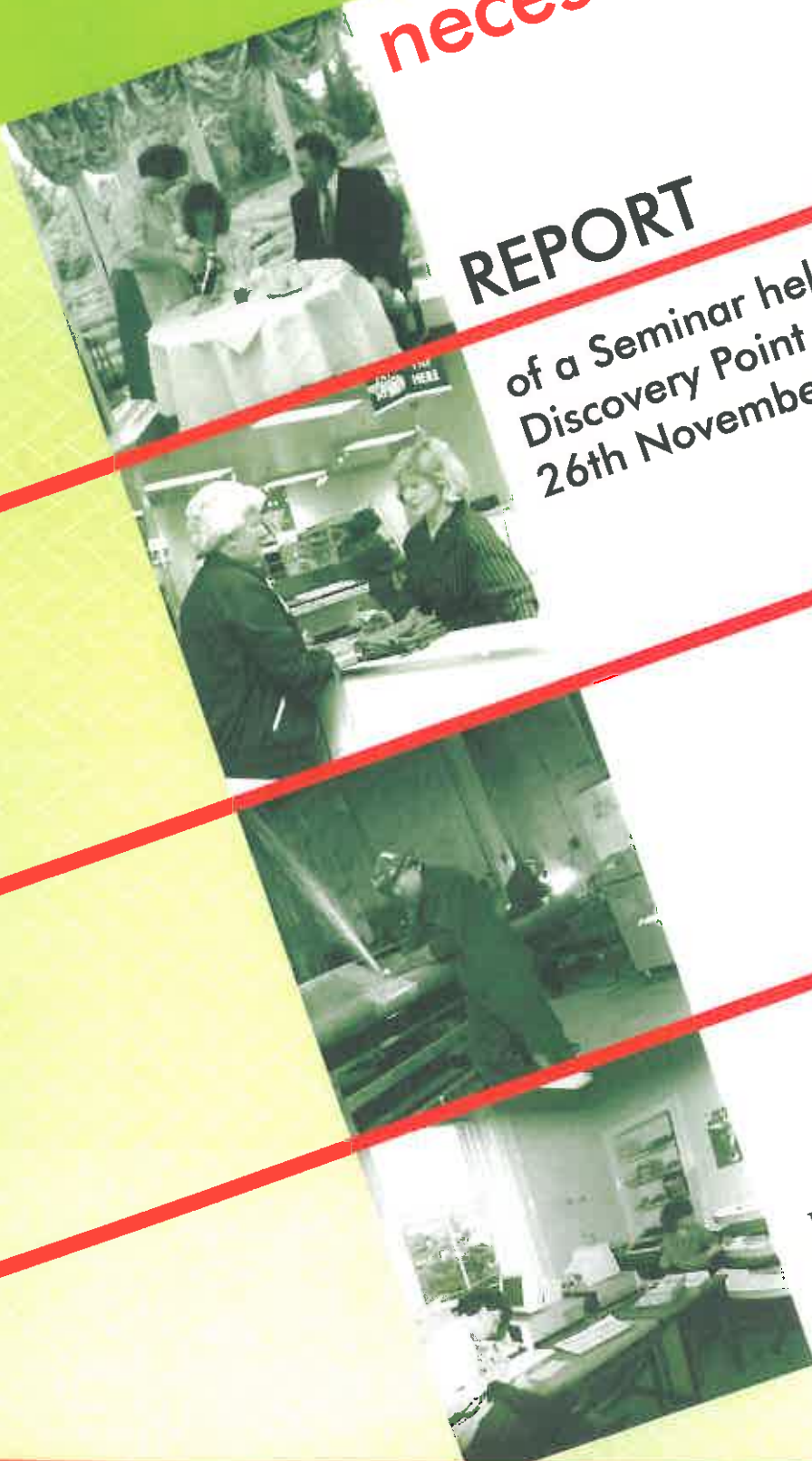# stress at work

necessity vs neglect

REPORT

of a Seminar held at
Discovery Point, Dundee
26th November 1999

HEALTHY DUNDEE
HEALTH FOR ALL

STRESS AT WORK: NECESSITY VS NEGLECT

SEMINAR REPORT

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ACKNOWLEDGEMENTS

INTRODUCTION

Julie Ridley

Seminar Chair,
Strategic Planning, Dundee City Council Social Work Department

In November 1999 Healthy Dundee, an inter-agency co-ordinating group working to improve health in Dundee, held a half-day seminar for employers on tackling workplace stress. The aim of the seminar was to promote a strategic or structured approach to ensuring positive wellbeing and tackling workplace stress. It had three key objectives which were (a) to raise awareness of the causes and effects and how to tackle workplace stress; (b) to provide guidance on drafting stress management action plans; and (c) to disseminate information about good practice and build on local initiatives

The seminar was targeted at all employers in the public, private and voluntary sectors, managers at all levels, those involved in human resource issues, health and safety, planning, and trade unions. It was intended to provide participants with practical strategies that could be applied in their own workplaces. The event offered participants a mix of presentations and group discussions around workplace stress, both theoretical and practical, a chance to reflect upon their own experience and to identify potential initiatives.

It was also hoped that this event would promote positive and practical links between employers often grappling with the problem of how to manage workplace stress, and those with expertise and knowledge of assessing the problems and devising action strategies. One of the reported benefits of the seminar was indeed that it offered a chance to discover what others were doing; it was acknowledged that stress was not merely a problem for specific employers, it was a major problem nationally. Overall participants reported that the seminar had met with their expectations, and served as a first step in dealing with stress in the workplace.

The focus on stress at work is a timely one, as any brief scan of the major national newspapers will testify. The term 'workplace stress' though commonly used remains a contentious issue: Some would say that stress is good for you or that it does not exist while there is growing recognition of the negative aspects of occupational stress. Putting people under undue pressure causes suffering and distress, the effects of which can be low productivity, poor quality services, high rates of absenteeism and ultimately litigation costs. It was essentially these aspects of stress that the seminar was trying to address. Progressive employers have recognised the importance of staff motivation for business

success, acknowledging a link between good health, motivation and work performance. Further, the Health & Safety Executive in recent years have sought to make employers more aware of their responsibility for mental as well as physical wellbeing, and for promoting 'health' as well as 'safety'.

The seminar raised a number of key issues, which appear in both the presentations and reports on questions to the panel and group discussions. Without pre-empting the content of the papers at this stage, a number of key themes which emerged on the day were:

- Stress is a complex concept to define and measure. Although there are many theories about what it is and how to recognise it, most people seem to agree on the costs or outcomes of stress at work in terms of loss of productivity, that there are monetary costs, and that there is a link between stress, anxiety and depression;

- Many issues are common concerns across all employers in the public, private and voluntary sectors alike, and there is much that can be learnt from sharing information and experience and in promoting exemplary practice;

- It is critical to adopt a structured approach in dealing with workplace stress to avoid 'sticking plaster' solutions. The first step is to understand the nature of the unique 'stressors' in a particular workplace, the mediating factors and the effects or outcomes of stress on individuals and to base any subsequent plan of action on such an assessment;

- There is a clear organisational responsibility to manage stress at work and to protect employees' physical and mental wellbeing. Employers have a 'duty to care' that is recognised in law. Nevertheless, stress must always be approached from an individual's perspective: What one person finds intolerable may be tolerated by another, and it is artificial to separate workplace stress from other stressors in an individual's life;

- Good management is at the heart of alleviating many of the causes and symptoms of stress, especially ensuring there are good channels of communication within agencies/companies. Managers have a central responsibility to address workplace stress.

The seminar organisers hoped that the participants and the readers of this report, will acknowledge the importance of both the issues raised and of the action that needs to be taken. The high profile legal cases have no doubt highlighted for many organisations and managers the implications and costs of not taking action when hazards have been identified. Taking a more positive perspective, it is also hoped that there will be a wider recognition of the individual and organisational benefits of being proactive in promoting and improving health and wellbeing in the workplace.

An account of the question and answer session and the issues raised by the discussion groups follows the speakers' papers in this report. In doing this, it is hoped the reader can get a more accurate flavour of the event. The papers are presented in the order they were given on the day. Professors Kevin Power and Alice Belcher were both there as established academics working in the field of occupational stress, while Catherine Kilfedder and Mike Sowden were speaking from the occupational health field in the public and private sectors respectively.

OPENING ADDRESS

Helen Wright, Lord Provost for Dundee City

This seminar, organised by Healthy Dundee, has come about in a true spirit of partnership. It would not have been possible without a number of agencies working together. In particular I want to mention Dundee City Council Social Work Department, Tayside Health Promotion Centre, Tayside Health Board, Dundee Association for Mental Health, Tayside Primary Care NHS Trust and the Chamber of Commerce and Industry just to mention a few.

I am delighted to open the seminar and also that Dundee is taking the initiative of bringing employers from all sectors together to consider what can be done to tackle stress in the workplace. Without a doubt staff are the most important resource of any organisation, be it a small private business or large corporation, a voluntary organisation or a department of the public sector or the NHS. Easy to say but how often do we stop to consider the effects of stress on productivity and service quality and what we as employers, can do about it? It may feel impossible to find time to reflect on these issues due to the scope and pace of change taking place in many fields, job insecurity at all levels of organisations, and at times of financial uncertainty and constraint. Addressing the impact of stress on employees however, is a central part of managing the many changes and challenges facing us.

In other words, it is a necessity <u>not</u> an optional extra. Not to do so would really be neglect. That is why the key message of this seminar is that stress in the workplace is an organisational as well as individual responsibility. There is a lot the private, public and voluntary sectors can learn from each other and I am very heartened at the mix of delegates at this seminar. My hope is that it will prove to be a worthwhile event and an opportunity for delegates to learn from each other and, that at the end of the day you will have generated some practical solutions to the problems that you face as employers.

DEFINITIONS, CAUSES, PRACTICAL SOLUTIONS

Professor Kevin Power

Director of Anxiety & Stress Research Centre, University of Stirling, Acting Head of
Psychology, Tayside Primary Care NHS Trust

CAN WE DEFINE OCCUPATIONAL STRESS?

A number of the research studies conducted by the Anxiety and Stress Research Centre at Stirling
University have examined occupational stress in a variety of settings including the statutory and
independent sectors. One limitation of this type of research in the past has been that it is invariably a
one-off audit with researchers going in, undertaking assessment, and compiling a report with no follow-
up. The British Psychological Society (BPS) has rightly criticised this approach. More thought needs
to be given to evaluating interventions and examining their value to individuals and organisations.
That is what we have to have at the back of our minds today. In thinking about occupational stress we
need to consider: a) whether we can define it; b) whether and how it can be measured and assessed; and
c) the kinds of intervention that are effective in alleviating occupational stress.

In my role as a clinical psychologist, I spend a significant proportion of my time working in GP
practices and in Primary Care, seeing patients with a variety of problems especially anxiety and
depression. The majority of these patients identify occupational stress as a major contributory factor
although it is seldom the sole contributory factor. I will return to considering anxiety and depression
later, because this is certainly an issue identified by the Health and Safety Executive in relation to
occupational stress and an important aspect of recent litigation. One might reasonably ask why anxiety
and depression in particular? I would hazard a guess that it is basically because stress is not a
psychiatric disorder. It is a term used by individuals to refer to many different things. If we look at
some of the legal cases and from a psychological perspective, anxiety and depression are a constant
feature of occupational stress or strain in the literature at present.

Stress has been shown to be costly to both individuals and institutions. It can lead to psychosomatic
disorders and poor mental health, in terms of anxiety, despair, depression, alcoholism and drug abuse.
I do however have some reservations about identifying stress as causing alcoholism. One of my
colleagues in Glasgow has attracted criticism by suggesting that individuals take alcohol and drugs
because they enjoy the effects. Initially people enjoy the effects of alcohol and drugs, whether these
are prescribed or illicit. We may equally rationalise our consumption by "I've had a bad day at work

today, I need a drink", as "I had a cracking day at work today, it went really well, I'll celebrate and have a drink", or "I just found myself standing with a drink in my hand". I think we cannot attribute all of the blame to stress in alcohol and drug abuse.

The title of my talk starts off with definitions but I am not going to give you a neat definition of what stress is: there is no clearly defined and accepted definition. One of the main aims of this event is to look at stress from a structured perspective and to reinforce that this gives us a skeletal structure on which to base any intervention.

Stress can be costly to institutions in terms of absenteeism. When individuals are stressed they may not attend work, classic avoidance behaviour. When they do attend, their actions are tardy, they are not enthralled with the organisation, there is no commitment, and it may result in sabotage. I have seen that happen in various organisations: sabotage the machinery then you can put your feet up, have a cigarette and relax while the mechanics come around. There is often high turnover of staff where individuals are not committed to their work.

IMPACT OF DEMAND ON PERFORMANCE

To those of you who have studied undergraduate psychology or some form of business management you may be familiar with the following diagram:
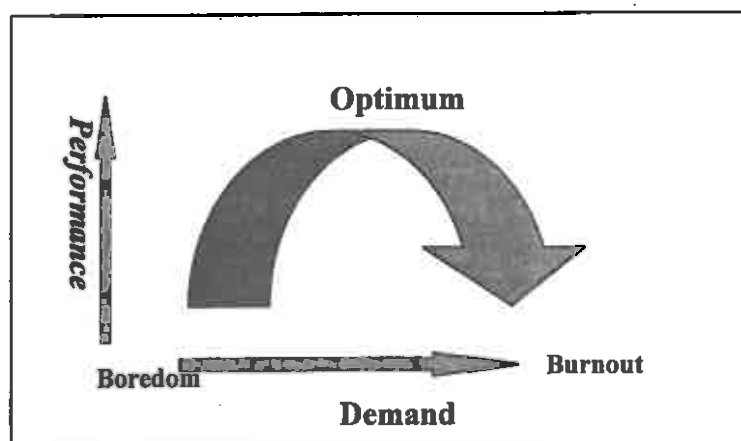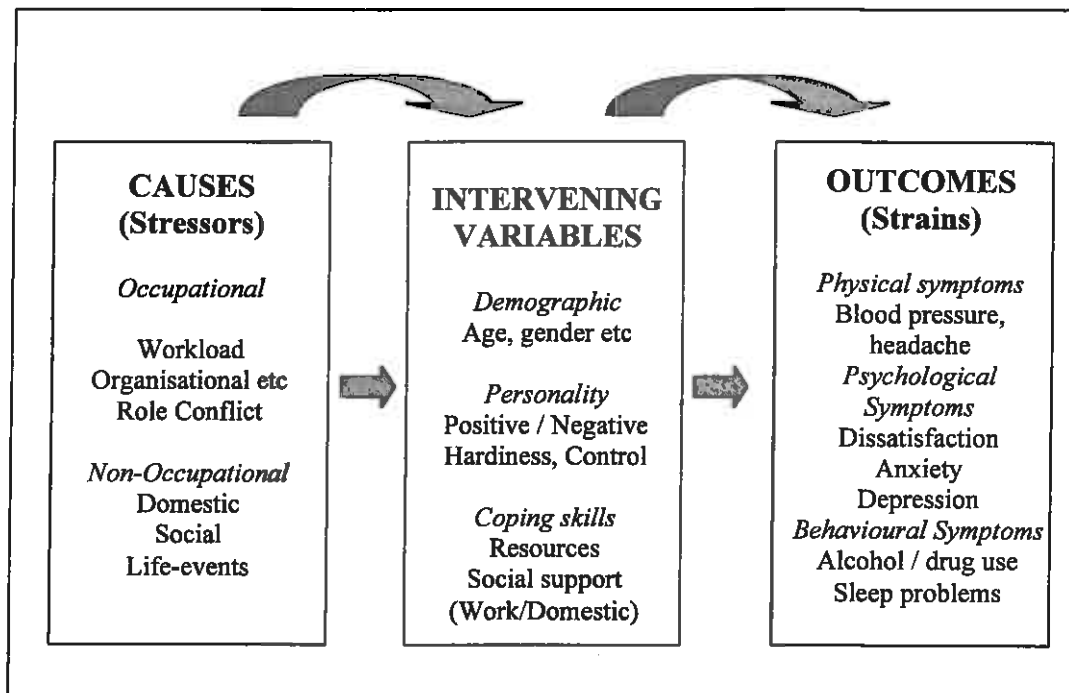
Figure 1 : The Stress Curve

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Figure 1 shows a Yerkes-Dobson curve based on the notion that as demand goes up work performance actually improves. Most people would accept that we like to function at a high optimum level, so increase the demands on us and our performance actually increases. Those of you old enough, can probably remember the London Palladium and the man spinning plates. Near the top of the curve he has about 40 plates up in the air and he is doing well, the crowd is cheering and he is going for the world record. Now he has beaten his previous world record and he is up to about 60 plates and they are all spinning. It is going absolutely great and then he tries for about 70, 80, 90 plates, demand increases but performance drops and all the plates start to fall off.

Now think about your own situation at work. You are dealing with phone calls, various issues that are arising at work, you are organising or managing various individuals. It is a highly productive day then comes the extra demand, the other half a dozen requests - the straw that breaks the camel's back. Before you know it, your performance is starting to deteriorate. There is the enjoyable part of work where increased demand results in optimum performance. We accept that demands on individuals are usually necessary to increase performance. As managers what we want to have is a workforce properly functioning at the top part of the curve (see Figure 1), and most are probably likely to function there. Some of us get a kick from taking it to the edge, living on the edge all the time.

At one extreme, individuals are coping with excessive demands for prolonged periods resulting in what the literature refers to as 'burn out'. This exists predominantly in American literature, particular in relation to nursing in respect of excessive long term demands made in intensive care units etc., oncology units. Individuals start to feel burnt out and emotionally exhausted, while nevertheless trying to cope with demands. At the other extreme, individuals with few demands placed on them, perform badly and suffer boredom. If you can think back to your adolescence, or those of you who have adolescents in the house, the cries of "I'm bored" or "I've got nothing to do". I have not been bored for about 30 years and I would love just a little bit of boredom, just for about twenty or thirty minutes!

There are problems with this rather simplistic representation however, for example, not all individuals have the same optimum level of performance. Two individuals can be in the same job, be equally skilled, but one will feel unable to cope with the job while the other person copes fine. Some individuals may just not have the ability, either through lack of training or genuine lack of ability. Some individuals may have the ability but feel they cannot do the job. In short, optimum levels vary between individuals. Optimum performance also varies within individuals. One's optimum performance may well be first thing in the morning, or later on in the evening. Your level of performance will change over the day, it will also change over your lifestyle, depending on the other demands that you have. If you have excessive demands at home, your optimum performance at work may decrease.

Figure 2 : Conceptual Model of Stress

CAUSES (Stressors)	INTERVENING VARIABLES	OUTCOMES (Strains)
Occupational	*Demographic*	*Physical symptoms*
Workload	Age, gender etc	Blood pressure, headache
Organisational etc	*Personality*	*Psychological Symptoms*
Role Conflict	Positive / Negative	Dissatisfaction
Non-Occupational	Hardiness, Control	Anxiety
Domestic	*Coping skills*	Depression
Social	Resources	*Behavioural Symptoms*
Life-events	Social support (Work/Domestic)	Alcohol / drug use Sleep problems

The most widely accepted model looking at stress nowadays is the one represented above in Figure 2. It looks at the 'stressors', the demands that are placed upon us and the strains, the outcomes. You will have noticed the word 'stress' does not exist in this model. The reason it does not is because there is no clearly agreed definition. It is more meaningful to look at stressors. Think about yourself and the occupational stressors you experience for example, the workload that you have to cope with. For me, it is the number of reports that have to be done, the number of letters to GP's to be written, the number of patients and students to be seen, and the number of reports for the Scottish Office, and everything needs to be done yesterday!

All of us also have non-occupational demands, domestic demands such as having to work weekends whilst still making sure time is spent with the children or in-laws, washing the car, decorating the bedroom promised last week, etc. Then there are major events to cope with throughout life, including bereavement, moving house, changing jobs. So the stressors we experience in life, could be a combination of occupational stressors and non-occupational stressors and further, these aspects could be in conflict. They can be in harmony, a high level of occupational stress being balanced by supportive domestic and social circumstances which enable one to cope. It can also be the other way around, domestic life can be absolutely awful and you want to spend all this time at work because you are happier there.

At another extreme are the strains, the negative outcomes of occupational stress, including increased blood pressure, headaches, gastro-intestinal disturbance, muscular and skeletal problems, having bad

dreams about the work you are having to do the next day. It could be psychological symptoms, such as dissatisfaction, generally feeling 'scunnered' or worn out. Initial dissatisfactions may move on to feeling a little bit anxious, a little bit worried, not sleeping well at the weekend, worrying about what is going to happen on Monday morning when you go in. Fearful that there might be some mishap, that you might lose control, that you will not manage to fulfil the job tasks that you have been set.

VARIATIONS BETWEEN INDIVIDUALS

Some individuals experience symptoms of depression, not feeling in control at work, feeling hopeless and helpless. The core issue with anxiety and depression is a feeling of lack of control, not being in control of some salient aspect of your life that is important to you. Why do some individuals present with anxiety, others with depression? That is not really fully understood. Some individuals may well present with both. The literature refers to various behavioural symptoms such as increased alcohol and drug use (which I have suggested should be treated with caution), time off work and other problems. Most people in this audience will have experienced occupational stressors, and/or domestic stressors at some point in their lives. Most will not have experienced long-term strain but most will have probably experienced some degree of short-term indications of strain. It is interesting to ask the question 'Why is it that the same stressors do not always lead to strains?'

There may well be in individuals, certain aspects of personality or character that enable them to cope with strains. There is a psychological construct called positive and negative affectivity, which reflects the way we view life. Is a glass half full or is it half empty? Do we see the demands that are being placed upon us as a challenge that we rise to, to beat, to manage, do we give it our best shot? Or do we want to run from the challenge that we are asked to take on? There may be aspects of personality, some individuals are a little bit more robust and can cope with a few more knocks than others. It may well be that at different points in our lives we have better coping strategies than others.

There may be other aspects of personality, such as whether or not we feel in control of our lives. Anxiety and depression can reflect a lack of control and a fear of lack of control. Often individuals who are anxious or depressed want to gain more control, to control everything, in which case the whole thing falls apart. I do not try and control everything because I know I cannot. When I worked in the Prison Service I did not really have much control of who was going to be arriving in Peterhead that weekend. I just had to respond, to accept some aspects of myself over which I had no control at all. Other aspects one does try and control. It may be things to do with our coping skills and individual resources we have, or the social support, or lack of social support from colleagues. Research on occupational stress shows that it is not necessarily caused by the customers or external demands but is often caused by work colleagues, who are supposed to be supportive. That is a major issue often underestimated in numerous studies.

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Alternatively, it may well be related to age and gender, for example junior doctors, have been a lot in the press recently. Those at the early stage of their career are subject to more stress because they have to work excessive hours. For other individuals it may well be the latter stage of their career when they have high levels of responsibility. In summary, there are stressors, strains, and aspects in the middle that can either exacerbate or minimise the effects.

If we accept that model, what then is our definition of stress? We have to accept stressors, strains and intervening variables. How is stress to be measured in view of all these variables? The symptoms of stress include anxiety, depression, high blood pressure and headaches. But it is equally important to have a measure of organisational culture, the demands on individuals and aspects of individual personality. There is not an interim measure of stress, because we have a number of different factors that contribute to this strain as an output. This in a nutshell is the complexity of the problem.

EXTENT OF THE PROBLEM

One can lift any newspaper these days to see figures somewhere or other cited, basically the extent of the problem, how much it costs the UK, how much its costs the European Community. I will highlight a few of these. Some of the figures have to be treated with caution because there are problems with validity and accuracy, but they do offer a general picture of the nature and extent of the problem. For instance, 28% of European workers think that occupational stress affects their health, but in what ways does it affect their health? It is claimed that up to 40 million working days in the UK alone are lost each year because of stress. Stress is stated to cost UK employers £7 to £9 billion per annum in sick pay, missed deadlines and poor work performance. One might argue the figure is higher if one considered the number of sick lines where individuals may well be experiencing occupational stress but do not record stress for fear it will have a negative impact on their career progression.

Stress has been linked to 60 - 80% of all workplace accidents. Some suggest American employers spend $700 million per annum replacing men below the age of retirement age due to coronary heart disease incapacity. Statements like these however are not without problems. Coronary heart disease is not only caused by occupational stress, it is related to genetic factors, gender, diet, culture, in short a whole host of things. 'Mental stress' accounted for 11% of occupational disease claims from 1980 to 1982. What is meant by 'mental stress'? We could run a six month seminar on that alone.

The literature generally agrees upon the specific organisational costs of stress such as high absenteeism, high staff turnover, low job satisfaction. One cannot look at occupational stress without looking at job satisfaction, the two things go hand in hand. Usually if there is high occupational stress, there is low job satisfaction, but not always. In some areas individuals can have high occupational stress but nonetheless have high job satisfaction, while in general there tends to be a closer relationship between these two variables. Low job satisfaction leads to a lack of organisational commitment, not

being interested in the organisation for which one is working, poor productivity, poor job performance, increased accidents, near misses, errors and increased employee/client complaints or litigation.

LITIGATION

I want to now mention the issue of litigation in respect of the psychological perspective. The next speaker will look at this in far more detail. If we look at legislation, the Health and Safety Executive suggests that stress should be treated like any other health hazard. We would probably all agree with that but again there is a problem. I would argue it is easier to get a measure of decibels or level of toxins which may or may not have a detrimental effect on individuals, but there is a problem with the definition of stress and consequently a problem with measuring it.

The Health and Safety at Work Act (1974) requires employers to ensure that workplaces are safe and healthy. We would all agree with that. Health and Safety Regulations (1992) tell employers to assess risks to health and introduce control measures based on risk assessments. What risk assessment should be put into place when measuring the whole issue of occupational stressors or strains? Employers have a legal duty to take reasonable care to ensure that health is not placed at risk through excessive and sustained levels of stress arising from the way work is organised, and that has been raised in one of the test cases. The way people deal with each other is a factor. I think that what they are hinting at there is bullying, or from the day to day demands placed on their workforce.

In 1999 the Health and Safety Executive put out a discussion document – "Managing Stress at Work" and I would hope that many of you have seen this document because again it is a priority for the Government for various reasons to look at the whole issue of occupational stress. If you look at some of the legal cases, for instance, 'Walker versus Northumberland County Council', awarded £175,000 damages. A former social worker had an impossible workload and therefore the employer had exposed him to unreasonable stress that could have been avoided. Basically it was argued, the employer had been aware of the situation because the GP had informed them. Their lack of action was consequently judged to be negligent.

The case of Ballantyne 1996, led to an out of court settlement of £66,000 for Ballantyne. The Council was informed of the bullying and abrasive behaviour of senior managers stated to have caused panic attacks, anxiety and depression and again was found negligent. The cases I have been involved in look specifically at anxiety and depression. A recent case of harassment, humiliation and bullying was thrown out because there was no agreement upon a diagnosis of anxiety or depression. This individual was examined by the clinical psychologist who diagnosed her as having understandable justifiable psychological distress. The judge did not consider the reference to a 'nervous breakdown' as evidence that she suffered from a recognised psychiatric illness

PRACTICAL SOLUTIONS

The Health and Safety Executive has called for more research. Alternatives are additional ordinary guidance, approved codes of practice, or the Secretary of State to address regulations about work related stress. We do not know what the combinations will actually be. To return to the earlier model looking at stressors and strains and mediating factors, think about its relevance for you in your organisations. Any comprehensive stress management programme has to address three main areas: identifying the main stressors placed on individuals; organisational change to alleviate stressors; and providing support and rehabilitation.

Organisational change involves alleviating stressors and looking at the whole issue of organisational structure, changing aspects of environmental design, including in some areas child care facilities, improving communication. The issue of organisational change has to be addressed at the highest level. The effectiveness of stress management groups in maintaining psychological well-being and enhancing coping resources is being evaluated by the Anxiety and Stress Research Centre in a public utility. The third stage is where unfortunately participants have presented with problems and require individual treatment. This may well be psychological treatment for anxiety and depression. The issue I would like to highlight as important is that we need a comprehensive strategy that looks at prevention at an organisational level, maintenance of psychological well-being amongst the work force and helping individuals who do have specific problems by providing individually tailored intervention programmes.

STRESS AT WORK: LEGAL LIABILITY OF THE EMPLOYER

Alice Belcher

Professor of Law, Dundee University

DEVELOPMENTS IN LAW & OCCUPATIONAL STRESS

I want to emphasise as previous papers have done, that it is notoriously difficult to measure stress and its impact, and there have been many different measures. I will offer you just two estimates of the costs to industry. One figure, suggested by the charity MIND is of £7 billion per year, and another from the CBI is of £3.7 billion. Clearly these are taken at different times and using different measures. Another statistic is that 91 million working days are lost through stress. All these figures appear in a Scotsman article dated 4 October 1996. This paper looks at the individual costs: The cost of individual legal actions, whether or not they actually run the full course in the courts.

Some recent examples are a sum of £5,600 compensation in an out of court settlement, which does not sound very much except that that case had already run up £150,000 of legal costs. In another case £175,000 compensation was awarded by an English Court. £66,000 damages were awarded in an out of court settlement in Scotland. Such costs are always borne by individual employers. They are not insignificant costs.

Occupational stress is still a developing area of the law. The faster it develops however, the quicker employers will need to respond to the changes and that is what is crucial now. Development is happening in three respects: in thinking; in regulation; and in the formation of law. The word regulation is used broadly to mean official pronouncements on health and safety. In terms of the formation of case law, it would be true to say that to a certain extent judges are developing the law on the hoof in the courts. Development needs to be looked at in terms of the past, present and the future. Much has happened in under a decade since 1991, and it is important for employers to be aware that things are moving, and moving a pace.

At a European level, the European Agency for Safety and Health at Work has conducted a survey of member states to find out what has been happening on safety and health and to determine where the major focus will be for the future.[1] In relation to stress at work that report names stress as an area of risk paid particular attention in the ten years up to 1996. Also, in 1996, all member states were identifying stress at work as a major area of risk for the future. The report also identified the need to give greater attention to organisation and management issues. There was little by way of regulation

(specifically mentioning stress at work) during the period 1991-1997 except for guidance produced by the European Commission on risk assessment. This guidance identifies "psychological factors" as requiring risk assessment. Consequently when the general law on risk assessment is applied, psychological factors must be addressed.

PAST CASE EXAMPLES

The individual cases to which I refer were summarised in a paper included in the seminar pack (copies can be made available on request). The paper contained the full citation of these cases and my summary of what can be gleaned from the law reports. The reader is advised to either find and read the full law report or read my summary.

The case of *Johnstone v Bloomsbury Health Authority* [1991] All ER 293

The first case concerns a junior doctor called Johnstone, who had a contract for 40 hours work plus a further 48 hours as required by his employer. He was actually called upon to work those 48 hours as well as his usual 40 hours on many occasions and consequently experienced physical symptoms such as being sick with exhaustion, but also mental health problems. It is a key case because it says that, despite the fact that he had an express contract (a contractual duty to work 40 hours plus another 48 hours required) there was an overriding duty on his employer to look after his health and safety and they had clearly not done so.

The case of *Petch v Customs and Excise Commissioners* [1993] ICR 789

The next example is of a failed case involving a civil servant, Petch, where it was decided the employer did what was reasonable. Petch claimed he was under considerable pressure at work. Although the case is reported in the early 1990s, it relates mainly to an event in the early 1970s when Petch had a nervous breakdown at work. He then returned to work and displayed different symptoms – but associated with the same original breakdown. They were displayed in a way that was very difficult for the Customs and Excise Department to deal with. Sabotage of machinery is not the only sort of sabotage; Petch was sabotaging the work of the department through his actions, such as his memos.

The employer dealt with the situation by transferring him and offering him various medical and counselling facilities, and that was held to be the response of a reasonable employer in the circumstances. In particular they were held not to know, or that they ought to have known, that what they were doing before the initial breakdown was unreasonable. From this we understand that employees in positions of managerial responsibility may inevitably to be exposed to a high degree of stress. That an employer probably would not be acting unreasonably merely by placing substantial demands upon such employees is perhaps what we learn from *Petch*.

The case of *Walker v Northumberland County Council* [1995] ICR 702

This case resulted in Walker, a social worker, being awarded £175,000. The key thing here from the legal point of view, is that he had two nervous breakdowns and the County Council were held liable for his second one but not his first one. This was because, once he came back from the first one, they were under notice that he was a particularly vulnerable individual. They were also under notice that he had medical advice not to take the same level or responsibility in his work. He was explicitly offered assistance as he came back to work and that assistance evaporated within a month. The reason the employer was held to be liable was basically for its mismanagement of his return.

The case of Janice Ballantyne

Ballantyne you might say was similar to Walker in that again she had a period off work and she was returning. She understood that she was going to be transferred away from the stressful situation in which she had a very bad relationship with her immediate superior that had caused her problems. When she found out, within a few days of her return to work, that she was *not* going to be transferred, she had her second and more disastrous breakdown. Now, we do not know how the case would have gone as it was settled out of court, but we did have the employer admitting in the press that there had been "some mismanagement". I would suggest that the mismanagement was about her return to work, not necessarily earlier things.

THE CURRENT SITUATION

In respect of present thinking, we have the document "Managing Stress at Work"[2] a Health and Safety Commission discussion document with an opening sentence stating "stress has become a major concern". On regulation in its broadest sense, there is the guidance issued by the Health and Safety Executive. Although it is explicitly stated in the document that the guidance is not compulsory, an employer who follows the guidance will normally be doing enough. The document gets a Clear English Standard Award and it is very good. The short guide only applies to employers with up to 50 employees, but a longer version exists for larger employers. The guidance urges employers to ask themselves various questions such as "is stress my concern?" It provides the answer: "It is the employers' duty in law to make sure that employees are not made ill, and stress can make them ill." Another question is: "Under Health and Safety Law, what must an employer do?" the answer is that "where stress could be caused by or made worse by work and could lead to ill health, the employer must assess the risk."

CURRENT CASES

The case of *Ward v ScotRail Railways Limited*

In this case, Lord Reid gave an opinion in a preliminary hearing. The parties are being allowed "proof before answer." This means that there will now be a full hearing of the case and a final judgement. *Ward* is a case concerning harassment of one employee by another. Janice Ward is claiming damages from her employers in respect of loss, injury and damage. Ward was employed by ScotRail from 1990 as a ticket inspector on trains and based at Dalmuir Station. In 1995, she received a letter having sexual content from a mail clerk. It was in fact in the form of a poem. He was called Kelly, also employed at Dalmuir Station. From this time Kelly's behaviour included regularly staring at Ward, swapping shifts so as to be in the booking office with her and making efforts to show her that he knew where she was during her working day.

On the surface this does not sound too bad, but she experienced it as sexual harassment and stalking type behaviour. She made an official complaint of sexual harassment to her employer resulting in ScotRail offering counselling and the presence of a supervisor at the start and end of shifts, so that she would not be alone with Kelly. The employer failed to provide the supervisor as agreed, Ward then went off sick. We can see the parallels immediately there: the failure of the Northumberland County Council to provide back up to Walker; the failure of Ballantyne's employers to transfer her when she was expecting that as part of the deal so that she could manage to work again. The failure here is of ScotRail to provide something that Janice Ward felt was protection for her when she was left alone with this man. She suffered prolonged illness; a number of absences and she received medical treatment for nervous illness that included counselling and drugs.

So we have an interim opinion, and Lord Reid's opinion includes a statement that he sees the claims of injury as going beyond emotional distress, and as including psychiatric illness. It also refers to the fact that if the employer was aware that Ward was unusually sensitive and was being placed under severe stress by matters which a more robust individual might have shrugged off, these circumstances should feed into consideration of the question of what would constitute the response of a reasonable employer. Ward's case has passed the first hurdle and we are waiting for a final opinion.

The case of *Rorrison v West Lothian Council*

Angela Rorrison did not pass the first hurdle; this is a failed case. Again, the opinion was given by Lord Reid the same judge as in Ward's case. Rorrison was a qualified nurse working as a welfare auxiliary at West Lothian College. She started her job in August 1992 and in November the College appointed a Personnel Officer, a post new to the College and Rorrison's line manager. In December 1993 Rorrison experienced the first of many incidents and this is my description here, entirely my description because the facts are very long and very complicated and many incidents are related in the facts. It was the first of many incidents in which she was upset and or confused by the personnel

manager's words, actions and attitude to her. In the latter part of 1993 she experienced palpitations, sweating, over-breathing and feelings of panic and her doctor prescribed a beta blocker. This continued into 1994 and on the 29th March 1994 she felt dizzy and unwell at work and was taken to a health centre and diagnosed as having stress and anxiety.

She has not worked since what she calls a nervous breakdown. Lord Reid dismissed this case basically on two grounds. The first reason that he dismissed the case, he said basically the story as Rorrison told it, would not, even if it was proved make the employer liable. In other words, she had described events that were distressing to her, but she had given no indication in that description of what the reasonable employer knew or ought to have known about her situation, and therefore what responsibility they could have taken for it and acted upon. So it is a question of whether the employers knew, or ought to have known what was going on.

Secondly there seemed to be a great deal of confusion in the legal documents that were prepared for this case, and Lord Reid was very hard on those documents because they failed to plead a recognised psychiatric disorder. I'll just comment on that briefly; what he was saying was somewhere in what you are saying to the Court we would like you to put a sentence saying "our client claims that she has suffered a recognisable psychiatric disorder". In addition, Lord Reid referred to two official lists of recognised psychiatric illnesses, he said that if Rorrison had pleaded one that was in those lists, that would obviously have done, but he also said those lists are not necessarily conclusive. However, what she had pleaded was simply nervous breakdown, and that he did not think was good enough.

It seems that what she actually experienced may have been severe enough, and that if she had received better legal advice and pleaded the right thing with better medical evidence to back up the case, the outcome may have been very different . In conclusion, the message is not that employers can relax, the message is that the lawyers, the litigants those supporting litigation, the people advising them, will all learn their lessons from this and they will not get it wrong again. They will make sure that they do plead a recognised psychiatric disorder. They will then have to prove it, but it will get them through the first hurdle.

THE FUTURE

The future I think is, and this is crystal ball gazing so it is going to be brief, there is clearly an increase in focus generally in health and safety on systems, organisation and management issues. We have a recent publication from the Health and Safety Executive called "Safety Cultures"[3] that is concerned with the whole of health and safety (not just stress at work) and looks particularly at the systems employers can put in place to allow employees to alert them of problems; a whistle blowing system if you like. This publication is one indication that systems and a safety culture will provide a focus for action in the future. Also, the HSC document indicates that we need to move on from just having

guidance and an approved code of practice is likely. In terms of current legal cases, there will be further lessons to learn. In a case being brought by a Mrs Cross, which you may have heard of, we have not yet had an opinion. Mrs Cross is the wife of a man who worked on the Outer Hebrides who committed suicide, she claims due to stress at work and the figure being sought in that case, just to end with another punch line figure, is half a million pounds.

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PUBLIC SECTOR EXPERIENCE

Catherine Kilfedder

Clinical Psychologist, Tayside Area Clinical Psychology Department

ASSESSING OCCUPATIONAL STRESS IN THE NHS

As part of my remit as the Clinical Psychologist for the NHS Occupational Health Service in Tayside, I was asked, by what was then Dundee Healthcare NHS Trust and which is now part of Tayside Primary Care NHS Trust, to undertake an assessment of occupational stress in their employees. It is this experience that forms the broad structure for this paper. Firstly, I am going to explain why this study was undertaken and give a brief description of the model that was used to direct the study. I will then outline the study procedure and discuss how the results were translated into recommendations. I will finish with general guiding principles for such an approach.

The main aim of the study was to identify the extent, nature, sources and impact of occupational stress in Dundee Healthcare NHS Trust employees. In addition, we also wanted to look at the more positive aspect of features associated with low levels of stress and high job satisfaction, as these are the areas that one would arguably want to enhance. Such a risk assessment also met the aims of good management practice, and adhered to the relevant legislation as outlined in previous papers. It was also hoped that a detailed assessment would allow specific recommendations to emerge in terms of interventions to reduce any problems and enhance well being at work.

A subsidiary aim of the study was to improve on previous research from a theoretical, methodological and statistical point of view. There exists a substantial body of research into occupational stress in healthcare settings. Much of this research has been very simplistic, for example, a single measure administered to a group of employees and the percentages that scored at a problematic level reported. There is very little research being undertaken from a theoretical point of view with a more robust methodology.

INTERACTIONAL MODEL OF OCCUPATIONAL STRESS

In order to guide the study an interactional model of occupational stress was adopted, as has already been described by Professor Power. I am going to briefly cover the three broad areas of the model, which interconnect one with the other. These are:

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(1) *Stressors* - the external pressures that are placed upon individuals either from their working lives or from their lives outside of work, or, if you are particularly unfortunate, from both.

(2) *Mediating/Moderating factors* - these can influence the effects of the stressors upon individuals either by offsetting them or sometimes making them worse.

And,

(3) *Strains* - the physical, psychological and behavioural responses of the individual to the stressors that are placed upon them.

The most severe consequences of such a process would be the development of anxiety disorders, depressive illnesses or other psychological and physical problems. In our study, we developed a protocol that tapped the three broad areas of that model.

Stressors

To begin with, we chose to look at a number of stressors that have been shown to be particularly pertinent to the field of occupational stress. These included:

(1) The degree of understanding an individual has about why certain events occur in their job.

(2) Whether an individual is able to predict what occurs in his/her job, that is the degree to which an individual knows what stretches out in front of him/her each day, the rest of the week, next week.

(3) How much control one feels over the things that happen in the job or whether things are imposed over which one has absolutely no control.

(4) The degree of clarity that an individual has about what his/her job actually entails. To take this further, how many people actually have a job description, and how often does that job description actually match what they do in their daily working lives?

(5) Whether aspects of the job conflict, such as, (and obviously I'm focusing on the NHS), in the case of a consultant doctor who has both managerial and clinical demands. Hypothetically speaking, they may be asked, as part of their managerial demands, to achieve a reduction in their budget for the year. As part of their clinical demands they know that there are clinical needs to be met and feel that they do not have the resources to meet them. So there is a conflict there between what is expected of them as a manager, and what is expected of them as a clinician.

(6) How do individuals feel about their future job security? Some years ago, perhaps a decade ago, employment in the NHS was very much a job for life with very little change in job remit, but that is not necessarily the case now. The NHS and the roles of various healthcare professionals have undergone significant changes over the past ten years and there is less certainty as regards the future.

As there are a wide range of occupations in the NHS, we also wanted to try and tap into issues specific to certain professional groups. Take nurses for example, a particular stress for them might be having to deal with the emotional needs of patients and relatives, a stressor that may not be common to other professional groups in the NHS that have less intensive patient contact, e.g. physicists. Doctors and Professions Allied to Medicine (P.A.M.'s) such as Physiotherapists and Occupational Therapists generally have to manage their own case load, deal with waiting times, waiting lists, return appointments and so on, and perhaps these are stressors particular to them as a professional group.

Finally, we asked about concerns that individuals had in their lives outside of their work, which Professor Power has also discussed earlier. People do not come to work in a vacuum, they have personal lives, which, to a greater or lesser extent, impinge upon their work and vice versa. One author has written that to believe one's working life and one's personal life are unrelated is 'the myth of separate worlds' (Kanter, 1977). Thus it was important to measure stressors related to life outside of work.

Mediating/Moderating Factors

The second area assessed was that of mediating/moderating factors which, if you cast your mind back to the model presented earlier, is the middle section. We looked at a range of personal and job characteristics such as age, educational level, length of time in post, length of time qualified, grade level and so on. We looked at a personality trait which, put very simplistically, is whether one has a tendency to be optimistic, to see the good in things, to rise to the challenges, or to be pessimistic, to see the bad in everything, to see things in a negative light. We asked about how individuals cope with stress, and whether support was available to them from a range of sources including their immediate supervisor, colleagues, family, friends, relatives and so on.

Strains

The final part of the model that we tried to tap was the strains, the outcome end if you like. We measured self-reported physical stress symptoms such as headaches, fatigue, stomach upset and so on. Psychological distress included feeling down, anxious, loss of sleep, etc., and job satisfaction was measured over a range of job aspects such as the working conditions, employee relations, management style and so on. We also measured the concept of 'burnout' which is a combination of emotional exhaustion, detachment from your work and feelings of not achieving things within your job. Burnout is claimed to be particularly characteristic of those professions who have close contact with patients/clients on a daily basis. The study also looked at self-reported sick leave in the previous six months, an issue that is close to the heart of many managers.

QUESTIONNAIRE SURVEY

A significant amount of time was spent initially planning the study with the Board, the Management Executive, and staff side committees to achieve maximum commitment from the top of the organisation to this kind of approach. We randomly selected two thirds of what was then a 2,500 employee population and they were sent a questionnaire to their home address. The questionnaire had a covering letter emphasising its anonymity, that it was voluntary and ensuring respondents of confidentiality. Two weeks after sending out the original questionnaire, a reminder letter was sent to everyone, as it was not known who had already returned questionnaires. They were returned by post to the University of Stirling where we undertook data coding, analysis and so on. The whole procedure was designed to try and maximise the response rate.

Study Findings and Proposed Interventions

In such a short space I cannot do justice to the breadth of results from this particular study. At the broadest level of analysis we looked at average scores on measures across different professional groups within the study population. On average there was a tendency to report low levels of stressors and strains. Our methodology also allowed us to look at groups of staff or working locations scoring higher than average, perhaps at a more problematic level, with a view to targeting interventions at these groups. In addition, we identified those features that were predictive of well-being and good functioning with a view to enhancing these within the workforce.

Interventions

Recommendations were made at the three levels of stressors, mediating/moderating factors and strains. In other words, we were able to look at organisational or preventative interventions, which tend to be changes in organisational structure or function to prevent problems occurring in the first place. Secondly, group protective interventions aimed at helping staff deal effectively with stressors that cannot be eliminated or minimised in jobs that are inherently stressful. For example, ambulance drivers will, by the nature of their jobs, deal with traumatic experiences day-to-day. It is impossible to remove that stress but you could teach staff techniques that will help them cope more effectively with those kind of stressors. Finally, individual or rehabilitative interventions to address, if you like, damage that has already been done. The ultimate goal is to achieve interventions at all three levels. I argue that if the initial effort is put into the building blocks of preventative strategies there will be less need for protective work and ideally, minimal requirement for rehabilitation.

Primary Level Interventions

If we look at primary level interventions, these might include such things as improving communication within the Trust, within departments, between line management and individuals so that staff understand

a little bit more about how and why things happen within the organisation and within their jobs. Consideration could be given to the provision of health promotion and welfare advice and information if there are significant non-occupational concerns. It may well be advantageous to the employer to address non-occupational concerns by providing a range of services such as advice about finances, advice about housing, looking at childcare issues, etc.

Management selection and training may be an issue. I argue that the line manager plays a pivotal role in the field of occupational stress. Perhaps looking at management style, looking at how managers support their staff, and so on, may be a primary level intervention. The NHS in particular is an organisation that is staffed by a large majority of females, many of whom are of child-bearing age and the issue of flexible and more family-friendly working practices may well be relevant. Also looking at the role of the appraisal system in terms of giving staff more control over their jobs, predictability in terms of setting objectives and enhancing job security in the longer term.

Secondary Level Interventions

As regards secondary level interventions, the middle part if you like of the model, these may well include strategies such as enhancing support networks in the workplace - informal support networks between colleagues but more formally between line managers and the staff that they are responsible for. Looking at training in terms of coping skills, dealing with the stresses of the job, or dealing with specific aspects of the stresses of the job, perhaps dealing with conflict, assertiveness issues and so on. Provision of stress awareness programmes to enhance the profile of occupational stress within your organisation, teaching people a little bit more about their own individual stressors and how they react to them, as well as how to deal with stress.

Tertiary Level Interventions

Finally there are possible tertiary level interventions. These are aimed at the outcome end of the model. Providing rehabilitation and return to work programmes that may well get staff back to work earlier, but perhaps on a graded basis working reduced hours or having reduced responsibilities initially. The philosophy being that it is better to have somebody there at 50% capacity than not to have somebody there at all.

Provision of a range of dedicated services such as Clinical Psychology as I provide in Tayside. In the NHS in particular, the two prime reasons for absenteeism are said to be musculo-skeletal problems and stress. It follows that providing dedicated services such as physiotherapy and psychology could be cost-effective tertiary level interventions. Positive sickness absence management, as opposed to negative policies, should be considered. Sickness absence management tends to be punitive, but could be made more positive by perhaps rewarding staff for being there, as opposed to punishing staff for not being there.

A COMPREHENSIVE APPROACH

There is a tendency in the UK for organisations to fund workplace counselling or other support services if they are going to do anything to address workplace stress. I call this the 'Band-Aid' approach. Such a tertiary level intervention in isolation treats the injury rather than the cause, and as such focuses only on the individual. Research for the Health and Safety Executive has shown that such an approach has short to medium term effects on mental wellbeing for the individual but does not have any effect on their job satisfaction or on the sources of their pressure. It certainly does not have any organisational impact.

Research has also shown that internal support services are more effective than traditional style external programmes whereby an independent organisation comes in, does something, and goes away again. Arguably, having to rehabilitate suggests a failure of prevention, and there is a question as to whether the provision of rehabilitation services in the absence of preventative and protective approaches is an abdication of employer responsibility.

GUIDING PRINCIPLES FOR ACTION

To conclude, I will finish with some general guiding principles for adopting a more structured approach to managing occupational stress:

1. Firstly, you need to find out where your organisation is at present as regards occupational stress issues - what are the problems?
2. Secondly, decide where your organisation wants to be. Ideally, and hopefully, we are all aspiring to a healthy organisation. But how does this translate into specific goals for change?
3. And thirdly, what are the requirements in terms of resources, personnel and so on for achieving these goals? How do you know when you have achieved what you set out to do, as Professor Power said, how do you measure change?

I want to leave you with two quotations from the Health and Safety Executive:

> *"Whatever the risk to health the way to prevent ill health is the same, good management".*

> *"Good management from a health risk management point of view is about identifying and controlling risks before they cause problems and lead to losses".*

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PRIVATE SECTOR EXPERIENCE

Mike Sowden,

Head of Personnel, Michelin Tyre PLC, Dundee

MICHELIN'S APPROACH

I want to begin by stating how ably suited to talking about stress I feel as I am stressed beyond belief in making this presentation! I did all the right things in terms of preparing the content beforehand but was failed by technology. In this paper I describe how a private sector company manages workplace stress through the example of Michelin Tyre PLC. It mirrors the previous contributions, in fact some of what I have to say is the same. This is a description of what has been done but it is based on many of the concepts and principles described in the previous papers.

Michelin has been in Dundee now 28 years and employs over 1000 people. Within the company there is a separate company called Xm Services, owned by Michelin in Scotland. It has a number of parts, one of which is an occupational health department and I will refer to Xm Services later in the paper. At Michelin there is a culture of involving people. The company is trying to ensure employees have responsibilities, are accountable, and try to create a culture where people want to come to work. It has to be admitted that most people do not want to go to work and would not go to work if they did not need to. But if working is a necessity, why not make it as interesting, as rewarding, and as beneficial for the individual employee as for the company to make a profit. How Michelin deals with stress is no different than the way it deals with any other problems, that is, it is dealt with and we try and help people.

IMPACT OF STRESS ON INDIVIDUALS AND ORGANISATIONS

To start with I want to give you the reader, an overview of the problem. Starting by acknowledging exactly as we have heard before, that as employers we have a responsibility, a "duty of care" towards employees. The main reasons for taking action, and these are not in any order, are legal, financial and moral. Employers have a duty to ensure as far as is reasonably practicable that their workplaces are safe and healthy. We would all subscribe to that. Under the Management Health and Safety Regulation 1993, employers are obliged to assess the nature and scale of risk to health in their workplace and base their control measure on that assessment.

Stress costs UK industry £7 billion pounds. More importantly in Tayside, this suggests an extrapolation of around £47.5 million, and that is simply based on the number of people. Now £7 billion is a wonderful figure that trips off the tongue, a throwaway line. But here in Tayside we are talking about £47.5 million pounds lost every year. Surely we have a responsibility to do something and not ignore such costs.

The cost of stress to a company are also in terms of high absenteeism, lawsuits, litigation, poor safety records, staff burn out, decreased performance, poor communication, high staff turnover and poor decision-making. If something is not done about the problem, there will be more lawsuits. It is worth considering that pressure is said to motivate, stimulating individuals to reach their full potential. What must not be forgotten is that such stress is different from what is being considered here. Pressure of a certain type can be a great motivator. When it goes beyond that point, it is something else and is harmful to the individual and the organisation. That is the stress to which I refer.

STRESS AS UNWANTED PRESSURE

A well-known author, Cary Cooper, who has published many books on occupational stress, describes stress as occurring when the pressure of life in whatever form exceeds one's ability to cope. Rather than pressure, it becomes stress. For those people who are familiar with harassment, it is very similar. Harassment is in the eyes of the beholder: what one person might consider as harassment, will be dismissed by another as nothing. Stress is exactly the same. When risk assessments are being undertaken, it is essential to talk about the person as well as the post and what they are expected to do. If there are a range of people in a particular type of job, all will have different levels at which they will react badly, and that is something that has to be taken on board.

Figure 1: Model of Stress
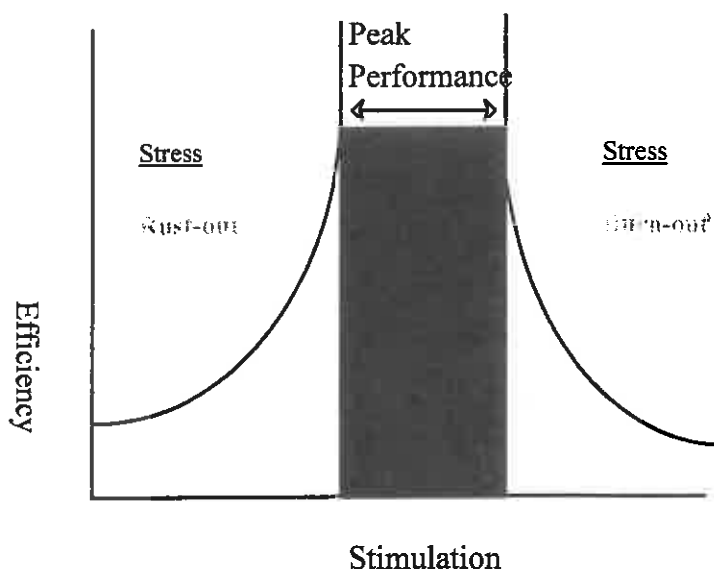
Although the above diagram is similar to that in a previous paper, it is if you like an engineer's version. The same three main areas are there. On the left, there can be stress with low demand; the diagram describes 'rust-out' arising from boredom and under-use. An individual could be going to work, be underused and not enjoying work. If an individual is not enjoying work ultimately the company suffers. The middle section represents peak performance - everything is hunky-dory. The company is getting the best from an individual; s/he is enjoying work and thinks s/he is doing enough for the pay. The right hand side of the diagram represents too much stress or 'burn out', and performance will in fact drop, and drop to a point where it is irretrievable unless something is done.

As has been acknowledged by the previous contributors, it is not simply that stress exists at work. Stress at home can have a bearing on stress at work. It is a total picture. An individual under pressure at home who comes into work and experiences additional pressures will be doubly affected. It is certainly incorrect to assume that all stress is caused by what happens at work.

IMPORTANCE OF RAISING MANAGERS' AWARENESS OF STRESS

The Occupational Health Department of Michelin's Xm Services Limited offers a stress management course to all staff. The one pivotal thing that I believe we did to change the culture at Michelin was to insist that all managers undertook the stress management/ stress awareness course. The course deals with stress from a medical point of view and also from a practical point of view as a manager. Managers have to be able to recognise what stress is, to recognise it in them and to recognise that they can be the stressors. But equally they have to recognise it in all the people who work for them. If managers cannot recognise stress and do not know anything about it, we have a problem.

Managers can be in the best position to deal with stress in the work place. They have to be aware of their own stress levels as well as looking for the key changes in behaviour of their staff. They must assess whether they are the right people to deal with the situation. Michelin advise managers to refer individuals on to specialists rather than try and be stress consultants themselves. It is important that managers know their staff well enough to be aware of any changes in behaviour. They must listen, respect confidentiality, not be judgemental, offer support, deal with issues speedily, document important details, review regularly and raise organisational deficiencies with senior managers.

COMMUNICATION IS THE KEY

Communication is the key to managing stress. One way to reduce stress at work is to hold informal meetings at regular intervals rather than waiting for something to happen. It should be part of the culture to hold regular communications. Ensure equality in opportunities and tasks. When conflicts arise, deal with them quickly. Work roles and developmental needs should be discussed at regular reviews or appraisal meetings. Where changes have to be made, it is important to minimise stress by

giving adequate information and consultation. If there is a rumour circulating that something is going to happen, no one knows what it is, there will be stress. It can be avoided.

BODY'S RESPONSE TO STRESS

The body's response to stress prepares us for a state of fight or flight. In the past that is what it was all about: either standing and fighting or fleeing the situation for the sake of survival. Modern life places new demands on us but the physiology is just the same and the body has to be able to control it. Hormones and adrenaline are released into the bloodstream and we have to react in some way which does not involve punching the boss. The short-term indicators of stress are commonly recognised as including flared nostrils, wide eyes, pale face, clenched teeth, edginess and cold sweaty feet. Long-term stress is harmful to the body and can soon lead to a variety of physical disorders. The signs of someone suffering from long-term stress include general indicators such as loss of appetite, headaches, high blood pressure, and emotional problems such as aggression, depression, marital worry, blame, fear, insomnia, sexual problems, hyper activity, drink and drug abuse.

NEED FOR MANAGEMENT CULTURE CHANGE

At Michelin we believe in creating the right management culture, not only in relation to dealing with stress, but for everything. If managers deal with everything else correctly they can tackle stress without any problems. Relationships at work are very important, not only those between colleagues, but also between managers, subordinates and senior managers. An interesting story about our stress awareness course, is that it took me a long time to get one of the senior managers on to the course because he did not believe he needed it. If the truth were known, he was one of the people who needed it most. It is not always easy to recognise that and people in management positions need to be made aware.

Planning and decision-making should involve everyone in the company. Staff need opportunities to contribute ideas in particular in the planning and organisation of their own jobs. Involving people in the decision-making means they are more likely to become part of the solution. In a small organisation it is easier, in a larger one with over 1000 people, it is more difficult but not impossible, and should be seen as a necessity.

QUESTIONS TO THE PANEL

Q: TOM GARNETT, DUNDEE ASSOCIATION FOR MENTAL HEALTH ASKED....

A Whitehall study, 17,000 people studied over a period of 30 years, found the more seniority you have at work, the less likely you are to die prematurely - would the panel care to comment on these findings?

Comment - Professor Kevin Power...

There have been a number of studies that have looked at where, amongst occupational groups in a worforce, the highest levels of stress are experienced and it seems to be middle management because those in senior management have the maximum amount of control and they can delegate downwards. It is the meat in the sandwich, middle management that are often squeezed the most.

It may well also be aspects of personality - individuals that manage to get to the top may have better coping strategies, greater degrees of hardiness or they may not acknowledge their stress and pass it on to everybody else. So there are probably a number of factors that actually explain that result, but I do not think it is surprising because it is a common feature in a number of cross-sectional studies looking at an entire workforce. Senior management have the highest plus some of the lowest levels of occupational stress. At the other end of the continuum those who are maybe at the bottom of the hierarchy often have low levels of occupational stress also, but nonetheless they can have high degrees of job satisfaction. It is often the middle that seems to suffer the most.

Comment - Dr Alice Belcher...

OK, I would just like to pick up on the issue of premature death. The man who received £175,000 in damages was not dead but in effect severely mentally wounded. He was never likely to return to the kind of social work services that he had worked in for 20 years, or indeed of taking on ever again work which involved shouldering significant responsibilities. This is long term damage, not death.

Comment - Catherine Kilfedder...

The only thing that I would add is I agree with the middle management issue, they tend to be the group that are squeezed the hardest, what you often find is middle managers, become middle managers almost by default. They work their way through the organisation and they end up one day - no disrespect to any middle managers in the audience - becoming a manager without really any substantial training for the role.

Comment - Mike Sowden...

I think it is a general situation, you are probably right. It really does depend on an individual situation though. If you have a company where all employees in the company are expected to give 100%, you are then likely to find you have a problem across the entire spectrum. Generally speaking it is usually the senior managers that take on that particular strain. I am not sure generally that all middle managers are that way.

Q:HAZEL ROBERTSON, DUNDEE CITY COUNCIL SOCIAL WORK DEPARTMENT ASKED...

I think all the speakers spoke about the importance of communication but I'd particularly like to direct a question to Mike - what strategies do you employ to ensure there is good communication across your workforce?

Comment - Mike Sowden...

That is a very good question, because in fact it is something we are learning all the time. I used to believe that you communicated well if you had notice boards up that people could look at, you had a team meeting that was held every say five/six weeks. But a survey found that the best form of communication was the grapevine. So we were not doing well at all. What we do now is more and periodically perhaps every month we have a notice, a piece of information which is in a written form which is given to every manager and he has to see every single person and communicate that to them. They have team meetings, which are meetings not briefings, joint two way meetings at least every month. We have notice boards, an in house magazine and we have all sorts of mechanisms to communicate. You cannot communicate enough! The time when you have communicated enough is when someone says: "look, you see me every day about this, I don't want you to tell me any more". I do not believe that will ever happen, because there is always something to tell. As I said before, if you cannot communicate, you have doubt, you have fear and you have suspicion.

Q:KITTY FINLAYSON, TAYSIDE HEALTH BOARD UNISON SHOP STEWARD ASKED...

This is maybe particularly to Catherine, one of the things you mentioned was the importance of training line managers - how do you ensure even though the senior management signs up to policies about stressors that line managers actually get the training. In a situation with squeezed budgets, training seems to be the thing that is always left out, how do you ensure it happens?

Comment - Catherine Kilfedder...

I think that there are some senior personnel from the Primary Care Trust here who might be better placed to answer this question than I am, but I think line managers should go on a training course mandatorily. It should not be a choice, it should not only happen if there is time. It should just happen and it should happen on a regular basis. Part of the problem with management training is that it maybe happens once and that is it, it never happens again, there is never updating. It should happen on a regular basis and should not just look at advising management of what the policies are, what the procedures are but also at the wider issues of interpersonal stuff, the people stuff, the one-to-one stuff, managing conflict, supporting their staff. Management training has got to be looked at from a broader perspective, it has got to be mandatory and it has got to be regular.

Q:ALISTAIR MILNE, DUNDEE CITY COUNCIL, HEALTH AND SAFETY OFFICER ASKED...

The Council has to undertake risk assessments which must be done by 'competent persons'. Do you think a 'competent person' is one person or a group of people? The big problem is who is competent? Basically is it a medical person, is it health and safety, is it personnel, is it a group of people or what? One Council has had an improvement notice put on it for not carrying out risk assessments by competent persons.

Comment - Catherine Kilfedder...

If an organisation has an Occupational Health Department, which hopefully most organisations either have in-house or have access to one, risk assessment is generally an area that is relatively well addressed within occupational health. Now that same principle in practice should and could be applied to stress, and there are a lot of personnel within Scotland who are experts or knowledgeable in the field of occupational stress who can provide advice and consultation to design your risk assessment and help you take that forward in terms of intervention. So I think it is not an individual problem. It is probably a number of individuals who to a greater or lesser extent contribute to that and you draw on experience and knowledge from other areas, and perhaps it may well be best placed within your occupational health department.

Comment - Mike Sowden...

We have a similar approach where in fact it is certainly not one individual. I would expect the manager to be the first person who suggests that there is a potential problem, or the individual themselves, who recognise that they are suffering from stress and says something to the manager. We would not expect the manager to resolve it. The risk assessment would certainly include the occupational health department. The personnel department would certainly be involved, and it could be that dependent on the case we would then go to an external specialist, if that was needed. For me, they all have to be

treated on an individual basis, and that is important because you are then dealing with the root problem and not something which has come out of a text book.

Comment - Professor Kevin Power...

To add to that I think that there are numerous measures that are marketed as being stress indicators that you can buy to assess the whole workforce. There are problems with this in that it condenses everything down to the lowest common denominator. I think there are standard measures to assess the strain end of the continuum, but if you are looking at the stressors, that often has to be tailor-made to the specific organisation, and that is where I actually see it has to be internal experts who are there already that actually lead the process of what are the stressors you are looking at. So it is often a combination of experts internal to the organisation and other experts outwith, who can look at the more general issues but it has to be a combination of both. You cannot have a unitary measure that applies across the board to all organisations.

Comment - Mike Sowden...

I think perhaps as an example I would find it strange if you found within an organisation whatever the organisation, the stress officer, as you have a safety officer or a safety manager. I am not sure that could work.

Comment - Dr Alice Belcher...

The legal answer is that you have to perform the risk assessment and it has to be a competent person, and if we have a Council with an order placed on it, clearly we have a legal case there that says that is not good enough. With a large organisation the occupational health department is an excellent place to start, but you may want to back it up with something more when you have done your first sweep.

Q: DR KAREN ADAM, TAYSIDE PUBLIC HEALTH MEDICINE CONSULTANT ASKED...

A question for Mike Sowden - First of all thank you very much for your enthusiastic committed presentation on what is happening at Michelin. The question I would like to ask is – you have made a considerable investment in your people and I am sure in money terms in this whole project, do you know if that has made an impact, and has it been worth the money, time and resources that you have invested?

Comment - Mike Sowden...

Absolutely, I was at great pains to say that the way that we deal with stress is no different to how we deal with anything else, and the culture that we are trying to create, and are still creating after 10 years, has really given us incredible benefits. Let me give you some examples. We have in fact raised our productivity by 30%, reduced our unit cost by 30%. The plant runs itself on weekends with no managers. From 6pm on Friday night until 8am on Monday morning there are no managers on the plant, and the production runs and in fact I would say it probably runs better because we are not there. It is the same during the night, from 6- 7 p.m. at night until 7-8 a.m. in the morning. There are no managers and the place runs. We have the best quality in the Michelin Group, we were number 2 in unit cost, we are now number 7 because of the strength of the pound. There are all sorts of things. Safety, which is perhaps the nearest thing to stress, our results are the best in the world, and between the best and the worst it is a factor of 100. I am not saying people do not suffer stress and burn out at all, we are not perfect, but we have seen improvements.

SUMMARY OF GROUP DISCUSSIONS

INTRODUCTION

In order to give participants the opportunity to reflect on the content of presentations in respect of their own experience and to highlight other issues, the morning concluded with small group sessions. It was thought important to reflect these discussions and this has been achieved by presenting the key issues to emerge from the groups in this report. This account is a combination of the material recorded on flipcharts from each group and the summing up of key points from the groups undertaken by Professor Power. The key issue addressed by all the speakers at the seminar was how to adopt a strategic approach to managing positive wellbeing and tackling workplace stress. The group exercise aimed to encourage participants to identify the main sources of stress within their workplace and the components of a stress management action plan.

Each group, led by a facilitator was asked to address three key questions: 1) what are the main stressors in your workplace that can be changed and by whom?; 2) what are the main sources of job satisfaction and how can that be improved, and by whom?; and 3) what steps can a) individual managers and b) your organisation/company take to help employees cope with stress? For the plenary feedback, groups were asked to identify two or three points under each of the three headings.

MAIN STRESSORS

A number of common themes emerged across participants and groups. There was a remarkable commonality in the themes, despite the diversity of participants in respect of occupations, professions, workplaces, seniority, public, private or voluntary sector and so on. Two main stressors emerged: one was a perceived lack of control over events; and the second was overload or having too much work to do in the time and with inadequate resources.

Lack of Control

Not having control or influence over what was happening at work was the most significant cause of occupational stress identified by participants. This could be internal for example, being told by a line manager to do one thing, and being told by another to do something else. Alternatively the pressure could be external, for example, having to respond urgently to a directive from the Scottish Executive when there already feels to be too few hours in the day. It can be a lack of control over workflow or

customer demand. Participants also linked job insecurity and constant change directly with a feeling of lack of control.

Overload

A second major theme was being overworked or experiencing excessive work demands. At times it arises from insufficient resources to meet demand, either having too few staff, a lack of material resources or inadequately skilled and trained staff. Sometimes having too much to do at work also created additional problems at home. Excessive overtime or a change in the person's behaviour, for example becoming irritable can have an impact on personal relationships and family life. The inability to say 'no' to work was identified as one of the main causes of being overworked. An unequal distribution of workload among peers or members of a team was a cause of stress.

Other Stressors

What was often referred to as 'poor management' practice including macho management style, inadequate communication, unrealistic deadlines or poor delegation practice was identified as a major cause of stress at work. Badly specified or designed jobs, inadequate recruitment, training and development methods can lead to 'role ambiguity' or an uncertainty about what is expected and how to evaluate performance. Increasingly employers expect employees to cope with and adapt to constant change, but do not invest in training or supporting staff to cope with change.

Another theme that emerged in several of the groups was how feeling undervalued caused stress. When the only comments made by either colleagues, managers or customers are negative ones, individuals can feel undermined. Some participants identified bullying or harassment as a source of stress where they worked and this can be experienced in a range of ways. Email was a specific source of stress for a minority of participants in that it often demanded or expected immediate response.

SOURCES OF JOB SATISFACTION

Interestingly the sources of job satisfaction identified by the participants mirrored the themes identified as stressors. The major sources of job satisfaction were having control and influence, feeling valued at work and receiving praise for doing a good job, and having a sense of being effective.

Having Control and Influence

Not surprisingly, given that lack of control was identified as a major stressor, one of the most common sources of job satisfaction to emerge was a feeling of having control over aspects of work. To have some influence or control over working time and routine was identified as central to job satisfaction.

Individuals gained considerable job satisfaction from feeling involved in decision-making about their own job, that of their team/section and the wider organisation.

'Catch Your Staff Doing Something Right'

The second key source of job satisfaction to emerge as captured on one of the group's flipchart as the above statement emphasises the importance of good interpersonal relationships at work and of giving praise and recognition for doing a good job. Receiving regular positive and constructive feedback from managers, colleagues, and customers is a vital ingredient for a sense of job satisfaction and personal achievement: People need to feel that what they do matters.

It was felt that more attention could be paid to social relationships at work. The point was made that as social animals, good interpersonal relationships and a positive workplace culture engenders a sense of belonging which is important to mental wellbeing. Working well as part of a team was a source of job satisfaction expressed in one group as "*sharing a vision with colleagues*". There is a payoff for organisations as well as for individuals, from spending time enhancing good relationships.

Being Effective – Problem Solving

Another source of job satisfaction is derived from meeting challenges at work. A common source of dissatisfaction arises from work landing on the desk in an unpredictable manner and giving little scope for control. However, as the speakers pointed out, people tend to thrive under some pressure and gain satisfaction from rising to the challenge. When all seems to be going well, problems are solved as they arise and there is a positive feeling of achievement at the end of the day. Even if all the work is not completed there is still a sense of achievement from working problems out. For some people job satisfaction is derived from having variety and meeting a number of challenges during the working day. In this respect varied demands are experienced as opportunities for personal and professional growth, rather than a threat.

PRACTICAL STRATEGIES

A number of different suggestions or measures to tackle stress were made in relation to identified stressors and sources of job satisfaction. A general point was made that it is first necessary to invest to save in the longer-term. Treating stress as a serious issue was a prerequisite, the starting point for action. Strategies need to be considered on three levels of intervention, and this echoed speakers' contributions especially those of Professor Power and Catherine Kilfedder. Intervention should be at:

1. *Primary level* - employers should examine aspects of work structure and culture and promote health at work;

2. *Secondary level* - employers need to provide training for example, stress awareness courses for all employees especially managers;

3. *Tertiary level* - specialist occupational health and counselling services are required and the place of complementary therapies should be acknowledged here, as well as a preventative measure.

One of the approaches suggested was captured by the term 'proactive management' and referred to managers anticipating where problems might arise before they happened. Improving communication was another common theme, again something that echoes the content of all the speakers' presentations but especially that of Mike Sowden. Communication if it is to be effective needs to be regular and two-way and is something that everyone can choose to improve.

In addition, individuals need to devise their own strategies and take responsibility for managing stress, accepting that we all live and work in situations that will put us under pressure at times. Part of the responsibility that we all have is to be aware of individual stressors, how we personally manage stress, and find ways that work for us. At times that might mean letting go of what we cannot change. In addition we should become aware of the effect we have on others and the stress we directly or indirectly create for them from our behaviour or the demands we place on them.

SUMMARY

In summary, participants agreed that practical strategies need to encompass both individual and organisational/employer responsibilities and need to take account of the three levels of intervention as described above and in the preceding papers. Individuals have a responsibility to recognise and manage their own stress but significantly, employers have a responsibility, a 'duty to care' for employees by encouraging open and honest working practices and providing adequate resources. A practical measure that can be taken is to adopt flexible working practices, both on a formal and informal basis. Although a lot of employers appear to subscribe to this, in practice it was felt that some employers distrust employees. Flexible working practices operate best in a climate of honesty and openness, and when there are clear job roles and expectations.

The promotion of health at work was an important aspect of preventative or primary intervention that was highlighted. However, it was generally agreed that this is a complex area to operationalise. One step in the right direction was thought to be registering for Scotland's Health at Work (SHAW) scheme. Further information on this scheme can be obtained from Tayside Health Promotion Centre.

SEMINAR PARTICIPANTS

NAME		DESIGNATION (if known)	COMPANY
Adam	Karen	Public Health Medicine Consultant	Tayside Health Board, Public Health Medicine
Anderson	Maureen	Senior Welfare Officer	Tayside Police
Anderson	Jackie	Employee Relations Manager	Scottish & Southern Energy
Anderson	Alistair A	Partner	Miller Hendry
Andrew	Liz	Manager – Turriff House	DCC, Social Work Department
Armstrong	Pat	Secretary	DCC, Education Department
Ballard	Paul	Manager	Tayside Health Promotion Centre
Barrie	David	Team Leader	Legal Division, Support Services Dept
Beattie	Joyce	Administrator	Trak Microwave Ltd
Belcher	Alice	Professor of Law	University of Dundee
Berman	Nick	Senior Social Worker	DCC, Social Work Department
Bowser	Phyllida	Project Director	Wishart Centre
Brown	Carolyn	Educational Psychologist	Fife Psychological Service
Brown	Margaret	Co-ordinator	Women's Health & Family Project
Burr	Gillian	Social Worker	Perth & Kinross Council
Campbell	Marion	Senior Health Promotion Officer	Tayside Health Promotion Centree
Campbell	Sandra	Service Manager	DCC, Social Work Department
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Chisholm	Sandy	Health & Safety Officer	Tayside Contracts
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Corrie	Derek	Property Services Co-ordinator	DCC Education Department
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Cusick	Gayle	Employee Relations Officer	Scottish & Southern Energy
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Duffy	Kirsteen	Trainee Personnel officer	Perth & Kinross Council
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Garnett	Tom	Director	Dundee Association of Mental Health
Hardie	Richard	Quality Assurance Officer	DCC Neighbourhood Resources Development Department
Hill	Elizabeth	Alcohol & Drug Action Co-ordinator	Tayside Health Board
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Hunt	Sue	Co-ordinator	Stress Management Service
Hutchison	Wilma	Employee Services Manager	DCC, Contract Services Department
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Karma	Jiga	Project Director	Rokpa Centre
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Killick	Alex	Head of Human Resources	Tayside Primary Care NHS Trust
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Leigh	Paul	Human Resources Manager	Don & Low Ltd
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McCafferty	Louise	Personnel Officer	Nyanas UK
McCraw	Rhona	Home Care Organiser	DCC Social Work Department
McFarlane	Derek	Staff Development Officer	DCC Social Work Department
McGinley	Alison	Support Services Manager	DCC Neighbourhood Resources Development Department
McGurkin	A	Manager	Coldside Medical Practice
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Millar	Derek	Health & Safety Officer	DCC Contract Services Department
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Morgan	Judith		Forth Valley Health Board
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Porter	John	Architectural Services Officer	DCC Support Services Department
Power	Kevin	Professor	Anxiety & Stress Research Centre, University of Stirling
Redpath	Jean	Operations Director	HELM Employment & Training Group
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Taylor	Steve	Personnel Manager	Angus College
Ward	Mary	Service Manager	DCC Social Work Department

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