

# Healthy Workplaces, Managing Stress

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# Presentation Overview

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- What is meant by 'stress' in the workplace
- Defences
- Prevention:
  - wellness factors and
  - methods including 'PAR'
- Benefits: the business case

# What are we considering?

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**Anxiety:** “an unpleasant feeling when you feel worried, uneasy or distressed about something that may or may not be about to happen”.  
(*NHS Direct*)

**Depression:** “feelings of extreme sadness, despair or inadequacy that last for a long time”. (*NHS Direct*)

**Stress:** "The adverse reaction people have to excessive pressures or other types of demand placed on them at work" (*HSE*)

**Not an illness itself but can lead to one e.g. depression**

Arises from a mismatch between what the circumstances need and what resources the person has available. The effects can directly or indirectly produce short and long-term effects (*Wickens, Lee, Liu, & Gordon Becker, 2004*)

# What are the Symptoms of Common Work-related Mental Disorders?

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- Trouble concentrating
- Trouble remembering
- Trouble making decisions
- Impairment of performance at work
- Loss of interest in work
- Lack of energy to be consistently productive at work
- Becoming cynical, sarcastic, critical at work
- Feeling apprehensive and tense
- More irritable and less patient with co-workers, clients, customers
- Difficulty coming to work and getting started once at work
- Difficulty managing daily tasks
- Feeling slowed down
- Fatigue
- Sleep problems
- Withdrawal from family, friends, co-workers
- Tendency to self-medicate with alcohol or drugs
- Feeling pessimistic, hopeless

# Ergonomics – Human Factors

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Stress affects performance and health in beneficial and detrimental ways e.g.:

- producing a physical reaction which initially **increases performance**
- However performance **then decreases** if stress continues (Yerkes-Dodson law)
- narrowing attention to **focus** on problems. Over-focusing results in **‘tunneling’**: narrowing of environmental perception - undesirable if need consideration of wider information, less obvious solutions, innovation
- leads to **regression**: reverting to routines even though they are inappropriate

# Workload stress

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HSE's 2014 report: main work activities causing work-related stress, depression or anxiety reported to GPs:

- Workload pressures including
  - scheduling
  - shift work
  - other organisational factors
- Interpersonal relationships including difficulties with superiors and bullying or harassment
- Changes at work including reduction of resource or staff and additional responsibilities

# Workload stress

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Errors will occur, threatening safety:

- workload overload can induce misperception and stress
- predicting how stress will manifest itself is uncertain
- long hours culture and overtime prevent employees from fitting physical activity into their day leading to further unhealthy outcomes

# How widespread is the stress/mental health problem?

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- Significant numbers of people in UK regularly suffer from mental health problems:
  - stress (29%)
  - anxiety (24%)
  - depression (17%)<sup>1</sup>
- Stress overtook cancer as most common cause of sickness absence
- Reported estimated average number of days sickness absence due to mental ill health:
  - 39 days per case
  - 59% of the total days certified sickness absence<sup>2</sup>

“We don’t have a high rate of sick leave.

We’re doing OK then!”

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Maybe not....

# Presenteeism

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- Presenteeism: sub-optimal performance
- Fit note: is this encouraging presenteeism of staff less than 100% fit?
- Is some work 'better' than none? No:
  - depressed workers are 7 time more likely to have poor productivity than non-depressed colleagues
  - presenteeism's rate of lost productivity is 5 - 7.5 times greater than absenteeism

# Presenteeism case studies

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- Study of call handling time and unavailability in a large credit card company:  
4.4 hours p.w. per worker lost:
  - 0.6 = absenteeism
  - **3.8** hours = presenteeism
- The Sainsbury Centre for Mental Health estimated cost of presenteeism due to mental health problems to be:
  - £605 per employee compared to
  - £335 per employee for absenteeism

# Last Lines of Defence:

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## Legal issues

# Legal issues - HSE regs

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- Management of Health and Safety at Work Regulations 1999
- Health and Safety at Work etc. Act 1974
  - Risk assessments:
    - › carrying out assessments; ***and***
    - › taking action to deal with identified problems

# Legal issues - Tribunals and policies

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- Employment Tribunals & Courts consider
- Policies:
  - Disciplinary/dismissal: fair processes
  - Sickness: specifically include mental ill-health?
- Training & updates
- Support
- Policies' availability & worker's knowledge

# Legal issues

## Employment Rights Act 1996

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- Capability dismissals s.98 Employment Rights Act 1996:
  - consulted with employee?
  - Return to Work (RTW) interview & records
- Nature of condition
- Prognosis & employee's expectations
- Balance business' needs & likely length of absence

# Legal issues

## Reasonable adjustment - flexible working

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Adjustment/flexible working on/to facilitate RTW

- even if worker has not suggested it
- employer can suggest/implement it
  - assess if flexibility works for business
  - prove it does not work: not a 'reasonable adjustment'

# Legal issues – caselaw

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- Employee in control service department; 35 years of service
- Anxiety and depression absence from 9 September 2008; dismissed from his employment on 23 September 2009
- Whether dismissal is acceptable depends on:
  - Meaningful consultation with employee
  - Occupational health and administrative costs
  - Temporary cover availability and cost
  - Size and resources of employer
  - Length of service does not impact on amount of investigation
  - Medical advice obtained and right questions asked
  - Compare employee's views with medical expert: why do they differ?
  - Sick pay exhausted?

# Legal issues – caselaw

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## Disability under Equality Act 2010

- Not all mental health issues are a disability under EqA 2010
- No longer need to identify ‘clinically well-recognised’ condition
- Consider effect of impairment
  - Does it have a substantial adverse effect on normal day-to-day activities of worker?
  - Disability =  
*“may hinder the full and effective participation of the person concerned in professional life on an equal basis with other workers”*

# Legal issues – caselaw

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- Normal day-to-day activities
- Considered claimant’s “normal day-to-day activities”
  - included one-off application to become police community support officer
  - amnesia effect was long-term even if only surfaced once to hinder professional life

Prevention  
not litigation

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# Promoting a Healthy Workplace

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## Business Case

- Why promote well-being?
  - improves performance
  - increases productivity
  - increases creativity
  - reduces sick leave
  - increases customer satisfaction

# The World Health Organisation's Definition of a Healthy Workplace

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- “1. Employee health is now generally assumed to incorporate the WHO definition of health (physical, **mental** and social) and to be far more than merely the absence of physical disease;
2. A healthy workplace in the broadest sense is also a healthy organization from the point of view of how it functions and achieves its goals. **Employee health and corporate health are inextricably intertwined.**
3. A healthy workplace must include health *protection* and health *promotion*.”

# Features of a workplace promoting wellbeing

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- Well-defined understanding by staff of:
  - what is required of them
  - “how it relates to a wider whole”
- Reasonable level of autonomy over their work
- Consultation on matters affecting them e.g. office layout
- Recognition and support: feeling valued by the organisation. Includes non-financial value
- Working weeks of over 40 hours produces lower well-being: reasonable work-life balance
  - flexible
  - weekend working
  - annual leave policies allowing time with others and leisure

# Mental Health staff policy

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- Workers, management and HR need to know:
  - what organisation's message is: acknowledges mental ill health is 'real' sickness
  - reduces uncertainty about symptoms
  - recommends how to approach situation
- Employees can be open about stress, anxiety and other forms of mental illness
- Specified nominated staff to talk to
- Types of support available & absence process e.g. right to contact worker during absence
- Workers have responsibility to do what they can

# Culture for good health

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- Before implementing improvements to address poor health culture  
review the current organisational and health/safety cultures
- Data should be gathered:
  - qualitatively (e.g. by PAR, observation and interviews) and
  - quantitatively (e.g. questionnaires, review of documentation)

# Shared culture

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To achieve a shared culture:

- **openness** to enable concerns to be raised without fear
- **transparency** to allow sharing of outcomes
- **candour**: if a problem is caused
  - admit change is needed
  - even if not requested

# Crucial elements for cultural change success

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- Leadership
- Communication
- Employee involvement and empowerment
- Learning culture

# A. Leadership: physical or virtual?

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- To achieve improvements at floor-level:
  - improvements should be considered throughout all-levels
  - management should encourage action for wellness by everyone
  - implement PAR with proactive leadership to maximise effectiveness
- Research shows people were least happy when with their boss<sup>1</sup>
- Leadership should '**mobilise**' stakeholders' **motivation** to a well-being culture and processes, not just 'sign it off'<sup>2</sup>

# B. Communication

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- Leaders enthusiastically hands-on about culture development influence culture the most
- Organizational commitment to communication could be demonstrated by:
  - walkrounds
  - encouraging multi-directional communication between
    - › departments and
    - › staff within them

# C. Employee involvement and empowerment

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- Group-based cultural **shared values** are not only at supervisory/management level
- **Different levels of staff** need empowering by involvement in cultural discussions:
  - giving “voice” to staff not normally in authoritative positions and
  - opportunities to communicate their knowledge
  - encouraging employees to become champions for initiatives
  - empowering staff who observe poor health practices to ‘stop and fix it’

# Why empower?

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**Lack of control can lead to indirect psychosocial risks:**

Poor sleep/rest

Harmful behaviour e.g.

alcohol/caffeine excesses/

smoking/unhealthy eating

Over-medication

Depression, anxiety and nervousness

Frustration and anger

**Resulting in:**

Errors of judgement

Distraction

Musculoskeletal disorders

Physical injuries

Reduction in performance

Bullying, assault and harassment

Verbal abuse and emotional

outbursts

Demand, **control**, effort and reward: elements that can double or triple risk of depression or anxiety

# D. Learning culture

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- Engage staff in learning, improving, openness, willingness and commitment to a 'well' culture
- Encouraging staff to:
  - actively participate in improvement, design and wellness climate surveys
  - report health concerns, whether or not adverse effects occurred
- Complementary mandatory and confidential voluntary reporting processes to
  - promote psychological safety of staff and
  - develop and maintain wellness culture
- Give staff feedback from such processes

# Participatory Action Research

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PAR:

- ergonomics approach
- suitable to research and design wellness program
- transformational 'change methodology'
- researchers include staff
- encourages collaboration between researchers and other stakeholders e.g. management/ departments/ individuals/ (employees' families) / (clients)

# Participatory Action Research

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- Recommended as
  - job, its environment,
  - what does/does not succeed and
  - social workings are well-known by the staff
- Gives each employee-researcher's view equal value, rather than a top-down approach, overcoming silos within organisations, e.g.
  - giving employees who feel their views are not listened to the opportunity to overcome censor or exclusion
  - increase employees' autonomy to act on their specialised knowledge

# What is the PAR process?

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- Iterative, not linear
- Stages are:
  1. assess/plan
  2. implement
  3. evaluate
  4. reassess
- with stage 4 potentially spiralling back to revise the plan cycle

# When should PAR be used?

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- Useful to:
  - establish measurable objectives that can be evaluated
  - adapt to mid-course feedback and changes during the process
  - multidisciplinary teams: enables translation of implicit knowledge to explicit knowledge
  - sharing that information to equalise level of knowledge non-hierarchically
- Produces enduring, more effective results although a longer-term investment

# Why not just implement changes / program / incentive?

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- Unilateral implementation can lead to barriers e.g.: resistance to being imposed as
  - “paternalism”
  - “manipulation”
- If it does not succeed
  - workers may react with
    - › anger
    - › blame the employer
    - › complain money better spent on wages
- Unprepared cultural environment unlikely to enable initiatives to succeed

# Participatory nature

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- Better chance to be effective: staff involved in planning and implementation
- Staff and/or their representatives involved in devising program, rather than resisting, may suggest same/similar programs
- Even if it fails, workers more likely to ‘forgive and forget’, and be willing to try alternatives
- Needs enablers: e.g.
  - encouraging others to use company provided healthy choices
  - line-manager allowing time for exercise
  - understanding family commitments may prevent healthy behaviour outside work

# Risk factors for mental disorders

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- **Psychological job fit: interpersonal and emotional skills as well as job capabilities**
- Psychological support including from co-workers and supervisors
- Organisational culture of trust, honesty and fairness
- Clear leadership and expectations
- Civility and respect
- Growth and development, including encouragement and support to develop interpersonal, emotional and work skills
- Recognition and reward
- Workload management
- Engagement: feeling of connection to work and motivated
- Work and personal life balance recognition

# Recruitment

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- Recruitment of people capable of coping with physical or mental demands that cannot be removed or reduced
  - e.g. Armed Forces, medical personnel, careworkers, teachers, Fire Brigade
- A selection of recruitment methods
  - to expand evaluation of candidates
  - will improve prediction reliability to recruit staff with necessary attributes

# Recruitment

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- Recruitment method examples:
  - Value Based recruitment (VBR) to identify candidates possessing traits and behaviours evidencing:
    - › interpersonal and emotional skills as well as
    - › job capabilities
  - Situational Judgment Tests (SJTs) to identify candidates driven to deliver behaviour aligned to the company's values with
    - › the correct values or personality
    - › e.g. used to select HGV drivers and since 2013 to select junior doctors

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# Teamworking

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- Improve teamwork by e.g.
  - Job cross-training: increases team-members knowledge of what information colleagues need, appropriate communications and team cohesiveness. Team-training develops use of:
    - › shared, anticipatory mental models
    - › communication strategies
    - › managing stress
    - › situational awareness
    - › coordinated task performance
  - teaching non-technical skills e.g. situational awareness, decision-making, communication, teamwork and leadership

# Teamworking

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- Project briefings to
  - build team familiarity and stability
  - present opportunities to allow any team-member to raise issues, including junior staff otherwise feel deterred from doing so
- Debriefings to facilitate:
  - learning from good and poor outcomes
  - knowledge sharing and goal awareness
  - opportunities to develop skills

# Value to the organisation?

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## Benefits of reducing stress

- Staff commitment: improved retention, reduced recruitment/temp fees;
- Performance and productivity improved e.g. reduced management time and overtime costs
- Attendance: reduces ill health e.g. physical and psychological effects
- Financially: increased turnover
- Reduced litigation risk
- Reduced costs: legal fees, compensation payouts, insurance premiums
- Customer satisfaction
- Reputation enhanced
- Recruiting profile enhanced

# Is it relevant to my organisation?

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- Highest prevalence rates of work-related stress, depression or anxiety in:
  - human healthwork
  - social work
  - education
  - public administration
  - defence
- Highest rate was amongst large workplaces (250+ employees)
- Biggest effect felt by smaller businesses from individual worker's absence/presenteeism

# Financial costs / benefits

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- Necessitates investment in time and expense
- Caution against favouring cost-efficiency at the expense of safety
- Resources need to be realistic to enable changes that can achieve goals
- Investigation and improvements: investment rather than expense
- Estimating improvements' financial benefits may produce qualitative not quantitative 'value' because e.g.
  - analyses identify multiple causes, or
  - benefits lack tangible value e.g. community goodwill

# But what are the figures?

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- Recorded data incomplete and cost/value individual to each business
- Difficult to quantify ROI
- Almost 1 million (960,000) employees were on sick leave for a month or more each year on average: September 2010 - October 2013 (*DWP*)
- **Average cost of worker's absence = nearly £1,000 per year per employee** (*CBI*)
- **Mental health issues** were found to be the **highest cause of absences**

# What are the benefits of a wellness culture & process?

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- 45 out of 55 cases: 10-97% reduction in sickness absence
- Staff turnover reduction of 20-25% on average: cost savings of £100,000s
- Productivity levels and increased competitiveness
- Reduction in employee fatigue
- e.g. reduction in absenteeism giving £11m costs savings over 4 years
- e.g. costs savings of over £150,000 per annum by reduction in sick days

# What do we include to encourage participation?

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- No absolutes
- Some 'comprehensive' programs, other piecemeal ones
- Examples:
  - financial incentives e.g. cash rewards equivalent of £50 approx.
  - cashback incentives
  - discount gym memberships
  - points system: points awarded for e.g. attending wellness events, competitive 'steps' measured by a pedometer issued -> prizes e.g.
    - › spa treatments
    - › company sponsored group activity holiday to climb a mountain!

# Existing program reviews

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- Reassess with independent view/reviewer to avoid:
  - Defensiveness of 'owned' program
  - Tolerating sub-standard status quo
  - Looking down, not corporately
  - Lack of openness to criticism
  - Misplaced assumptions about actions of others
  - Secrecy
  - Communication hindered
- No 'failures' in program could indicate risk aversion, suggest less innovative business, unwillingness to learn from mistakes

# It's not broken, why fix it?

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- Move from manual labour to office jobs: change in proportion and types of illnesses
- Demographic changes:
  - world's population over 60 y.o. set to triple over the next 50 years
  - increase in workforces' average age:
    - › by 2032 one-quarter of the UK population will be over 65 y.o.<sup>1</sup> and half over 50 y.o. by 2024<sup>2</sup>
    - › over 55s planning to work past state retirement age risen from 40% to 71%
- European Agency for Safety and Health at Work: identified ageing workforce is a developing Occupational Safety & Health hazard
- Greater prevalence of chronic conditions in older age-group
- Research shown most prominent improvement in health and risk in older age-group

<sup>1</sup> (Simms, 2014)    <sup>2</sup> (DWP report: Welfare Reform, 2007)

# Does your program address the generations?

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- Age-group:
  - apathetic or enthusiastic?
  - enablers or doubters?
  - needs responded to?
  - incentives needed?
  - podcast or pamphlet?

# Is it time to improve the program?

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- Longstanding programs may no longer be appropriate or Best Practice program (BPP)
- Research evidences:
  - BPP: 68% participation compared to 47% in 'common practice' programs (CPP)
  - BPP completion rate of 32%; CPP 19%
  - BPP 2.5 times greater risk reduction in one program year than CPP

# Approach for greatest impact

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- A systematic method to guard against a quick-fix, fragmented attempts at solutions
- Quick-fixes are less likely to be effective investments
- As your analysis advances, the organisation's awareness of which aspects have the greatest impact will expand

# Approach for greatest impact

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- Can take years to
  - show results of preventive health strategies
    - › e.g. liver cirrhosis arising from alcohol abuse over many years
  - fully develop focus areas:
    - › e.g. stress management, activity, nutrition, smoking
- Benefits can increase over time e.g.
  - GlaxoSmithKline's health and wellness intervention program matured, increasing financial benefits in year 4 over by over 300% compared to year 1's results

# Corporate Social Responsibility

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- Creating workplaces that does no harm to the mental or physical health, safety or well-being of workers is a moral imperative”  
*(WHO Healthy Workplace Frame work and Model, 2009)*
- From an ethical perspective, if it is considered wrong to expose workers to e.g. asbestos then is it not wrong to expose them and the **wider community** to invisible and long-term mental damage?
- Include employee wellness as vital element of
  - Corporate Social Responsibility Policy and
  - business models

# Should we wait for proof of ROI?

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- WHO advocates:
  - provided no harm will be caused
  - businesses should not delay implementing improvements of workplace conditions promoting health
  - only because there is no strong scientific evidence of how effective that would be
- Mindset change needed: risks are invisible mental ones not just physical and as real
- Invest e.g. in IT training to maximise return on equipment/  
prevent damage: why not protect and invest in people in same basis?

# Should we take the risk of no ROI?

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*“In today’s knowledge-based enterprises, employers depend on highly functioning, engaged, innovative and creative employees to keep finding ways to **stay ahead of the competition.***

*More than ever before, they require the **minds of workers to be functioning at a high capacity.***

*Even if the enterprise is one that depends almost entirely on brute force or simple repetitive tasks with little room for innovation or creativity, an **engaged and committed worker is more productive and useful than one who is apathetic, depressed or constantly stressed.**”*



# Questions?

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