staff side unions should also feed into the process.

Team meetings, focus groups and union meetings can also provide an informed view on the state of the organisation and the perceptions of staff and SoR members. Anonymous data from counselling or employee assistance programmes may identify trends e.g. particular departments or groups of staff who access counselling more than others and or reasons for people attending such as workplace bullying.

There is some concern that questionnaires and focus groups look at individual perceptions rather than hard facts but as the HSE point out perceptions play an important role in predicting stress-related ill health. Gathering the opinions of staff and union members can be a useful indicator of the health of the organisation, and as a part of an overall strategy to identify and address potential sources of stress.

HSE Indicator Tool

The Health and Safety Executive have developed an indicator tool with 35 questions based around the key stressors and standards which can be used to find out how staff feel about the organisation.

A tool to analyse the results is also available which computes an average figure for each of the six Management Standards for the workforce, or particular part of the workforce. The analysis tool provides a benchmark. If an organisation is currently not achieving the benchmark figure, then an interim figure is also given as a stepping stone towards improvement. HSE point out that they support continuous improvement in stress management.

The indicator tool can be used across the whole population but this will have resource implications in large organisations. Alternatively, a random sample can be used ensuring that all departments and staff groups are proportionality represented. The questionnaire can be distributed electronically or through the internal post. If distributed electronically, staff must be assured of the confidentiality and security of the system.

Results from the use of the indicator tool and other quantitative and qualitative data can be used to identify 'hot spots' which may include departments and/or staff groups e.g. analysis may show that staff in certain departments feel bullied.

In order to get a good and meaningful response, when distributing any questionnaire to staff, senior management must express their commitment to addressing the findings and ensure confidentiality. This is best achieved through a joint approach e.g. a covering letter signed by the Chief Executive and chair of staff side and articles in the in-house newsletter or intranet. There should also be a commitment to giving staff protected time to complete the questionnaire.

Practical steps for safety representatives

- Ensure that members of the radiographic workforce are represented in both quantitative and qualitative research i.e. ensure that any random sample or focus group includes a proportionate number of the workforce.
- Ensure that protective time is given locally for members to complete the questionnaire.
- Encourage members to take protective time and complete the questionnaire.
- Feed the results of any surveys you have carried out or evidence you have gathered to the lead coordinator and/or stress working group.

Step 3: EVALUATE THE RISK AND TAKE ACTION

Once the results of quantitative and qualitative data have been analysed the organisation will have a clearer picture of what and where the problems are. The next steps are to evaluate what action is already being taken; whether the action is enough and what more needs to be done. Working group, senior management and Board members and staff should be kept up to date with the findings of the indicator tool and any other analysis.

The HSE suggest setting up a number of focus groups to explore the issues further. The lead coordinator will need to set up focus groups.

“Talking to a selection of employees from a specific work group will allow issues from the findings of the risk assessment to be explored in more detail, and also take into account local challenges. To begin to develop solutions, the focus group should consider the good practice outlined in the ‘states to be achieved’ of the Management Standards, and whether this good practice is happening. This approach can give structure to your focus group meeting, and help you make a local action plan to tackle stress.”

HSE advice on focus groups (<http://www.hse.gov.uk/stress/index.htm>).

The HSE outlines that the purpose of using a focus groups as part of the risk assessment process for work-related stress is to allow employees to draw on their own detailed knowledge of local and contextual factors to:

- Explore the sources of undue pressure in their work and to enable them to share perceptions and perspectives on underlying causes etc.
- Confirm or challenge the indications from the HSE Indicator Tool, other surveys and other management information.
- Prioritise the specific areas in which there is a need for action.
- Explore potential solutions.
- Develop a set of action plans that help address the main causes of work-related stress.

The HSE have produced useful guidance on running a focus group to look at stress which answers the who, what, why where and when. Again a joint approach to running the focus groups is advised with the involvement of trade union representatives and it is vital that the facilitator is seen as independent i.e. not the manager of the group. For example, some healthcare organisations have used ACAS as a facilitator, alternatively, occupational health or counselling staff may be used as facilitators so long as they are perceived to be independent of management and have appropriate facilitation skills. Staff and safety representatives should be given adequate time to attend focus groups and this should be planned ahead to accommodate for rotas. Attendees to focus groups must be representative e.g. to include various grades; gender; ethnicity and part-time staff. A focus group can be self selective or individuals invited to attend by management and safety representatives. Separate focus groups may need to be run for department managers.

Finding solutions can be difficult particularly when there are external factors which are difficult for the organisation to control e.g. NHS reforms and budget controls. However, there is much that can be done and putting stress in the ‘too difficult’ box should be avoided.

There is a plethora of information and advice on solutions some of which are very specific to the NHS. Examples of solutions can be accessed at the HSE's stress webpage on <http://www.hse.gov.uk/stress/index.htm> and HSE's Guide 'Real Solutions, Real People – A managers' guide to tackling work-related stress²⁶.

The 'what should be happening/states to be achieved' sections of the standards can be used as a guide to developing solutions (see pages 18 to 20).

Local solutions are best generated by staff and trade union representatives through focus groups or similar consultative mechanisms. However, some specific initiatives which have had positive outcomes in the NHS include^{6 27}:

- A Trust acting to better predict patient demand and to provide appropriate staffing levels from day to day.
- A Trust developing a communications strategy to ensure that all staff are kept informed on changes and developments within the Trust. This included the Chief Executive holding a monthly walkabout meeting at which he addresses staff and discusses current issues and managers holding monthly one hour briefing group meetings with their staff, which have proved very successful and offer opportunities for staff to discuss issues and to input to decision making.
- Return to work procedures for staff who have been off with stress which include occupational health meeting the person before they return to work to ensure that any workplace stressors are identified and an agreed rehabilitation plan.
- Implementation of a management development and training programme which includes a session on the management of stress at work.
- Allowing trained staff a high degree of control and autonomy over their work.
- Using the knowledge and expertise of internal staff as a resource for the training of others.
- Strong and effective performance appraisal systems.
- Flexibility in working hours e.g. through request books for specific shifts or working hours. One Trust implemented an electronic self rostering system.
- An external organisational psychologist provides one to one coaching for individuals with stress problems. The focus of the sessions is to try to give sufficient coping skills to the individual.

Practical Steps for Safety Representatives

- Ensure that you are given a copy of the findings or the stress indicator tool
- Ensure that you participate in focus groups for your department or peer group.
- Canvass opinion amongst members on the findings of the stress indicator tool and ideas of possible solutions in order to feed into focus group.
- Ensure members are given time to attend focus groups and that representation is fair.

Step 4: RECORD YOUR FINDINGS

The next step is to collate findings from focus groups and develop an action plan. Action plans can be local or organisation wide, depending on whether there are common features coming out of the focus groups.

Reports from the focus groups should be fed back to members of the steering group and action plans developed. Action plans should follow the hierarchy of controls as laid out in the management regulations (see page 12) i.e. as a first step sources of stress should be eliminated wherever possible and as a last resort counselling should be offered. The HSE point out that intervention strategies for stress can follow the public health model and be categorised as primary, secondary or tertiary. Primary interventions are organisational strategies aimed at reducing or eliminating exposure to stressors at work and therefore preventing work related stress. Secondary and tertiary strategies provide stress management training and employee assistance programmes respectively. HSE emphasise the need for employers to introduce primary preventative strategies, so far as is reasonably practicable²⁸.

Whilst not a legal requirement, a stress policy is a good idea and can provide a framework for action so long as it is used and not left sitting on the shelf. Chapter 7 gives an example of what a good stress policy should cover.

Action plans should be agreed by staff side unions and signed off by the Health and Safety Committee and Board. A lead person/s should be identified to take forward the action plans. The lead person should have sufficient authority to implement measures locally or organisation wide. Action plans should be communicated to all staff through a variety of media.

The HSE give the following advice on action plans and provide an action plan proforma on their website (<http://www.hse.gov.uk/stress/index.htm>)

An action plan will:

- Help set goals to work towards.
- Help to prioritise.
- Demonstrate a commitment to addressing employees' concerns.
- Provide something to evaluate and review against.

An action plan is a key part of your risk assessment and should at least include the following:

- What the problem is.
- How the problem was identified.
- What is going to be done in response.
- How this solution was arrived at.
- Some key milestones and dates for them to be reached.
- A commitment to provide feedback to employees on progress.
- A date for reviewing against the plan.

Practical Steps for Safety Representatives

- Ensure that action plans are meaningful and adequately address the concerns of members, have a lead implementer and are time sensitive.
- Communicate local action plans to members.

Step 5: MONITOR AND REVIEW

The Joint Staff Side Consultative Committee, Health and Safety Committee and Board should receive regular feedback in order to monitor progress against the action plans.

Once action plans are implemented evaluation of their effectiveness can begin, although it may take 6 months or more to see real effects and benefits. However, monitoring is a very important, but often neglected step in the stress management programme. It should be part of a continuous improvement model.

Examples of monitoring include:

- Use of surveys/questionnaires, including the indicator tool to see if improvements have taken effect. (Annual use of the indicator tool is acceptable unless any major changes have taken place e.g. major restructuring.)
- Analysis of results of annual staff survey.
- Review of sickness absence data.
- Staff turnover.
- Review of anonymised counselling attendance/employee assistance programme data (although this can sometimes go up in the early stages of a stress management programme as staff are made more aware of the facility).
- Re-convene focus groups to get staff's perceptions on the effect of improvements.

Results of monitoring should be fed back to the Health and Safety Committee and Board. Where problems are identified as a result of monitoring action plans will need to be reviewed and the process revisited.

Some healthcare organisations have also measured the financial benefits of implementing a programme which is helpful in order to achieve ongoing commitment from the Board. One Trust reported a saving of £500, 000 per annum in agency cover as a direct result of implementing a stress management programme¹⁴.

As healthcare organisations are currently going through a period of unprecedented change, it can sometimes be a case of 'plate spinning' i.e. once one key stressor is managed and standards achieved the Government introduces another initiative which creates new stressors. The SoR recognises that under these circumstances, implementing stress management programmes, can be extremely challenging. Stress management is a dynamic process which requires ongoing commitment and will need to be revisited on a regular basis. However, organisations that have implemented a stress management programme have made measurable financial savings and, most importantly, met their moral duty and legal duties to protect their workforce.

Practical Steps for Safety Representatives

- Get involved in monitoring by carrying out member surveys or speaking to members and feedback your findings to the lead coordinator and Health and Safety Committee.

6. SUPPORT AND REHABILITATION OF INDIVIDUALS

Despite efforts to implement preventative strategies there may be some individuals who are made ill from work related stress and have to take time off sick. Consistent support and effective rehabilitation is an equally important part of any stress management programme. As recovery from stress-related illnesses is likely to be less predictable than other occupational illnesses it is vital that employers take a flexible approach to return to work and consider the requirements of the Disability Discrimination Act, highlighted earlier in this guidance.

External drivers including welfare reforms and the Department of Work and Pensions' Health, Work and Well-Being Strategy, encouraging people back to work after long term illnesses and campaigns by mental health charities to de-stigmatise mental illness, promote mental health and end discrimination at work are putting pressure on employers to support and rehabilitate employees who have been off sick with a stress related illness.

A study carried out by the Institute of Employment Studies (IES) for the Health and Safety Executive²⁹ found the following to be elements of best practice in dealing with absence due to work-related stress:

- Written policies or guidelines.
- Effective procedures for overseeing the rehabilitation process.
- Trained line managers.
- Early contact with the employee.
- Early health assessment.
- Having a rehabilitation plan agreed by all stakeholders, but particularly the employee.
- Providing flexible return to work options.

Getting a balance between support and, what could be construed as harassment when making contact with someone off sick can be difficult. Sensitivity is important as a lack of contact could be construed as not caring for the individual. The HSE/IES study found that in one NHS Trust an individual employee was contacted on a regular basis by her line manager, but didn't want to accept the calls, and used the answer phone to screen them. The Trust also contacted her by letter, and at first she felt this was better, but later appreciated that her line manager was trying to help her.

The HSE suggest that where an employee is suffering from a stress-related illness an employer should make contact within a week. They point out however, that it is unlikely that the employee will be ready to discuss returning at this stage. Discretion should be exercised until the longer-term prognosis is known³⁰.

Some Do's and Don'ts on sickness absence support and rehabilitation have been suggested by the HSE²⁶

Do's	Don'ts
<ul style="list-style-type: none"> • Create a climate of trust by agreeing beforehand your methods, frequency and reasons for keeping in contact with absent employees. • Consider training for your managers on a sensitive approach to help them get the most out of contact. • Keep a note of contacts made. • Be flexible, treat each case individually but on a fair and consistent basis. • Welcome your employee back after their absence. • Carry out return to work interviews. • Give your employees the opportunity to discuss, in private, concerns about their health or other matters that are affecting their performance or attendance. • Remember that medication can have side effects on things like physical stamina, mood, machinery operation and safety critical tasks. 	<ul style="list-style-type: none"> • Wait until someone is on long-term sick leave before taking action. • Delay making contact or pass responsibility to others unless there are sound reasons for doing so. • Make assumptions about your employee's situation. • Say that colleagues are under pressure or that work is piling up. • Forget that recovery times for the same condition can vary significantly from person to person.

As with other elements of the stress management programme a joint approach to rehabilitation is key to success. Occupational Health and Human Resources should ensure that trade unions are involved in the process. The HSE, working closely with the TUC has developed guidance for trade union representatives on sickness absence and rehabilitation³¹. The guidance takes a six step approach identifying what safety representatives and managers can do. This includes:

1. Preventing health being made worse by work

This is the first priority and even if an illness originates from outside work a good employer will take action to prevent the illness being made worse by work. Safety representatives can work with employers and occupational health services to identify action that will help sick workers to return to work safely.

2. Workplace policies on return to work

The HSE's guidance *Managing sickness absence and return to work*³² provides advice to employers about putting together a policy which facilitates the return to work of ill, injured and disabled workers. Policies should be jointly agreed, in particular arrangements for reporting sickness absence; arrangements for keeping in contact with someone off sick and procedures for any return to work interviews. Staff need to be made aware of the requirements of the policy and, in particular, know what help they can expect if they become ill or disabled. Equally managers should receive training on how to implement the policy.

3. Keeping sick workers in touch with work

This is perhaps the most sensitive area of sickness absence and rehabilitation arrangements, particularly with someone off work due to a stress related illness and even more so if their manager caused or contributed towards that stress. Having a jointly agreed policy on contact will help reassure staff on the motives behind the contact and may engender mutual trust.

Safety or industrial relations representatives can help by:

- Taking part in discussions on how sick members of staff will be contacted.
- Reassuring sick members of staff who may be worried about contact.
- Being present during home visits or return to work interviews if the member of staff wishes.

4. Adjustments to enable workers off sick to return to work

Staff off sick with stress may well want to return but be afraid of what they will face on their return e.g. the problem of a heavy workload that made them ill in the first place or the bullying manager who is still in post. This can be a real and valid concern particularly when you look at what happened in the Walker vs. Northumberland County Council case. However, with a little effort on behalf of the employer, a person off sick with stress can often fully return to their role rather than being ill health retired. The cost of losing a trained and experienced member of staff can have a financial impact on a small department and can affect staff morale. It is therefore in everyone's interest to make adjustments to enable that person to return to work.

Safety and Industrial relations representatives, who have practical experience of the workplace should be involved in the process of finding suitable adjustments along with the expertise of occupational health or where available, occupational psychologists and counsellors. Most importantly the member of staff should be involved in any discussions and allowed to make suggestions for his or herself.

Examples of adjustments suggested in the HSE guide include:

- Phased returns to work, for example building up from part time to full time hours over an agreed and appropriate period of time.
- Changes to individuals' working hours to allow travel in quieter times, or flexible working to ease work/life balance.
- Time off during working hours for rehabilitation assessment or treatment.
- Additional training.
- Modified work patterns or management systems to reduce pressures and give workers more control.
- Buddies, mentors or supervision for workers while they regain confidence back to work.
- Reallocating work within the person's team.
- Alternative work.

Where the illness has resulted in a disability, as defined by the Disability Discrimination Act 1995 there is a statutory requirement to put in place 'reasonable' adjustments (see page 14 for further information).

The HSE advise the development and agreement of a return to work plan which has the agreement of everyone affected by the plan. The return to work plan should set out the goal of the plan; any adjustments to working arrangements; roles and responsibilities; any impact on the member of staff's terms and conditions and the arrangements for checking how the plan is working.

5. Helping to support and empower workers

Understandably, being off sick with a stress related illness can be a difficult and worrying time and individuals can feel helpless. The HSE believes that trade union representatives can play an important role in supporting individuals by, for example, encouraging them to talk to their doctor about going back to work; talk to their employer about any adjustments to their work that would help them return or ask to be referred to occupational health.

6. Understanding of ill health and disability

Safety and industrial relations representatives can play a key role in raising awareness of disability and the rehabilitation of individuals who have been off sick. There is the potential for colleagues to feel resentful if someone returns on reduced hours or with a limited workload. Employers and employees alike may lack knowledge and draw the wrong conclusions about mental health conditions caused by stress including their capability to work. Representatives can play an important role in promoting awareness and understanding of health conditions and return to work policies and in turn create a supportive environment for anyone returning to work after sickness.

The SoR has also produced a comprehensive negotiator guide to sickness absence³³ which will help representatives in negotiating policies on sickness absence and return to work.

Finally, legal action against an employer is never the SoR's favoured course of action, but on occasions it may be the only option open to members, particularly where the employer is not effectively addressing rehabilitation or making adjustments. Notwithstanding the potential legal difficulties in pursuing a stress case, members of the SoR who have developed an illness caused by work related stress can complete a 'P1' form available from the SoR and on the SoR's website and submit the completed form to the SoR for assessment by our solicitors. Safety and industrial relations representatives can support members by providing evidence, where available, of an employer's failure to act on work related stress e.g. notes or minutes of discussions/meetings where trade union representatives have raised the issue of work related stress and no action has been taken or evidence of a lack of stress risk assessments.

7. RESOURCES

STRESS POLICY

Stress policies can vary widely from organisation to organisation, even the title can vary with some policies being called 'well being' policies or mental health policies. Essentially, it doesn't matter what a policy is called so long as there are some key elements are included in policy. These are outlined below. As always, a policy shouldn't be something that sits on a shelf gathering dust but a real working document which is reviewed regularly. If a policy is to be effectively implemented it must be jointly agreed and have the approval of all staff side trade unions.

Key Components of Stress Policy:

1. Aims

As with any policy there should be an aim. The aim of a stress policy should be to, eliminate and control sources of stress.

2. Policy Statement

This is a statement of commitment which outlines that the 'organisation' will meet its legal and moral duty to address work related stress.

3. Definition of Stress

It is helpful to have the HSE's definition of stress in the policy so that everyone in the organisation is clear of what stress is and to avoid any misconceptions.

4. Implementation

What steps the organisation is going to take to address work related stress i.e. implementation of risk assessments through the HSE's Stress Management Standards; implementation of training and awareness and implementation of support and rehabilitation to affected individuals.

5. Responsibilities

People need to be clear about their responsibilities in implementing a stress policy. A policy should outline the responsibilities of everyone in the organisation in implementing the policy, and in particular middle management. The responsibilities of specialist staff such as occupational health and human resources should also be highlighted. The role of the safety representative can also be added to this section but it is important to stress that this is a role rather than a responsibility.

6. Monitoring and Reviewing

Mechanisms for reviewing and monitoring the effectiveness of the policy which could include intervals when the HSE indicator tool will be reissued. Other examples of monitoring are included on page 26 of this guidance.

Appendices

Appendices outlining the signs and symptoms of stress; causes of stress; stress management standards; information for managers on recognising stress in staff and information for staff on where to get help are useful additions to a stress policy but should not replace training for managers and awareness raising in staff. All staff will need to be made aware of the policy including their responsibilities for implementing certain aspects of the policy.

STRESS SURVEY TOOL

TUC Stress MOT

The TUC MOT was developed and launched for the 2002 European Week of Safety and Health which focused on work related stress. It can be used as a tool to get members views and the results fed into Step 2 and Step 5 of the HSE's stress management framework.

Instructions for Safety Reps

An MOT for your car comes in two parts: a vehicle survey and a test for the amount of environmentally damaging emissions it produces.

The TUC Stress MOT follows the same principles: a survey of the workplace to find out what is creating stress for the workers, and a test of how well the organisation addresses the workers' problems it produces.

PEOPLES SURVEY

1. Getting it filled in

Fill in the name of the part of your workplace which you are studying (at the start of the form), the date by which it should be returned and who to return it to (both at the end of the form) and then run off enough copies to give to everyone in the part of the workplace being surveyed. You may want to add your union logo etc.

Distribute copies to workers in whichever part of your workplace you want to study. Remember to give the survey to as many people as possible, including agency and temporary workers. Remind them about the deadline for returning the form, and who to return it to.

People may want to give the information completely anonymously so you may need to arrange a post box or similar system where members can drop off their survey sheets.

When the answers have come back, check what percentage of forms have been returned. A return rate of over 50% is very good, and should give you confidence in the results - the lower the rate of return, the less you can depend on the findings of the survey (and if hardly anyone returns the form, that may just mean there's not a big problem).

2. Make a workplace stress map

Draw a sketch of your workplace (it doesn't have to be to scale, or a work of art!) Write in each area surveyed the percentage of workers answering 'yes' to question 2.

3. Identify the main stressors

Count up the number of '5s' circled for each stressor. If more than a quarter of the people who responded have circled '5' for any stressor, that issue is a major problem which needs to be addressed. For each part of the workplace where there are high* levels of stress, work out what the main stressors are by listing the number of '5s' each stressor received. The more '5s', the more of a problem that stressor is.

4. Ask for more!

Once you have developed the stress map, and what the main causes of stress are, put them on a poster on notice boards, or produce a short report of the survey findings (including how many people showed the health symptoms of stress) and give everyone a copy. Then set up a suggestion box for people to make their own suggestions about how their stress could be reduced - they might come up with ideas you haven't thought of, and their views may help you to persuade management.

ORGANISATION SURVEY

Safety Reps can complete the Organisation survey. If the answer to a question is yes, write 'Pass' - if the answer is no, write 'Fail'. If you don't know the answer, leave it blank (but make every effort to find out). Because you need to find out some detailed information, you may not be able to complete the survey in one go.

If there are five or more questions left blank, the organisation may have failed or it may not, but the first priority should be to find out the answers to those questions - only then can you tell if you've got a problem (and you probably have!)

If the organisation has fewer than five 'Fails', and fewer than five left blank, that doesn't mean the organisation is healthy - but you will need to decide whether to focus on the areas where the organisation has not scored a 'Pass'.

Did your workplace 'pass' or 'fail' the MOT?

This system is not designed to decide whether your workplace is stress-free. All workplaces are likely to have some sort of problem with stress, and just because yours isn't a raging inferno of stress doesn't mean the problems need to be tackled. But purely as a guide:

- if more than a fifth of respondents exhibited one or more health symptoms (in the 'how are you?' section of the People survey); or
- if there are any stressors where more than a quarter of respondents circled the '5' (people who don't circle the '5' can be considered to have circled '1' for this calculation); or
- if there are five or more 'Fails' in the Organisation survey...

then your organisation has 'failed' the TUC Stress MOT and needs action urgently - the next section sets out what to do next.

* It's your judgment what 'high' means - often it will just be compared with other parts of the workplace - you should start where the stress is worst!

What if your workplace 'fails' the TUC Stress MOT?

Write up a report for your fellow safety reps, union branch, safety committee or meeting with management, including the stress map.

Write up the *People* survey under each heading:

- say what percentage of people answered yes to Question 2, and how many people have the symptoms of stress, and
- under each heading of the what makes you stressed at work section, set out which stressors got the highest number of '5s'. These are the main problems which your managers need to address.

Write up the Organisation survey by separating out the issues where the organisation got a 'Pass' and a 'Fail', and list the questions you weren't able to answer. You may need to give some explanation of why you answered each question the way you did.

Then:

- present the report of the findings of the survey;
- draft an action plan (with a realistic timetable for implementation) on how you think excessive workplace stress should be tackled to present to your employer. Make sure areas that are suffering the highest levels of stress are high priority for action;
- ask for a working group to be set up to do this work. Make sure the group itself has a deadline for agreeing the action plan;
- press your employer to fulfil their duty to assess the main risks and make sure that you and other safety reps are consulted on the risk assessment process and action plan, and about its implementation and monitoring; and
- ask the employer to provide training for managers and employees on dealing with workplace stress and its victims.

Partnership

The TUC strongly believes in a partnership approach to tackling stress. You will need allies especially if an employer doesn't yet treat workplace stress as a serious issue. Setting up a joint working group to tackle workplace stress will help you to gain those allies. Partners for the joint working group could include the safety committee, safety managers, human resources and outside agencies working in health promotion.



PEOPLE SURVEY

Work area:

Q1 Do you feel you are stressed by your work? YES/NO

Yes: Please proceed to the next question. No: thanks for taking part.

Q2 Is the level of stress unacceptable/causing you harm? YES/NO

Yes: please carry on to the next section. No: thanks for taking part.

Section A: how are you?

Do you generally suffer from these symptoms (or have you suffered from them a lot recently)?

- Frequent headaches YES/NO
- Depression YES/NO
- Anxiety attacks YES/NO
- Sleeplessness YES/NO
- Indigestion YES/NO
- Continual tiredness YES/NO

If you know these are nothing to do with work or the product solely of events outside work, answer 'no' - but only if you are really sure - your work may be affecting you more than you know, and if your work is making these symptoms worse, please answer 'yes'.

Section B: what makes you stressed at work?

Below are some known causes of work-related stress (the Health and Safety Executive calls them 'stressors'). Please think about how much stress each one causes you. If a stressor causes you high levels of stress, circle the '5' - if it causes you low or no stress, circle the '1', and if it causes you moderate or occasional stress, circle the '3' (the '2' and the '4' are to give you options between 'high', 'medium' and 'low'). If you don't know or can't answer, don't circle any of them.

This survey only covers stressors at work. It's not meant to include stress caused outside the workplace, although that can add to your work-related stress.

A. Demands of the job

A1. Long working hours	1	2	3	4	5
A2. Too much work	1	2	3	4	5
A3. Too little work	1	2	3	4	5
A4. Repetitive or monotonous work	1	2	3	4	5
A5. Insufficient time to do your job	1	2	3	4	5
A6. Not enough rest breaks	1	2	3	4	5

B. Lack of control

B1. Lack of control over work	1	2	3	4	5
B2. Work monitoring by computer or video	1	2	3	4	5
B3. Pace of the work dictated by machines	1	2	3	4	5
B4. Deadlines which are regularly too tight	1	2	3	4	5
B5. Unremitting pressure to perform well	1	2	3	4	5
B6. Over-harsh discipline	1	2	3	4	5
B7. Too much supervision	1	2	3	4	5
B8. Too little supervision	1	2	3	4	5
B9. Too little job/task specific training	1	2	3	4	5

C. Work-life balance

- C1. Inflexible working hours (causing child care/domestic problems) 1 2 3 4 5
- C2. Unsympathetic management 1 2 3 4 5
- C3. Unfair pay system 1 2 3 4 5
- C4. Failure to recognise achievements 1 2 3 4 5
- C5. Skills not being fully utilized 1 2 3 4 5

D. Relationships at work

- D1. Bullying 1 2 3 4 5
- D2. Sexual, racial or other harassment 1 2 3 4 5
- D3. Discrimination or prejudice from colleagues or managers 1 2 3 4 5
- D4. Risk of violence and abuse from customers or service users 1 2 3 4 5
- D5. Working alone 1 2 3 4 5
- D6. Lack of communication between colleagues 1 2 3 4 5
- D7. Lack of communication between staff and management 1 2 3 4 5

E. Change

- E1. Uncertainty about your future 1 2 3 4 5
- E2. Lack of job security 1 2 3 4 5
- E3. Introduction of new management techniques 1 2 3 4 5
- E4. Restructuring 1 2 3 4 5
- E5. Lack of consultation over changes 1 2 3 4 5

F. Conflicting roles

- F1. Unclear job responsibilities 1 2 3 4 5
- F2. Conflicting responsibilities 1 2 3 4 5
- F3. Confused demands 1 2 3 4 5

G. Working environment

- G1. Heat or cold in the workplace 1 2 3 4 5
- G2. Poor lighting or lack of natural light 1 2 3 4 5
- G3. Untidy or unclean working areas 1 2 3 4 5
- G4. Overcrowding or cramped work areas 1 2 3 4 5
- G5. Excessive noise, fumes or dust 1 2 3 4 5
- G6. Poor eating and rest facilities 1 2 3 4 5
- G7. Badly designed, unsuitable or uncomfortable equipment 1 2 3 4 5

Please complete this survey and return it by

to:

All information is anonymous and will be used to help identify workplace stressors so that your union in partnership with management can produce an action plan to reduce workplace stress levels.

ORGANISATION SURVEY

Write 'Pass' against questions where you are able to answer 'yes' and 'Fail' against questions where the answer is 'no'. Where you do not know the answer leave the question blank.

1. Does your employer collect details of stress-related sickness absence?
2. Is the overall sickness absence rate in the organisation below the national average of 9.3 days a year per employee?
3. If someone took sick leave for stress-related reasons, would your employer attempt to identify whether the stress was work-related?
4. Does your employer have a policy for dealing with workplace stress?
5. Does your employer's policy on workplace stress cover health and safety, equality and human resources issues?
6. Were safety reps or the union consulted in the development of your organisation's stress policy?
7. Are audits or risk assessments carried out for workplace stress?
8. Are safety reps involved in stress risk assessments?
9. Does your employer have/provide copies of HSE guidance on preventing work-related stress?
10. Are managers given training on managing workplace stress?
11. Are staff given information on workplace stress?
12. Are staff generally confident that they can report suffering from stress, or give stress as the reason for sickness absence, without fear of discipline?
13. Do/would managers act in a sympathetic way to people suffering from workplace stress?
14. Are confidential counselling or similar services available for workers suffering from workplace stress?
15. Would your employer be prepared to alter working conditions or practices (such as hours, workload or specific tasks) to help someone suffering from stress?

ADVICE TO SoR MEMBERS ON DEALING WITH WORK RELATED STRESS

Introduction

From time to time we can all experience stress be it from home or from work. Stress is not a weakness and work-related stress is a symptom of an organisational problem, not an individual failing. Stress can make people ill causing mental health problems such as depression and anxiety, high blood pressure and can increase peoples' dependency on alcohol and drugs. For these reasons it is important to recognise the early warning signs and do something about them.

What can cause work related stress?

There are many factors that can cause work related stress. Sustained periods of organisational change followed by periods of uncertainty is one of the key triggers in today's working environments. Job insecurity, threats of redundancy and having to cope with increased workloads when retired or redundant colleagues are not replaced are all real issues for those working in the healthcare sector. Bullying and harassment; poor working conditions; shift work and long working hours and dealing with aggressive or abusive patients are also factors which can contribute to stress.

Are you Stressed?

Stress can be acute and sudden, for example after a traumatic incident such as an assault or can take time to develop and in some instances lead to 'burnout'. Stress can take many guises and you may not realise for some time that your symptoms are related to stress. Symptoms can be classed as physical, behavioural or emotional.

Physical symptoms	Behavioural symptoms	Emotional symptoms
Headaches/migraines	apathy	anxious
Muscle tension	Increased use of alcohol and /or cigarettes	irritable
Backache/neckache	Use of tranquillisers or illicit drugs	Feelings of guilt
Indigestion/heart burn	Indecision	Fear and panic
Poor sleep patterns/fatigue	Unusually impulsive	Anger/aggression
nausea	Unusually emotional	Lack of concentration
dizziness		Low self esteem/ confidence
Skin rashes		
palpitations		

What your employer should be doing

Your employer has a legal duty to address the sources of work related stress and reduce the risks of stress causing ill health amongst employees. In order to meet their legal duties employers should be implementing the Health and Safety Executive's Stress Standards. As a first step, your employer must put in place strategies to prevent work related stress in addition to providing support such as counselling.

Even if the stress is caused by factors outside work, a sympathetic and understanding employer should take this into account as it is unlikely that you will leave stress behind when you enter work. Family friendly policies and flexible working can all help.

Your SoR health and safety representative should be involved in and consulted on your employer's arrangements for managing work related stress.

What you can do

Work-related stress is a symptom of an organisational problem, not an individual failing; however there are some things that you can do to help address work related stress.

- Take up training opportunities which will give you coping mechanisms for dealing with stress such as conflict resolution; neuro linguistic programming or any training that gives you the confidence to say NO!
- Take part in focus groups/surveys looking at the causes of stress within your organisation and ideas on how it can be reduced.
- Notwithstanding your employer's duty to protect you at work, it is also important to look after yourself. Healthy eating, regular exercise and the avoidance of 'crutches' such as alcohol and smoking have been shown to reduce stress. If you work in the NHS your employer may have introduced some measures such as subsidised gym membership or lunchtime yoga sessions.

Getting Help

Don't suffer in silence, in the case of stress the cliché a problem shared is a problem halved can be very true. If you feel stressed and are finding it difficult to cope speak to your manager and/or your SoR Health and Safety or Industrial Relations representative. If you have an occupational health or counselling service you can approach them for help and advice as well as your own GP. If stress originates from bullying or harassment find out what your local policy says, some organisations have mentors that can be approached for help and advice. You may feel very alone and isolated but if the stress originates from work it is highly likely that you are not the only one feeling this way.

8. FURTHER INFORMATION

There are many good sources of information on stress but some sources still persist in describing stress as a 'positive'. Professor Cary Cooper and Professor Tom Cox are perhaps the most eminent authors on workplace stress and have worked closely with UK Trade Unions and the Health and Safety Executive on the topic of stress. In addition to the references in this guidance, some good sources are detailed below.

Beating Stress in the NHS (2002) Chambers R; Schwartz A; Boath E ISBN-13: 978-1857759273

Stress at Work (2006) Labour Research Department 78 Blackfriars Road, London, SE1 8YX
tel. 020 7928 3649 email: info@lrd.org.uk

Managing the Risk of Workplace Stress: Health and Safety Hazards (2003) Cooper C L; Clarke S
ISBN-13: 978-0415297097

Effects of Stress in an NHS Trust: A Study (1998) Quine L Nursing Standard 1998 Oct 7-13;13(3):36-41

Conquer Your Stress (2000) Cooper C L ISBN-13: 978-0852928530
Chartered Institute of Personnel and Development

ELECTRONIC RESOURCES

Health and Safety Executive www.hse.gov.uk

The HSE's web address for information on stress and issues particular to the health service.

International Stress Management Association www.isma.org.uk

The website of the International stress management association a charity with a multi-disciplinary professional membership. It exists to promote sound knowledge and best practice in the prevention and reduction of human stress. It sets professional standards for the benefit of individuals and organisations using the services of its members.

TUC www.tuc.org.uk

The TUC has useful pages and resources on stress.

ACAS www.acas.org.uk

ACAS aims to improve organisations and working life through better employment relations. We provide up-to-date information, independent advice, high quality training and we work with employers and employees to solve problems and improve performance. Information is available on stress; bullying and harassment and sickness absence.

UK National Work-Stress Network www.workstress.net/

The UK National Work-Stress Network is committed to the eradication of the causes of work-related stress and associated illnesses. It campaigns to advance this aim through its involvement with the Hazards Campaign; and in conjunction with the TUC, European organisations, within UK Trades Union structures.

Hazards www.hazards.org/index.htm

The website of the Hazards magazine, an independent, union-friendly magazine. The website has a wealth of resources for safety representatives or others interested in health and safety including reports on emerging health and safety issues.

Andrea Adams Trust www.andreaadamstrust.org/

Useful information and resources for managers and safety representatives on bullying at work.

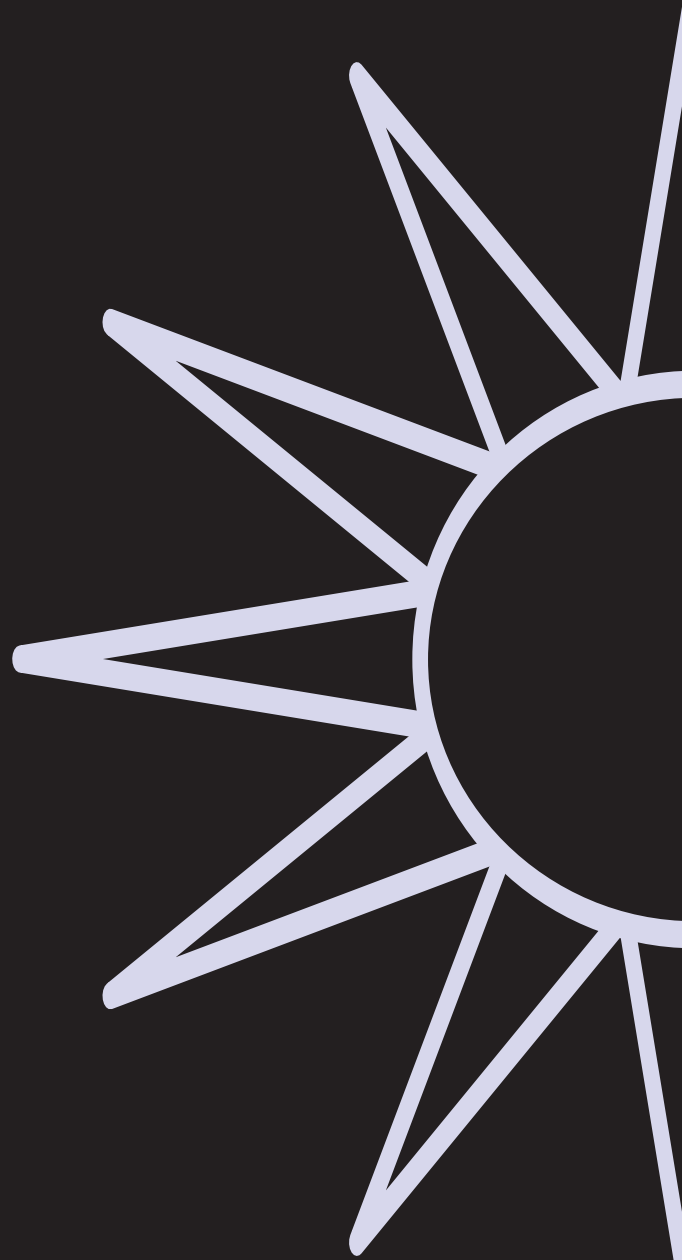
NHS Employers www.nhsemployers.org.uk

Have produced useful leaflets and material on bullying and stress at work.

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The Society of Radiographers
207 Providence Square
Mill Street
London SE1 2EW
Telephone 020 7740 7200
Facsimile 020 7740 7233
E-mail info@sor.org
Website www.sor.org