Research insight
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Preventing stress: promoting positive manager behaviour

Phase 4: How do organisations implement the findings in practice?

Acknowledgements

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Contents

Background and introduction

Research suggests that line managers play a pivotal role in workplace stress management. This means that, for employers to reduce and manage workplace stress effectively, they need to ensure that managers demonstrate the skills and behaviours that allow them to manage their staff in ways that minimise work-related stress. Until recently there was very little research evidence to clarify which manager behaviours are relevant in this context. Funded by the Health and Safety Executive (HSE), Chartered Institute of Personnel and Development (CIPD) and Investors in People (IIP), we have applied a behavioural competency approach to fill this gap. The 'Preventing stress: promoting positive manager behaviour' research programme has consisted of four phases, of which the current study is the fourth.

The first three phases of the research programme

The following information has been summarised from the report on phase 3 of the research (see CIPD 2009). The flow diagram in Figure 1 summarises the first three phases of the 'Preventing stress: promoting positive manager behaviour' research programme.

PHASE 1

Data collected in phase 1 resulted in the emergent 'Management competencies for preventing and reducing stress at work' framework, consisting of 19 competencies.

Participants: 216 employees, 166 line managers and 54 HR professionals.

PHASE 2

Data collected in phase 2 resulted in: a refined version of the 'Management competencies for preventing and reducing stress at work' framework, consisting of 4 competencies and 12 sub-competencies; and a 66-item 'Stress management competency indicator tool' to measure the relevant competencies.

Participants: 313 participants to initially test the tool. 22 organisations, 152 managers and 656 direct reports then used the tool as an upward feedback measure.

PHASE 3

In phase 3, an intervention was designed to develop managers' management competencies for preventing and reducing stress at work. Data collected in phase 3 provided both qualitative and quantitative evidence for the efficacy of this intervention approach.

Participants: 207 managers and 594 employees participated in the intervention study.

The refined version of the 'Management competencies for preventing and reducing stress at work' framework (MCPARS) that emerged from the first two phases of the research is shown in Table 1.

Table 1: The 'Management competencies for preventing and reducing stress at work' framework

Competency	Sub-competency	Examples of manager behaviour
Respectful and responsible: Managing emotions and having integrity	Integrity	Is a good role model
		Says one thing, then does something different
		Treats me with respect
		Is honest
		Speaks about team members behind their backs
	Managing emotions	Is unpredictable in mood
		Acts calmly in pressured situations
		Passes on his/her stress to me
		Is consistent in his/her approach to managing
		Takes suggestions for improvement as a personal criticism
		Panics about deadlines
	Considerate approach	Makes short-term demands rather than allowing me to plan my work
		Creates unrealistic deadlines for delivery of work
		Seems to give more negative than positive feedback
		Relies on other people to deal with problems
		Imposes 'my way is the only way'
		Shows a lack of consideration for my work–life balance
Managing and communicating existing and future work	Proactive work management	Communicates my job objectives to me clearly
		Develops action plans
		Monitors my workload on an ongoing basis
		Encourages me to review how I organise my work
		When necessary, will stop additional work being passed on to me
		Works proactively
		Sees projects/tasks through to delivery
		Reviews processes to see if work can be improved
		Prioritises future workloads
	Problem-solving	Is indecisive at decision-making
		Deals rationally with problems
		Follows up problems on my behalf
		Deals with problems as soon as they arise
	Participative/ empowering	Gives me the right level of job responsibility
		Correctly judges when to consult employees and when to make a decision
		Keeps me informed of what is happening in the organisation
		Acts as a mentor to me
		Delegates work equally across the team
		Helps me to develop in my role
		Encourages participation from the whole team
		Provides regular team meetings
		Gives me too little direction

continued overleaf

Table 1 continued: The 'Management competencies for preventing and reducing stress at work' framework

Competency	Sub-competency	Examples of manager behaviour
Reasoning/ managing difficult situations	Managing conflict	Acts as a mediator in conflict situations
		Acts to keep the peace rather than resolve conflict issues
		Deals with squabbles before they turn into arguments
		Deals objectively with employee conflicts
		Deals with employee conflicts head on
	Use of organisational resources	Seeks advice from other managers when necessary
		Uses HR as a resource to help deal with problems
		Seeks help from occupational health when necessary
	Taking responsibility for resolving issues	Follows up conflicts after resolution
		Supports employees through incidents of abuse
		Doesn't address bullying
		Makes it clear he/she will take ultimate responsibility if things go wrong
Managing the individual within the team	Personally accessible	Prefers to speak to me personally than use email
		Provides regular opportunities to speak one to one
		Returns my calls/emails promptly
		Is available to talk to when needed
	Sociable	Brings in treats
		Socialises with the team
		Is willing to have a laugh at work
	Empathetic engagement	Encourages my input in discussions
		Listens to me when I ask for help
		Makes an effort to find out what motivates me at work
		Tries to see things from my point of view
		Takes an interest in my life outside work
		Regularly asks 'how are you?'
		Treats me with equal importance to the rest of the team
		Assumes, rather than checks, I am okay

The 'Preventing stress: promoting positive manager behaviour' intervention

As shown in Figure 1, phase 3 of the research programme was an intervention study. It involved designing and evaluating an intervention aimed at helping managers show the relevant competencies/ behaviours. The intervention was based on the framework of MCPARS that had been developed in the first two phases of the research (as shown in Table 1). It was made up of two elements:

- **Upward feedback report**: Manager participants and their direct reports completed the 'Stress management competency indicator tool', the questionnaire that was produced in phase 2 of the research. Direct reports were asked to rate their manager's behaviour, whereas managers were asked to rate their own behaviour. Provided at least three direct reports responded to the questionnaire, a feedback report was generated, showing the manager how their behaviour was perceived in terms of the four competencies and 12 sub-competencies. The feedback report also allowed managers to see how their self-score compared with the average of their direct reports' score

for each of the individual behaviours/questions. Feedback was generated at two different time points: initially prior to attending the workshop; and then at a follow-up point three months after the workshop.

- **Half-day workshop**: Manager participants attended a workshop that aimed to help them: explore the importance of positive manager behaviour; increase awareness of their own behaviour; and equip them with the tools to further enhance and/or develop their skills. This workshop was provided face to face to groups of up to 12 managers. It combined structured individual exploration of the manager's feedback report with developing an understanding of the behaviours included in the 'management competencies for preventing and reducing stress at work' framework. The workshop design was highly interactive, including individual reflection, small group discussion, case studies, vignettes, plenary debate and analysis, and other exercises to help managers understand which behaviours they needed to develop and how they might do so.

Groups of managers from 16 organisations participated in this intervention. Findings showed that the intervention led to significant behaviour change, particularly for managers who had not been showing the behaviours identified as important for preventing and reducing stress in their team before the intervention. The findings of phase 3 were published in June 2009 and can be found at **cipd.co.uk/subjects/health/stress/_preventing_stress**

At the end of phase 3, participating organisations were invited to send a representative to a train the trainer (TTT) session to learn how to use the materials developed during the research. The aim was to enable the organisations to run the learning and development intervention in-house from then on.

The need for further research

One of the findings from a usability study conducted as part of phase 2 of the research was that organisations, and HR/OH/H&S professionals in particular, were keen to have further support materials to help them integrate the research findings into their own practices. In particular, it was suggested that case studies to show how this process has worked in other organisations would be a useful adjunct to the guidance already produced from the research. There was also interest in the potential facilitators of and barriers to introducing interventions based on the research, together with ways of overcoming barriers.

While phase 3 of the research provided valuable information about the learning and development intervention and its implementation in participating organisations during the research study, it could not capture what happened following the TTT and how organisations implement the research findings in-house or the facilitators and barriers they encounter. In order to support the wider population of organisations and professionals that are interested in using the research findings, we identified that it would be beneficial to generate longitudinal case studies, including capturing information about facilitators and barriers. The current research was therefore a follow-up qualitative study to generate longitudinal case studies about the integration of the research findings in practice in the different organisations.

Research aims and methodology

The purpose of this study was to capture the learning from organisations as they integrated the research findings, including the learning and development intervention, into their practices and procedures. Within this, the specific aims were as follows:

- to **conduct a structured follow-up** of a sample of organisations and the way they take the 'Management competencies for preventing and reducing stress at work' (MCPARS) findings forward
- to **capture the different approaches taken** by different organisations and the learnings these generate
- to **generate longitudinal case studies** based on organisations' experiences of integrating the MCPARS findings into their practices and procedures.

A qualitative longitudinal design was used, involving interviews with a relevant individual from each organisation over the period of a year. These individuals were interviewed at four time points: October 2009, February 2010, May 2010 and September 2010. The individuals who were interviewed will be referred to as the 'champion' throughout the case studies.

Semi-structured interview pro formas were designed to cover:

- the context within the organisation, including stress management activities, management/leadership development and use of a competency framework
- how and where the MCPARS intervention had been rolled out
- how the intervention and other elements of MCPARS research findings had been integrated into the organisation's practices and procedures
- facilitators to roll-out/integration
- barriers to roll-out/integration and how they had been overcome.

In total, ten organisations took part in the study. These were:

- Avon and Somerset Probation Service
- British Geological Survey
- UK transportation business
- Oxford City Council
- Northern Health Board
- Northumbria Healthcare NHS Foundation Trust
- Royal Free Trust
- a telecommunications business
- Western Health Board
- UK probation trust.

Section 1 provides a summary of the ten cases. Sections 2 and 3 provide more detail on, firstly, the cases where interventions took place and, secondly, the cases where interventions were still incomplete or stalled by the end of the case study period. Section 4 provides a review of overall learning and advice for organisations.

1 Summary of case studies

Table 2: Summary of the cases studies included in phase 4 research

Organisation	Who was responsible	Planned intervention	Where it fitted	What has been implemented so far
Avon and Somerset Probation Service	Health and Safety	• Mandatory intervention (360-degree feedback and training programme) for all managers. • Embedding MCPARS into general competency framework	Within management development although run by Health and Safety	• The first questionnaires have been issued to managers and interventions were due to run in November 2010.
British Geological Survey: • Natural Environment Research Council • 780 employees	HR	• Embedding MCPARS through follow-on from HSE Management Standards Survey, and as part of a wider management development initiative. • Planning to lead to full 360-degree feedback and intervention • Embedding into existing competency frameworks.	Within HR, focused around management development	• As part of 'The Deal' discussions with managers. • As part of discussions with senior management to focus attention on their management behaviour. • Embedding into senior management competencies
Northern Health Board	Stress Prevention Manager from the Occupational Health Service, part of HR	• Using the findings as guidance • Integration into ILM management development • Use of MCPARS questionnaire to follow up stress risk assessment • Integration into other management training and/or provision of stand-alone MCPARS course	Part of a stress prevention programme, but with links to management development	• Using the findings as guidance • Integration into ILM management development • Not clear whether other planned activities happened or not

Table 2: Summary of the cases included in phase 4 research continued

Organisation	Who was responsible	Planned intervention	Where it fitted	What has been implemented so far
Northumbria Healthcare NHS Foundation Trust: • NHS foundation trust • 6,000 employees • Acute trust and community hospitals, including 3 district general hospitals plus a number of community hospitals • Biggest geographical region in the UK	Consultant Clinical Psychologist in Occupational Health, which sits within HR and OD. (Health and Safety sits in a different directorate.)	• Stand-alone intervention of 360-degree feedback and workshops for groups of managers using the questionnaire and exercises developed in the research • Integration into other activities – health and well-being strategy, leadership development, change management	Provided by the Consultant Clinical Psychologist in Occupational Health under the stress management/well-being banner	• Two cohorts of managers have been through the feedback plus workshop intervention • Follow-up session for first cohort about to take place • Integration into health and well-being strategy has happened and other integration planned
Oxford City Council: • Local authority • 1,200 employees • Overall: 3 city centre offices, 2 depots and various satellite premises	Health and Safety Manager, who sits within HR, plus a senior manager from one of the operational directorates	• Stand-alone workshop or integration in management development • 360-degree feedback for managers • Mention in managing safely course	Aim was to position MCPARS within management development, though responsibility lay with Health and Safety	• Mentioned in managing safely course
Royal Free NHS Trust: • 5,200 employees	Health and Work Centre Psychological Services	• Within Psychological Services as part of coaching and one-to-one discussions with employees and managers • Within management training	Within OD	• Used in coaching interventions • Recommended in a white paper set to form ongoing strategy for OD

Table 2: Summary of the cases included in phase 4 research continued

Organisation	Who was responsible	Planned intervention	Where it fitted	What has been implemented so far
Telecommunications business	Group Health Adviser from within the Health, Safety and Well-being function, which is part of HR	• Using guidance based on MCPARS to follow up stress risk assessments • Encouraging managers to complete the self-report MCPARS questionnaire • Integrating MCPARS into the new one-stop-shop management development portal • Integrating MCPARS into change management framework	Within Health and Well-being, but linking across to management development and change management	• Guidance based on MCPARS has been used to follow up stress risk assessments • Managers have been encouraged to complete the self-report MCPARS questionnaire • Integrating MCPARS into the new management development portal and change management framework is under way
UK probation trust	Health and Safety	• Trialling as a stand-alone intervention in 4 areas of the service	No organisational 'fit' established	• No implementation as yet
UK transportation business	HR	• As part of a suite of training and development around health and well-being	Within health and well-being	• No implementation achieved
Western Health Board	Employee Well-being, which sits within the OD function of the HR department (Health and Safety sits in a different directorate)	• Guidance provided through the well-being intranet site • Self-report questionnaire offered to participants in manager networks • Use within the new managers training programme	Within Employee Well-being and linked to management development	Integration into all appropriate employee well-being activities, including: • website guidance • well-being policy • guidance within relevant initiatives • facilitated networks and consultation • promotion at events

2 Organisational case studies

Case study: Avon and Somerset Probation Service

Stress management, management development and competency framework

Stress management/health and well-being activities

Initially Avon and Somerset Probation Service actioned a form of the HSE Management Standards procedure for stress risk assessments. This had been running for the past three years as an individual system. Each individual would complete an individual indicator tool (which was altered to be applicable to individuals) that would then be presented to their line manager. The line manager would then, in a meeting, agree actions from that. If the individual was unable or unwilling to talk to the line manager directly, they were able to use an advocate or go to a more senior manager. All the individual reports were then compiled into an organisational stress risk assessment to identify trends or hotspots. Eighty per cent of employees completed these forms on a yearly basis. It was felt that the initiative had drastically impacted upon stress-related absence, the estimates being that without the initiative, absenteeism would be two or three times higher. However, it was perceived badly by employees and seen as too much work. The perception did improve with a re-promotion highlighting that this was an initiative focused on making their working lives easier, as opposed to the common initiatives about targets and offender management. Over the summer, this was restructured to be an organisational initiative as a result of the staff issues. The policy and procedures of the service were also changed to be more consistent with the HSE recommendations.

There is health and safety training for all managers. This takes the form of a monthly briefing focused on one particular topic that is sent out to all managers. To reinforce this message, there are also one-to-one briefings with managers that focus upon health and safety. In 2011, Health and Safety Level 2 training will also be actioned for all managers.

Within the year, Avon and Somerset put in place a consultancy service with a group of counsellors. Staff that work on high-risk cases are automatically booked an appointment to see a counsellor regardless of whether they have requested the appointment or not. In addition, anyone that would like to see a counsellor and is not working on such a case can do. These appointments are arranged both on a one-to-one and a group basis. Staff are given time off for these appointments and anecdotal feedback has been very positive about the initiative.

Leadership/management development

There are a series of probation-specific management workshops offered to all probation officer managers, along with an NVQ in management. There was a feeling that, although all managers have briefings on stress management, it was not a focus in management development; and in fact managers did not receive any development around people management.

After identifying some funds over the summer, an initiative was launched whereby all managers were provided with £50 to do something related to their personal health development, such as going to the gym or getting a health check. Although the initiative was advertised and launched, soon afterwards it was realised that the funds were not available after all, and in fact the incentive was pulled and the money not provided.

Case study: Avon and Somerset Probation Service continued

Competency framework

A general management framework did exist but across the whole of the project time period, there was a new framework in development that would include people management and specifically the stress management competencies work. Unfortunately, despite plans, at the time of writing the revised framework had not been finalised or launched.

Using the MCPARS findings

Stand-alone MCPARS intervention

Avon and Somerset have decided to launch the MCPARS intervention (including 360-degree feedback) as a compulsory training intervention for all managers and therefore a core training requirement. The results of the intervention will be seen as both developmental and performance-related. If managers receive poor results from their direct reports at first, they will be invited to attend the training and monitor if there has been an improvement three months later. If after three months there is a decline in performance, managers will be offered to repeat the training or engage in a one-to-one coaching session in order to focus their development and understanding of their development areas. If after a further three months the manager has still not improved, or has declined further, the process will become one of performance management and the manager could face dismissal.

Although this is a controversial approach, Avon and Somerset feel that it is too big a risk for their service to have managers who are not managing effectively and who may be causing stress in others. It is felt that to ignore a manager who has been found to be poorly managing, and who does not improve, would be putting the service open to litigation cases from employees – tantamount to ignoring results of a risk assessment.

Although this was planned to be launched in March 2010, a government-led organisational restructure (moving from a board to a trust) took place in the spring. This involved 80% of teams having line management changes. It was decided that it would be best that the teams were embedded before embarking on the initiative. The first 360 questionnaires were distributed in October, and the first course due to run in November.

Integration into other activities

As described above, it is planned that the MCPARS work will be embedded within their general competency framework in the coming months.

What has helped in integrating the MCPARS intervention/related activities?

- **Senior management sign-off**: Although it wasn't necessarily felt that senior management were fully bought in to the intervention, their sanctioning of it meant that roll-out could progress.
- **Making the intervention mandatory**: This is felt to be key in ensuring that the intervention is taken seriously and recognised as important within the service.
- **Labelling the intervention 'management development'**: It is now felt that there is not a real problem with stress in the organisation, and therefore slotting the intervention into management development has ensured it is received better.
- **Interest from managers**: Managers within this probation service were very keen for development opportunities and training, and therefore welcomed the opportunity.
- **Dealing with the data in-house**: Avon and Somerset have designed their own system and will run the initiative in-house without the need for an external provider. It is very much felt that if an external provider had been involved, the intervention would have been cut due to spending restrictions.

Case study: Avon and Somerset Probation Service continued

What has been a barrier in integrating the MCPARS intervention/related activities?

- **Reduced stress absenteeism figures**: Across the year, absenteeism figures have dropped to four days per year per employee in Avon and Somerset Probation Service. Despite a suspicion from the champion that this is not due to an actual improvement, but actually a result of presenteeism, the senior management have become less concerned about managing stress.
- **Union involvement**: Since the election of the new government, it is perceived that unions have been a significant barrier by resisting any organisational initiative and creating a negative atmosphere.

Case study: British Geological Survey

Stress management, management development and competency framework

Stress management/health and well-being activities

During year BGS have undertaken the Management Standards survey across the whole organisation. It ran in January/February and received a 72% response rate, which was very positive for BGS. This will be repeated every 18 months. The survey was well received, with a good senior management response. The results were presented both to the board and to all staff face to face. Staff were also asked for their support on some of the issues raised.

BGS are committed to demonstrating that they will take action from the responses. The key issues that emerged were around change, role and senior management communication, with employees not valuing appraisals. Training is now being undertaken around appraisals to improve the process; and a change management team has been formed to look at change going forward. Senior management are also working to make themselves more visible by having regular open sessions with staff.

Stress awareness sessions have been held with team leaders and senior managers, using the HSE criteria but particularly focusing on the amount of change within the organisation.

BGS are in the process of building a health and well-being part to their intranet. Although BGS offers many opportunities such as gym, social events and flexible working, it is not perceived that staff appreciate or use these as much as they could. The intranet will aim to increase awareness of health and well-being activities.

Health and safety training is offered to all staff, with training content focused by job level and job type. All staff, when undertaking a new project, are required to undertake a risk assessment and get directed to an online health and safety procedure.

Leadership/management development

Management training is offered for all management levels; there is a series of management courses depending on the level of manager, and they are also planning an induction programme for new managers. There is also the Leadership for NERC (NERC, or the National Environment Research Council, is the governing research council for BGS) programme that focuses on senior managers. This takes the form of a workshop and coaching programme. The senior managers have regular sessions such as action learning sets where they work through problems, for instance planning the future in terms of how BGS

Case study: British Geological Survey continued

as an organisation will address issues. This initiative is seen as the first time the senior management have actually gathered across the council to discuss planning on an organisational level and set a framework for the future.

In the year, BGS also helped develop a new one-day training session called 'Having difficult conversations', focused on giving managers the tools to deal with these types of conversations rather avoid them. This was developed internally by the head of HR and came out of discussions about leadership within NERC. At the time of writing, two sessions had been run, one to skills leaders and one to managers, which was very well received. Two people are currently going through a train-the-trainer process and it is envisaged this will be rolled out across BGS in a reduced (probably half-day) and more focused format.

Across the year, NERC have been working with BGS on an initiative called 'The Deal'. This is a way of making clear the expectations the organisation has of its employees, and the expectations employees can have about the organisation. Currently managers receive a yearly career development session: however, this is seen as having a short-term focus. The Deal focuses on a long-term perspective, described by the champion as a realistic job preview conducted every three years. Each discussion will be attended by the employee, a skills leader and an HR professional. It will be rolled out first to senior managers and then cascaded down across all 780 employees. This initiative reflects a new culture of honesty, where the organisation will commit to retraining and upskilling employees where possible. It is also thought that this process will address some of the issues around 'role' that emerged from the HSE Management Standards Indicator.

Competency framework

BGS have an existing competency framework that they use for selection and assessment, internal promotion, development and training. This framework does include an element of people management. Towards the end of the year's project, BGS took the decision that they needed to review the behavioural competencies required. The review, which is currently being undertaken, will build the MCPARS work into the existing competency framework for managers.

Using the MCPARS findings

Stand-alone MCPARS intervention

Two trainers from NERC attended the train-the-trainer intervention at the end of phase 3. It was intended that the intervention would be rolled out to across NERC and associated organisations. Unfortunately, although they trainers found the course very interesting and useful, they had no prior knowledge of the research and didn't therefore progress it as much as hoped. For most of the year, therefore, there was no progression with the intervention.

This changed with the launch of 'The Deal' (as mentioned in the 'Leadership/management development' section). At the point of the final interview in October, 12 managers had gone through The Deal. Two of these agreed that they needed to improve their people management skills. As a result it is now thought that The Deal will be the way that BGS will push through the MCPARS work. The intention is to take the general principles of the MCPARS work, target managers through The Deal discussion, get their acceptance that there is a need to change, and then embark on the 360-degree feedback and intervention process (either by a workshop or a coaching session). BGS are currently looking at service providers to action the intervention process.

Case study: British Geological Survey continued

Integration into other activities

It is intended that the HSE Management Standards survey will also be a way of embedding the MCPARS framework within BGS. The survey will identify hotspots and managers that have potential development needs. This will then link to management training using the MCPARS work.

MCPARS is also being used in BGS with senior managers to focus their awareness on their own behaviour. This has been through their NERC action learning sets. They aren't going through the full intervention, but are encouraged to think about their behaviour and the utility of the MCPARS approach. The champion is also considering using the MCPARS questionnaire at senior management level, as a way to follow up issues of senior management communication raised by the HSE Management Standards survey.

NERC are also currently working on building MCPARS into their senior management competencies, and considering embedding it into their junior management competencies. New skills leaders have been employed to focus on performance management and it is thought that they will be able to build in MCPARS work at the individual level.

What has helped in integrating the MCPARS intervention/related activities?

- **Senior management support**: Senior management particularly see the utility of this approach, and recognise how important stress management is.
- **The Deal discussions**: These discussions have served as a platform from which to discuss people management and stress, and have been the mediator through which the intervention has become tenable at BGS.

What has been a barrier in integrating the MCPARS intervention/related activities?

- **Lack of resource**: The responsibility for embedding this has rested solely with the champion, who is already working in a very busy and demanding role.
- **Change in HR**: The MCPARS work has sat within HR, however over the last few years BGS has been moving to a centralised HR service. This has further reduced resources available.
- **Comprehensive Spending Review**: Although BGS were not identified as one of the quangos to be cut, there are likely to be further cuts and organisational change. This has also resulted in a spending and strategy freeze.

Case study: Northumbria Healthcare NHS Foundation Trust

Stress management, management development and competency framework

Stress management/health and well-being activities

All stress management activities within the trust are overseen by a steering group that meets every two months. This is fully supported by the trust management team: the chief executive attends meetings as often as he can. It includes representation from all parts of trust including consultant and junior doctor reps and staff side. One of its key activities is to review 'hotspots' within the trust. The champion gathers a range of organisational data (such as sickness absence, staff turnover, employee surveys,

Case study: Northumbria Healthcare NHS Foundation Trust continued

referrals to OH/counselling, conflict, grievances, change) for these reviews in order to flag up teams that are at risk. Where a hotspot is identified, the manager is given feedback and support, and offered a team stress risk assessment in their area if appropriate. Over the course of this research, the use of this hotspot process was being reviewed as it appeared that sometimes managers are proactive, for example, if their area is about to undergo organisational change or they are aware that there are work-related stress issues in the team.

Over the period of this research and influenced by the publication of the Boorman Review, there was a shift within the trust from stress management to health and well-being. The steering group reviewed its terms of reference and broadened them out to cover health and well-being, not just stress. As part of this process, it changed from being the 'Stress Steering Group' to being the 'Health and Well-being Steering Group'. The stress management strategy underwent review and was about to be relaunched as the health and well-being strategy at the time of the final interview.

The champion's unit offers different levels of stress/well-being intervention/support:

- **individual service** – support, psychology and counselling service, mindfulness and recovery training programme
- **training for managers on stress prevention and management** – what is stress, responsibilities, spotting it, stress risk assessment for individuals and teams
- **team service** – interventions for hotspots and for other teams where the manager requests it – this includes conducting a stress risk assessment using the Management Standards questionnaire (or, for small teams, a shortened version) and running focus groups in order to develop actions/interventions to support improvement in well-being and reduction in stress
- **organisational service** – reviewing the trust as a whole and identifying hotspots; initially, it was a culture change to look at stress in the environment and not just as an individual issue.

The champion's unit also runs a mediation service and training on conflict resolution. It is participating in bullying and harassment research and had funding for a project looking at what to do about stress in doctors.

The trust had a visit from the HSE in 2009, which was very positive. The HSE has cited the trust as a case study and was looking to collaborate on evaluation of stress risk assessment processes. In addition, during the case study period, the NHS Litigation Authority visited the trust and passed it at level 3, which includes checking the stress monitoring process: this has the power to reduce insurance premiums.

By the end of the case study period, the champion was developing a new health and well-being website for the trust, linked to the new health and well-being strategy. She also reported that her unit is getting more involved in teams – especially team conflict – and getting more referrals of teams to the mediation service. She had been asked to help in a large change programme, involving the setting up of an emergency care centre (a new hospital offering purely A&E, critical care, and so on) in order to help them manage change and well-being during change. She was also involved in new discussions about doctors, looking at consultants that have been picked up as having problems (such as being accused of bullying or having development needs) with a view to offering them support, such as coaching, to take a proactive, preventative approach.

Leadership/management development

A leadership development programme is available to senior managers, which includes a 360-degree feedback tool. This is run by the OD department and is not integrated with well-being. However, the

Case study: Northumbria Healthcare NHS Foundation Trust continued

Boorman Review recommended integration, so there may be more joined-up working across these domains in future. An ILM course is offered to managers who have no prior training by the training department. Ad hoc programmes on management are provided, for example for modern matrons and ward managers.

Competency framework

The general competency framework used by the trust is a statement of expectations, but is very general, not just for managers.

Using the MCPARS findings

Stand-alone MCPARS intervention

The trust participated in phase 3 of the research, including attendance at the TTT, and has followed a similar intervention approach since then. In September 2009, the first cohort of managers undertook the MCPARS intervention run in-house by the champion and her team, with an external provider running the questionnaire process. Each manager went through 360-degree feedback using the MCPARS questionnaire and had a one-to-one feedback session to help them get to grips with their feedback (participants said this was the most detailed feedback they had ever had and really valued it). All managers then attended a full-day workshop using the MCPARS materials, and extending it to a full day by adding in motivation, awareness of own stress, responding to others with stress, plus more personal reflection on the feedback report. The participants were 12 ward managers drawn from across the trust – the ward manager population was targeted – and there was a waiting list. There was a very positive response: high satisfaction scores and positive comments.

In September 2010, the second cohort of managers went through the intervention. Again, each had a one-to-one session exploring their 360-degree feedback and attended a full-day workshop (using the MCPARS materials, but expanded to include conflict management and Emotional Intelligence/stress management for themselves). The participants were 17 managers from across the trust. Feedback was again very positive, especially about the 360-degree feedback component. The one-to-one sessions seem to be very valuable to help the manager understand the model and their own feedback, though they do increase the workload for the champion and her team.

A joint follow-up session for the first and second cohorts was to take place soon after the final interview. One-to-one review sessions might also be offered to support them with the behaviour change process. The champion is planning to do an evaluation process by re-running the 360-degree feedback with a sub-set of the original two cohorts to compare the feedback at two timepoints. The plan is also to run a third cohort next year, which will probably be part of the aspiring leaders course on which the champion is already booked to give a slot on MCPARS in 2011.

The champion feels that part of the value of the intervention is getting managers together, which is why follow-up is good and it might be worth considering a peer support process or action learning sets. A modular approach might also be appropriate, covering specific areas such as conflict management, change management skills, communication skills, problem-solving and managing difficult individuals.

One concern about the intervention is whether it is getting to the managers that need it. At the moment participants are volunteers, so likely to be committed to good people management anyway. It would be more of a challenge to get hotspot managers involved without it feeling punitive, which might lead to resistance.

Case study: Northumbria Healthcare NHS Foundation Trust continued

Integration into other activities

Initially there was not much integration of MCPARS into the trust's activities/policies. However, over the period of the research, there was a shift towards greater integration, in addition to the stand-alone intervention. This is partly because of the good fit of MCPARS with the recommendations of the Boorman Review.

Integration included: including MCPARS as part of new health and well-being strategy; the champion getting a slot on the leadership development programme, which will include MCPARS; and the champion being asked to help out with a change programme involving building a new hospital – this will be a modular programme and will include MCPARS. Soon after the final interview, the champion ran a half-day training on MCPARS on the leadership course (though not using the MCPARS feedback as this programme already has a different tool).

What has helped in integrating the MCPARS intervention/related activities?

- **National MCPARS research programme**: Makes it more attractive to the organisation – 'gives it teeth' and means it is seen as evidence-based – and implementing the intervention is a natural progression, having been involved in the research from the start. It also allows the organisation to see itself as being at the forefront of this domain.
- **Progression from Management Standards and stress risk assessment work**: MCPARS is more attractive to managers because it is more positive/supportive.
- **Link to other national initiatives**: Link to Steve Boorman's review of the well-being of NHS staff, which does emphasise management skills and is embedded in the trust's objectives – and in its health and well-being strategy. Links to external agencies also help, for example NHSLA, HSE, and so on.
- **Support from senior management**: Senior management are signed up to the well-being agenda: it is seen as core, no longer a 'nice to have'. In particular, the HR director is very supportive; and the health and well-being strategy group also provide support.
- **Support from colleagues**: This includes administrative support for booking rooms and setting up the intervention as well as being able to bring in team members who are trained facilitators/psychologists to help with the 360-degree feedback process and the training.
- **Link to resilience**: Resilience is seen as the new buzzword. It keeps coming up and the trust is keen to look at how to help teams and managers become more resilient.
- **Ongoing organisational change**: A period of cutbacks, restructuring and other change means that managers are having to deal with distress on an ongoing basis and need support to do so.

What has been a barrier in integrating the MCPARS intervention/related activities?

- **Competing priorities**: People are so busy. For example, the development of the new hospital is making people very busy and the visit of NHSLA took up a lot of time.
- **Hard to get time out for managers**: Managers have so much on their plates, including other training courses, that it can be hard to get them to come along.
- **Cost**: It is hard to get the funding/resources. The champion doesn't have her own budget, so has to get money from others to fund the costs of the 360-degree feedback reports. This is likely to get harder in the near future as the trust enters a period of austerity in which considerable savings will have to be made. It will be difficult to find the funds even though this is the time when managers most need support.
- **Labour-intensive intervention**: The champion would like to do more, but each cohort involves a big time input from her and her colleagues.
- **Follow-up is hard**: Managers have difficult roles and are not always well supported when they get back to the workplace, so it is hard to ensure that they implement what they have learned.

Case study: Royal Free NHS Trust

Stress management, management development and competency framework

Stress management/health and well-being activities

The HSE Management Standards process has been rolled out in a couple of areas in order to address a known pre-existing problem. Despite the greater awareness of the issue, the champion felt that actions had not followed through completely and therefore the impact of the process at this stage was small, although there is a commitment to integrate this framework into ongoing work

This year Royal Free has been trialling a new initiative called Schwartz Rounds, developed by Kenneth B Schwartz and sponsored by The King's Fund. This is a method to help staff talk about the impact of 'caring' and the emotional labour involved by way of a facilitated group discussion. The aim is both to tackle and to normalise the emotional challenge posed by clinical work in healthcare organisations within the organisation. It is a multi-disciplinary intervention open to all staff and each month there is a different 'round' based on a particular topic. Each 'round' has had an average of 130 attendees, and initial evaluation suggests that the impact has been very powerful, with attendees valuing the rounds highly and also noting spin-off benefits, such as feeling more proud about working in the healthcare sector as a result, and more valued by Royal Free. The evidence also suggests that seeing senior management reveal the human experience of their work role has a profound impact, particularly on junior staff. Ongoing support is being provided by The King's Fund and the Royal Free has committed to continue the rounds once the pilot phase and The King's Fund support concludes.

Royal Free are looking to revise their stress and well-being policy to go for NHSLA 2 (the trust insurance premium). This will involve making it clearer that the staff are evidencing what they do. There are also plans to develop a well-being strategy and to pilot a well-being centre where both staff and patients can get brief interventions on site.

It is also planned that a co-ordinated approach to stress risk assessments will be published on the intranet. This would also involve training for managers on how to conduct stress risk assessments.

The psychology services and associated services are continuing. The mediation service, designed to tackle conflict, is being relaunched in December and currently seven new mediators have been trained to help with this. An evaluation is being carried out to explore ways to embed the service into the agenda and strategy of the organisation.

Leadership/management development

Initially, the Royal Free offered a one-week general leadership course to new consultants. There were also separate finance, governance and clinical governance courses available. The new OD function is tasked with changing existing courses and with developing a suite of new management courses. As a result of this, by the end of the year there was a really positive view that training was more streamlined and more cohesive. There was more focus on supporting managers. Training sessions had been developed on emotional intelligence, managing conflict and tackling bullying.

Competency framework

At the beginning of the year, there were changes in the HR function within Royal Free, and OD are now responsible for looking at developing a competency framework. At the end of the year, the framework had not been finished, although there had been some mapping of competencies for two levels of managers (operational and matrons) and a commitment to provide further training and development

Using the MCPARS findings

Case study: Royal Free NHS Trust continued

Stand-alone MCPARS intervention

It is not planned that the intervention will run as a stand-alone 360-degree feedback questionnaire/ learning and development intervention at this stage.

Integration into other activities

The MCPARS framework is being used in coaching, both for managers and to help employees to manage upwards. It hasn't been used in a systematic way but has been seen as useful to continue to keep the focus on positive manager behaviours.

OD is working on embedding the MCPARS framework into both manager training and the work being conducted around bullying.

Senior management have now compiled a white paper summarising this idea and stressing the importance of understanding the role of management behaviour. This will allow the champion to develop strategy about embedding the work into management training and development. This represents a real move forward in the strategy and an opportunity to use the work across the organisation.

What has helped in integrating the MCPARS intervention/related activities?

- **Senior management support**: There is a new public health lead at Royal Free who is making very positive changes in health and well-being. This has created a real sense of momentum.
- **A requirement by the NHSLA (litigation authority) to focus on stress**: The more that stress is covered, the lower insurance premiums will be. It is thought that senior management will be influenced by this.
- **The new OD function**: The new lead for OD is very supportive.
- **Labelling**: The initiatives are labelled well-being and effectiveness rather than just well-being. At a time when staff are being threatened with losing their jobs, it is important to focus on effectiveness and resilience.

What has been a barrier in integrating the MCPARS intervention/related activities?

- **Comprehensive Spending Review**: It was expected that the Royal Free would be faced with 40% cuts in management jobs. Further, as all staff are currently 'in limbo', lots of focus is on the threat of job cuts rather than upon developing new initiatives.
- **Time pressures and long-term sick leave for surgery of champion**: It is thought that this affected the momentum of rolling out the MCPARS work.

Case study: Telecommunications business

Stress management, management development and competency framework

Stress management/health and well-being activities

The company's online stress risk assessment tool, 'STREAM', consists of 30 questions in total, including questions relating to the HSE Management Standards. It is available to all employees. Completion is voluntary, but people are encouraged to complete it at least once per year. The output provides a 'traffic light' system specifying whether and how soon the respondent should see their manager and also gives self-help tools. Nominated people in HR get data on outstanding one-to-one meetings, not individual reports, and can follow up if necessary. Anonymised data is provided at the higher level and is one of the data sources used when looking at health and well-being across the organisation. Additional stress risk assessment data includes: sickness absence due to mental health and other health problems; data from the employee assistance programme, including usage of different aspects and presenting causes; and data from the OH provider, classified as mental health/other and work-related/not. During 2010, the health and safety forum looked specifically at mental health and developed a new dashboard of metrics for monitoring purposes.

Alongside 'STREAM' is 'STRIDE', a computer-based training for managers on stress and understanding 'STREAM', which is compulsory for new people managers. There is also a dedicated site for health and well-being on the intranet, which includes information on mental health, how to manage stress, work–life balance and other relevant issues. It links to the company's training site, 'Route to Learn', which hosts all of the organisation's training materials and includes a range of optional training around stress and well-being.

The champion has a strategic plan for mental health and well-being, which is being developed all the time. This includes a range of communication and guidance activities, such as guides about mental health, purpose-designed guidance (for example well-being in difficult times), mental health campaigns (for example for Mental Health Week and National Stress Awareness Day) and information calls/seminars for particular lines of business. There were some specific communications to priority groups of managers in late 2009/early 2010 about stress and managing people in distress, particularly distress due to change and economic problems; and a resource pack for managers was produced about picking up the signs of distress, acting early to deal with it and what steps to take. The champion is trying more and more to embed health and well-being messages in other communications, for example around change, and to integrate well-being with employee engagement and performance management.

Over the last couple of years, the emphasis has moved away from stress towards mental health and resilience and the company has taken on a range of mental health initiatives. Over the period of this case study, the focus shifted increasingly to the proactive development of resilience. To address organisational-level resilience, the company became involved in the CBI and UK Work Organisation Network Project: this has developed a framework and survey to explore organisational resilience and target areas for intervention. For individual-level resilience, it has used an external e-resilience tool.

Leadership/management development

There is a huge raft of leadership and management development programmes, based on leadership capabilities linked to company aims. These include training courses, e-learning and other development opportunities (for example coaching, action learning, and so on) and a new site for line managers was recently introduced, which is a one-stop shop for training and guidance on management skills. Called 'Becoming a Better People Manager', this new site aims to create an integrated approach to management development and includes a self-review tool to provide a steer on which of the available training and guidance the manager should access.

Case study: Telecommunications business continued

Competency framework

The 'Becoming a Better People Manager' programme and self-review tool are based on a competency framework. There is also a competency framework that guides the leadership development programme.

Using the MCPARS findings

Stand-alone MCPARS intervention

The company was not involved in phase 3 of the research, so has not run the MCPARS intervention in its standard format (upward feedback plus workshop). Instead, it has integrated MCPARS in a range of ways.

Integration into other activities

The MCPARS guidance documents are provided as a link on the intranet and whenever stress management information is given. In addition, purpose-designed guides that include MCPARS have been produced for some of the lines of business: for these, 'STREAM' data was used to look at the top stressors in a particular line of business and the MCPARS behaviours that were relevant to these issues were identified to create a bespoke guide on the management behaviours to adopt/change. For some lines of business, these guides have been updated according to stressors highlighted by more recent data.

The company provides managers with a link to the self-report MCPARS questionnaire on the HSE website and health and well-being leads have been asked to direct managers' attention to it and encourage usage. In addition, senior managers are being provided with a one-hour 'executive stress' workshop on stress and well-being. The pre-work for this includes a link to the MCPARS questionnaire to encourage participants to self-assess; and the workshop itself includes exploration of the impact of their behaviour on others.

The champion has been working with the programme lead for the new 'Becoming a Better People Manager' programme (see section on 'Leadership/management development') to integrate MCPARS elements into it. The self-review tool within the programme was initially very process-driven, but has been adapted to include many more MCPARS elements. A manager's results on this review tool indicate specific parts of the 'Becoming a Better People Manager' website that are relevant to their development needs: the champion is ensuring that MCPARS behavioural areas are covered here.

The leadership development programme is separate from the 'Becoming a Better People Manager' programme and guided by a different competency framework. A matching exercise showed that the existing leadership competency framework covered most of MCPARS.

The champion has been involved in change management, which became increasingly important within the business over the period of the case study because there was so much change happening. The HSE Management Standards and MCPARS are being brought in, and the champion is looking at how these frameworks can be used at the design stage to build in well-being enhancement or at least mitigate risks to employee well-being during the change process. The champion is also looking to bring in MCPARS as part of the process of linking health and well-being to the performance management system. This is a structured process in which people are rated every year and have plans for improvement. There is a need for guidance to managers on how to handle the situation sensitively and MCPARS will be integrated wherever relevant.

What has helped in integrating the MCPARS intervention/related activities?

- **Building relationships with the network of key stakeholders**: Well-being leads within the business understand the agenda, so the champion can feed information/activities through to them for implementation. Having H&S champions and the HR director for the line of business to drive things through really helps.

Case study: Telecommunications business continued

- **Getting the ear of influencers in a way that motivates**: By showing senior people – such as HR directors and CEOs of the lines of business – the picture in their own business line and building understanding of mental health, the champion has been able to get the key people on board and get things implemented. Once they are bought in, they put pressure on the corporate functions that own the programmes to integrate well-being/MCPARS.
- **Getting the buy-in of those implementing the programmes**: The champion doesn't own the management development and other programmes, so worked hard to get relevant programme leads to understand what MCPARS is about, why they should integrate it and what the benefits are. This involves a lot of time negotiating and persuading people, but is the only way to get them to take MCPARS on board.
- **Inclusion of health and well-being in performance management**: The lines of business have some health and well-being indicators built into their scorecard. Performance management and even bonuses can be dependent on this.
- **Recognition of the link between well-being and other agendas**: There is increasing acceptance of closer integration between well-being and other agendas, such as people management and change.
- **Messages highlighting the key role of line managers in employee well-being and business benefits**: People in this company particularly like to see hard facts that show the link between management and mental health. They may even want to see company-specific proof of the value, so external research often still needs proving internally.
- **Economic crisis**: The pressures generated by the current economic climate have pushed mental health up the agenda. With cost-cutting and restructuring taking place, the businesses know it is has the potential to impact negatively on people and that this will continue, so they see a need to mitigate the risks.
- **Ownership of the mental health agenda**: This allows the champion to take a strategic approach and tie everything together. In addition, taking on the champion brought expertise into the business, which wasn't there before, and ensures that initiatives are evidence-based and quality-assured.

What has been a barrier in integrating the MCPARS intervention/related activities?

- **So many pressures**: People are under so much pressure that they tend to focus on the 'business-oriented' issues. It can be difficult to get senior people to spare the time to get to grips with the issues and initiatives. Unless they understand the link between health and well-being and business outcomes, it can be hard to get them on board. In addition, there is pressure to produce things quickly (30-/60-/90-day plans), which may not work for mental health initiatives that need a longer-term view and in which things may even get worse before they get better.
- **Money**: The champion doesn't have dedicated funding for these initiatives, so is working with others' budgets. Often lines of business have to pay for their involvement. The current economic climate means it is hard to get the funding to do these things.
- **Time**: The whole mental health/well-being agenda sits with the champion, who has no direct reports, so can't delegate work.
- **Being in a central/corporate role**: The champion aims to push the interventions out, but still struggles to get them truly embedded at front-line level.
- **Complexities of the organisation**: The range of systems, processes and guidelines that have to be followed/navigated means that it can take a long time to get things done. In addition, any silo working means that it can be hard to forge links – the champion has to keep knocking on doors and

Case study: Telecommunications business continued

working to build links. Added to this, there is a high turnover in some roles, such as the health and well-being leads: it can take a couple of years to bring them up to speed and then they can be off to a new role.

- **Restructuring within the organisation**: All the communication and pressures around restructuring mean that the organisation is limited in terms of what it can/will communicate. It is a challenge to get priority to be given to the mental health and well-being area as other things feel like a higher priority to people.
- **Scepticism about ROI**: While the World Economic Forum findings have helped, many feel that the return on investment for mental health and well-being activities still needs proving.

Case study: Western Health Board

Stress management, management development and competency framework

Stress management/health and well-being activities

The Employee Well-being Service has used the HSE Management Standards process in some parts of the organisation. The champion proposed setting up a steering group but this coincided with a very significant restructuring in the organisation and was not seen as a priority.

Instead of pursuing the Management Standards process further, the Employee Well-being team is now profiling organisational performance data. This involves gathering month-on-month data about accidents, incidents, sickness absence and other organisational data, which are used to profile service performance. Where a particularly low- or high-scoring area is identified, staff well-being is profiled, in order to look at links between the organisational data and well-being scores. Phase 1 was completed in early 2010: data were collected across the whole organisation and used to divide services according to whether they were doing well, moderately well or not so well. Phase 2 is under way and involves measuring the well-being of a structured sample/sub-set of each group and looking at the association between the performance indicators and well-being.

In addition, the champion is developing a package/checklist of good practice. This will include eight or nine categories of activity/interventions that are known to improve well-being (and linked to the Boorman Review, NICE guidance and guidance specific to Wales). When a service comes to the Employee Well-being team saying they have a problem, they will be supported to put these types of good practice in place instead of gathering more data on the service. The focus will be on things that are achievable, so not looking in more depth at what the problems are but instead looking at what the service has in place and can put in place. So far, three services have come forward wanting to be 'exemplar services'. This initiative is called 'Well-being as a Way of Working.'

There are also a number of other well-being initiatives under way, such as: a 'Let's walk' project, providing maps of hospital sites and routes used by staff and a 'step challenge' to nudge people to make small changes to their activity levels; an intervention to support staff involved in a hospital closure, to help them through the process; a well-being audit of junior doctors; a promotion campaign on the '5 ways to well-

Case study: Western Health Board continued

being' from the Foresight Mental Capital project; and various seminars on well-being-related topics, for example mindfulness and recovery.

Working with colleagues the champion has revised the organisation's stress management policy, to be renamed the Mental Health and Well-being Policy. Training sessions will be run every two months on this. The manager training will cover: research on costs of stress and mental health problems; proactive approaches that managers can take; information on how to spot problems and respond. There will also be back-up web resources.

Leadership/management development

There is a management development strategy that includes layers of competence needed at different levels of management. This was presented to the board and adopted.

The champion runs facilitated networks for managers to provide support and development. These allow for networking and peer support as well as learning opportunities.

Competency framework

The Leadership and Management Framework is mapped onto and has been developed from three management competency frameworks, namely the Knowledge Skills Framework people management dimension, the NHS Leadership Qualities Framework and the Medical Competencies Framework.

Using the MCPARS findings

Stand-alone MCPARS intervention

The health board participated in phase 3 of the research, so a stand-alone intervention, involving upward feedback and a training workshop, was run as part of that. Individuals from L&D took part in the TTT workshop.

The champion is using the materials in the 'Well-being as a Way of Working' initiative and the 'Facilitated Networks'. Managers complete the self-report questionnaire and then think about implications and their own development needs. The champion uses some of the MCPARS workshop materials to facilitate this process and also brings in some of her own materials.

Integration into other activities

On the employee well-being webpage, the MCPARS leaflet is included as part of the sources of guidance. And the MCPARS guidance is promoted at employee well-being events.

Within the new Mental Health and Well-being Policy, MCPARS will be included in the appendices as guidance. The back-up webpage resources will include MCPARS and managers can seek further support from Employee Well-being to go into MCPARS in depth.

The 'Well-being as a Way of Working' programme resources include MCPARS. The facilitated networks for managers will provide an opportunity for manager participants to use the MCPARS self-report questionnaire during the networking meetings, though it will be up to them whether they take it up or not. When units come to Employee Well-being for organisational consultation, if appropriate, they will be encouraged to use MCPARS.

What has helped in integrating the MCPARS intervention/related activities?

- **Good support from within the organisation**: It has not been difficult to get money or time to be involved in the research and follow-up activities. Initial support from the champion's line manager was particularly beneficial. Also, having a supportive team and colleagues has made a big difference in being able to take things forward.

Case study: Western Health Board continued

- **Link with other well-being work**: Being able to integrate it into the range of well-being projects is helpful.
- **Quality of the material/back-up**: Having research-based materials and access to the support of the research consortium.
- **Freedom/recognition of expertise**: The champion is recognised as being an expert so she is allowed to get on with it

What has been a barrier in integrating the MCPARS intervention/related activities?

- **Competing agendas**: Significant pressures in the organisation and on the NHS generally mean that initiatives such as this are endorsed by the executive team but do not merit additional attention or active promotion at that level.
- **Lack of resources**: The organisation has a huge range of priorities and it can be hard to get the time, money and people to implement interventions.
- **The existing discourse is hard to influence**: The pressures to reduce waiting times, save money and reduce sickness for example are real and immediate. Interventions such as this take time to produce results and so do not necessarily appear to meet the immediate organisational need.
- **Size of the organisation**: It is so big that making anything happen or creating a change is incredibly hard – like 'turning a juggernaut'.

3 Exploration of incomplete interventions

UK transportation business

The business attended the train-the-trainer session at the end of phase 3 and was very positive about rolling out the intervention. At the beginning of the year a steering group was set up to talk about how the MCPARS intervention could be rolled out. It was felt that it would sit as part of a suite of training products in order to make the awareness for the particular course much stronger. It has not yet been possible to plan the implementation.

Main barriers to the intervention proceeding:

- **Change in key stakeholders**: Changes in the lead role in health and well-being meant it was difficult to identify where the intervention would sit.
- **Restructure of HR**: This meant it was unclear who would take this forward within the business. It also meant that no new projects were being started. This represented a significant challenge to HR and a real shift in priorities.

Northern Health Board

Although this NHS organisation had not participated in phase 3 of the research programme, the stress prevention manager offered to be involved in phase 4 because he had already integrated MCPARS into a range of activities. For example, he had: handed out the original list of competencies as guidance and on training programmes; and integrated MCPARS into a module on an ILM management development programme, including using the self-assessment questionnaire. He was also planning to use MCPARS in future initiatives, such as: using the MCPARS questionnaire to follow up stress risk assessments in wards; proposing a module on risk management, to include MCPARS, within the new nurse managers' training; and mapping MCPARS to the NHS Knowledge and Skills Framework (KSF).

Main barriers to the intervention proceeding

- **Reorganisation of the occupational health department**: As a result of a reorganisation, the stress prevention manager post was not funded beyond the end of 2009. While some aspects of the post were taken on by the health and safety and occupational health departments, some aspects were discontinued, including participation in this research. It is therefore not clear whether MCPARS activities have continued or not.

Oxford City Council

An operational directorate from this city council had been part of the research from the start and an internal audit of the health and safety function had indicated that the MCPARS programme should be rolled out more widely, so the organisation looked set to undertake an MCPARS intervention. Initially the plan was to run the MCPARS workshop as a stand-alone intervention, but this did not happen for reasons explained below. Following this, the health and safety manager got agreement to roll out 360-degree feedback, using the MCPARS questionnaire, in tandem with the council's new management development programme. The plan was to start with 40 senior managers and then cascade down, using an external provider to run the questionnaire process and in-house resource (the health and safety manager) to facilitate one-to-one feedback sessions. However, this has not been possible either.

There might still be an option to run the MCPARS workshop as a response to the increasing levels of employee stress that have resulted from the major changes happening within the council. This would depend on persuading the relevant senior manager of the need and asking him to free up the health and safety manager and the senior manager from one of the operational directorates (both of whom attended the TTT at the end of phase 3) so that they had the

time to facilitate it. In addition, there has been some integration of MCPARS with other activities: for example, it is mentioned in the existing 'Managing Safely' course.

Main barriers to the intervention proceeding

- **Introduction of a major management development programme**: Because all council managers were to go through the new management development programme, it was not viable to run a stand-alone MCPARS workshop. There was so much going on in terms of management development that it was felt that if they did a separate package on MCPARS, it wouldn't get much buy-in.
- **Management development programme provider not having appropriate knowledge**: Before the management development programme started, it appeared that the provider would cover the elements of MCPARS, so it would be integrated in this way. However, once the programme was under way, it became apparent that MCPARS was not included and that there was not the flexibility to include it.
- **Urgency with which the management development programme was brought in**: In order to get the programme going quickly, the council bought an off-the-shelf package that didn't meet the need to prevent stress and there was no time to integrate MCPARS into it.
- **Budgetary uncertainty and resource issues**: While the head of OD felt there was capability to run the MCPARS 360-degree feedback process in-house, the health and safety manager did not have the availability to run it within the first half of 2010. By September 2010, budgetary constraints had led to a contraction of development activities and there was not the appetite for the MCPARS 360-degree feedback process. While the budget for 2011 was not clear at the final interview, the indications were not positive.
- **Other priorities**: By summer 2010, the council was focusing all of its development resources on ensuring it got Investors in People (IIP) accreditation, so there was no resource to take MCPARS forward.

UK probation trust

This UK probation trust attended the TTT session at the end of phase 3 of the research, intending to roll out the intervention within the trust. The idea at the beginning of the process was to trial the 360-degree feedback and intervention across four areas within the trust. It would then be evaluated over time to see if there was any improvement in behaviour. Across the year, the organisation recognised that they were not fully prepared to run the intervention and therefore decided not to progress further.

Main barriers to the intervention proceeding

- **Responsibility held by one person**: The initiative was initially led by one person, then held with a group of senior managers, and then given back to the champion to manage. It was unclear where the authority to continue with the process would come from.
- **Lack of data to prove efficacy of intervention**: None of the managers that took part in the phase 3 intervention were followed up by the probation trust after the project ended. Without clear data to demonstrate success, there was no 'ammunition' to push the intervention forward within the organisation.
- **Lack of interest from managers**: It was perceived that managers were just too busy to deploy toolkits, or focus on their personal development.
- **Lack of buy-in from senior management**: The idea of rolling out the intervention was not seen as a priority for senior management. There didn't seem to be anyone within senior management who was pushing the stress management area.
- **Lack of buy-in from HR**: It was felt that the intervention would have to be a collaboration between health and safety and HR, but HR were very cautious towards the roll-out of the intervention. HR felt it was too costly, that it needed to be part of a wider framework of activity (which wasn't yet finalised) and that managers would see it as critical, rather than a supportive process.

4 Overall learning and advice to organisations

Patterns of where the intervention sat and links to success

The champions for these interventions were situated in a range of different departments: two within HR and an additional four in units within HR, such as well-being; two within health and safety and one in a well-being unit within health and safety; and one within psychological services (a unit of OD). No clear link was found between which department the champion worked in and the successful integration of the MCPARS intervention; in other words, where the intervention was championed from did not appear to have an impact on the success of that intervention within the organisation. Interestingly, none of the organisations took a multi-disciplinary approach (involving HR, OH, and H&S) to integration of the MCPARS intervention and activities; all tended to champion the work from one department or area of the organisation.

In terms of where the intervention was intended to fit within organisational practices, there was a fairly even split in organisations between management development and well-being: four organisations intended the MCPARS intervention to fit within management development, and four for it to fit within well-being/stress management. In one the intervention was intended to fit within OD, and one had not found a fit. This concurs with usability findings from phase 2 of the research that suggested the intervention could be used either as part of a management development programme or as part of a stress management programme. Once again, there was not found to be any clear link between where the intervention fitted in the organisation/was intended to fit in the organisation, and the subsequent success of the intervention. Therefore the intervention was no more likely to succeed if it was part of management development activities than if it was part of stress management/well-being activities.

What was found to be predictive of successful outcome, in terms of the MPCARS intervention and related activities, was the integration of the work into the organisation's policies and practices. Almost all successful interventions included integration into guidance, information and communication mechanisms, such as intranet sites; and many successful interventions included integration into development practices, existing or new competency frameworks and performance management systems. By comparison, where the intervention was not successful, it was less likely to have been seen as something to be integrated and more likely to have been seen as an isolated or stand-alone intervention or a bolt-on to an existing intervention.

These results suggest that, to ensure success of interventions, there needs to be:

- planning up front about how the intervention fits into the organisation's wider strategy and activities
- relationship building between professionals who are involved/leading different activities.

In addition, it is clear that the context within the organisation is an important determinant of the success or otherwise of this kind of intervention. The research showed some clear themes in terms of the key facilitators of and barriers to success of the interventions planned within participating organisations. These are summarised in Tables 3 and 4.

Table 3: Overall facilitators of success for the interventions

Facilitators	Examples
People facilitators	
Dedicated well-being person	• to take responsibility for the roll-out • to give the project appropriate attention and resources • expertise (such as facilitation skills, psychological background)
Support from peers	• including colleagues, for example providing administrative help and networking • stakeholders such as health and well-being strategic groups
Interest from managers	• managers recognising the need for development and training
Support from senior managers	• to role-model the importance of positive manager behaviour • to facilitate and allow implementation of the intervention • to increase awareness of positive manager behaviour • to gain buy-in from managers and the wider business
Strategic facilitators	
Integration with other activities	Such as: • well-being work • wider organisational initiatives • management development or training functions • links to performance management • links to change management
Demonstrating the need	Such as: • using the business case • demonstrating the importance of mental health in the economic downturn • demonstrating the need for manager skills to cope with the pressure and uncertainty
Image of the research	• seeing the research as credible and evidence-based • seeing the research answering a need in terms of progression from risk assessment
Linking to a legal requirement	• such as the litigation authority
Labelling of the intervention	• management development rather than 'stress' • well-being and effectiveness rather than just well-being
Link with other initiatives	Such as: • Steve Boorman's review of the well-being of NHS staff • intervention from HSE or other national institutions • wider organisational initiatives

Table 4: Overall barriers to success of the intervention

Barriers	Examples
People barriers	
Lack of people resource	• often responsibility falls on one person • higher workloads for everyone
Lack of senior management support	• demonstrating lack of buy-in and so not signing off intervention • paying lip-service to the intervention but not supporting it through to implementation
Lack of multi-disciplinary working	• lack of support from HR/L&D • silo working • no one prepared to share responsibility
Organisational barriers	
Competing priorities/lack of time	• such as safety rather than health • the more pressure, the less concern to look at preventative measures • difficulty getting managers to take time out or focus on development
Financial constraints	• related to the Comprehensive Spending Review and/or the recession • in some cases, an embargo on all spending in HR/L&D • cuts to budget • lack of dedicated funding
Organisational change and restructuring	• constant change and restructuring meaning embedding behaviour in teams is difficult • changes in key contacts/internal support/teams
Organisational culture	• difficulty of implementing interventions within large, complex organisations • lack of tradition of 360-degree feedback • people management not seen as priority
Union involvement/industrial action	• creating a pervading negative attitude • delaying interventions
Communication barriers	
Labelling of the intervention	• using the word 'stress' • the need for a 'snappy' title
Lack of data to support efficacy	• inability to show the business case for the particular organisation

Final conclusions

Although the majority of organisations began this fourth research phase at the same position, that is having had a TTT intervention for the MCPARS research, what has been striking has been the diversity in approaches to integration, both from an ownership and an organisational 'fit' point of view. The number of organisations that were not able to integrate the intervention in the ways initially intended is also noteworthy.

From the analysis of the indicators of success, and the barriers to the roll-out of the intervention across all participating organisations, it is clear that there are a number of overall learnings that would apply to all. These can be summarised into five points:

1 **Importance of up-front planning and fit**
Before seeking to roll out any intervention, it is key that organisations plan how the intervention will fit with existing organisational strategy, policy and practices, and within the current context of the organisation (such as environment and culture). Rolling out the intervention as a stand-alone within the organisation is not likely to facilitate its success.

2 **Need for multi-disciplinary working**
It is important that organisations involve as many stakeholders as possible from within the organisation in the initiative – such as OH, HR, H&S and senior management. This will strengthen the strategic impact and communication of the intervention.

3 **Requirement for adequate resources**
A key learning from all organisations was how much time and resource it actually took to roll out an intervention such as this effectively. Although it is important to have one key person as a 'champion' for the project, it is also important to share responsibility for the roll-out with others, in order to ensure the demands of the project can be met and the project will be able to roll out in time. It is also key that resources for the intervention, including funding, are allocated before the start of the intervention.

4 **Support from the organisation**
Interventions of this sort are not always immediately positively received, perhaps due to the way stress or people management is perceived. It is therefore absolutely key that peers, managers and senior management buy in to the aims and objectives of the intervention and can act as ambassadors and role models for the work. Wider research within occupational health suggests that line managers in particular are key to successful roll-out of interventions.

5 **Communication**
In order to ensure buy-in from managers, senior managers and the wider organisation, it is vital that champions get the message right for the organisation. That may involve calling the intervention a name similar to existing organisational initiatives, using statistics (internal or external) to demonstrate the need for the intervention, linking the intervention to legal duties (such as the requirement to conduct a stress risk assessment) or proving the business case for the work. For specific guidance on gaining buy-in from senior managers, please refer to CIPD (2009).

Further resources and sources of information

Guidance leaflets based on the research can be downloaded from the CIPD website: **cipd.co.uk/subjects/health/stress/_lnstrswrk.htm**

The self-report version of the questionnaire to measure the management behaviours for preventing and reducing stress at work is available at **www.hse.gov.uk/stress/mcit.htm** (although we recommend upward/360-degree feedback, rather than self-report).

A 360-degree version of the questionnaire and packages of online learning materials are available at **preventingstress.hse.gov.uk**

The references for the full research reports for the first three phases of the programme are as follows:

Phase 3: CIPD. (2009) *Preventing stress: promoting positive manager behaviour*. Research insight. London: Chartered Institute of Personnel and Development. Available at: **cipd.co.uk/subjects/health/stress/_preventing_stress**

Phase 2: YARKER, J., DONALDSON-FEILDER, E. and LEWIS, R. (2008) *Management competencies for preventing and reducing stress at work: identifying and developing the management behaviours necessary to implement the HSE Management Standards: Phase 2.* Norwich: HSE Books. Available at: **http://www.hse.gov.uk/research/rrhtm/rr633.htm**

Phase 1: YARKER, J., DONALDSON-FEILDER, E., LEWIS, R. and FLAXMAN, P. (2007) *Management competencies for preventing and reducing stress at work: identifying and developing the management behaviours necessary to implement the HSE Management Standards.* Norwich: HSE Books. Available at: **http://www.hse.gov.uk/research/rrhtm/rr553.htm**

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