



Beacons of excellence in stress prevention

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RESEARCH REPORT 133



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Dr. Joe Jordan PhD, Emma Gurr MSc, Gordon Tinline MSc
Robertson Cooper Ltd
The Fairbairn Building
70-72 Sackville Street
Manchester
M60 1QD

Dr. Sabir Giga PhD, Dr. Brian Faragher PhD, Prof. Cary Cooper
UMIST
Whitworth Street
Manchester
M60 1QD

This report describes the work of Robertson Cooper Ltd and UMIST to identify good practice in stress prevention and then identify organisations within the UK that could be called beacons of excellence in comparison to this model. Part one of this report summarises and draws conclusions from all of the substantive academic studies on stress prevention over the last decade and uses this information, as well as advice gained from a panel of international experts, to develop a comprehensive stress prevention model. Part two of the report uses this model to describe examples of stress prevention practices that Robertson Cooper Ltd has identified within a wide range of UK organisations. Case studies are presented for each aspect of the good practice model. Examples of real documentation and organisational practice are presented.

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1 Introduction

This report outlines the key findings of the Health and Safety Executive (HSE) Contract Research No. 4301/R54.082 “Beacons of Excellence in Stress Prevention.”

Part 1 of this contract was devoted to an investigation of the academic literature on workplace stress to identify criteria that make-up good practice in stress prevention. Dr. Sabir Giga , Dr. Brian Faragher and Prof. Cary Cooper from UMIST School of Management completed this part of the contract. Their paper makes up the first part of this report.

Part 2 of this contract was devoted to finding in the region of fifteen case study examples of Beacons of Excellence candidates in stress prevention within the UK. These would be organisations that seemed to be applying good practice in stress prevention according to the criteria identified in Part 1 of this report (although clearly, they would be applying good practice without knowing of such criteria).

Robertson Cooper Ltd (RCL) undertook this part of the contract. RCL is a UMIST based company that specialises in business psychology and has particular expertise in employee health, wellbeing and workplace stress. Professor Cary Cooper of Manchester School of Management at UMIST and a world expert in workplace stress is a director of Robertson Cooper Ltd. The RCL paper makes up the second part of this report and is authored by Dr. Joe Jordan, Emma Gurr, and Gordon Tinline.

It is worth pointing out that the first part of this report is an extensive review of the academic literature. Part 2 outlines in some detail the case study material. For those interested in understanding the best practice criteria and the application of the best practice criteria it would be advantageous to read firstly section 7.4 of Part 1 of this report (page 20) and then to move directly to Part 2 of this report beginning on page 47. Those with a particular interest in the academic aspects of how the literature was reviewed and how the criteria came to be agreed upon may then refer to the remainder of Part 1 of this report.

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2 Part 1 Introduction

The effects of current trends in employment practice and consequences on individual physical and mental health have been an issue for some time. Research interest in the area has increased rapidly in recent years. There is a considerable body of published research containing potentially major implications for the way in which organisations should interact with their employees. The number of journals dedicated to this area of research is now very large – and is growing at an increasing rate. Many studies appear to report conflicting and contradictory results. Although some underlying trends have been discerned, many areas remain within which there is far from a consensus view, either about the nature of the relationship being investigated or about their health implications.

It is commonly accepted that organisational factors play a significant part in contributing to an individual's experience of stress. As part of a 10-year strategy for occupational health in England, Scotland and Wales, the Health and Safety Commission (HSC) has agreed a plan ("Securing Health Together") to tackle work-related stress. A major component of the Commission's strategy is the need to obtain and publicise information concerning good practice in stress prevention and management within organisations.

The prevention and management of workplace stress is vital in maintaining employee well being and performance, and improving organisational efficiency and success. When discussing an individual's well being it is essential to make distinctions between those approaches that are job specific and those that are outside the work boundary. With work dominating many of our lives this may be complicated, however a comprehensive strategy is needed in order to understand the possible risks to individuals and health and organisational outcomes.

This research forms the first part of a two-phase Health and Safety Executive (HSE) commissioned project. The purpose of the first phase of the project was to systematically review the existing research base, and to define a set of criteria of what constitutes good practice in stress prevention and management within organisations. The intentions were for the findings from this report to inform and guide the second phase of this project that aims to identify "beacons of excellence" in stress prevention and management and actual organisational good practice. Appreciating the fact that the existing literature is large, disparate and often contradictory, we have aimed to summarise the review in a rigorous and systematic manner. The findings are presented in a comprehensible format for organisations to be able to evaluate and revise their practices in preventive stress management.

The majority of programmes reviewed in this study vary widely in terms of their objectives, structure and target groups. Consequently, a panel of internationally renowned experts has been actively involved in the development of this research and in reviewing both the model and set of criteria presented. The intention was that the practicality of this model would be further tested in the second phase of this project.

3 Stress

From the pioneering work of Walter B. Cannon and Hans Selye during the early stages of the 20th century to present day stress researchers, an attempt has been made to demonstrate the relationship between adverse events and health outcomes and of moderators that buffer the pressure-stress relationship.

The Health and Safety Executive define stress as ‘the adverse reaction people have to excessive pressures or other types of demand placed on them’ (HSE, 2001). Specifically, work-related stress is caused when there is a mismatch between job requirements and the individual’s abilities, resources or needs (NIOSH, 1999). A recent survey by the European Foundation for the Improvement of Living and Working Conditions (Paoli and Merllie, 2001) found that 29 percent of women and 28 percent of men reported that their work was causing them stress.

Pressure can have a positive effect in stimulating motivation and alertness, providing the incentive needed to overcome challenging situations. However extreme, persistent and unrelieved pressure can lead to stress and feelings of anger, fear and frustration, and cause a variety of short-term and long-term illnesses with damaging effects on individual mental and physical well being (Giga, 2001).

3.1 Stress Outcomes

The effects of work-related stress both to individuals and organisations are extensive (Cooper and Cartwright, 1997; Lim and Teo, 1999). Work-related stress may affect individuals physiologically, psychologically and behaviourally (Goodspeed and DeLucia, 1990) and outcomes include lower levels of self-esteem, job satisfaction and motivation as well as higher blood and cholesterol levels, depression, ulcers and heart disease. Furthermore, depression and anxiety are the most common stress-related complaints presented to general practitioners, and are reported to affect twenty percent of the working population in the United Kingdom and one in every six Americans (Quick et al., 2001).

Symptoms of stress not only cause individuals considerable suffering and distress, there is a substantial burden on the community as well as significant effects on absenteeism and productivity within organisations (Levi, 1996). A recent survey of employers in the UK revealed that absenteeism costs UK businesses around £10.5bn and that stress was the second highest cause of absence amongst non-manual employees (CBI / PPP, 2000). HSE estimates that 13.4 million working days were lost in Britain in 2001/2002 due to stress, depression or anxiety ascribed to work-related stress (HSE, 2002). This can have severe consequences on organisations, leading to spiralling effects on the rest of the workforce who may be burdened with the workload of absent colleagues.

It is widely recognised that stress is dynamic, and therefore within an organisational context it needs to be continually evaluated and reviewed if organisations are to sustain and develop employee health and well being (Cooper and Cartwright, 1997).

3.2 Employer Responsibilities

In addition to the economical and ethical arguments presented above, organisations are legally obliged to take action against work-related stress (HSE, 2001). Under the **Health and Safety at Work etc. Act 1974** and **Management of Health and Safety at Work Regulations 1999**, employers have a duty to safeguard worker health. This includes taking measures to assess risks and ensuring employees are not subjected to stress. Furthermore, as work-related stress is not simply a health and safety issue, employers should be made aware of other laws covering their responsibilities with regards to the matter. These include:

- Employers' Liability Act 1969;
- The Public Order Act 1986;
- The Disability Discrimination Act 1995;
- The Employment Rights Act 1996;
- The Protection from Harassment Act 1997; and
- The Working Time Regulations 1998.

Apart from specific Acts of Parliament, recent common law cases have highlighted the employer's duty of care to protect employees from personal injury resulting from psychiatric damage, and of potential legal liability if they fail to fulfil their obligations (Earnshaw and Cooper, 2001).

3.2.1 Risk Assessment

In accordance with the Health and Safety (Consultation with Employees) Regulations 1996, prior to embarking on the risk assessment process, it is necessary to communicate with employees and / or employee representatives on the intended plan of action to tackle work-related stress. This process, as discussed in HSG 218 – the managers' guide to tackling work-related stress (HSE, 2001), may include:

Discussing work-related stress with staff and explaining the need to identify problem areas; Introducing staff to members of the action committee responsible for co-ordinating the plan; Informing staff and committee members of desired goals and the priority to assess risks; and Implementing the risk assessment plan (see Figure 3-1 below) and agreeing on a schedule for reporting findings.

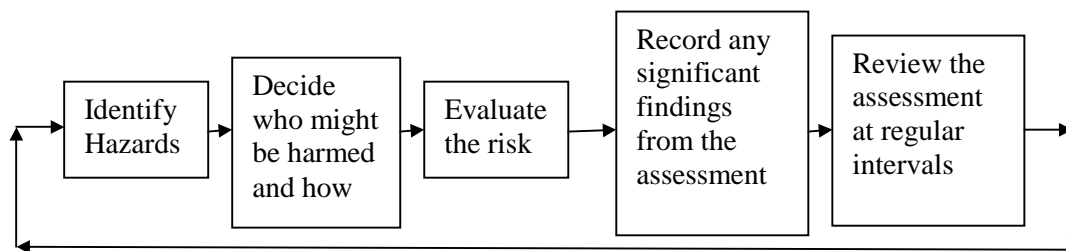


Figure 3-1: The Risk Assessment Process

4 Workplace Stress Prevention and Management

Stress in the workplace has been predominantly researched from the perspective of the individual, the purpose being to reduce its effects instead of tackling actual stressors in the workplace. Although organisations are investing substantially in stress management programmes such as stress management training they currently lack understanding of the sources of strain and of effective strategies to deal with particular stressors (Cooper et al., 2001).

Stress management programmes are unlikely to maintain employee health and well-being without procedures in place for reducing or preventing environmental stressors (Cooper and Cartwright, 1997; Van der Klink et al., 2001), as they attempt to empower individuals to deal with demanding situations and to develop their coping skills. This view is seen as being biased towards the individual and predominantly reactive. The deficiency of strategic level intervention studies has been an impediment to improving our knowledge of work-related stress (James, 1999; Kompier et al., 2000).

There is now increasing interest for stress to be investigated from an organisational perspective, so that it can be dealt with at the environmental level too (James, 1999; Kompier et al., 2000). Stress Management Interventions (SMIs) consist of primary, secondary and tertiary prevention strategies (see page 6) and are defined by Ivancevich et al. (1990) as “any activity, program, or opportunity initiated by an organisation, which focuses on reducing the presence of work-related stressors or on assisting individuals to minimise the negative outcomes of exposure to these stressors”. In the context of this research therefore, SMIs refer to both prevention and management strategies and is not restricted to stressor management.

4.1 Organisational strategies to prevent and manage stress

Organisations as well as individuals stand to gain in terms of performance from eliminating stress from the workplace, and similarly both stand to lose out when stress is mismanaged (Quick et al., 1997). An organisation that endeavours to create and sustain healthy conditions for the physical, mental and social well being of its employees must have a strategy that focuses on health and safety issues (Cooper and Cartwright, 1997).

Ivancevich et al. (1990) have stated that much of the research in SMIs is atheoretical and does not attempt to assess whether the outcome measures theoretically ‘fit in’ with the problem (Kompier, 2002). Therefore, studies should be developed from a predefined theoretical position with a view that any assumptions made about the nature of stress should be central to the development of an intervention implicating the choice of programme, treatment duration and eventual evaluation.

Similarly, research should not be restricted to studying only a few factors that influence employee health as it is imperative that the effects of situation specific variables are accounted for (Sparks and Cooper, 1999; Van Yperen and Snijders, 2000). For example, occupational issues along with demographic factors have been identified to influence stress, with the highest levels of reported stress found in teachers, nurses and managers (Smith et al., 2000). Researchers from the Whitehall II study (Stansfield et al., 2000) investigating the relationship between work-related factors and ill-health also found that a variety of health outcomes were dependent on many different aspects of work including effort-reward, job demands, decision latitude and social support.

Organisational strategies to date have concentrated on employers providing access to specific services, with an intention to assist employees during stressful periods. These services have included counselling, health checks and stress management training. However, when considering the prevention and management of stress in the workplace there are several alternative options. These can be referred to as primary, secondary and tertiary levels of stress intervention (Murphy, 1988).

Primary interventions attempt to eliminate the sources of stress in organisations by focusing on changing the physical or socio-political environment to match individual needs and granting them with more control over their work situation (Cooper et al., 2001). Improving communication processes, redesigning jobs or involving employees in the decision-making process are all examples of primary level interventions.

Secondary interventions tend to help individuals manage stress without trying to eliminate or modify workplace stressors. Stress management programmes assist individuals to identify stress symptoms in themselves and others, and to acquire or improve their coping skills.

Tertiary prevention strategies seek to assist individuals who are experiencing on-going problems emanating either from the work environment or their work lives. The purpose of such programmes is to adapt individual behaviour and lifestyle without much reference to changing organisational practices.

According to Kompier and Cooper (1999) stress intervention practice is currently focusing more on secondary and tertiary prevention strategies rather than primary prevention, concentrating on reducing the effects of stress on individuals and failing to reduce actual stressors from the workplace. The reasons for this 'individual' focused approach are:

- Senior management failing to take responsibility – blaming employee personality and lifestyle rather than employment factors;
- Psychologists concentrating on subjective and individual differences;
- The difficulty of conducting systematic intervention and evaluation studies within rapidly changing organisational settings; and
- The lack of 'hard' empirical evidence concerning the costs and benefits (i.e. financial) of stress interventions.

4.2 Types of Stress Management Interventions (SMIs)

Stress Management Interventions (SMIs) generally do not follow a defined set of systematic programmes and are for this reason inconsistent in their adopted strategies (Murphy, 1996). The objectives, intervention strategy, and target of SMIs vary widely. These variations are even greater in occupational stress intervention programmes where individuals, groups and organisations are all involved in the process (van der Hek and Plomp, 1997).

For the purpose of this review, interventions have been grouped together into three categories: individual, individual / organisational and organisational (DeFrank and Cooper, 1987). Specific programmes adopted within our studies have then been assigned to these groups for the purpose of identifying the focus of the intervention (see Table 4-1 below). Conclusions have had to be drawn regarding the homogeneity of these interventional levels and programmes, although this assumption may not always be valid as it can be argued that these categories are not mutually exclusive and there may be various methodological differences (Lehrer et al., 1994). An alternative categorisation, in terms of work-related and worker-related, has been adopted in the model derivation section of this document. (For an explanation of work-related and worker-related interventions please refer to section 7.7.4).

Table 4-1: Types of SMI Programmes

Organisational Level Programmes
SAP: Selection and placement
TRA: Training and education programmes
PEC: Physical and environmental characteristics
COM: Communication
JRD: Job redesign / restructuring
OTO: Other organisational level intervention
Individual / Organisational Level Programmes
CSG: Co-worker support groups
PEF: Person environment fit
RIS: Role issues
PAR: Participation and autonomy
OIO: Other individual / organisational level intervention
Individual Level Programmes
REL: Relaxation
MED: Meditation
BIO: Biofeedback
CBT: Cognitive-behavioural therapy
EXE: Exercise
TMT: Time management
EAP: Employee assistance programmes (EAP's)
OTI: Other individual level intervention

4.2.1 Organisational Level Interventions

4.2.1.1 Selection and Placement

The most efficient way for organisations to ensure that individuals are suitable in fulfilling job demands is at the selection stage. Selection depends on specific requirements and determines the likelihood of an individual succeeding in their role (Adkins et al., 2000). Researchers have also suggested that realistic job previews reduce uncertainty by encouraging reasonable expectations and provide support with the transition into a new work environment (Schweiger and DeNisi,

1991). However, organisations should be aware that they are obligated under Health and Safety law (Health and Safety at Work etc. Act 1974 and Management of Health and Safety at Work Regulations 1999) to assess and ensure worker safety, and that it is insufficient for them to simply make employees aware of potential risks (HSE, 2001).

4.2.1.2 Training and Education Programmes

Effective training in the use of new work methods and schedules reduces strain and enhances innovation (Bunce and West, 1996). Specific organisational needs can be identified by the development of a communication process involving employees and managers (McHugh and Brennan, 1992). Training requirements may include factors that are job specific such as role issues, ambiguity and workload. Other factors such as career development, relationships and domestic problems may also need to be resolved.

4.2.1.3 Physical and Environmental Characteristics

Work organisation and work surroundings may inhibit employees from efficiently carrying out their daily responsibilities, and can subject individuals to hazardous situations (Cartwright and Cooper, 1997). Occupational groups such as police officers, miners, soldiers, prison officers and fire fighters have been identified as risky and dangerous (Sutherland and Cooper, 1990). The process of risk assessment and task analysis would enable employers to recognise any inherent or perceived hazards prior to developing interventions to deal with the risk (HSE, 2001).

4.2.1.4 Communication

Limiting uncertainty through strategic planning and communicating effectively any aspects of organisational change are the foundations of organisational effectiveness (Adkins et al., 2000). In particular, proper communication is essential when introducing a stress management / prevention programme in order to motivate individuals to participate (Schabracq et al., 2001).

4.2.1.5 Job Redesign / Restructuring

One of the most cited job redesign interventions appears to be job control, or the degree to which individuals have discretion and choice in their work. Low levels of worker control are related to high levels of stress-related outcomes such as anxiety, distress, irritability, psychosomatic health complaints and consumption of alcohol (Bond and Bunce, 2001). Work tasks should be designed to have some significance for employees and provide stimulation and opportunity to use skills (Cooper and Cartwright, 1997). A major source of stress is increases in workload and responsibility that individuals are expected to endure. Unrealistic deadlines, staff shortages and additional performance requirements all contribute to task overload. Other issues of concern to employees include, poor leadership and management, job security and lack of recognition and career development (Gillespie et al., 2001).

4.2.1.6 Other Organisational Level Interventions

This category includes methods adopted by organisations combining two or more of the five organisational level interventions discussed above. In addition to this mixture of techniques some unique strategies that do not fit into any of the above interventions are included.

4.2.2 Individual / Organisational Level Interventions

4.2.2.1 Co-worker Support Groups

Research suggests that a supportive workplace environment reduces role stressors and their negative effects by improving attitudes and behaviours. An accommodating environment is typified by the promotion of co-worker and supervisor support to facilitate employees to complete tasks (Babin and Boles, 1996).

4.2.2.2 Person Environment Fit

Person-environment fit approaches to organisational stress are founded on the principles that individual level outcomes result from the interaction of the person and his / her environment. Research in this method consists of two distinct approaches, one in which there is a misfit between the expectations of an individual and the environmental supplies available to fulfil those expectations and the other is in which stress results when environmental demands burden or exceed the individuals abilities (Edwards, 1996).

4.2.2.3 Role Issues

Clarifying an individual's role in an organisation and ensuring that their tasks are clearly defined can minimise exposure to stress. In particular, role ambiguity, role conflict and responsibility have been identified as major sources of work-related stress (Cartwright and Cooper, 1997).

4.2.2.4 Participation and Autonomy

This collaborative process attempts to meet the desired outcome through co-operation between various organisational members. The involvement and empowerment of individuals at various stages of the intervention process improves the likelihood of a positive result (Bond and Bunce, 2001). Participatory Action Research (PAR) has been reported to successfully improve organisational change initiatives and involves various members of the organisation in the decision making process (Heaney et al., 1993).

4.2.2.5 Other Individual / Organisational Level Interventions

This category includes methods adopted by organisations combining two or more of the four group level interventions discussed above. In addition to this mixture of techniques some unique strategies that do not fit into any of the above interventions were also developed.

4.2.3 Individual Level Programmes

4.2.3.1 Relaxation

Focusing on breathing and muscle calming activities to release tension, individuals learn to develop the ability to occasionally relax when feeling stressed and to rationally adopt appropriate coping behaviours. This practice enables participants to take charge over emotional behaviours (McGuigan, 1994).

4.2.3.2 Meditation

Regular meditation has been reported to reduce stress, anxiety, tension and insomnia. The most popular method of meditation is the Transcendental Meditation technique that enables participants to progressively develop a mental state of "pure consciousness" during which the mind is relaxed yet remain completely attentive (Alexander et al., 1993).

4.2.3.3 Biofeedback

Biofeedback is usually combined with other interventions in order to provide participants with some information regarding the effectiveness of a stress management programme. Individuals learn to recognise and respond to measured data such as muscle and skin activity.

4.2.3.4 Cognitive-Behavioural Therapy

The main aim of this technique is to try and decrease irrational thoughts by improving cognitive skills (Kushnir and Malkinson, 1993). It attempts to change individual thought processes to accept unpleasant experiences without trying to modify, prevent, or control them (Bond and Bunce, 2000). The process of cognitive appraisal of a threatening situation is a significant factor in generating stress. However, the effects can be moderated reappraising the situation as less threatening. Methods such as Stress Inoculation Training (SIT) and Rational-Emotive

Behavioural Therapy (REBT) have been demonstrated to improve the psychological well-being of police, teachers and nurses (Freedy and Hobfoll, 1994).

4.2.3.5 Exercise

Apart from the established benefits of exercise on the cardiovascular system, routine exercise training also protects individuals from the harmful physical and mental health effects of stress by developing a process that grants continual resilience to stress. Improvements in vitality and mood have been measured where relatively mild or moderate exercise has been conducted (Salmon, 2001). Other forms of exercise such as weight-training are also known to develop physical fitness and contribute to health and well-being.

4.2.3.6 Time Management

Time is a limited resource and, if managed ineffectively, can become a major source of stress. Constantly working under time pressures to complete tasks over which there is limited control can be particularly stressful (Cartwright and Cooper, 1997). Training in time management may include developing skills in delegating, negotiating, goal setting and confronting (Sutherland and Cooper, 1990).

4.2.3.7 Employee Assistance Programmes (EAPs)

As organisations have become aware of the effects of workplace stress, they have introduced Employee Assistance Programmes for employees who are experiencing problems emanating either from the work environment or their work lives. An EAP offers counselling, advice, and / or referral to specialist treatment and support services for those individuals who require the service (Highley-Marchington and Cooper, 1998).

4.2.3.8 Other Individual Level Interventions

This category includes methods adopted by organisations combining two or more of the seven individual level interventions discussed above. In addition to 'picking and mixing' these techniques, other strategies that do not fit descriptively into any of the above interventions are also included. These include individual stress management training, health education and promoting the benefits of writing about distressing experiences.

5 Purpose of Current Review

A major component of *Securing Health Together* the Health and Safety Commission's 10-year strategy for occupational health in England, Scotland and Wales, is the need to obtain and publicise information concerning good practice in stress prevention and management within organisations.

This research forms the first part of a two-phase Health and Safety Executive (HSE) commissioned project. The purpose of this current phase of the project is to systematically review the existing research base, and to define a set of criteria of good practice, based on current approaches to stress prevention and management in the workplace.

The following chapter discusses the methodology of this research. Chapter six reviews all 74 studies identified from our literature search, reporting types of programmes adopted and key findings from studies. Chapter seven discusses the main findings from our review and derives a model and set of criteria based on current practice. Examples of good practice are provided in case study format in chapter eight, and chapters nine and ten discuss and summarise the present study.

6 Method

The focus of this research is to review current organisational practices in stress prevention / management and to define a set of criteria of good practice. A comprehensive literature review was conducted using electronic sources. Simultaneously a panel of international experts was formed to advise on the conduct of this study. Studies published in books that have been reviewed by members of our expert panel, along with studies from recent review articles and commissioned reports by the HSE and ILO were also included in the current review.

6.1 Literature Review

Studies were obtained by searching the PsycInfo and Medline databases in September 2001. Search criteria were restricted to post 1990 publications utilising as key words:

- ‘Stress management’
- ‘Stress prevention’
- ‘Stress intervention’
- ‘Anxiety management’

PsycInfo search produced 324, 9, 7 and 37 references, respectively. Correspondingly, the Medline search produced 224, 7, 4 and 17 references. In addition to these 629 studies, the present review has also included articles obtained from recent reviews of SMI’s by:

- The International Labour Office (1992)
- Murphy (1996)
- van der Hek and Plomp (1997)
- Parkes and Sparkes (HSE:193/1998)
- Kompier and Cooper (1999)
- Murphy and Cooper (2000)

The above list was then subjected to the following selection criteria:

- Removal of duplicate entries;
- Sample sizes of at least 30;
- Organisational interventions and not students or patients from clinical populations with conditions such as PTSD;
- Minimum research rating of *** in accordance with Murphy’s (1996) evaluation of the quality of stress intervention research (research that may not necessarily involve control groups or randomisation but must include an evaluation).

6.2 Research Design Rating

For the purpose of determining the quality of stress prevention / intervention studies, Murphy (1996) introduced a ratings system requiring studies that were being reviewed to include evaluations as a minimal standard. This system (see Table 6-1 below) has also been adopted for this research. It should be noted that the present reviewers have not intended to ‘judge’ the quality of any of the studies. Instead, our intention has been to only include studies with evaluations in order to systematically review interventions and their outcomes.

Table 6-1: Research Design Ratings

*	Research that is descriptive, anecdotal or authoritative;
**	Research without intervention, with results that may be used in future studies;
***	Research not involving a control group or randomisation but with an evaluation;
****	Research involving a systematic study with control groups but without randomisation;
*****	Research involving a systematic study with a randomised control group.

7 Summary of Stress Prevention and Management Studies

74 articles with a minimum 3-star (***) research design rating were deemed acceptable for further systematic analysis. These are shown in section 26 “Appendix B: Full list of studies”.

7.1 Summary of Reviewed Studies

The benefits of stress prevention and management in the workplace are likely to be reflected by the commitment of managers to implementing programmes that are suitably developed with the involvement of various organisational members. The lengths of programmes reviewed in this study range from a few hours to ten years, and are indicative of the varying attitudes within organisations towards dealing with work-related stress.

The majority of studies reviewed in this study have developed intervention strategies aimed specifically at the worker. At the individual level there is understandably more evidence of evaluation and many studies have demonstrated the positive effects of their stress management interventions. In such circumstances, drawing direct conclusions regarding the effectiveness of a programme is made simple due to its very limited scope. Solutions provided have usually been developed by managers without employee consultation, and have been limited both in terms of resources and duration. As these are short-term management endeavours their long-term effectiveness is unknown and flawed conclusions could be cited (Bellarosa and Chen, 1997). Furthermore, much of the work done at the individual level is concerned with the management of stress and not to develop strategies to prevent it. This standpoint has been viewed with suspicion by stress researchers as it may point the finger of responsibility firmly at the employee (Elo et al., 1998).

The current review has also identified many studies that have implemented programmes targeted at the individual / organisational and organisational levels, with managers also considering situation specific factors in their bid to tackle work-related stress. As suggested strongly by our expert panellists, effective stress prevention and management programmes should be developed and adapted to meet the specific needs of an organisation by continually evaluating requirements and assessing risks. Failing this, organisations may be in danger of inadequately protecting their employees and of implementing ineffectual or insufficient programmes.

Apart from concentrating on specific stress prevention and management strategies, many organisations have approached work-related stress issues more comprehensively by adopting a combination of programmes aimed at various levels of the organisation. Examples of such approaches, which have been identified as good practice in stress prevention and management by the present research, are presented in section 8. These studies have developed a comprehensive stress prevention and management strategy by encouraging employee and middle management participation and top management commitment. Both work-related and worker-related prevention and management strategies are formed by involving various

organisational members in the decision-making process, including, managers, employees and employee representatives.

7.2 Findings

The reviewed studies listed in section 26 have been classified using DeFrank and Cooper's (1987) classification of stress management programmes. The purpose of this method is to represent interventions on three levels: individual, individual/organisational interface and organisational.

For the purpose of identifying the outcomes of stress prevention / intervention within our studies, we have adopted Murphy's (1996) evaluation system. It should be noted that the present reviewers have not intended to 'judge' the quality of any of the studies. Instead, our intention has been to only include studies with evaluations in order to systematically review interventions and their outcomes. As evident from Figure 7-1 below, forty seven percent of articles reviewed in this research did not use control groups; the remainder of the studies were divided almost equally between random control grouping and control groups without randomisation, suggesting that a sufficient number of studies conducted systematic evaluations of their interventions.

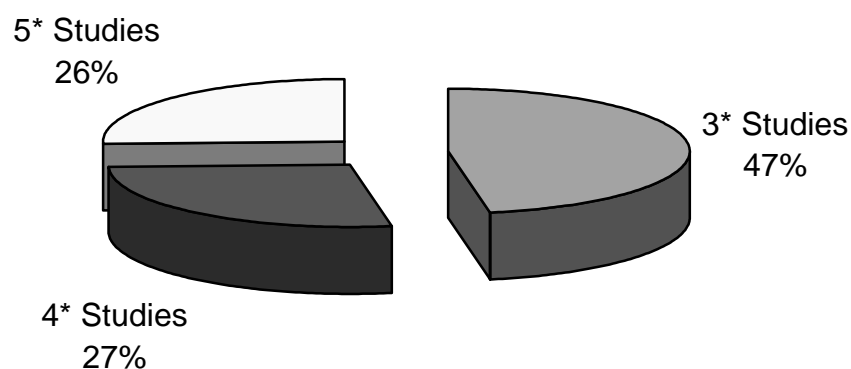


Figure 7-1: Evaluating the Quality of the Reviewed Stress Intervention Studies

7.3 Descriptive Analysis

The majority of studies have developed intervention strategies aimed at the individual level. As depicted in Figure 7-2 below, almost seventy percent of the studies reviewed included some form of individual level stress intervention. However, the current review has also identified many studies that have either exclusively concentrated on, or have included individual / organisational level (fifty five percent) and organisational level (40 per cent) interventions. Sum total of percentages more than 100 as many of the reviewed articles from our study adopted a multi-dimensional approach developing programmes at more than one intervention level.

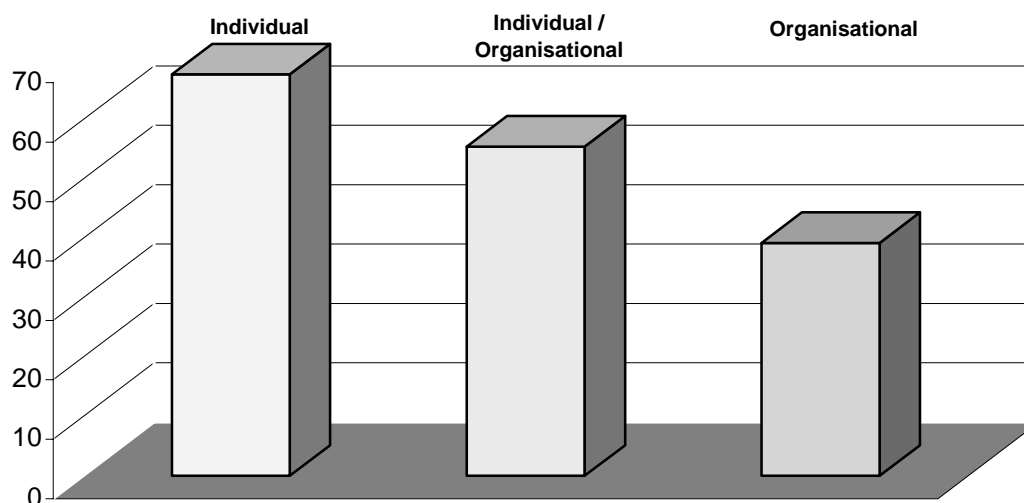


Figure 7-2: Percentage of Studies Adopting Strategies at the Three Intervention Levels

Apart from concentrating on specific stress prevention and management strategies, there is evidence of considerable overlap (see Figure 7-3 below) between the methods implemented by organisations to reduce / prevent stress in the workplace. Many interventions have adopted a combination of programmes aimed at various levels of the organisation. This portrays a commitment by organisations to approach work-related stress issues more comprehensively and innovatively.

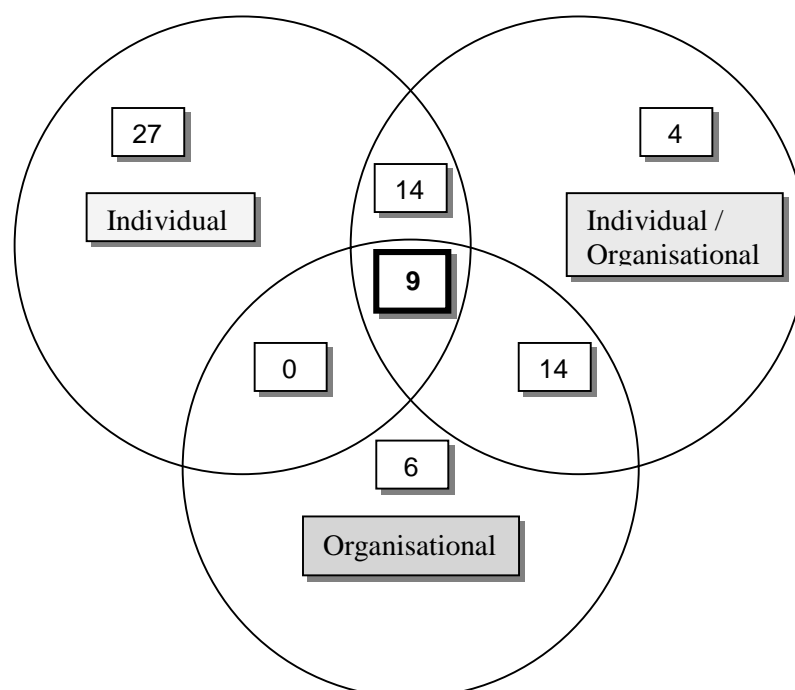


Figure 7-3: Frequency of Studies Adopting Each Level of Intervention

The reliance of organisations on interventions at the individual level are evident from the popularity of specific stress management / prevention techniques such as cognitive-behavioural therapy (CBT) and relaxation (REL). However, there is strong evidence from the reviewed studies (see Figure 7-4 below) of the importance of co-worker support groups (CSG) and participation and autonomy (PAR). Many interventions are considering job redesign (JRD) and training (TRA) as preventive tools and acceptance of the importance of improving communication (COM) has also been recognised as a major factor in tackling work-related stress.

Once again care must be taken when interpreting Figure 7-4. The sum total of percentages is more than 100 as many of the reviewed articles from our study developed more than one programme as part of the intervention process.

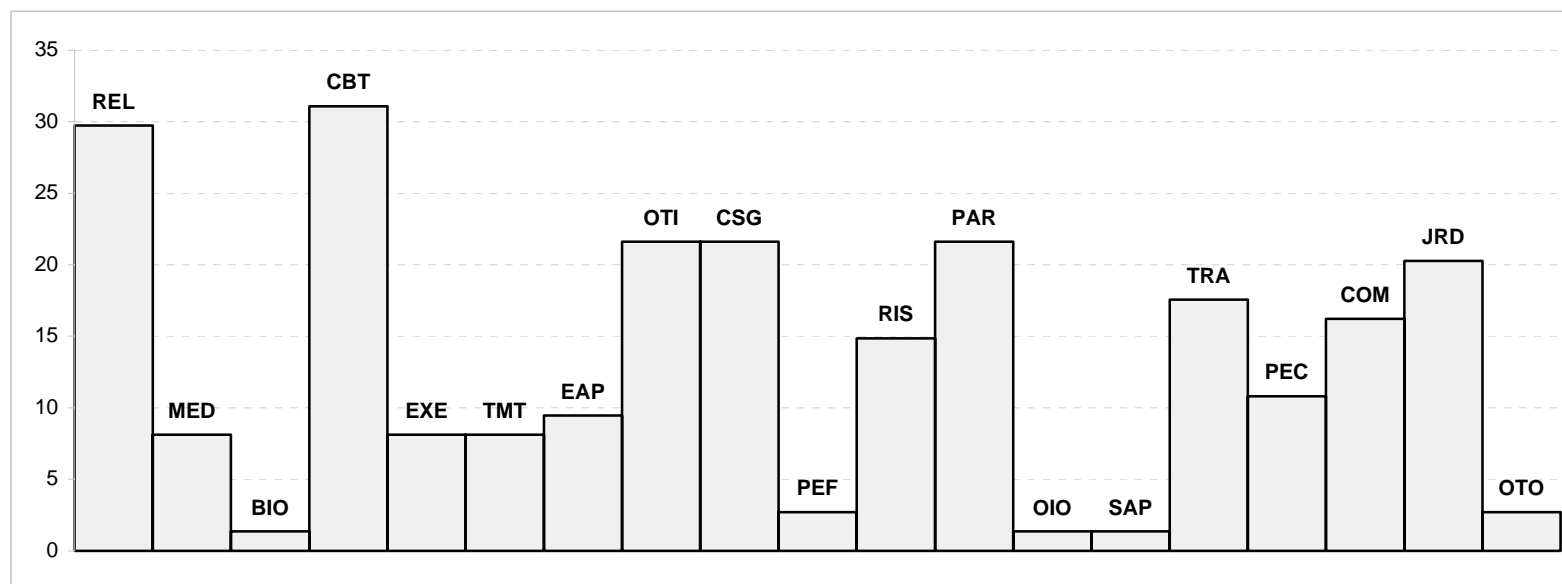


Figure 7-4:

Percentage of Studies Adopting Each Type of SMI Programme

Key:

REL: Relaxation	CBT: Cognitive-behavioural therapy	OTI: Other individual level intervention
CSG: Co-worker support groups	PAR: Participation and autonomy	
SAP: Selection and placement	COM: Communication	
MED: Meditation	EXE: Exercise	
PEF: Person environment fit	OIO: Other individual / organisational level intervention	
TRA: Training and education programmes	JRD: Job redesign / restructuring	
BIO: Biofeedback	TMT: Time management	
RIS: Role issues	OTO: Other organisational level intervention	
PEC: Physical and environmental characteristics	EAP: Employee assistance programmes	

7.4 Derived Model

It is no longer viable for employers to consider the management and prevention of work-related stress as a matter that should be resolved at the individual level alone. Although individual differences are a significant factor, measures must be taken at the organisational level. Fundamentally, employers need to develop an understanding of job specific factors by analysing tasks and assessing risks if they are to recognise and reduce workplace stress.

Organisational endeavours to sustain and develop employee health and well-being require the development of strategies that comprehensively address health and safety issues. This strategy should include plans to prevent and manage stress, based on individual and organisational needs, and should be continually evaluated and reviewed (Cooper and Cartwright, 1997).

A comprehensive approach to Stress Management Interventions (SMIs) in organisations should include employee and middle management participation and top management commitment (see Figure 7-5 below). This method concentrates on work-related and worker-related prevention strategies that combines prevention and management strategies that are developed and implemented with the involvement of managers, employees and employee representatives in the decision making process.

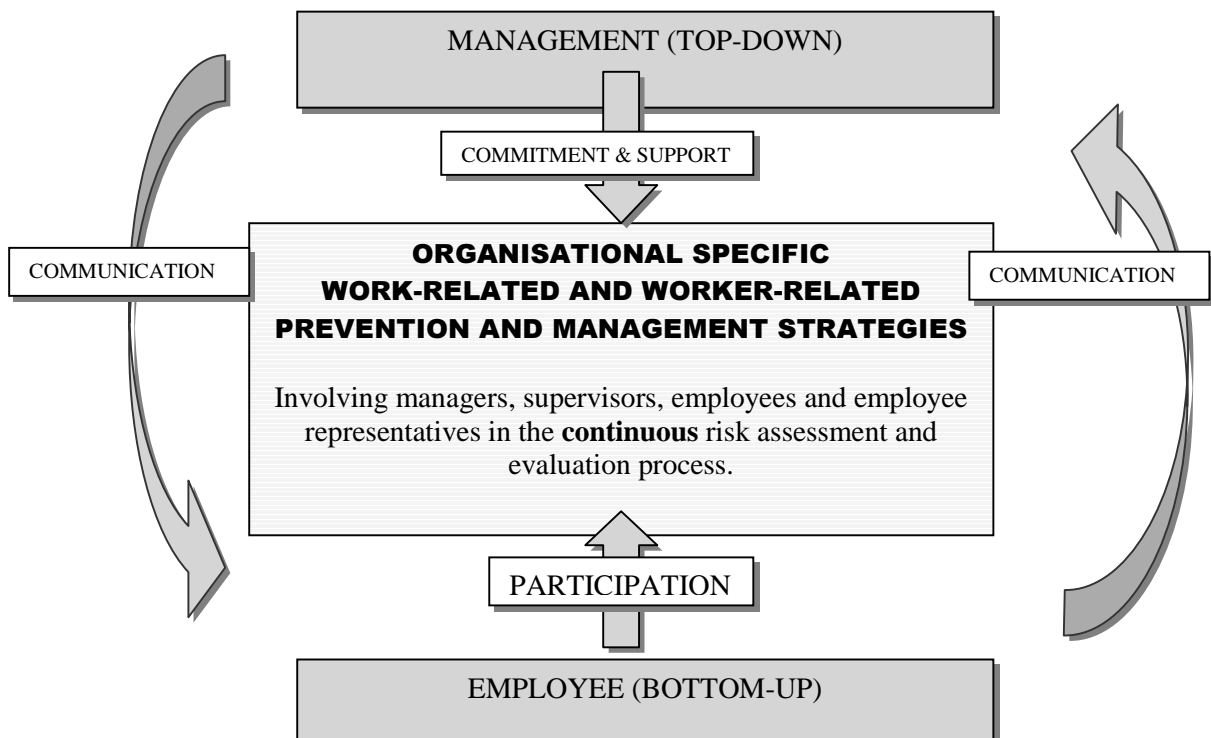


Figure 7-5: A Comprehensive Stress Prevention Model

Central to this model is an effective communication process that endeavours to limit uncertainty through strategic planning and providing information regarding aspects of organisational change. This model is of particular importance to SMIs where suitable communication is an

essential tool for motivating individuals to participate in the process. Further work has been done using the model developed here, see Giga, Faragher, Cooper (2002).

7.5 Derived Set of Criteria of Good Practice in Stress Prevention and Management Based on Current Practice

Our research identified a variety of intervention programmes being implemented by organisations. However, there is no evidence of the superiority of one programme over another. Furthermore, views expressed by our expert panellists indicate that the effectiveness of interventions is not dependent specifically on the type of programmes implemented, but whether a need has been established for it by consulting with employees and / or employee representatives, and by identifying and assessing risks.

The set of criteria presented in Figure 7-6 below has been derived from extensive consultation with our expert panellists and is based on the key success factors to stress prevention developed by Kompier et al., (1998). Central to this model is the introduction of a comprehensive stress prevention and management programme, with all the components being part of a **cyclical process** that aims to continually improve the practice of stress prevention and management in the workplace.

Further work has been done using the model developed here, see Giga, Faragher, Cooper (2003).

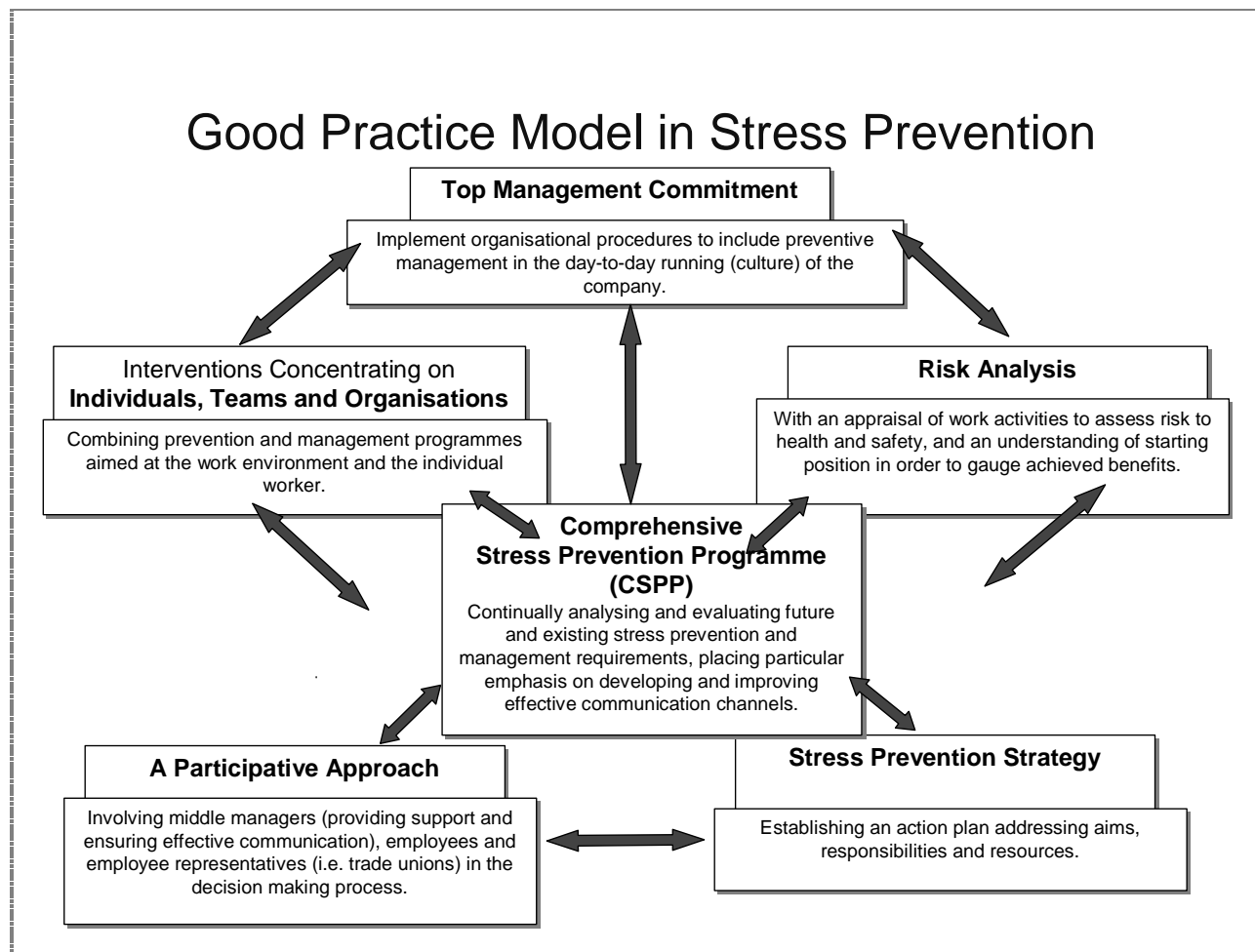


Figure 7-6: Good Practice Model in Stress Prevention

7.6 Comprehensive Stress Prevention and Management (CSPM) Programme

Comprehensive Stress Prevention and Management (CSPM) may be viewed as an all-encompassing organisational philosophy that recognises that individual and organisational health are interdependent, and the responsibility of stress prevention and management should lie with every member within an organisation (McHugh and Brennan, 1992).

Effective implementation of a worksite stress prevention programme is facilitated by the presence of a culture whereby employers and employees are all involved in the instigation of the intervention process and are willing to continually communicate, analyse and revise their plans and to learn from interventions that do not produce expected results. Such activities assist organisations to confront future challenges through the development of communication, culture, participation and negotiation (Nytro et al., 2000).

7.7 Senior Management Commitment

If many employees, or even key employees, are stressed, then the overall health of the organisation, and its performance, is bound to suffer (Cox et al., 2000). Senior management are more likely to support interventions if issues such as expected outcomes, resources, costs and cost effectiveness could be clearly identified. Interventions are unlikely to be implemented successfully without the long-term commitment of management.

7.7.1 A Participative Approach

A participative approach to Stress Management Interventions (SMIs) should be applied to each component of the process, from diagnosis to selecting the intervention and evaluation. The involvement and empowerment of employees at various stages of the intervention improves the likelihood of a positive result (Bond and Bunce, 2001). This collaborative method attempts to meet the desired outcome through co-operation between various organisational members in the decision making processes to improve organisational change initiatives. Employees from all levels of the organisation are encouraged to participate, with external consultants and researchers acting as facilitators and evaluators of the process (Parkes and Sparkes, 1998).

7.7.2 Stress Prevention Strategy

Questions may be raised as to why the strategy development phase has been depicted as following on from top management commitment and participation. However, the development of an action plan addressing intervention aims, tasks, responsibilities and resources should consider the needs, abilities and requirements of organisational members.

Both managers and employees should be involved in this procedure if it is to address the right issues and have a successful outcome. Furthermore, managers must understand the role they play in supporting employees and influencing health and well-being, not only emotionally, but also by ensuring effective and consistent communication (Stansfield et al., 2000). In critical incident cases supportive supervision, including showing appreciation for the individuals work and concern for their welfare, is considered essential in preventing the person from developing post traumatic stress symptoms (Mitchell and Stevenson, 2000).

7.7.3 Risk Assessment and Task Analysis

An understanding of situational factors needs to be developed in order to identify and reduce workplace stress. An appraisal of work activities to assess danger to health and safety, risk analysis and task identification enables the employer to recognise any inherent or perceived hazards prior to developing an intervention to deal with the risk (HSE, 2001). Continual analysis enables planned interventions to be evaluated and, if necessary, re-aligned to keep track with organisational changes as and when they occur (refer to section 3.2.1 on page 4). Achievement

can be measured by making use of information from employee attitude surveys, absenteeism and sickness data, compensation claims, performance reviews and costs / benefits analysis.

This opportunity also enables judgements to be made regarding the effectiveness of selected programmes and whether other options should be considered. Risk management consists of evaluating the effectiveness of a range of interventions and is central to the cycle of continuous improvement in the work environment (Cox et al., 2000).

7.7.4 Work-related and Worker-Related Prevention and Management

The three levels of prevention and outcomes of SMIs – individual, individual-organisation and organisation (DeFrank and Cooper, 1987) - have been identified incorrectly to correspond directly with primary, secondary and tertiary prevention strategies. From our research it is clear, for example, that primary prevention can be targeted at organisations, groups or individuals. And similarly secondary and tertiary prevention can also be all-inclusive.

To clarify this somewhat confusing relationship, we have limited the intervention targets in our model and set of criteria to work-related and worker-related. Work-related measures aim to develop a variety of preventive and management strategies that deal with the sources or causes of stress that emanate from the work environment. Worker-related measures should also be in place to safeguard individual employees who have not been protected in the first instance by work-related measures or who are subjected to specific situational stressors.

8 Examples of Good Practice in Stress Prevention and Management Identified from the Literature Review

It is no longer viable for employers to consider the prevention and management of work-related stress as a matter that should be resolved at the individual level alone. Although the interaction of the individual with their environment should be considered, it is necessary to develop an understanding of situational factors in order to effectively recognise, prevent and reduce workplace stress.

Studies that use pre-defined models comprising particular factors to investigate work-related stress, may fail to consider specific issues that may be affecting employees (Sparks and Cooper, 1999). To be fully effective in the long-term, comprehensive stress prevention and management activities should address organisation specific employee, job and environmental characteristics, and consider the dynamic nature of stress. Such approaches to stress prevention and management in organisations should aim to develop effective communication channels, and encourage employee and middle management participation and senior management commitment. This method concentrates on introducing work-related and worker-related preventive and management programmes that are developed and implemented with the involvement of managers, employees and employee representatives in the decision making process.

From the 74 studies reviewed 9 adopted a multi-dimensional approach to tackling work-related stress by introducing work-related and worker-related measures to prevent and manage work-related stress. This chapter presents these organisational endeavours in case study format, considering methodologies and processes involved, and identifying indicators of 'good' practice when developing a comprehensive stress prevention and management strategy.

8.1 Building World-class Performance in Changing Times (Adkins et al., 2000).

The aspirations of the United States Department of Defense (DOD) to optimise organisational performance, particularly during periods of dramatic change, have resulted in the development of systems focusing on safeguarding organisational and individual health. In recent times, both the US Air Force and the Royal Air Force have witnessed unparalleled cutbacks and changes. These reductions have placed more demands on remaining personnel, requiring them to simultaneously learn new skills and improve work performance.

Sensing that these changes could bring with them stress and eventually may hamper organisational effectiveness, a comprehensive strategy has been formed incorporating the fields of preventive medicine and public health. Appreciating that individual and organisational health are interdependent, and with an intention to be proactive as well as reactive, several processes have been initiated both globally and within individual units that have been guided by the principles that:

- Health is more than just the absence of disease;
- Health is a process, not a state;
- Health is systemic;
- Health requires positive collaborative relationships.

8.1.1 Processes

Risk assessment and communication (**COM**) contribute to the development, promotion and implementation of organisational health strategies that primarily aim to reduce ambiguity and improve performance. Operational risks in the US Air Force are identified as potential threats in order to alert the system, and are assessed and communicated in terms of their likely intensiveness so that suitable responses are developed. Routine assessments of organisational climate and culture assist in the monitoring of performance, military alacrity and operational effectiveness. Emphasis is placed on the development of relationships, commitment, communication and adaptability. Information is regularly updated and shared by individual units, middle management and senior managers so that processes are continually improved. This continuous assessment has been deemed necessary in order to recognise unexpected or progressive stressors during their primary stages.

The selection and placement stage (**SAP**) has been identified as the most efficient way to ensure that suitably qualified employees are recruited. The Air Forces 'Enhanced Flight Screening' programme was intended to reduce dropout rates and increase the number of appropriately skilled individuals that the organisation may eventually employ by identifying employee core capabilities and behavioural attributes. A similar programme has also been introduced to match particular employees who are more proficient at managing specific stressors to more stressful jobs and in the process improving the person-environment fit (**PEF**).

Training programmes (**TRA**) implemented within the organisation not only develop the skills of individuals enabling them to efficiently carry out their duties, but also educate personnel in seeking help either for themselves or for colleagues when faced with difficulties. The training provides useful information on what support is available and how to seek it. Support groups (**CSG**) have been formed at each base so that individuals who are at risk can be identified and assisted either by supervisors or fellow employees. This includes a formal policy stating supervisor responsibilities in providing support for individuals facing problems.

For vulnerable employees who feel inadequately protected by all the above programmes, a confidential counselling service (**EAP**) has been promoted as a safe haven within the organisation where their grievances can be aired without fearing any consequences. The provision of behavioural health practitioners within a primary care setting has increased the likelihood of individuals attending the service without feeling stigmatised or having to visit specialist clinics.

8.1.2 Good Practice

- √ Organisation specific interventions developed from identified risk factors and groups,
- √ Multi-dimensional approach to tackling work-related stress,
- √ Organisational (& individual) health viewed as a dynamic process and not a rigid state,
- √ Development of effective communication channels with a strategy to reduce ambiguity,
- √ Adoption of preventive and management measures.

8.1.3 Measured Outcomes

As a trial scheme based in one Air Force site, assessment and surveillance duties were assigned to an Organisational Health Centre (OHC), whose responsibilities included collecting and reporting data concerning the effectiveness of the various implemented programmes. Although the outcomes of individual programmes have not been reported in this study, significant improvements have been measured within specific areas of concern. Twelve months after the OHC's conception, workers' compensation claims had declined by 3.9 percent (even though they had increased by 4.6 percent the previous year) and healthcare costs were reduced by 12 percent. A steady decline in accident rates has been reported over the past 20 years and deaths associated with behavioural problems, such as suicide, declined by approximately 40 percent in the first year of evaluation. Due to the programmes initial success, certain components were implemented at other Air Force bases and some were even introduced throughout the US Air Force.

8.1.4 Comments

Simply by presenting change as an opportunity rather than a threat, individuals are enthused into actively participating in the process. As the dynamic nature of organisational health requires constant assessment and surveillance of potential threats, the US Air Force has implemented preventive health strategies at various levels of the organisation with an intention to continuously improve organisational performance and simultaneously guard individuals against any health risks. Although there is no suggestion of the value of each of the individual programmes in achieving the reported results, key indicators such as declining accident, compensation, healthcare and suicide rates suggest that the strategy adopted by the US Air Force has been fairly effective.

8.2 Applicability of Survey Feedback for an Occupational Health Method in Stress Management (Elo et al., 1998).

In Finland, recent safety legislation has obligated employers to design work and work environments in a manner that is not detrimental to the mental and physical health of their employees. This study proposed to tackle work stress issues by adopting a combination of individual and environmental approaches developed through a process of employee participation.

The international paper factory planned to reduce workplace stressors by developing a survey feedback method involving the co-operation of occupational health (OH) and other work units. An internal action committee appointed by the board of directors consisted of OH personnel, safety personnel and employees. The two-phase procedure consisted of the development of an initial action model through the corroboration of OH with a research consultant. Occupational health personnel then supported managers and employees in a plan to reduce stress.

8.2.1 Processes

The survey feedback method adopted in this study consisted of an occupational stress questionnaire developed for the OH team to help them identify stress problems and areas needing improvement. The questionnaire covered sociodemographics, perceived work environment, stress moderators, stress responses, work development needs and individual support requirements. Employees were involved in the discussions that followed the survey, including identifying improvement opportunities.

A variety of activities were undertaken as a result of the survey feedback and subsequent discussions. Three departments from the organisation took part in the research: the office, machine and finishing departments. The departments adopted several organisational level strategies; these programmes are presented in Table 8-1 below.

Table 8-1: Programmes initiated within organisation as a result of survey feedback

Programme	Office department	Machine department	Finishing department
Redesign of Job (JRD)			√
Redesign of work environment (PEC)	√		√
Encourage participative management (PAR)	√	√	√
Support the employee in career development (OTI)	√		
Analyse work roles (RIS)		√	
Establish goals (COM)	√		√
Give social support and feedback (CSG/ COM)	√	√	√
Build cohesive teams (CSG)	√	√	√

OH played a central role in introducing the desired changes. The Office department implemented further training programmes with a view to developing support groups and improving the relationship between supervisors and employees, especially when goal setting. The OH department played a key intermediary role in this situation by integrating the expertise of the organisation's training department with the department concerned.

The Machine department introduced a committee to manage any feedback obtained from the survey with an OH nurse serving as the secretary and the OH department providing advice and support.

The Finishing department decided to improve internal organisation and support by consulting with every employee in the department. This endeavour to improve worker motivation also involved the setting up of a departmental committee with the collaboration of the OH physician.

8.2.2 Good Practice

- √ Organisation specific interventions developed from identified risk factors and groups;
- √ Multi-dimensional approach to tackling work-related stress;
- √ Development of effective communication channels with a strategy to reduce ambiguity;
- √ Adoption of preventive and management measures;
- √ Participative approach involving managers, workers and other relevant parties.

8.2.3 Measured Outcomes

One of the consequences of the project was to encourage workers and supervisors to discuss personal work-related matters with the OH Department. As a result, the process increased the variety of work in one department and generally improved individual stress management techniques. Employee participation in the planning and implementation stages of the change process would also allow them more control in their work and, in the process, could be a major factor in reducing mental and physical strenuousness. The survey feedback and training process was seen by OH personnel as a completely novel way to manage work-related stress and similar systems were developed at other sites within the organisation.

8.2.4 Comments

Researchers in this study point to the complexity of quantitative evaluation of change, particularly in organisational settings, suggesting "drawing conclusions on the effectiveness of different approaches is difficult because of the heterogeneity of the methods, designs and even targets of the programmes." Primarily, the interpretations of the causal effects of interventions are considered difficult to assess because of the multitude of planned and unplanned changes that organisations regularly experience. Sharing the responsibility of change by involving employees was seen as a stressor reduction in itself, reducing ambiguity and ensuring process continuity. The survey feedback method is a tool that could improve communication between change managers and workers, and assist in identifying work-related issues that are of concern to employees.

8.3 Individual-based Training to Reduce Stress in Managers and Employees at a Canadian Ministry (Greco, 1992).

The Government of Quebec's Ministry of Manpower, Income Security and Vocational Training is responsible for supporting programmes to assist unemployed people to return to work. According to governing regulations and due to between 15 and 30 per cent of its employees suffering from emotional problems during some stage of their careers, an assistance programme was developed for managers, team leaders and employees.

8.3.1 Processes

The Ministry developed a strategy based on individuals, services and results, in an effort to improve organisational adaptability and culture to encourage effective management of change. Training programmes (**TRA**) developed within the organisation were based on a preventive health proposition and adopted a two-phase approach.

The first phase comprised of a training programme developed by external consultants for managers and team leaders to prevent health and behavioural problems associated with stress. Prevention skills were developed by advising managers to evaluate individual stressful events impartially. They were also encouraged to be proactive, and not reactive, in order to be more effective in controlling anxiety provoking situations. Working together with employees and discussing their situations develops the manager's aptitude in identifying and dealing with inappropriate behaviour. Managers were trained to adapt to different stressful events, either routine or critical, and to understand employee feelings.

Training for employees was based on the individual's group responsibilities, and the development of intra-personal and inter-personal communication (**COM**). Intra-personal communication training aimed to develop employee understanding of the causes and consequences of stress, and management techniques such as breathing and relaxation (**REL**). Based on the assumption that the individual's psycho-physiological condition directly affects their relationship with colleagues, employees were made aware of their responsibilities towards maintaining a harmonious group environment and were trained inter-personal communication skills in order to develop positive relationships with others around them (**CSG**).

Follow-on sessions encouraged managers and employees to work together to develop organisation specific stress prevention techniques. Taking into consideration the organisations strengths and weaknesses, employees were encouraged to actively participate in the development and implementation of change.

8.3.2 Good Practice

- √ Multi-dimensional approach to tackling work-related stress;
- √ Development of effective communication channels with a strategy to reduce ambiguity;
- √ Adoption of preventive and management measures;
- √ Participative approach involving managers, workers and other relevant parties.

8.3.3 Measured Outcomes

A significant number of managers reported an improvement in their management style and well-being. At the two-year evaluation period, managers had improved their abilities to deal with stress both in themselves and employees. As a result of the training, employees reported an improvement in their awareness of stress issues, personal and work relationships, and health.

8.3.4 Comments

The follow-on sessions encouraged the development of communication between managers and employees and improved information dissemination methods throughout the organisation. Due to its success, other Government departments have contacted the Ministry requesting assistance with developing similar training programmes.

One of the main benefits of the training has been the development of co-worker responsibility and understanding that work stressors can affect anyone regardless of their social and cultural backgrounds.

8.4 The Netherlands: A Hospital, 'Healthy Working for Health' (Lourijssen et al., 1999).

Prior to the instigation of this action research project in 1991, the Waterland hospital's absenteeism rate was nearly 9 percent, which was substantially higher than the 6.5 percent national average rate for hospitals in the Netherlands. This was attributed to employee health and problems emanating from personal and / or work lives. In an effort to reduce absenteeism and its associated costs, the hospital developed a policy to improve working conditions with the assistance of an external research team. A similar hospital, the Diaconessen hospital, was selected as a control group.

Members of a steering committee, comprising hospital managers and representatives of the research team, were designated to manage the project. They communicated the purpose and goals of the project to the entire workforce prior to the commencement of the project and ensured that employees were kept informed during regular departmental meetings.

An initial questionnaire survey concerning characteristics of work and employee health was conducted in both hospitals to identify risk factors and risk groups. Departments with relatively more complaints regarding job content, workload, pressure, organisation of work, satisfaction with working environment and autonomy were analysed further to determine job-related stress risks and training and development opportunities.

8.4.1 Processes

Major risks were identified in almost all the departments concerned and a strategy was developed to improve working conditions, individual physical and mental health, and systems to monitor absentees.

In an effort to reduce work pressure in the nursing department, organisation of work co-ordination was improved between supply and demand by controlling patients per consultant and introducing a new computer system to manage bed occupancy. Employees were also provided with a department secretary to take messages, and a new computer system was introduced to enable access to more up-to-date information. The orthopaedic department introduced additional facilities to assist in lifting patients and equipment. The pharmacy department introduced height adjustable tables and trolleys to ease access and transportation of material to and from the department. Central medical archives introduced trolleys and file boxes with handles to facilitate storage and retrieval. Ergonomic modifications were made to the archive room and workstations. Job rotation also provided employees opportunities to vary work tasks (**JRD**).

Supervisory training in the areas of performance reviews, reward systems and absenteeism management were introduced to develop the skills of managers. Co-worker support was encouraged so that ideas and experiences could be shared between a network of managers.

Measures proposed to sustain the physical and mental well-being of employees included courses in stress management, smoking cessation and healthy living (**OTI**). Specific departments were also targeted with training and guidance in dealing with death, violence and aggression, and communicating with patients and the public (**TRA**).

With the introduction of a socio-medical guidance manual, supervisors were encouraged to participate more directly in dealing with sick and absent workers (**PAR**) by keeping in constant touch, and even considering temporary or permanent changes to job roles to help those employees who had been on long-term leave to return to work (**RIS**).

8.4.2 Good Practice

- √ Organisation specific interventions developed from identified risk factors and groups;
- √ Multi-dimensional approach to tackling work-related stress;
- √ Development of effective communication channels with a strategy to reduce ambiguity;
- √ Adoption of preventive and management measures;
- √ Participative approach involving managers, workers and other relevant parties.

8.4.3 Measured Outcomes

Significant improvements were observed in absenteeism levels and the work environment post intervention, with the number of sickness absent days per employee declining and the average length of absence stabilising. However, the researchers refused to draw an ultimate conclusion regarding the effects of any of the individual programmes implemented due to their variety and interdependence.

Employee opinions on benefits gained from the overall programme indicated significant improvements in their assessment of how sick colleagues were dealt with, working conditions in the hospital, participation in improving their work situation, atmosphere at work, health and safety, and the quality of care provided to patients.

8.4.4 Comments

It is impossible, as the researchers suggest, for organisations such as hospitals not to instigate any significant changes and remain stagnant over a period of time. This is evident from this study where the results were confounded due to the Diaconessen hospital, the 'control' group, independently and concurrently pursuing a health and absenteeism policy. However, analysis of pre-assessment and post-assessment data from survey results and absenteeism data revealed significant reductions in the number of complaints by employees concerning job content, mental well-being and satisfaction with their work-environment. Furthermore, the feasibility of the project was confirmed when financial benefits gained from implementing the intervention far exceeded the costs.

8.5 The Impact of a Participatory Organisational Intervention on Job Stress in Community Health Care Institutions (Mikkelsen et al., 2000).

This study within health care institutions in Norway, aimed to research the effect of a short-term participatory intervention project on employee control, job stress, job satisfaction, health and job characteristics. The intervention aimed to solve existing organisational problems, was process oriented, and was developed with the collaboration of researchers and participants.

In order to recognise and resolve organisational problems, the research team identified employee participation (**PAR**) as an important issue for ensuring long-lasting improvements and reducing isolation and work-related stress. In addition to the organisational intervention, three individual level workplace interventions were also planned, including enhanced physical training (**EXE**), stress management training and ergonomics programmes (**OTI**).

Researchers arranged a series of meetings with employees and managers prior to the commencement of the intervention. A steering committee consisting of an external consultant, and representatives from management, unions and health and safety were appointed to manage the process.

8.5.1 Processes

The intervention process was initiated with the scheduling of a search conference that aimed to improve communication, openness and co-operation between organisational members (**COM**). At the same time, questions were put forward to the group to identify key areas of concern and ideas on how to achieve improvement. Two main questions were raised: (1) 'What are the key factors in this work unit for a good work environment?' and (2) 'What kind of actions do you want to be instituted to reduce the gap between the wanted situation and reality?'

The two intervention work units identified several key areas of concern, and supervisors and employees opted to work within a group dealing with each area. The first unit identified 'information'; 'positive and negative feedback'; 'workplace democracy'; 'trust, openness, honesty, respect and being paid attention to'; 'developing enthusiasm and a surplus of vitality'; and 'goal-directed work' as key improvement targets. The second unit's issues of concern were 'confidence'; 'feedback, communication and information'; 'professional and personal development'; 'relations with management'; 'responsibility, delegation and participation'; and 'teamwork and collaboration'. Written reports, discussing the identified problems and possible solutions, were presented to the steering committee by each group. The process led to the development of specific improvement plans in agreed parts of the organisations.

8.5.2 Good Practice

- √ Organisation specific interventions developed from identified risk factors and groups;
- √ Multi-dimensional approach to tackling work-related stress,
- √ Development of effective communication channels with a strategy to reduce ambiguity,
- √ Adoption of preventive and management measures,
- √ Participative approach involving managers, workers and other relevant parties.

8.5.3 Measured Outcomes

Although the intervention had a limited, but positive, effect on work-related stress, supervisory style, job characteristics and learning climate, no negative short-term effects were measured and a participative and constructive change process was instigated. The full benefits of this process would be gained by continued employee participation and ensuring that any measures introduced were maintained after the initial stage of the intervention. The management team, consultants and union representatives were appreciative of the effectiveness of this type of

intervention that aimed to resolve problems based on employee perceptions of their work environment and a continuous problem-solving process. The written reports between the working groups and steering committee improved communication between all the parties concerned.

8.5.4 Comments

Apart from mentioning the type of programme, the researchers have not provided any further detail regarding the structure of any of the individual level programmes implemented within the organisation.

While there was a reported increase in developmental opportunities and social support due to opportunities provided by the search conference, declining response rates over the period of the two testing periods indicated that the intervention period was perhaps too short and that sufficient time was not allowed for the implementation process to be suitably developed. The researchers reported the lack of longitudinal data made it difficult to draw any conclusions regarding the effectiveness of the intervention, but indicated that the participation process itself could positively impact well-being and reduce work-related stress.

8.6 Effectiveness of a Comprehensive Worksite Stress Management Program: Combining Organizational and Individual Interventions (Munz et al., 2001).

The purpose of this study was to evaluate the effectiveness of a comprehensive stress management programme that aimed to tackle work-related stress by implementing individual and organisational stressor reduction processes. On the premise that simply focussing on employees by developing stress management programmes would ignore work environment stressors and intervening solely at the organisational level would fail to consider personal issues, a work stressor reduction programme and stress management training were introduced simultaneously to sales representatives from a large telecommunications company.

In order to ensure smooth progression of the programme, a qualified trainer was assigned to each of the two treatment sites to supervise the self-management training and a qualified psychologist facilitated the organisational stressor reduction programme.

8.6.1 Processes

The individual components of the process consisted of disseminating information regarding the nature of stress, how to recognise it, and prevention and management methods. This training involved: (1) developing an understanding of the relationship between environmental demands and individual coping mechanisms, and how behaviour, thinking and feelings could be affected; (2) the warning signals experienced when under excessive pressure; (3) the unremitting effects of stress; and (4) the ability of the individual to manage or adapt to stressors.

Individuals were provided with specific information such as personality traits, locus of control, and hardiness and coping styles in an effort to increase their understanding of personal strengths and weaknesses. Specific techniques were also selected to target the initial, recovery and preventive stages of the stress response. Techniques such as cognitive re-appraisal (**CBT**), movement exercises (**EXE**) and breathing techniques (**OTI**) were demonstrated to be effective when initially encountered by a stress reaction. In order to assist individuals to recover from the build up of excessive strain, methods such as relaxation exercises (**REL**) were encouraged. Preventive self-management tools promoted included mental imaging and meditation (**MED**). A work assessment survey was developed to evaluate changes to individual perceptions of their work environment and role (**RIS**) over the duration of this study. Individual emotional well-being was assessed by developing measures of perceived stress, depression and positive and negative affectivity.

The organisational element of the intervention involved employee representatives in a process of discovering and reducing stressors from the work environment (**PEC**). With the support of a facilitator, the group aimed to: (1) identify environmental stressors from the workplace and their consequences; (2) develop an understanding of the causes of these stressors; (3) develop and instigate strategies to reduce any adverse effects resulting from these stressors; and (4) evaluate the effectiveness of the overall intervention. Productivity and absenteeism data were collected from the work units to assess the impact of the organisational level intervention.

8.6.2 Good Practice

- ✓ Organisation specific interventions developed from identified risk factors and groups;
- ✓ Multi-dimensional approach to tackling work-related stress;
- ✓ Adoption of preventive and management measures.

8.6.3 Measured Outcomes

A combination of individual and organisational elements within the comprehensive stress management programme resulted in employees reporting positive effects on their emotional well-being, including significant improvements in perceived stress levels, depression and positive / negative affectivity. Results from the treatment group also indicated a 24 percent reduction in absenteeism and an increase in sales by 23 percent. Although participants reported greater work control, they did not report other significant changes in factors relating to their role in the organisation.

8.6.4 Comments

As the authors report, the remit of this study was to assess the general effects of the individual and organisational interventions implemented. The design and methodologies adopted in this comprehensive stress management programme would not allow any judgments to be made regarding the contribution of each individual component of the study. They argue that a comprehensive approach, combining individual stress management training and organisational stress reduction processes, would be more effective in producing positive individual and organisational outcomes than a targeted intervention.

8.7 Stress-related Interventions in Construction Work (Nijhuis et al., 1996).

Dissatisfied with increasing rates of sickness absenteeism, disability cases and operational costs within the construction industry in the Netherlands, an integrated approach to health promotion was initiated by the research team in three similar but autonomous divisions of an organisation - two were assigned control group status and the third was selected as the treatment group.

A diagnostic survey was carried out at all three sites to identify organisational stressors, employee health behaviour, and health and well-being problems. Apart from the apparent physical nature of the work endured by employees in the construction industry, information obtained from the survey and from personal interviews identified other risks relating to individual mental well-being such as labour relations and job content. Further analysis of the results identified middle managers as the key group of employees for whom work stress was a major problem. Therefore, it was decided that the planned interventions should concentrate on this category of employee.

8.7.1 Processes

An internal support committee comprising the company doctor and management and employee representatives was set up to overlook the intervention process. Taking into consideration information obtained from the questionnaire interventions were planned for middle and senior managers to develop skills (**TRA**) in the areas of planning (**OTI**), time management (**TMT**), and relationships and communication (**CSG**).

8.7.2 Good Practice

- √ Organisation specific interventions developed from identified risk factors and groups;
- √ Multi-dimensional approach to tackling work-related stress,
- √ Adoption of preventive and management measures.

8.7.3 Measured Outcomes

The results from pre and post assessment survey indicate a significant increase in satisfaction with work organisation, project information, control and labour relations. Managers reported significantly reduced perceptions of stress resulting from many aspects of their job including a reduction in task ambiguity and job demands. Over the two-year period absenteeism in middle managerial level employees also declined substantially compared with control groups, although comparative data has not been reported in this study.

8.7.4 Comments

Although employees from this sample could have been subjected to a Hawthorne effect simply by being paid more attention to, the researchers concluded that there was an overall improvement in specific variables targeted by the interventions, suggesting that the interventions implemented were effective. The organisation concerned would recover its initial investments made in developing and implementing this course of action by experiencing steady reductions in absenteeism, with the researchers suggesting that benefits gained could exceed costs within one year from the initiation of the project. Furthermore, substantial benefits are to be gained if a continual process of development is maintained.

8.8 Belgium: A Pharmaceutical Company (Poelmans et al., 1999).

The Belgian pharmaceutical company at the centre of this intervention was going through a period of dramatic change. Recruitment of a number of senior managers resulted in changing overall leadership style and new legislation was putting the organisation under additional pressure. These changes impacted on employees severely because they felt they were less in control and their job security was diminishing.

Although a counselling programme had already been running for many years, employees requested further support in the form of stress management training. As a result, the company established a training programme in conjunction with external consultants. However, eventually the matter was considered to be too sensitive and the project was abandoned.

During this period of change, the medical officer was concerned about increasing levels of organisational stress and cases of employees suffering from severe mental health problems. However, as there was no organisation-wide information regarding the severity of the problem, a survey was conducted with the support of the CEO. A task force was set up consisting of the medical officer, a social worker, a training manager and training assistant to analyse data and oversee the planning of interventions. It was also their responsibility to identify risk groups and communicate any findings to the rest of the organisation.

8.8.1 Processes

As a result of the survey, the task force developed a strategy to tackle key work issues. This plan included: (1) an information session for senior managers to explain why stress management was necessary and to gain their initial support, and included presentations on business ethics, corporate values and costs / benefits analysis (**TRA**); (2) individual stress management training courses to improve coping skills, with modules on improvement of body posture, use of humour, development of social support and stress awareness (**OTI**); (3) a people management training course for supervisors, with an emphasis on stress recognition in subordinates (**OIO**); and (4) ergonomic interventions and renovation of the office environment to overcome psychosomatic complaints and to prevent neck and shoulder problems (**PEC**).

8.8.2 Good Practice

- √ Organisation specific interventions developed from identified risk factors and groups;
- √ Multi-dimensional approach to tackling work-related stress;
- √ Adoption of preventive and management measures.

8.8.3 Measured Outcomes

A major weakness identified by researchers in this study was the lack of evaluative evidence, either of the programmes implemented or of actual stress levels in the organisation. However, the interventions forced stress onto the company agenda with members being made more aware of related issues and some evidence was presented regarding the overall effectiveness of the programme. Sickness absenteeism was significantly reduced from 4.3 percent in the previous year to 3.45 percent and the actual programme attracted much more attention from participants than was initially expected, their final assessments suggesting satisfaction with the quality of the stress management training received.

8.8.4 Comments

The major contributing issue in the success of the current programme was the direct involvement of senior managers and employees. Benefits gained in terms of reduced absenteeism far exceeded the total costs of the interventions implemented. Stress was no longer

considered a taboo subject and managers were more comfortable when referring employees with stress related problems to the health department. Positive media coverage developed the organisations image as an innovative and caring employer, which in the opinion of the researchers would be an appealing factor to potential employees.

8.9 Ireland: Stress Prevention in an Airport Management Company (Wynne and Rafferty, 1999).

This state owned company with responsibility for the management and development of three regional airports in Ireland employs staff whose work varies considerably including office, duty-free, airport terminal and outdoor duties.

The stress prevention programme was conceived when an employee wrote to the company's chief executive stating concern regarding the extent of work-related stress within the organisation. As a result of subsequent discussions, a stress working partnership was established with the involvement of external consultants, researchers and employee representatives. The group's main aim was to develop a strategy to prevent and manage stress in the organisation by identifying its extent and causes. The preliminary stages of this project included publication of a stress management booklet and development of a questionnaire survey.

The questionnaire was initially piloted and company specific issues were identified and developed for inclusion in the final version. Subjects covered in the survey included sources of stress, life events, coping styles, social support, mental and physical health, job satisfaction and health-related behaviour. Analysis of the survey data focussed on identifying risk factors that were associated with poorer employee well-being and risk groups that were reporting abnormal stress levels.

8.9.1 Processes

The working partnership developed a strategy to prevent and manage work-related stress and to improve employee health and well-being. This strategy involved: (1) training and education programmes on shift-work for staff and supervisors (**TRA**); (2) improving communication by increasing access to information (**COM**); (3) conducting career development training and developing performance appraisal system for staff (**RIS**); and (4) improving individual awareness of stress and the promotion of healthy living (**OTI**).

8.9.2 Good Practice

- √ Organisation specific interventions developed from identified risk factors and groups;
- √ Multi-dimensional approach to tackling work-related stress;
- √ Development of effective communication channels with a strategy to reduce ambiguity;
- √ Adoption of preventive and management measures;
- √ Participative approach involving managers, workers and other relevant parties.

8.9.3 Measured Outcomes

Although no formal evaluation of the programme was conducted the researchers state that intervention outcomes include anecdotal improvements to shift systems, training for shift workers and supervisors, and communication systems. Existing organisational services such as the employee assistance programme, medical department, staff welfare and staff development were overhauled as part of the intervention in an effort to develop an integrated service.

8.9.4 Comments

Although the problems of work-related stress have not been completely eliminated from the organisation concerned, employees have been made aware of the fact that the problem has been seriously addressed. Furthermore, the researchers argue that there is increased awareness of stress within the organisation and employees and managers are in a better position than they were at the beginning of the project to identify and tackle stress issues.

9 Summary of Examples of Good Practice in Stress Prevention and Management

There is an inherent difficulty in demonstrating a strict cause and effect relationship in programmes implemented in organisational settings such as the ones discussed above. Organisations are likely to find it difficult if not impossible to commit themselves to applying strict scientific research designs, consisting of control groups within work settings. Interpreting the effectiveness of specific programmes is made difficult due to their diverse methodologies, strategies and objectives. However, this does not mean that organisations are not evaluating any of their implemented interventions or that there are no benefits to be gained by introducing such programmes. As identified by our review, many innovative systems have been introduced during the development of a comprehensive stress prevention and management strategy, and key indicators have been identified that determine the approach's success. These include attitude surveys, absenteeism and sickness data, compensation claims, performance reviews and costs / benefits analyses. Obtaining such information from several well-conducted studies can provide the evidence required to identify the effectiveness of stress management interventions.

Work-related stress has been identified as dynamic and multi-dimensional in nature, therefore any stress prevention and management strategy must also continually maintain a dynamic and multi-dimensional stance. Such a comprehensive approach would involve the identification and confrontation of work and worker issues by developing communication and encouraging company-wide involvement. Employee participation limits ambiguity and ensures process continuity. This approach also enables attention to be directed to identifying organisation specific issues, with the involvement of various parties as process owners increasing the likelihood of a successful outcome.

Organisational level health prevention and management strategies aim to continuously develop programmes by encouraging a health conscious work environment. As changes are expected to continually occur within companies, risk assessment and prevention methods must also consider these changes in order to persevere with health maximisation goals. Methods such as surveys could serve as tools that help to identify specific work-related issues concerning employees and improve communication between change managers and organisational members.

10 Discussion

Academics and practitioners acknowledge the invasiveness and significance of work-related stress. It is also understood that the management and prevention of work-related stress is a significant aspect of developing an employee's "on-the-job" performance, and simultaneously increasing organisational efficiency and success (O'Driscoll and Cooper, 1996). Although there is a general acceptance of the adverse affects of stress on individuals and organisations, when compared to the attention afforded to other organisational activities such as budgeting and equipment, employers have not invested sufficiently to reduce stress in the workplace (Cooper et al., 2001).

We have argued that despite the benefits of stress management, this often addresses the outcomes of work-related stress rather than its sources, helping individuals to develop their coping strategies without modifying or eliminating stressors from the workplace. There is some evidence from our studies of effectiveness in the short-term. However without on-going training the results are often temporary. Among the studies reviewed in this research, long-term data on the effectiveness of the implemented programmes was lacking. Continual analysis is recommended not only to review the effectiveness of existing programmes but also to determine the need for additional resources and perhaps diverse programmes.

There is still an over-reliance by organisations on intervening at the individual level. This is evident from case studies that indicate the popularity of stress management programmes such as cognitive-behavioural therapy and relaxation techniques. However, there is also strong evidence from our review of the growing importance of developing support structures and enabling organisational members to participate.

From our interpretation of the literature review and comments from our expert panellists, there is suggestion that a combination of work-related and worker-related stress prevention and management is likely to be the most effective option. Primarily, such a strategy would endeavour to eliminate pressures in the workplace at source. It would also provide backup support for those employees who may not be protected sufficiently by a universal approach. However, there are unlikely to be any confirmative conclusions on the effectiveness of the various approaches due to the diversity of the target population, design and methodology of the prevention programmes.

Employee participation in the planning, implementation and evaluation of change in organisational development and job redesign has been a major factor to its success (Elo et al., 1998). Furthermore, the role of supervisors and managers is vital in developing prevention and management strategies, identifying and assessing risks and in supporting employees by ensuring effective and consistent communication. Adopting the model presented in section 7.5 above enables many of the weaknesses found in the present intervention studies to be resolved including research design and implementation, attrition rates, situation specific stressors and individual differences (Ivancevich et al., 1990).

It has been identified that stress research has been restricted to studying only a few of the factors that influence employee health by adopting theoretical approaches that are narrow in their focus. It is vital that a variety of situation specific variables are taken into consideration. Kompier (2002) has identified seven theoretical approaches that can be applied to the area of health in organisations, each one different in content and level of analysis.

There is evidence from our research, and views expressed by our panellists, that implementing stress management and prevention programmes, without identifying its scope and need, will have little or no long-term benefit. As a consequence this study does not make any suggestions of the superiority of one programme over another. Organisations must develop a comprehensive stress prevention and management strategy to identify their own specific requirements. This process should also identify when and how often interventions need to be assessed and evaluated.

The comparatively low number of studies aimed at organisational level interventions does not necessarily depict a true picture of actual practice within organisations; a systematic evaluation is likely to be much more difficult to instigate than an individual level intervention. However this review has attempted to develop a better understanding of the principal factors that are essential to workplace SMIs.

This review of existing stress prevention and management research has identified many organisations that are committed to improving employee health and well-being. Based on our findings and advice from our expert panellists, we have defined a set of criteria of what constitutes good practice in stress prevention and management within organisations. Examples of good practice are presented in a case study format for organisations to be able to evaluate and revise their practices in preventive stress management.

11 Summary

The majority of programmes reviewed in this study vary widely in terms of their objectives, structure and target groups. Although the viability of implementing off-the-peg programmes that have been developed without considering organisational specific requirements has been questioned, evidence from this report suggests that a growing number of organisations have committed themselves to on-going risk assessment and evaluation of intervention programmes, suggesting substantial progress has been made in the development of research in the area of stress prevention and management.

We have identified that organisations adopt a variety of programmes to prevent and manage stress at various levels of the organisation. Of particular significance are the selected studies that have adopted a comprehensive approach, encompassing situation-specific methods that have been identified by promoting a participative process involving employees from all levels of the organisation. In such circumstances, a culture is developed whereby employers and employees are all involved in the instigation of the intervention process and are encouraged to continually communicate, analyse and revise their plans and to learn from interventions that may or may not produce expected results.

This review forms the first part of a two-phase HSE commissioned project. The purpose of the current phase of the project was not to find novel ways of preventing and managing stress within organisations, but to systematically review the existing research base, and to define a set of criteria of what constitutes good practice in stress prevention and management (see section 7.6). Our expert panel has reviewed both the model and set of criteria presented in this study, and their suggestions have been taken into consideration in its development.

Part 2

Beacons of Excellence in Stress Prevention

12 Part 2 Introduction

Robertson Cooper Ltd undertook a field-based exploration of good practice in stress prevention. The task was to find organisations in both the private sector and the public sector that demonstrated good practice in stress prevention. Good practice was identified by using the criteria that went to make up the Good Practice Model in Stress Prevention set out in Part 1 of this report.

From the start we expected that it would be extremely difficult to find organisations that could be described as Beacons of Excellence in every aspect of the Good Practice Model. In practice this is exactly what we found. There were, within the Beacon candidates that we visited, working practices that could easily be described as Good Practice within one or more criteria of the Good Practice Model but there were very few organisations that clearly demonstrated good practice across all of the criteria as defined in Part 1.

However, this does not pose a problem. The reason for undertaking this piece of research was to publicise examples of working practices that could legitimately be presented as something to which other organisations could aspire. So, although we found few singular organisations as true Beacons, as a collective, we have more than enough examples of good practice that we can relate.

For this reason, this part of the report will not present individual case studies; rather, we will present extracts from the eighteen Beacon candidates that demonstrated examples of Good Practice within each of the criteria.

13 Methodology

13.1 Finding the Beacon candidates

The crucial element of our methodology was to ensure that any information that we found would be freely available in the public domain. Our approach was to ensure that there was self-selection of Beacon candidates into the project. This way, we were able to target organisations that believed themselves to be demonstrating good working practices in stress prevention and were willing to publicise their practices for others to emulate.

During the last quarter of 2001 and the first quarter of 2002 we recruited organisations to participate in the research project. We approached this task from a number of different angles. RCL has worked extensively in the field of workplace stress and our first step was to advertise widely for recruits, using RCL's network of contacts and those of the academic network through our links with UMIST. We made efforts to contact relevant interests groups such as trade unions and employer interest groups as well as the Industrial Society and Health and Safety Executive. Through our contacts with social work groups, the Royal College of Nursing and the teacher unions we hoped we could persuade organisations that employed staff in these recognised areas of high stress to participate in the project. The Industrial Society gave us permission to approach organisations that had been identified as case studies in their publication on work related stress. Further contacts from the Health and Safety Executive were pursued also.

We promoted the project extensively through the national media. With the aid of a public relations company, RCL ensured that details of the Beacons of Excellence project were in the editorial or 'news in brief' sections of 30 trade related publications. The range of titles extended from accountancy and media through to publications aimed at the social work profession. In addition to the trade press coverage, there was limited coverage in the national and regional media as well as the radio.

Other direct recruiting activity included a number of mailshots to different sectors, including the police, county councils and health and safety managers in the NHS.

In all we attracted 88 organisations that requested participation. They were from both the public sector and the private sector. To some extent we were successful in identifying participants who represented high stress groups such as social workers and nursing. We were also successful in attracting organisations with significant numbers of managers, a group that is also recognised as a high stress group. However, with the exception of one higher education institution, no organisation representing the teaching profession presented themselves for inclusion.

There are, no doubt, many organisations that could be demonstrating good working practices in stress prevention that did not take part in this research project. Organisations that were recognised and known to be doing good work in stress prevention were approached directly by us, either because we knew of them, or because others involved in the project knew of them. For other organisations that we were not aware of, it was hoped that the publicity that we generated about the project would be sufficient to attract as many as possible who wished to participate.

It became apparent that organisations had two primary reasons for participating in this research. Organisations either took the attitude that their existing stress related provision was not sufficient, but it would be interesting to be benchmarked against the good practice criteria so

that any deficits could be identified. Alternatively, other organisations were confident that their stress prevention work was already very effective and were keen to pursue 'beacon status'. Many organisations pulled out in the early stages because they felt their stress prevention work was inadequate.

13.2 Screening

All 88 applicants received a screening survey. This self-report screening survey was seen as the most effective means to screen into the projects the best examples of stress prevention amongst the applicant pool.

The screening survey was developed by RCL based on the model of good practice identified in Part One of this report. It was designed as a self-report measure with a combination of forced choice and open-ended responses and examined all elements of the stress prevention model. A copy of the questionnaire can be found in Appendix A.

A number of RCL consultants, external practitioners and organisations had an input into the design of the survey. In addition, it was piloted by a number of different organisations to ensure that the questions had some face validity and was relevant to a range of different occupational groups.

The survey was mainly delivered electronically and returned in hard copy to RCL in Manchester. An email or letter accompanied the survey advising the recipient of the approximate length of time and effort (including any necessary collaboration from others within the organisation) required for its completion.

Completed surveys were received from 34 organisations and these were scored according to the good practice model. In line with recommendations from the Health and Safety Executive, the scores for the section of the questionnaire addressing stress risk assessment and task analysis was double weighted due to the importance the HSE place on this activity. As a consequence, evidence of some activity in this area tended to lead to inclusion in the final list of organisations for scoping visits. Based on the total scores from the screening survey the top twenty organisations were selected for scoping visits¹.

13.3 Scoping Visits

The screening exercise left us with 18 Beacon candidates. We then undertook a scoping visit in order to gather information that we could use for this report. The scoping visit was an all day visit by an RCL consultant to gather evidence of good practice from the Beacon candidates, to talk to those people within the organisation that are responsible for stress prevention, to talk to groups of staff about whether working practices are being effected 'on the ground', and to review documentation relating to stress prevention activities.

The scoping visits were undertaken during the summer of 2002. The information provided in Part 2 of this report therefore relates to the situation that existed in each of the Beacon candidates at that time.

¹ Two organisations had to subsequently withdraw from these visits.

13.4 The Beacon candidates

The following are the Beacon candidates:

Abbey National
AstraZeneca
Denbighshire Social Services Department
Employment Service
GlaxoSmithKline
Gloucester City Council
Good Hope Hospital NHS Trust
Hounslow Council
Kingston Hospital NHS Trust
Leicestershire Council – Department of Planning and Transportation
London Electricity
Rolls-Royce
Royal and Sun Alliance
Sefton Metropolitan Council
Sheffield City Council
Somerset County Council
Stockton Borough Council
Wigan Metropolitan Borough Council – Social Services Department

14 The Beacons of Excellence Good Practice Model

The model of good practice suggested by the Part 1 research is shown below. The report will focus, in turn, on each of the good practice criteria, and will highlight working practices within the Beacon candidates that we feel exemplify the criteria.

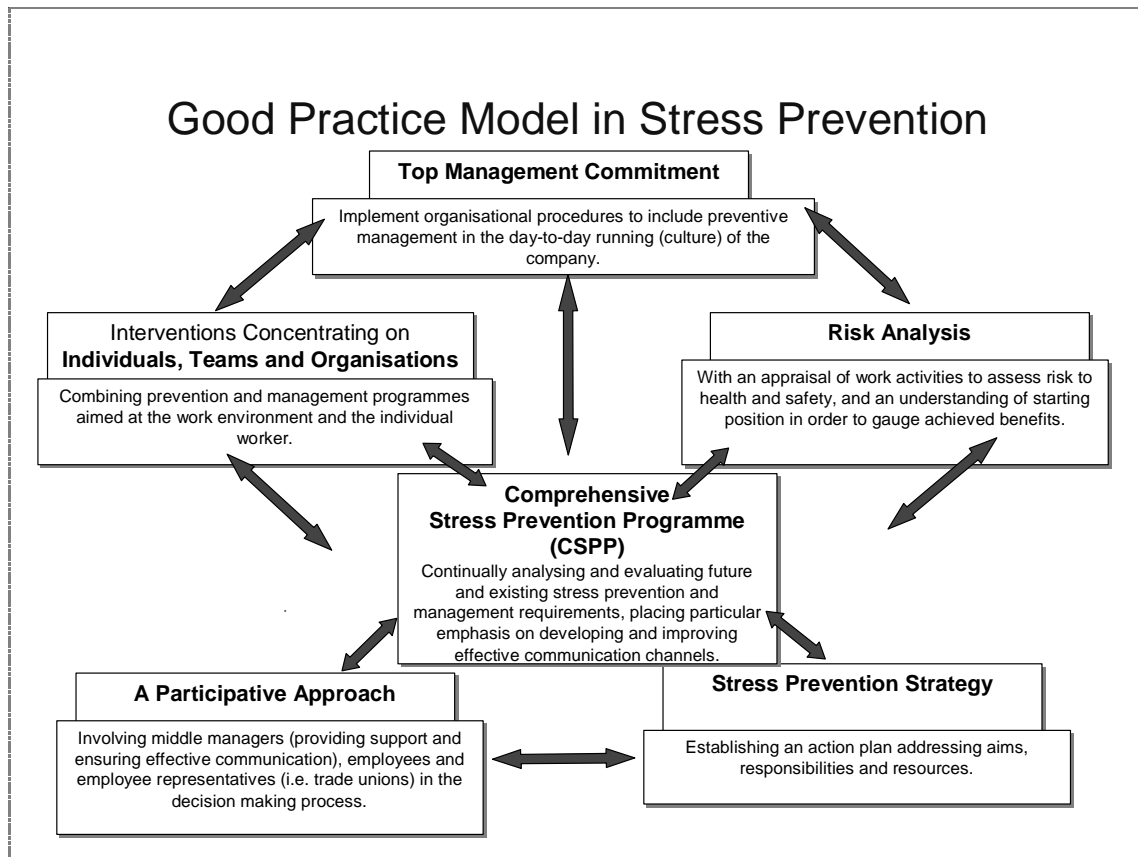


Figure 14-1: The Beacons of Excellence Good Practice Model

15 Top Management Commitment

“If many employees, or even key employees, are stressed, then the overall health of the organisation, and its performance, is bound to suffer (Cox et al., 2000). Senior management are more likely to support interventions if issues such as expected outcomes, resources, costs and cost effectiveness could be clearly identified. Interventions are unlikely to be implemented successfully without the long-term commitment of management.” **(Defining the criteria – from Part 1 of this report, see section 7.7)**

Evidence of top management commitment was found within most of the Beacon candidate organisations. The range of activities that can be presented as top management commitment varied widely. What is important from our perspective is that top management commitment can be demonstrated not only by ensuring stress prevention and employee health and wellbeing initiatives are well funded, but also by giving personal commitments, and shouldering personal responsibility for stress prevention.

We have highlighted a number of examples of top management commitment to stress prevention, three from the private sector and two from the public sector. It is not a fact that should go unnoticed that the majority of good practice examples in this criterion are private sector examples. The sheer size of the infrastructures associated with health and wellbeing initiatives within the private sector Beacon candidates, where significant levels of investment in infrastructure exemplify top management commitment was in contrast to most of the public sector Beacon candidates. Furthermore, those responsible for workplace stress within private sector companies are usually board members.

Each example presented has a different perspective in its top management commitment.

- The Rolls-Royce example shows how top management commitment must come from all key experts – Health & Safety (H&S), Occupational Health (OH) and Human Resources (HR).
- GlaxoSmithKline (GSK) is presented for, amongst other things, its financial commitment. For many years, GlaxoSmithKline has recognised the importance of investing in the health and wellbeing of its staff to give them competitive advantage. It is also important for this company to reflect internally the healthcare values that it presents to the outside world in support of its products. GSK’s commitment to employee health and well being is evident through the Corporate Executive Team approval of a Resilience and Mental Well being standard, senior HR endorsement of the initiative and inclusion of Resilience and Mental Well being in business unit objectives.
- The Kingston Hospital NHS Trust example shows how top commitment in the public sector has an eye not only on health and wellbeing but also on the common practice within the public sector of insulating against the threat of litigation.
- AstraZeneca’s example demonstrates how stress prevention can be subsumed within a much broader commitment to corporate responsibility.

- Sefton Metropolitan Borough Council is an example of senior managers leading by example by participating in stress awareness training and then undertaking a test of their stress awareness competence.

15.1 Rolls-Royce

We have included Rolls-Royce as an example of top management commitment because of the commitment of the senior individuals responsible for the three key 'expert' areas of stress prevention – Health and Safety, Occupational Health, and Human Resources.

Overall responsibility for stress and employee wellbeing in Rolls-Royce lies within the remit of the Chief Operating Officer (COO). The COO chairs the Health Safety and Environment (HS&E) Committee. This body meets twice a year and reports directly to the Main Board of Rolls-Royce plc. Practical issues relating to stress prevention and management are dealt with at the H&S Steering Group. This group is chaired by the Director of HS&E and meets three times a year. The Director of HS&E and the steering group are responsible for the implementation of HS&E policy.

In practice the lead on stress prevention and management is taken by the Occupational Health department under the leadership of the Chief Medical Officer (who sits on the HS&E Committee and Steering Group). The Chief Medical Officer works closely with the Director of HR on stress prevention and management strategy.

These relationships and responsibilities clearly show how the organisation is making the most of all key experts in stress prevention – HS&E, Occupational Health and HR.

Rolls-Royce has undertaken a coordinated programme of stress prevention and management activities over the last five years. The impetus for these activities was provided by the launch of a mental health policy in the company HS&E manual in 1997. This led to an initial strategic campaign to secure senior management commitment to the policy and its implementation. A booklet was launched at this stage aimed at senior managers, mainly in the UK, and this was supported with a one-day training course targeted at the same group. Following the awareness raising activity with senior managers a management toolkit was developed and managers were trained in its use. The toolkit includes:

- A risk assessment form
- A managers guide to mental health at work booklet
- Manager's stressor self-appraisal form and 360 degree summary sheet²
- Stress questionnaire and Department summary report

² 360 degree feedback is feedback that an employee receives from people who operate 'around' him or her. This could be from a boss, subordinates, colleagues, customers (internal and/or external), and so on. The summary sheet summarises the feedback from these people.

15.2 Kingston Hospital NHS Trust – Commitment in the Public Sector

In the last two to three years, the structure of the Kingston Hospital NHS Trust has been reorganised and management responsibilities have been realigned. As a consequence, the responsibility for risk management, encompassing health and safety and occupational health was divorced from its more traditional position in Human Resources and relocated into the Chief Executive's department. Responsibility for dealing with organisational stress is considered to be an aspect of non-clinical risk assessment. This now means that responsibility for addressing stress related problems rests in a very high profile position within the organisation and is directly linked to occupational health.

It is also of note that the strategic position given to organisational stress is the same as that given to other perceived threats from litigation. The Risk Management department exists with the purpose of improving patient safety and the working environment for staff as well as protecting the Trust from litigious action and ensuring that certain exacting standards are reached reducing employer liability insurance premiums.

15.2.1 Public Sector Funding of Stress Prevention

The public sector Beacon candidates do not have the same level of financial resources as the private sector Beacon candidates. As a result, personal commitment becomes extremely important, as does the need to be commercially minded in the way in which resource can be generated. The public sector is far more commercially minded than it used to be and 'trading' expertise and services is a common way for public sector organisations to generate much needed cash.

In the last 2 years Occupational Health and Staff Counselling of Kingston Hospital NHS Trust has expanded its provisions and consequently the number of staff employed to deliver these services. The Board and Senior Management Team have agreed and ratified the financial backing to allow for this development. As a consequence of the expertise in occupational health and staff counselling within the NHS, the service in Kingston NHS trust is involved in income generation. The selling of occupational health and employee welfare services through NHS Plus means that additional funding is available to spend on stress prevention activity generated from the Counselling services.

Another example of income generation was observed at Stockton Borough Council. Stockton finds itself in the same position as most other public sector Beacon candidates, comparing very unfavourably with the private sector Beacon candidates in terms of the financial resources that are available for stress prevention activity. Money spent on stress prevention activities comes from its Employee Care budget. Any additional spending over and above this budget must be funded from traded activity. The Employee Care Group generates income by selling payslip advertising (advertisements that appear on staff payslips), which is reinvested in funding its 'Managing Pressure' courses and other health promotion activity.

15.3 GlaxoSmithKline (GSK)

We have included GlaxoSmithKline as an example of good practice of top management commitment because of its willingness to provide substantial infrastructure in employee health as well as the personal commitment of individuals at the very top of the company.

Throughout the data gathering exercise at other organisations, we met with committed individuals at middle management level that were desperate for their top managers to pay more attention to the health agenda in their organisation and who were desperate for the cash needed to initiate stress prevention activity. At GlaxoSmithKline, top management provides both.

Within the company the Employee Health Management Group (EHM) has assumed the lead role in the development of standards and programmes for understanding, preventing and managing workplace stress. Managers are responsible for implementation with support from EHM and Corporate Environment, Health and Safety.

In the UK there are 66 members of staff within the EHM group which forms a part of Corporate Human Resources Shared Services. The sheer number of staff employed within the group is evidence of top management commitment to health and well being.

The “Resilience and Mental Wellbeing” standard was approved by the Corporate Executive team and is sponsored by the Senior Vice President of Human Resources. In two separate addresses to the organisation in 2002, the CEO highlighted the importance of this process to GSK (for an explanation of the Resilience and Mental Wellbeing process of GSK, please refer to section 17.1).

GSK has a global standard for Resilience and Mental Well being, approved by the Corporate Executive Team. The Global Standards lay the foundation for programmes that support sustainable competitive advantage and operational excellence in environment, health and safety practices. They establish a management system approach to legal compliance, continuous improvement and drive excellence in the management of key environmental, health and safety related business risks. The standards apply to all business units and locations globally.

15.4 AstraZeneca – Corporate Responsibility

This company has a fundamental commitment towards corporate responsibility. The commitment of senior management to stress prevention is evidenced by the fact that reducing work related stress illness is a key performance indicator in the Company Corporate Responsibility report.

The head of “Global Safety, Health and Risk Management”, who is also the principal medical officer, takes the lead in stress management and prevention. Senior management commitment is also apparent in the high level of participation by most of the company’s top 150 managers in one-to-one mentoring sessions to discuss their own professional life and work-life balance. These sessions have proved very popular with most participants asking for a second session. This has acted to further legitimise stress and work-life balance as issues that should be actively managed by staff.

Every year there is a chief executive’s award to an AstraZeneca site for excellence in Safety, Health and Environmental management. In 2001 a special additional award for Health and Well-being was presented raising the profile of well-being initiatives globally.

AstraZeneca has a long history of stress prevention and management activities dating from the mid-eighties (then as ICI). This has resulted in the development of a variety of initiatives to identify and deal with stress related problems.

- Establishment in 1996 (then Zeneca) of the Counselling and Life Management (CALM) programme for all UK sites.
- Global employee attitude survey (every two years) that includes personal wellbeing questions. Data from the survey is aligned with the ‘Stressful Characteristics of Work’ as defined by Professor Tom Cox (Nottingham University) and developed stress risk assessments. These provide an overview globally, nationally and by business function.
- Global “Wellbeing” intranet site giving extensive guidance on stress and life management with links to the CALM programme
- Extensive stress management training with linked impact evaluation

15.5 Sefton Metropolitan Borough Council

Within Sefton Metropolitan Borough Council, stress prevention is seen as a crucial part of the Health and Safety remit and most of the work on workplace stress comes from the Health Unit. Within the Council there are three tiers of management responsibility for stress prevention work. The manager of the Health Unit has shown fundamentally important commitment to stress prevention work over a number of years encompassing it as a major part of his operational management remit. The personal commitment of this manager has ensured that the need for work on stress is widely recognised and has been the driving force for local action addressing stress prevention.

The HR director represents the Health Unit on the Management Board; however, the extension of this reporting line is directly to the Chief Executive. The Management Board is comprised of political leaders, directors and the Chief Executive. It is without the power to make decisions, but if the endorsement of the Management Board is available, then action normally results. It is recognised that without this strong support through out the management chain, the necessary culture change, which enables stress prevention to become a part of everyday activity, will not happen.

In addition to the HR Director representing stress prevention at this level, there is further influence and commitment to stress prevention offered by the Chief Executive. In accordance to recommendations made by the HSE, the Chief Executive is recognised as the Director with responsibility for Health and Safety, and as a part of that, stress prevention activity. The Chief Executive is thought of as the stress prevention champion.

Every quarter a report is made to the Cabinet Member for Corporate Resources and to the full Cabinet with regard to sickness absence levels and the actions around it. A further report reviewing management performance on health and safety issues, and the Council's short to medium term plans, is presented annually.

In addition to the regular discussions of stress, Best Value review has led to funding being made available for a more proactive approach to tackling stress prevention. In financial terms the Council finds itself in a similar position to many of the other public sector Beacon candidates with the overall resource available for spending on stress prevention and other health promotion being less in comparison to the blue chip Beacon candidates. However, the Council needs to be praised for showing a willingness to commit resources, so far up to £100,000, based upon a clear understanding of the value of the business case for investment in health, safety and well being. This money has also been matched by external funding through the local Health Action Zone and Neighbourhood Regeneration Fund.

The funding that has been made available has been directed towards stress risk assessment activity, purchasing stress learning resources, stress awareness training, the appointment of a health promotion nurse, and assisting with the development of an internal and integrated Occupational Health and Safety service.

One of the key features of the senior and top management commitment to stress prevention activity shown by Sefton Council is the participation of managers in stress training and awareness. This group sets a clear example. Directors and senior managers are in the process of attending mandatory stress training. This is being followed up with a competency test which all senior managers are obliged to complete. The aims of getting senior managers to complete the test is to get a positive message across about seriousness and accountability. This is being done as part of a wider management development initiative and follows on from a similar exercise in

relation to sickness absence management. The intention is to roll this out to all managers, a group of about 600 – 800 across the Council.

16 Risk Assessment

“An understanding of situational factors needs to be developed if we are to identify and reduce workplace stress. With an appraisal of work activities to assess danger to health and safety, risk analysis and task identification would enable the employer to recognise any inherent or perceived hazards prior to developing an intervention to deal with the risk (HSE, 2001). Continual analysis enables planned interventions to be evaluated and, if necessary, re-aligned to keep track with organisational changes as and when they occur. Achievement can be measured by making use of information from employee attitude surveys, absenteeism and sickness data, compensation claims, performance reviews and costs / benefits analysis. This opportunity also enables judgments to be made regarding the effectiveness of selected programmes and whether other options should be considered. Risk management consists of evaluating the effectiveness of a range of interventions and is central to the cycle of continuous improvement in the work environment (Cox et al., 2000).” **(Defining the criteria – from Part 1 of this report, see section 7.7.3)**

The four examples that follow highlight good practice and show a range of approaches towards risk assessment. We have found in all Beacon candidates that ‘general’ health and safety risk assessment is well organised and well embedded into organisational practices. General health and safety risk assessment is mostly associated with physical risks.

Psychosocial risk assessment on the other hand is much less well developed. We found some organisations in our scoping visits where there were few, if any, regular assessments of psychosocial risks, and no assessments were made of the sources of psychosocial risks (such as those found in the Health and Safety Executive’s HSG218³). This is a deficiency across those organisations where this was the case. Better liaison between health and safety managers trained in more traditional physical risk assessment and those with expertise in employee health and wellbeing such as occupational health specialists or HR specialists is the solution in these cases.

We would conclude that those organisations that did have a coherent programme of psychosocial risk assessment were the ones most likely to also be operating good practice in other areas of the Good Practice Model, since risk assessment underpins criteria such as primary level intervention, management participation, and is usually a key element of a stress prevention strategy.

As a result of our research, we have found that psychosocial risk assessment can have positive benefits in other ways. For example, it is usually undertaken by experts from outside the department or work team. This can short circuit problems associated with ‘manager dependent’ processes where the identification of workplace stress is left to the manager to first of all identify, to assess the level of risk concerned and then to decide appropriate management action. Although line managers are absolutely central to the effective implementation of a Comprehensive Stress Prevention Programme (nowhere more so than in the criteria ‘A Participative Approach’), a manager dependent process will almost certainly not deal with one of the most pernicious of workplace stressors – that of a poor manager.

³ HSG218 describes the following psychosocial hazard factors: Culture, demands, control, relationships, change, role, support & training

The use of risk assessment procedures undertaken by health and safety auditors or occupational health, or HR specialists can over-come the manager dependent problem. Proactive engagement by such experts can be triggered by extraordinarily high absence rates, extraordinarily protracted rehabilitation, high staff turnover rates, as well as by other means such as exit interviews, 'whistle blowing', and low productivity, so long as such information comes to the attention of H&S staff, HR staff and occupational health staff. In most cases, we found in our Beacon candidates that this information was typically monitored by these experts.

We have chosen predominantly public sector examples for this criterion. Not because we do not have private sector examples. But public sector organisations need more of a steer about how it can be done and how it can be made to work in their environment and these examples will provide evidence to show that it can be done successfully.

The four examples we have chosen are:

- Sefton Metropolitan Borough Council uses a risk assessment that equates more with a job task analysis. This organisation assesses the risks inherent in job tasks. This approach is somewhat different to the other examples that we have chosen. It does not, for example, take account of the wider cultural and psychosocial environment (for example the boss-subordinate relationship). It does, however, cover all of the job related stressors that have been outlined by the Health and Safety Executive⁴.
- Somerset County Council has a comprehensive stress risk assessment approach. It is the most comprehensive approach that we found amongst all of the Beacon candidates. They undertook an organisational wide stress audit in late 2001.
- Denbighshire County Council Social Services Department has developed a straightforward, easy to use checklist that can be used by managers to give them a quick assessment of the psychosocial risks of social workers. The simplicity of their approach contrasts nicely with the comprehensive approach of Somerset County Council. Although we would prefer to see a far more thorough investigation of risks than we saw at Denbighshire, it is nevertheless a good example of what can be done without much expense.
- GlaxoSmithKline is the private sector example. This company uses a GSK Risk Assessment Protocol that contains 64 standards of health and safety that are audited, including nine standards relating to employee health.

⁴ A lot of the stressor factors described by the HSE are job related and can be risk assessed using task analysis: Factor 2 Demands - such as workload and exposure to physical hazards; Factor 3 Control – decision latitude and empowerment; Factor 6 Role – such as role conflicts and role ambiguity; Factor 7 Support and training – such as person-job fit, induction, and on-going training needs.

16.1 Sefton Metropolitan Borough Council – Dealing with high risk job categories

"Stress" is embraced within the general approach to health, safety and environmental risk assessment within Sefton Metropolitan Borough Council. This approach towards stress risk assessment is very closely aligned with the requirements of the Management of Health and Safety at Work Regulations and the Disability Discrimination Act.

Currently all jobs undergo risk assessment and these are reviewed whenever circumstances change significantly, for example, when there is a change in the nature of the work.

A series of forms are completed for each job, which take into account all the demands on post holders. These documents cover the range of demands from traditional physical and sensory demands, such as contact risks and exposure risks, through to harmful work demands. An initial form is used to analyse physical and non-physical demands. It is the aim of this analysis to determine all areas of significant demand associated with the job. Where significant demand exists, specific assessments are undertaken to identify control measures that will be put in place to reduce any unnecessary demands and to assist the post holder to cope with those demands that remain.

These assessments take into account the need to protect susceptible individuals irrespective of where susceptibilities may arise. They also recognise the potentially negative impact on service delivery of an employee who is struggling to cope with work demands and this is irrespective of the reasons why they are struggling.

The identification of psychosocial risk is left to the manager to identify. The aforementioned forms guide managers through the process. The form is supplemented with training for all managers as a standard part of their development in how to complete the assessments. Managers are encouraged to include members of staff in their discussions of the stress risks associated with different roles. From our discussions with staff themselves, it would seem that this practice does occur, which is to be commended.

The overall risk assessment process operates on several levels within Sefton Council. Whilst managers are responsible for identifying stressors and psychosocial issues that arise within the work under their control, alternative methods operate alongside this system. The Health Unit can intervene with a separate risk assessment where there is reason to believe that a manager is the source of excessive pressure. Various forms of monitoring activity are also carried out that can identify potential concerns. These monitoring activities range through the analysis of the levels and causes of sickness absence and Occupational Health referral, to monitoring visits at work sites. A stress audit instrument has been used where monitoring or reporting arrangements indicate potential psychosocial problems may exist. Finally, senior managers are expected to incorporate risk assessment into the decision making process as it affects service areas and strategy.

16.2 Somerset County Council – Using a Stress Audit to identify risks

Somerset County Council has developed a comprehensive approach to stress related risk assessment. There are three key elements to their approach:

- Stress auditing: a major audit was carried out last year
- Proactive preventative risk assessment
- Reactive risk assessment

In addition to these three elements the analysis of sickness absence data is improving, including efforts to detect patterns of absence that may indicate stress related problems.

16.2.1 Stress Auditing

In late 2001 the Council carried out a stress audit where all employees were asked to complete a survey. The stress audit instrument used was ASSET. The ASSET survey has high internal reliability⁵ and there is a large database of cases, which allows meaningful normative comparison with a large general working population group. The use of a standardised risk assessment instrument is a powerful approach in stress prevention. It gives organisations the ability to identify stress risks within the business as well as interpret and evaluate the extent to which these are a problem in comparison to recognised benchmarks such as the general working population.

The stress audit in Somerset was adapted to suit the specific needs of different areas within the Council's control (e.g. Education, Social Services, Fire Service and General Council employees) whilst maintaining a common core of items to allow cross council and norm group comparisons. This has allowed Somerset to focus and target the stress risk assessment at some of the key roles that are recognised as having a high stress potential. In this way, Somerset has made greater efforts to monitor and evaluate the particular stress threats for certain high risk categories (teachers and social workers) than in the other Beacon candidates from local government.

The survey attracted a 48% response rate overall. The survey results showed that workload and the threat of skill redundancy⁶ (as opposed to job security) were two areas that are generally considered by respondents to be significant sources of stress. However, there were also several positive findings in the survey. For example, the overall results showed a significantly higher level of commitment to the job than is typically found in the general working population.

Stress auditing is an extremely potent tool in any stress prevention work and we would praise the use of such methodology in highlighting key sources of pressure and health outcomes, especially for high-risk job roles. However, quality diagnostics in themselves are only effective if accompanied by post audit interventions.

The Somerset stress audit highlighted where there were "hot spot" areas in the council and the specific nature and level of stressors experienced. Following the survey a number of staff focus groups were held to feedback results and identify solutions. This mix of quantitative and qualitative processes in stress risk assessment has been found in some of the best Beacon candidates. This process allows for a greater sense of participation amongst employees as well

⁵ It also possesses high concurrent validity, that is, the health factors of the ASSET instrument correlates highly with the responses to the General Health Questionnaire taken from the same subjects

⁶ People felt that their skills may become redundant due to continual changes both organisationally and of their jobs. People were asked the question "I am troubled that my job skills may become redundant in the near future"

as creating more ownership of the process. Employees feel as though they have the opportunity to express their opinions directly.

Many of the Beacon candidates have made their stress risk assessment process essentially a manager dependent process (see page 60 for a discussion of the problems associated with a manager-dependent process). Somerset has addressed this problem by using external consultants to run the stress audit process, in collaboration with the Personnel and the Health and Safety Groups of Somerset County Council. Efforts were made to ensure confidentiality and anonymity in the stress audit process. All correspondence was to the home address and the consultants were the only people involved in identifying appropriate groups for the focus groups and conducting those meetings. This is an alternative approach to short circuiting the 'manager dependency' problem.

16.2.2 Preventative Risk Assessment

The Group Health and Safety Manager has developed a preventative risk assessment approach. The approach is currently being rolled out through management training sessions. The focus is on regular monitoring and reviewing to detect signs of stress before they manifest as stress related illness or absence. This will be linked in future to the job description process to anticipate and thereby mitigate stress related issues. The approach distinguishes stress that appears to be fairly broad in causal origin from that which has identifiable specific causes. Where there is a specific identifiable cause, clear action paths can be identified. Possible outcomes include job re-design, and re-allocation of workloads.

Not all managers are (or will be) trained to conduct these preventative stress risk assessments and so in some cases this results in an employee other than the manager conducting the preventative risk assessment. Unlike some of the Beacon candidates, Somerset does recognise the problems of management dependency in any stress identification process and as such makes efforts to instruct managers on how to cope with potential conflicts of interest. However, it stops short of suggesting that direct line management should not conduct stress risk assessment. It has also issued comprehensive guidance for managers on the pro-active, reactive and emergency management of stress and trained them in its use.

16.2.3 Reactive Risk Assessment

Somerset County Council has a particularly comprehensive approach to reactive risk assessment. These assessments are usually triggered by the return to work of an employee who has been off sick due to stress related causes following clearance by the employee's G.P or the occupational health specialist. The approach is documented in a flow chart designed to act as a protocol for the risk assessor. Currently, the Health and Safety unit normally carry out the interviewing of employees and the completion of the risk assessment. However, a programme of training for selected managers in the technique is underway with the intention of encouraging them to get involved in the reactive risk assessment process. A number of diagrammatic aids are available to managers to guide them through the process of managing stress problems.

16.3 Denbighshire County Council – Risk Assessment Procedures for Social Workers

The reason for including Denbighshire’s approach towards stress risk assessment is because it contrasts nicely with the Somerset CC approach. Those people responsible for stress risk assessment at Somerset CC are experts in this field and have been developing their approach over the last three years. There has also been top management commitment for investing in and providing support for the stress risk assessment programme.

Denbighshire, on the other hand, are coming to this with less expert knowledge and with lower levels of all-round resource to fund stress risk assessment. Therefore, it has been essential that those responsible for stress risk assessment at Denbighshire develop a simple and straightforward approach that is easy to use but provides useful information about the psychosocial risks that exist within the social services department.

It seems evident to us that there are likely to be many organisations that are in the same position as Denbighshire CC. As such, the checklist that is presented below would be a very good starting point.

In order to proactively manage the psychosocial risks associated with social work roles, Denbighshire have recently introduced the “Stress Indicator Checklist”. This checklist was compiled for them by their occupational physician and was initially aimed at team managers who could use it to identify staff who are stressed.

They wanted something that all staff could use and own. Therefore the straightforward and simple to use checklist was worded in the first person and distributed to all staff that attended a stress awareness training course (called the “Healthier Me” course). It is also used prior to the annual staff development review. Figure 16-1 shows the Checklist.

Have you any problems in the working environment associated with your comfort and or safety? (For example – temperature, ventilation, lighting, noise, etc.) If yes – please list:	Yes/No
Do you feel that your workload exceeds the time available to do it in? If yes – please identify the areas of your work overload (covering for sickness, annual leave, etc)	Yes/No
Does your work regularly involve excessive or prolonged pressures such as working to unrealistic deadlines or high expectations of performance? Do you have any influence over how deadlines are set? If No – what impact does this have on your everyday workload? Are you involved in prioritising deadline and routine work?	Yes/No Yes/No Yes/No
Are you regularly asked to carry out tasks that you feel you have not been trained to do or above your grade? If yes – please state:	Yes/No
Are there or have there been any problems with intimidation, harassment or aggression from members of the public, clients, residents etc.? Are you aware of the department policy and procedure for dealing with such events?	Yes/No Yes/No

Have you received any specific training to enable you to deal with the above? If No – has the training been identified?	Yes/No Yes/No
1. Do you have to care for people with high emotional, physical dependency?	Yes/No
Are there problems caused by unsociable working hours (for example – shift work, taking work home, evening meetings, on call, no lunch break)? Could your work pattern, hours, etc. be altered in any way? If yes – in what way?	Yes/No Yes/No
Do you regularly work more than your contracted hours? If yes – how are you compensated for this time worked (e.g. TOIL)	Yes/No
Have you been fully trained to carry out the tasks expected of you? Have your training needs already been identified? Have you been given details of when this training will take place? Please list your training needs below	Yes/No Yes/No
Do you regularly feel bored at work, due to repetitive, monotonous or unchallenging tasks?	Yes/No
Do you regularly feel bullied, discriminated against, harassed or unduly criticized? Have you discussed this with anybody? Did you agree a strategy or action to deal with this?	Yes/No Yes/No Yes/No
Are there any problems associated with the facilities available at your workplace, for example, canteens, toilets, in relation to equipment, comfort and space?	Yes/No
Do you feel undervalued by colleagues, clients, customers or management?	Yes/No
Are changes taking place within your workplace managed well? If no – do you feel that you should have been consulted/informed? Do you feel that if you had been consulted you could have made a positive contribution?	Yes/No Yes/No Yes/No
Do you feel that you are unable to express concerns regarding your future?	Yes/No
Are there stressors outside of your work life at the moment that you feel are affecting your performance at work that you wish to discuss with your manager? (This could be due to a bereavement, breakdown of relationships, financial concerns etc.) If you do not want to discuss these with your manager are you aware that the organisation offers a free, confidential service to help you through these difficult times?	Yes/No Yes/No

Figure 16-1 Denbighshire Stress Indicator Checklist that all staff complete - abridged

The Checklist was piloted between November 2001 and January 2002. The department management team agreed to support it in May 2002 and it is in the process of being sent to all staff and is supported by a session on the stress awareness course (Healthier Me).

Since the Checklist is a qualitative instrument Denbighshire have recognised the need for support in completing it. The Health and Safety Assistant helps people to fill it in, working face to face with people. She scores it, and she also monitors and drives through the action plans that are compiled after completion. Provided confidentiality issues are resolved (by asking people to maintain each other's confidentiality) this qualitative approach of one to one and group

meetings to discuss the sources of pressure is a key methodology for gathering information and one that we would highly recommend.

16.4 GlaxoSmithKline (GSK)

We have included this example from GlaxoSmithKline as an example of a commercial comprehensive approach to stress, pressure management and work-life balance, that includes risk assessment. It is also included here because it clearly demonstrates that GSK's approach towards stress management using the concept of "resilience" is both about identification of stress risk hazards and the elimination of or minimization of such hazards and about improving the resilience of individuals and of teams⁷.

At GSK we found that the assessment of psychosocial risks was an integral part of its over-all risk assessment activities. GSK's Environmental Health and Safety (EHS) group, in partnership with Employee Health Management audits adherence to the GSK Resilience and Mental Well Being standard, which contains a risk assessment component. There are nine GSK Management standards relating to Employee Health. Figure 16-2 shows the nine standards and expands on the detail of the Resilience and Mental Well Being standard.

Employee Health Standards within the Global Environment, Health and Safety Standards

- Food Services & Drinking Water
 - Ergonomics and the workplace environment
 - Health Surveillance
 - Health & Safety Enhancement
 - Resilience and Mental Well-being
 - Rationale: People are often subject to mental and emotional pressures as part of their work. These pressures can be related to working conditions, competing priorities, demanding schedules, management or team practices, standards of quality or work life balance. When the pressure becomes too great, people can experience stress. Stress can cause a variety of illnesses, both mental and physical. Resilience, the ability to maintain and enhance well-being under difficult circumstances or to recover from the results of stress enhances individual's capabilities to work safely and effectively.
 - Purpose: To identify and manage inappropriate individual and organisational pressures on employees, to enhance employees' abilities to manage pressure, and to reduce the adverse effects of stress.
 - Scope: This standard applies to all GSK operations
 - Requirements: GSK operations shall implement a programme to:
 - Identify & Assess
Identify and assess the individual and organisational risks to job related mental well-being and determine the level of resilience of current employees
 - Control
Provide information and training to managers and employees in the effective management of pressure and the early recognition of its adverse effects on mental well-being
- Take action, prioritised according to need, to minimise identified risks to

⁷ **What is Resilience?** Resilience is the ability to be successful both personally and professionally, in the midst of a high pressured, fast-paced and continuously changing environment. The Resilience process focuses on two key factors, which are of equal importance to high performing organisations:

- Individual Well-being – including physical, mental, emotional, social and spiritual dimensions; and
- *The organisational factors which either support or jeopardize well being, and, at the same time, either support or jeopardize team and business performance*

(from GSK literature)

<p>mental well-being and to enhance the resilience of employees</p> <p>Ensure work-related, adverse mental health effects are diagnosed according to GSK defined criteria and facilitate access to treatment and support</p> <p>Ensure medical confidentiality, maintaining all paper and electronic records on individuals separate from other non-medical files</p> <p>Evaluate the effectiveness of interventions and address any areas of residual risk</p> <ul style="list-style-type: none">▪ Review: Confidentially investigate all cases of adverse mental health effects which may be work-related and report anonymously any confirmed cases, as per Global EHS Standard 208 (Investigation and Reporting of EHS Adverse Events) <ul style="list-style-type: none">• Reproductive health• Absence and rehabilitation• Workplace smoking• Drugs and alcohol in the workplace
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Figure 16-2 GSK Employee Health Standards - Abridged

17 Stress Prevention Strategy

“The development of an action plan addressing intervention aims, tasks, responsibilities and resources should consider the needs, abilities and requirements of organisational members. Both managers and employees should be involved in this procedure if it is to address the right issues and have a successful outcome. Furthermore, managers must understand the role they play in supporting employees and influencing health and wellbeing, not only emotionally, but also by ensuring effective and consistent communication (Stansfeld et al., 2000).” **(Defining the criteria – from Part 1 of this report, see section 7.7.2)**

Many of the Beacon candidates that we assessed did not have stress prevention strategies that demonstrated coherence. This may be because the Beacon Model of Stress Prevention is an ideal model and that having a coherent stress prevention strategy is particularly aspirational. It requires the co-ordination of multiple activities and the management of investments in stress prevention.

Overall we saw few examples of a clear plan of action that stated why activities were being undertaken, what were the expected outcomes, and how these outcomes would benefit reductions in stress levels. This may be due to the fact that many of the interventions and provisions on offer by the Beacon candidates that would combat stress fall into a disparate array of departments and organisational initiatives; Occupational Health Services, HR initiatives associated with management development and performance management, Employee Development and Employee Relations initiatives associated with mediation services and Corporate Responsibility, Organisational Development, Health and Safety, Corporate Communications, and so on.

One of the key observations we made in relation to this criteria (stress prevention strategy) is that those Beacon candidates that made effective use of and operated a coordinated approach involving all three sets of experts (occupational health experts, HR experts, and health and safety experts) were far more successful with this criteria than those where stress prevention activity was shouldered by only one set of experts. Another key observation that we made was that this criterion is closely linked with top management commitment where top management commitment is characterised by top management ‘involvement’ in the setting of the strategy.

- At GlaxoSmithKline the stress prevention strategy covers both organisational and individual resilience and uses a well defined model of prevention and problem solving to bring all of the different stress prevention activities into the strategy.
- In London Electricity the stress prevention strategy is led from the top as a key component of organisational culture and competitiveness.
- A stress policy is something that every organisation should have. We have included the stress policy of London Borough of Hounslow as a good example of one.
- We have also included Stockton Borough Council as an example of overcoming the public sector problems of lack of finance to fund stress prevention programmes. Stockton is using a strategic alliance with the NHS to ensure health provision for staff. This is an innovative way of providing service and capability.

17.1 GlaxoSmithKline – An example of a Comprehensive Stress Prevention Strategy

The GSK stress prevention strategy is probably one of the best that we have seen amongst all of the Beacon candidates that we have assessed. It is underpinned by a group wide commitment to a comprehensive approach to supporting and enhancing the resilience of managers and staff, paying attention to stress prevention, pressure management and work life balance. The term “resilience” is used by GSK to engage managers and staff with the business case for workplace health and wellbeing. It emphasises the positive nature of organisational initiatives aimed at improving performance in a competitive business environment as well as emphasising the positive nature of taking personal responsibility for maintaining good health at the individual level⁸.

The essence of the GSK resilience strategy is outlined (in summary) in Figure 17-1.

What is Resilience?

Resilience is the ability to be successful both personally and professionally, in the midst of a fast-paced and continuously changing environment. The Resilience process focuses on two key factors, which are of great importance to high performing organisations:

- Individual Well being – including physical, mental, emotional, social and spiritual dimensions; and
- The organisational factors which either support or jeopardize well being, and, at the same time, either support or jeopardize team and business performance

Personal resilience. Resilient individuals:

- Demonstrate confidence, adaptability and flexibility, even in fast paced and high pressurised environment – mental wellbeing;
- Display energy and stamina in meeting challenging goals – physical health;
- Draw on all areas of life to maintain a healthy and balanced perspective – emotional wellbeing

Some people may be innately more resilient than others, but resilience can be learned and improved with additional knowledge and practice. Personal Resilience and Mental Wellbeing Training is offered through the GSK Learning Link. This course can help individuals improve their personal resilience and can be completed either prior to or in conjunction with the team resilience process.

Organisational Resilience

Resilient teams or resilient organisations are not simply a collection of resilient individuals. They regularly practice personal resilience and mental wellbeing skills and:

- They understand and clarify roles, goals, expectations and personal priorities;
- They demonstrate support, trust and mutual respect for business and personal priorities;
- They experiment with new ways of working to better meet business goals and personal needs.

Figure 17-1. Team Resilience and Mental Wellbeing at GSK

⁸ This is not to say that the company ignores preventative activity. There is an extensive psychosocial risk assessment programme in place (see section 16.4)

We saw in GSK coherence in their strategy. It is tied to GSK's mission 'to improve the quality of human life by enabling people to do more, feel better and live longer'. One of GSK's business drivers is GSK People, which includes a commitment to foster a work environment that supports an informed, empowered and resilient workforce. The Resilience concept is built into a variety of organisational initiatives. Not only does it underpin their approach towards mental wellbeing, it is prominent in the GSK's leadership essentials, against which performance is measured and professional development is planned throughout the organisation. It is also a central element of the GSK's global Environment, Health and Safety Risk Assessment and Management standard.

Resilience, therefore, runs through a whole range of GSK stress prevention activities to ensure a healthy working environment. GSK emphasises both Personal Resilience and Organisational Resilience. Figure 17-2 encapsulates the over-all resilience strategy for GSK.

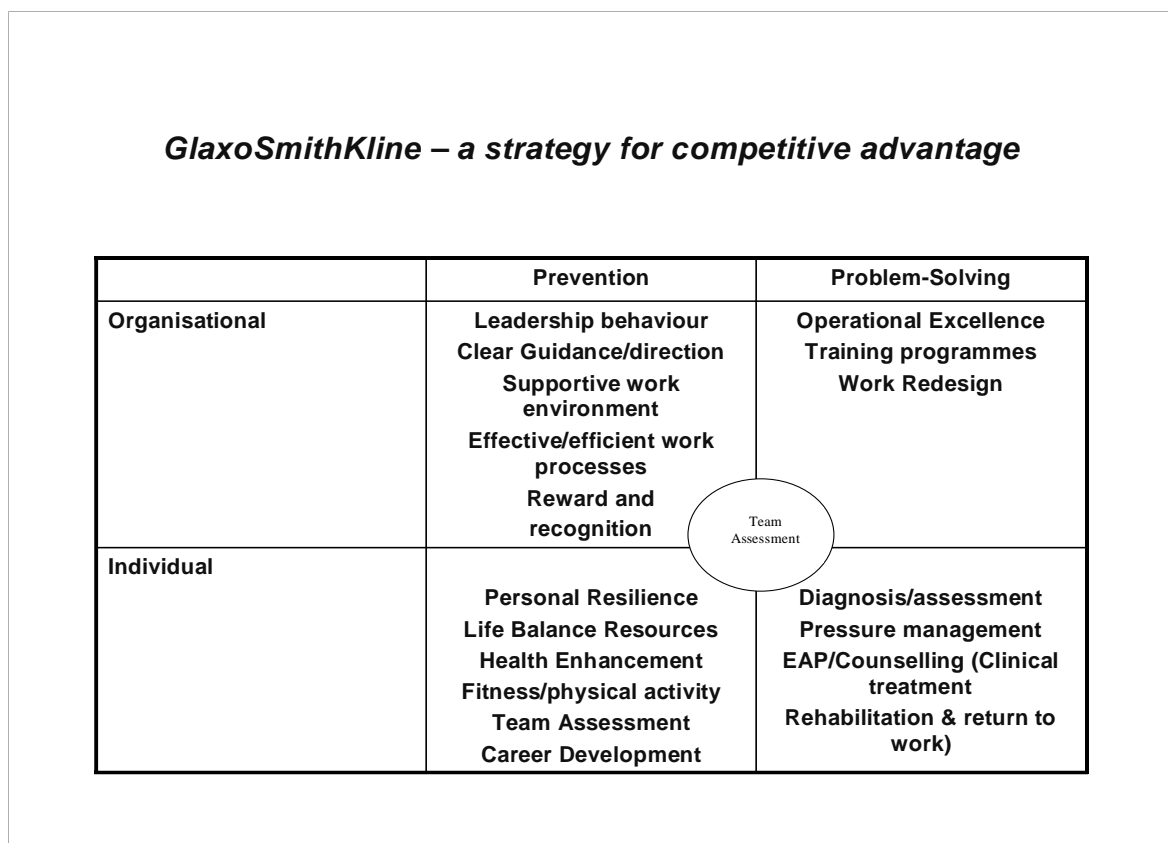


Figure 17-2 Resilience Strategy

17.1.1 Operationalising the GSK resilience strategy

Personal Resilience

A Personal Resilience Course is available to all staff.

Life Balance Resources

Whole range of work-life balance options such as flexible working, home working, part time working, job sharing, etc. An integrated Employee Assistance programme offers support on

emotional, family support and every day issues. Work life balance education and information events are held on all sites and printed and on line resources are available to all.

Health Enhancement & Fitness

A health enhancement team assess health and well being risk and develop or source a range of face to face, remote delivery or community based interventions to support and enhance the health and well being of employees. On site programmes include smoking cessation, weight management, walking and fatigue reduction programmes. GSK employees either have access to an on site fitness facility or the opportunity to access external fitness facilities where GSK has negotiated discounted rates.

Career Development

Every member of GSK staff must undertake a Personal Development Plan (PDP), including development in the Leadership Essentials which define the behaviours GSK feels are important to establish the desired culture. Resilience and work life balance are featured strongly in the Leadership Essentials. 'My Learning Link' a feature on the GSK intranet offers a variety of courses for professional and personal development.

Diagnosis/Assessment

Stress Risk Assessment (see section 16.4)

Every GSK site has at least one occupational health advisor who deals with, amongst other things:

- Travel health
- Workplace design and ergonomics
- Rehabilitation and return to work
- Occupational Health Association (OHA) facilitated training

Employee Assistance Counselling

This is available to all staff, their partners and families. It is an externally contracted service. EAP provides counselling and undertakes to arrange specialist services when required.

Individual Diagnosis/assessment

Every two years staff complete a "Health Risk Appraisal" which covers aspects of employee health. The Health Risk Appraisal produces an individual report, which goes to the member of staff. A copy is retained and analysed by Employee Health Management staff. The Appraisals also provide corporate information on the health needs of the business. For example, poor results from a whole team indicates the need for further investigation.

Organisational Prevention

As well as the GSK Leadership Essentials (Competency Framework), there is a comprehensive range of training available for all employees at all levels of the organisation. Principles and practice of enhancing team and personal resilience are embraced within these.

Team Assessment

This takes the form of the Resilience Assessment Questionnaire, a validated GSK tool that is used for both pre- and post intervention assessment. A team workshop then ensures to drill down on issues in order to better understand them and develop an action plan with clearly defined responsibilities and an agreed review point. The action plan contains measures of success expressed in business outcome terms as well as in terms of stress or pressure reduction.

17.2 London Borough of Hounslow – Stress Policy

Stress policies come in all shapes and sizes. However there are some basic elements that we were looking for in the stress policies of the Beacon candidates. For us, a stress policy should outline the commitments that the organisation will make to minimise stress at work. It should also include a statement that clarifies the responsibility that staff have for managing their own health and wellbeing at work. We would expect a policy to outline a manager's responsibilities to anticipate potential pressure and to support stressed staff. We would expect a policy to outline an employee's responsibilities to maintain their own health; to draw attention from their manager to their own stress problems, and to support stressed colleagues.

The policy should not be excessively long, two to three pages is as much as is necessary in order to be both succinct and yet explicit.

Hounslow have a very well defined stress policy and clearly outline the way in which it should be used. The policy itself specifies three areas of responsibility: corporate responsibilities, departmental responsibilities and employee responsibilities. Within each there is a set of standards that show how the policy is to be actioned (see Figure 17-3). The Hounslow policy specifies performance indicators against which the stress policy will be judged which is something that we did not find as common practice in other Beacon candidates. In addition, the policy itself is widely disseminated by including it in two management training programmes that Hounslow runs for its managers and staff. It is also included in all induction courses.

Corporate Responsibilities:

- To provide guidelines and expert advice...
- To provide employee health assessments for people in high risk job roles
- To provide and maintain a confidential employee counselling service
- To provide staff with opportunities for personal and career development
- To develop and organise an on-going programme of health and stress management briefings for all supervisors and managers in how to identify, manage and risk assess health issues amongst staff...
- To develop and organise an on-going programme of briefing sessions for staff relating to awareness of stress hazards, recognising stress at an early stage and how stress can be dealt with effectively...
- To draft an annual health plan in conjunction with departments, which includes various health promotion and education initiatives relating to health and stress at work
- To monitor effectiveness of this strategy every 12 months...
- To incorporate stress audits into the Borough's Quality Safety Audit Programme

Departmental Responsibilities

- To carry out and record Risk Assessments where appropriate...
- To implement effective control measures, precautions, employment adjustments and training to reduce health risks⁹
- To ensure, where relevant, stress hazards are included in Job Descriptions and Employee Specifications and that stress reduction is included in job design
- To properly plan for reorganisations
- To ensure that managers and supervisors have the opportunity to attend risk assessment training
- To ensure all 'at-risk' staff attend relevant training on stress awareness, recognition and control of stress hazards
- To ensure managers encourage staff to raise problems arising from work or home and to jointly initiate appropriate action e.g. through supervision or 'one to one' discussions and Staff

⁹ London Borough of Hounslow provide examples of stress hazards: e.g. shift work, long or unsociable hours, physical conditions such as the presence of high noise levels, physical isolation of some employees implying a lack of social support, excessive work/caseloads, repetitive work, physical or verbal abuse, harassment, etc.

<p>Development and Appraisal Review meetings</p> <ul style="list-style-type: none"> • To ensure work environment, job design and facilities...as far as is reasonably practicable, is suitable and adequate... • To raise as an agenda item the issue of stress within the department at Senior Management Team, on at least an annual basis • To ensure that in the event of a member of staff being absent from work as a result of stress in their job that: risk assessment of the post be carried out and the individual is referred to the Occupational Health Service <p>Employee Responsibilities</p> <ul style="list-style-type: none"> • To acknowledge that the management of health and stress hazards in the workplace is a joint responsibility between employer and employee... • To take personal preventative action in terms of stress management • To highlight to managers/supervisors working practices and environments that, if allowed to continue, may lead to stress or other health related hazards... • To identify health risks in themselves at the earliest opportunity and to seek help from supervisors, and/or managers, Employee Counsellors, colleagues or outside agencies etc. • To avoid harmful ways of coping with stress, such as excessive drinking, smoking or taking drugs. • To respect the needs of others and to take responsibility for actions which may have an adverse effect on the health of other individuals • To challenge and report bad practices to an appropriate line manager. • To ensure that annual leave and flexible working are used to good effect in reducing stress hazards...

Figure 17-3 Hounslow Stress Policy (abridged extract)

The policy deals with a number of elements. For example, it outlines narrow target approaches towards stress prevention, such as incorporating tertiary level employee counselling provision (point three), and secondary level stress awareness training (point six and point fourteen). It also includes wide target approaches towards stress prevention, such as the corporate responsibility to provide opportunities for personal and career development (point four), to properly plan for reorganisations (point thirteen), and the responsibilities on employees to ensure that annual leave is taken (point twenty-seven).

In our opinion, the emphasis that the policy places on risk assessment within all three levels of responsibility is commendable. Point nine places a responsibility on the corporate management team to ensure that stress auditing is undertaken, point ten places a responsibility on managers to carry out and record risk assessments, and point twenty-three places a responsibility on employees to identify health risks in themselves and to take preventative action.

The effectiveness of the policy is outlined according to specified performance indicators, see Figure 17-4.

The policy will be reviewed annually in relation to health performance indicators at two levels, a) corporate evaluation and b) departmental evaluation. The health performance indicators to be assessed will relate to:

Corporate:

- Long and short term sickness absence levels relating to stress
- Ill health retirements which are stress related
- Staff turnover rates
- Accident statistics as an indication of a lack of attention to health and safety

Departmental

- Job dissatisfaction including feedback received from exit interviews
- Attitude surveys
- Staff Development and Appraisal interviews
- Information gathered through the IIP process

Figure 17-4 Hounslow Stress Policy (abridged extract continued)

One of the key ways in which Hounslow ensure that the policy is embedded in staff thinking is by including a session on the stress policy in the management training programme 'Managing the Pace', as well as in the training programme 'Risk Assessment for Managers'. A session on the stress policy is also included in all induction courses for new recruits.

17.3 London Electricity

Safety behaviour is critical to London Electricity given the nature of the company's business. Safely delivering electricity to customers requires not just an awareness of, not even just a focus on safety behaviour, it requires a cohesive culture of safety behaviour. This company's strategy for ensuring that safety behaviour is a fundamental aspect of its business culture is built on a strong safety strategy emphasising primary level interventions for eliminating the risks.

Stress prevention activity is a beneficiary of this culture in so far as risk assessment is an established activity. Under the auspices of the occupational health physician, London Electricity builds stress risk assessment into the well-established activities of its risk assessment teams (see below).

Although the following summary of the activity of London Electricity's risk assessment teams could have been included in section 16 "Risk Assessment" as an example of good practice, we prefer to show it in this section as an example of how a stress prevention strategy can be operationalised at a local level. It also highlights the way in which a safety culture is not only about safety behaviour by individuals but should also encompass some of the wider issues associated with stress prevention, such as resource management, people management, and personal relationships (see Figure 17-5).

Its strategic approach operates at the three classical levels of stress intervention:

- **Primary level interventions – Eliminating the stressors**
 - A "Stress at Work Risk Management Policy" outlines the process by which localised stress risk factors are identified using Risk Management Teams (RMTs). Within each entity of the London Electricity Group businesses, there is a whole series of risk management teams (RMT) made up of appropriately trained risk assessors (a business entity manager, a health and safety manager, an occupational health advisor or another appropriately trained person). These RMTs operate within business units, and instigate primary interventions for eliminating stressors
- **Secondary level interventions – Helping people to cope**
 - "Fit for Work" programme – this is a training programme training managers to understand mental health issues at work and to recognise the causes and consequences of workplace stress
- **Tertiary level interventions – picking people back up**
 - "Employee Support Programme" – this is an occupational health provision using external expert assistance

The composition of the RMTs highlight the importance of having all organisational "experts" involved in stress prevention activity (see section 22.4). In section 22.4, we acknowledged the need for experts from health and safety, occupational health, and HR. In London Electricity, the RMTs include a health and safety expert, an occupational health expert, and the business manager as opposed to an HR expert. This is an interesting alternative and one that is reflected in other activities associated with London Electricity's stress prevention activity. For example, its tertiary level employee support programme has as its focus a "round table discussion" which includes the counsellor and the line manager (see section 21.1). Line management plays a key role in all aspects of the company's stress prevention activity. We suspect that there are many

advantages of using this approach not least that the line manager has a fundamental understanding of the day to day activities of the employee and has the responsibility where necessary for making changes in the work environment or in the job design.

We can also see disadvantages of this approach, not least the issues raised in section 16 relating to the problem of a manager dependent process¹⁰.

The work of the RMTs in relation to stress risk assessment is outlined in Figure 17-5.

Stress Risk Assessment

Risk assessment will focus on task-based hazards although risks relating to individual specific issues will also be identified where appropriate. It will produce options for proactive measures, which if effectively implemented, are expected to reduce both the likelihood and severity of adverse outcomes to either individuals or groups relating to these factors...For effective risk management...RMTs will carry out risk assessments and will determine and record recommended control measures.

Review of Assessments

RMTs will review their assessments at intervals not exceeding two years. In addition, existing assessments will be reviewed when

- There is any reason to suspect that an assessment is no longer valid for what ever reason
- There has been a significant change in the work concerned
- Another factor requiring a stress based risk assessment has occurred in the work environment
- Audit and Review

The implementation of the control measures determined will be audited and their effectiveness reviewed by the RMTs

Responsibilities

- The Business Entity's Policy Makers and Planners are responsible for overall formulation, development and implementation of Stress at Work Risk Assessment and are responsible for:
 - The proper management of work involving stress related hazards
 - The provision of all necessary training
 - The provision and maintenance of control measures
 - Ensuring appropriate regimes of supervision and inspection and
 - Ensuring that employees who are unable to undertake tasks as a result of any underlying stress-related conditions are referred to Occupational Health or the ESP (Employee Support Programme)

Employees will:

- Attend training courses when nominated
- Make correct use of specific control measures
- Inform their supervisor or manager if they are unable to undertake tasks as a result of any stress-related condition

Figure 17-5 London Electricity Group. Stress Risk Assessment Procedure

¹⁰ *A poor manager is one of the most pernicious of workplace stressors*

The hazards referred to in Figure 17-5 are outlined in detail in Figure 17-6.

Two key groups of potential hazards

- Resource management
 - Demands – such as workload and exposure to physical hazards
 - Control – how much say the person has in how they do their work
 - Change – how this is managed and communicated in the LE Group
- People Management and Relationships
 - Relationships – covering issues such as bullying and harassment
 - Role – covering the understanding an employee has of his/her role in the LE Group and ensuring that the roles are not conflicting
 - Support, training and factors unique to the individual:
 - Support – from peers and Line Management
 - Training – for core fundamentals of the job
 - Unique factors – catering for individual differences

Figure 17-6 Psychosocial Risks covered in the Stress at Work – Risk Management Policy of London Electricity Group

In addition to the corporate stress at work policy, the metering business of London Electricity Group has its own stress management policy. Aspects of this policy are provided in Figure 17-7 and show how the application of the policy reflects the holistic approach towards preventative stress initiatives. It is presented here as an example of the range of activities that can be undertaken to help minimise stress.

By application of the policy set out below, the Metering Business aims to prevent/and or minimise stress but if it does occur, detect and alleviate it quickly.

Employment Health Screening

- The existing Company policy of ensuring that no person takes up employment before a health questionnaire has been completed and health rating given must be enforced in all cases

Induction and Promotion

- As part of the induction programme the Stress Policy should be discussed and employees advised from the outset where they can turn for help and support

Stress Related Risk Assessments

- The Metering Business will incorporate stress-related hazards in health and safety risk assessments. Managers should be encouraged to anticipate and identify pressure and minimise stress for employees...

Participation in the Investors in People Scheme

- Managers would be required to develop certain aspects of the Performance Review system already in place within the Metering Business. This would require the principles embodied in the existing system to be extended to all categories of staff

Stress Management Refresher Training

- All managers should attend a stress management refresher-training course so that they are aware about the issue of stress and are better equipped to advise staff who to approach for help and assistance

Training and development

- ...The identification of training needs must feature in all cases where re-structuring of individual jobs or sections of a department takes place. Identifying and meeting training needs should be viewed by managers as an ongoing responsibility

Employee Assistance Programme

- The Metering Business will continue to provide staff with access to an Employee Assistance Programme (currently referred to as ESP)

Absence Management

- The Metering Business will seek to improve the effectiveness of sickness monitoring procedures so that incidents of stress are accurately recorded and categorised as such. Managers should ensure that employees are interviewed accordingly

Staff Care Checklist for Managers

- Identify jobs where stress has been or is a problem
- Meet all employees reporting directly to you on a planned and regular basis
- Take care over the allocation of work. Do employees have the required skills? Are timescales reasonable?
- When employees are absent, find out why.
- Ensure that all new employees to your group receive a planned induction programme
- When employees are promoted or their job changes, ensure that they are given advice and support to help them adjust to the changed situation
- Identify the training and development needs of your staff and make arrangements to monitor progress in meeting those needs.

Figure 17-7 London Electricity Group's Metering Business Stress Policy - Abridged

Within London Electricity Group there were a raft of 'good management' initiatives that fall within different departments, a lot of which were not within the remit of the occupational health physician (selection and recruitment practices, management development, Work-Life Balance policies and practices, organisational development, etc) but which nevertheless, help to bring alive a culture of health, safety and wellbeing.

17.4 Stockton Borough Council – A partnership strategy

The reason for including Stockton Borough Council as an example of a stress prevention strategy is due to their innovative approach towards utilising external expert help. Stockton's over-all strategy for workplace health and wellbeing is determined by its Employee Care Group made up of staff from a range of different Council services:

- Human Resources advisors
- Back Care advisor
- Consultant Occupational Health advisor
- Health and Safety Officer
- Health Promotion advisor
- Trade Union Representative
- Other professional advisors as required

The Employee Care Group has been driving through the employee health agenda since 1997. One of the key features of its work is the Employee Care strategy, which includes a stress management policy "Coping with Pressure in the Workplace" which has been in place since September 1999, and a stress awareness training course.

The fundamental tenet of the Employee Care strategy is the idea of "partnership". It draws on expertise from the health service and is modelled on the Tees and District Health Promotion Service Partners in Health Promotion Charter. The Council now works closely with Tees Health Promotion in addressing key health areas and in partnership with them, it has recently been awarded a 'Partners in Health Award', which is awarded to employers who can demonstrate a positive commitment towards workplace health promotion.

There are elements of their strategy that need further work. The emphasis of their strategy is very 'individually' based and we would suggest that a key element of their strategy moving into the future has got to be organisational psychosocial risk assessment and primary intervention activity, an area that is currently not well developed. However, we have already made reference to the difficulty of funding stress prevention activity in the public sector (see section 15.2.1) and a strategy that emphasises partnership is worth disseminating.

18 A Participative Approach

“A participative approach to stress management interventions should be applied to each component of the process, from diagnosis to selecting the intervention and evaluation. The involvement and empowerment of individuals at various stages of the intervention improves the likelihood of a positive result (Bond and Bunce, 2001). This collaborative method attempts to meet the desired outcome through co-operation between various organisational members in the decision making process to improve organisational change initiatives. Employees from all levels of the organisation are encouraged to participate, with external consultants and researchers acting as facilitators and evaluators of the process (Parkes and Sparkes, 1998).” **(Defining the criteria – from Part 1 of this report, see section 7.7.1)**

We found a number of ways in which organisations demonstrate a participative approach. In the main, these are; training managers in stress awareness, undertaking employee surveys, running focus groups with stress and workplace pressure as a topic, regular staff appraisals if such appraisals provide opportunities for staff to raise stress issues¹¹, and operating ‘expert networks’.

Management training in stress awareness (and in some cases psychosocial risk assessment) is a key way to draw in managers into the stress prevention agenda. It helps people not only to recognise and understand what stress is, but also helps them to recognise it in others and provides information on how to deal with stress in their team.

All of the Beacon candidates have stress awareness training well embedded in their strategies and undertake training as routine. We found a lot of evidence of good, solid training programmes. The single most important observation that we can make is that such training is essential in organisations that are committed to a stress prevention programme. Managers must have a high level of stress awareness including an understanding of stress symptoms and its effects on behaviour and its effects on work output, what causes stress, preventative activity that can be undertaken (at the primary, secondary and tertiary level), and what additional resources are available to help in the process (e.g. occupational health services).

In addition, the success of any manager dependent process of risk assessment is predicated upon the manager being well trained in stress awareness and therefore training in stress risk assessment for managers is an imperative, and such training must include references to some of the potential problems associated with a manager dependent process (see page 60).

- We have used the Royal and Sun Alliance as a good example of an employee survey. Employee surveys are a key tool in participative diagnosis and are used by some organisations as alternatives to stress auditing. They can help to inform intervention activity in the same way as a stress audit and can be used as the basis for further qualitative discussion within individual work teams¹².

¹¹ Staff appraisals that provide opportunities for staff to discuss stress and pressure issues in a constructive way can be classed as an example of a participative approach. Appraisal interviews that do not provide opportunities for such discussions, or appraisals that do but are poorly conducted can be a source of stress.

¹² Clearly stress auditing using a standardised instrument with comparative benchmarking data is preferable, but in the absence of this, survey items are helpful

- Focus groups are also extremely effective in utilising local understanding and knowledge. The London Borough of Hounslow has run a series of focus groups investigating stress, its causes, consequences and solutions. Focus groups will generate information that cannot easily be measured using a survey, such as specific examples of stressful situations, information about the culture of the organisation, the nature of relationships between people, and they can be used to generate solution possibilities.
- Both Leicestershire County Council Department of Planning and Transportation and Gloucestershire City Council use expert networks. 'Expert networks' are an innovative approach towards stress prevention. A number of Beacon candidates used this approach to help them to understand stress issues and to generate potential solutions. These networks are people with a particular expertise in stress prevention. They have a 'day job' in that they are line managers and staff within the business, but they also have training in some aspect of employee health and wellbeing (such as basic counselling skills). They support the employee welfare processes that exist in the business, and have the advantage of living and experiencing the day to day pressures of staff that helps them to understand and empathise with staff. They are in the business and have their ears to the ground.

Staff appraisals offer a unique opportunity to canvas the views of employees. The success of this approach in making a contribution to stress prevention is dependent upon a proper discussion of solutions to any stress risks that may have been identified. Although they are a key source of information, the success of staff appraisals, whether in the context of stress management or in the context of any staff appraisal outcomes (such as career development) is dependent entirely upon the appraiser being well trained in conducting an appraisal interview. Although we did not gather information about appraisal training during our scoping visits, we know from other consultancy work that we have been involved in that many managers do not receive appraisal training. We also know from survey work that staff perceive the usefulness of staff appraisal to be very poor¹³.

Over-all, it is important to mention that we observed a lot of information gathering by the Beacon candidates. They invested a lot of time, energy and resources into finding out what people think especially through employee surveys. Although this is a necessary first step, we found far less evidence that this information was effectively used to instigate targeted stress prevention activities or initiatives.

¹³ Evidence is drawn from survey data gathered by Robertson Cooper Ltd

18.1 The Royal and Sun Alliance

We have included the Royal and Sun Alliance employee survey as an example of a survey that covers stress by including stress related items in their survey. Royal and Sun Alliance undertake an annual UK organisation wide survey, the most recent being in May 2002. The survey questions are wide ranging and there are core items, which are the same year on year allowing for trends in attitude to be tracked. A number of items on the questionnaire provide information about the sources of pressure that people perceive and the well being implications of working for Royal and Sun Alliance. Given the 85% response rate to the 2001 survey, this body of evidence is a very good starting point for initiating preventative work. In addition, the use of a 10-point Likert scale allows Royal and Sun Alliance to monitor opinion changes in fine detail.

In the context of employee participation and the gathering of views, some of the more 'stress relevant' items in the survey are included in Figure 18-1.

- Are you clear about what your job responsibilities are?
- Are you clear about what results you are expected to achieve?
- Do you feel that you have the necessary skills to do your job?
- Can you get the information you need in order to do the job?
- Does the physical environment you work in enable you to do the job?
- Do you have the authority to make the decisions, which are necessary in order to do your job?
- Do you feel that your views about what you have to achieve are taken into account?
- Are you able to get the co-operation you need from the people in your team?
- Are you given feedback about your job performance?
- Do you feel the salary and benefits package that you receive is a fair reward for the job that you do?
- Do you feel that your skills and abilities are valued?
- Is communication within your part of the business effective?

Figure 18-1 Royal and Sun Alliance 'Stress-Relevant' Items

All managers receive the results of the employee survey for their section of the business and are required to feed these back to their teams in meetings. The expectation is that teams will work with managers to develop an action plan to tackle the key areas of concern. For example, within the engineering team, most of whom are home workers, the survey indicated a lack of corporate communication to this group. As a result managers and employees planned and have implemented bi-annual national forums that bring together these home workers to learn about and discuss corporate issues so as to feel more involved in decision-making.

Both managers and employees within Royal and Sun Alliance believe that the survey does provide them with information upon which they can act. This process occurs across the whole business and not just within teams.

18.2 London Borough of Hounslow

This section is presented as evidence of the way in which focus groups can be used to gather information about work-place stress. The London Borough of Hounslow ran a series of focus groups in November/December 2000. The focus groups were run internally by the principal employee counsellor and co-ordinated by the two key people responsible for stress, the Organisational Development Manager and the Occupational Health and Safety Manager. The focus groups were structured around three key questions:

- What do you see as the causes of pressure?
- What do you see as the signs of stress around you in the workplace?
- What could the following sections of the organisation improve, develop or change that could contribute to the reduction of work place pressure? The sections are Occupational Health/Employee Counselling/Training/Personnel /Managers/Senior Managers/Elected Members

This is a key method for gathering views of staff on issues relating specifically to stress. The value of undertaking such a qualitative approach has already been outlined (see page 83). In our experience of running focus groups, they provide exceptionally high quality data. Furthermore, staff participation is usually high since people generally value the opportunity to be consulted on stress related issues.

18.3 Expert Networks – Gloucestershire City Council and Leicestershire County Council Department of Planning and Transportation

At Gloucester City Council there is a network of internal volunteer employees trained in basic counselling who are available to discuss any problems or issues an individual may have that he or she is not comfortable raising with their line manager. This service is called EARS – Employee Advisory Resource Service.

Leicestershire County Council offers the same sort of service. This is the Welfare Network that is made up of a group of staff who have been specially trained in basic counselling skills. They offer support to staff in their own area of the business and link back to the professionally trained staff in the Welfare Service. They also spread information about welfare activities throughout the organisation. The network supports three full time, qualified counsellors.

19 Interventions – Primary Level

The Part 1 report uses a variety of typologies to describe stress management interventions. One of those is referred to as primary, secondary and tertiary levels of stress intervention.

- Primary interventions are interventions aimed at dealing with the stressors by changing the physical or socio-political environment to match individuals needs and providing them with more control over their work situation
- Secondary interventions are interventions aimed at helping people to manage stress without trying to eliminate or modify workplace stressors
- Tertiary interventions are interventions that are aimed at rehabilitating people who have been unable to cope

This is the typology that we used in the scoping visits to discuss the interventions that each of the Beacon candidates were undertaking. We have drawn out of the Beacon research many examples of interventions. We wanted to provide real life examples of what organisations are doing and to show what it is possible to do.

Interventions are key to a stress prevention programme, particularly those that work at the primary level of intervention. Eliminating the stressors at source has been a key factor in the Health and Safety Executive guidelines on stress prevention¹⁴.

Even so, in our view primary level¹⁵ intervention is ambitious. Interventions take a long time to organise, they can cost quite a lot of money both in terms of resource requirements and in people's time, and their effectiveness is difficult to measure¹⁶. However, in order to address work stress at source by looking at underlying causes (which organisations should be doing), then primary level interventions are the preferred approach.

We came across a wide variety of primary interventions within the Beacon candidates. We are presenting nine examples.

¹⁴ *The Management of Health and Safety at Work Regulations 1999.*

¹⁵ *The HSE CRR2 86/2000 publication by Cox et. al. is devoted to this.*

¹⁶ Because it is difficult to measure the effectiveness of an intervention, we have not made value judgments about which ones are the most efficacious.

19.1 London Borough of Hounslow

One excellent example of a locally managed primary intervention at the London Borough of Hounslow was found in the Neighbourhood Enforcement Unit. This unit is made up of people who have to perform an inherently stressful job. In the words of the manager of this unit

“My officers have to get people to do things they don’t necessarily want to do, or stop doing something they would prefer to continue, or spend money they don’t want to spend”

One of the teams within this unit has a particularly difficult task, noise control, patrolling the Hounslow district over the weekend, dealing with noise complaints from neighbours. The job has been made more stressful with having the local police withdraw from supporting these activities unless in response to a 999 call for support.

The manager of this unit has undertaken a localised risk assessment and a local staff survey, as well as running one to one meetings and team meetings on a regular basis with the staff in this unit. One of the key outcomes of this approach has been to change the way in which the officers work. As well as being a good example of using a participative approach towards tackling stressors it has provided a number of solutions that have been introduced.

The following is a list of those things that have been undertaken as a result of the local participation:

- The shift pattern has changed. Previously officers worked Thursday night, Friday night and Saturday night from 9.00pm to 6.00am (as well as normal day duties the rest of the week). In response to a demand analysis (analysing the number of cases of disturbances per night), Thursday night has been dropped and the Friday night and Saturday night shift now runs from 10.00pm to 4.00am. In addition, there is now time off either side of the shift so an officer on night shift at the weekend now gets Monday off to recover.
- Double manning. Other councils ask their officers to do this job role alone. Hounslow have recognised the intensely stressful nature of the work and therefore have resisted the temptation for lone working, instead having eight officers working in pairs.
- Provision of ‘stab jackets’. However, it is stressed that this is not to make them braver but is simply a precautionary measure against the very real threats of violence. Although this is not necessarily a primary intervention, it is, nevertheless, an intervention designed to make the officers feel safer after learning from feedback that the threat of violent attack was nearly as stressful as an attack itself.
- Team meetings include: investigation of dangerous incidents, invitations to staff to recommend improvements to the service, both for themselves and for customers

This case study of a primary intervention deals with ways in which individuals can gain greater control over the stressful situation they have to deal with. The interventions are designed to make a very difficult job a little easier, by changing the working patterns to provide greater recovery time for duty officers, and by providing double manning to ensure there is physical and social support for officers.

It is also a good example of risk assessment and of employee participation in the way in which the manager gathered views of staff, measured attitude using an attitude survey, and now has regular discussions in team meetings on how to continuously improve safety of staff.

We also know that the manager invested a lot of time and energy persuading top management to spend more money in order to implement the recommended solutions. Double manning, and additional time off for recovery have a significant cost implication. Without top management commitment in the form of additional resources it would not have been possible to implement these recommendations.

19.2 Abbey National – Primary Interventions in the Retail Banking Sector

An example of a systematic approach to primary intervention can be found in the initiatives put in place in Abbey National. Many employees in the retail banking sector have to work with difficult customers or in a call centre environment. In order to tackle some of these particular difficulties at Abbey National the 'Great Place to Work initiative' has been introduced.

The Great Place to Work initiative contains a number of ideas that in part tackle issues relating to stress and in part tackle other HR related problems. It is a good example of a 'wide targeting approach' towards employee health and well-being (see page 120) and, potentially at least, has the commercial benefit of improving the image of Abbey National as a great place to work.

Below are details of interventions introduced to tackle stress related issues.

- **Respite Room.** For colleagues working within a call centre environment, respite rooms or Cyber cafés have been developed in these locations to provide employees with an opportunity to leave their office environment and refresh themselves after tackling a particularly difficult call. These respite rooms are available to all staff in the call centres and are equipped with a play station and other relaxation materials. Where the respite rooms operate as a Cyber café, staff can access information on the intranet and on the Internet during break times and before and after work. This is in addition to using the café as a break out location to temporarily remove sources of pressure. The respite room is a dedicated space that is respected by all employees as a work free zone. Where staff use this facility for a relaxation break following a particularly difficult call, the line manager is informed to ensure that some support can be offered to the employee if needed.
- **Work station changes.** As part of the restructuring of their work employees have had their information sources clarified and subsequently reduced. Employees no longer have to rely upon accessing two separate desktops to get to customer information. The new IT system allows easier access to this information and more physical space for employees to work in and has had the knock on effects of reducing stress from work load and technology.

The key elements of the Great Place to Work initiative is in recognising that there are benefits to staff by introducing primary level interventions. Call centres have a reputation for asking people to work under intensive pressure. The call centre industry is a competitive one and turnover is normally higher than average not only because of the intensive work pacing but also in losing staff to other call centres. As such, for a call centre operator to retain staff it is necessary to provide something special. The commercial benefits of this wide-targeting approach are in establishing the Abbey National not only as an employer of choice but also in improvements in staff motivation and, theoretically, in staff performance by redesigning the work and the working environment.

In Abbey National call centres several initiatives have been piloted that create higher levels of control and autonomy for staff over their work. Job control is one of the most important elements of job design. Low levels of worker control are related to high levels of stress-related outcomes such as anxiety, distress, irritability, psychosomatic health complaints and consumption of alcohol (Bond and Bunce, 2001)¹⁷.

¹⁷ See Part 1 of this report (see page 9)

The physical environment can also be a source of stress¹⁸. The provision of respite rooms and workstation changes are a common way of dealing with physical environmental stressors. In both the private sector and public sector Beacon candidates we found several examples of physical environment interventions. At Stockton Borough Council, a member of its Employee Care Group (a group of staff responsible for the health and wellbeing of council staff) has responsibility for workstation assessments and other ergonomic assessments in accordance with the DSE regulations (Display Screen Regulations).

At GlaxoSmithKline, we found evidence of physical environment initiatives. At GlaxoSmithKline's UK head office there are extensive facilities for flexi working. There is a 'drop down centre', which is a fully equipped centre where visiting staff from other sites can work. The centre is fully functional with network connections, printing and photocopying facilities. There are also network facilities built into the plant pots that sit beside tables in the GSK café.

¹⁸ See HSG218/Demands

19.3 London Electricity – An example of a Work-Life Balance approach to primary intervention

One of the key initiatives undertaken by London Electricity Group as a primary stress intervention is termed “Work-Life Solutions”. This is a work-life balance initiative that consolidates a number of policies and practices that are currently in operation within the London Electricity Group to ensure managers operate within a consistent framework within the group. It is another example of a wide-target approach towards stress intervention since it is designed not only to deal with employee health and well-being, especially for those for whom a traditional nine to five working day is not suitable for their lifestyle, but it is also designed to bring wider benefits to staff and the organisation through retention of trained staff and by drawing on staff who can offer the company a more flexible working arrangement.

Work-life balance is primarily concerned with providing the organisational infrastructure for flexible working for staff that would otherwise find it very difficult to stay at work. Provisions for part-time working, home working, job sharing, and term-time only working are four of a huge range of flexible working options available.

There has been an increase in awareness of work-life balance initiatives throughout the UK in recent years, and especially so with the introduction of the Department of Trade and Industry’s (DTI) “Work-Life Balance Challenge Fund”. The benefits to businesses and staff have been briefly detailed in the DTI document “Challenge Fund 2002”. These include a reduction in staff turnover, a reduction in absenteeism, an improvement in productivity, and a reduction in stress.

Since the introduction of Work-Life Solutions at London Electricity in 2001, one hundred and eighteen people have taken it up, including twenty four people from the customer service call centres in Exeter and Doxford who are now working from home.

Figure 19-1 outlines the key attributes of the initiative in broad terms and is presented here in order to show the key questions managers must ask themselves when evaluating whether to introduce flexible working.

Formal Policies

Policies exist to provide the opportunity for staff to apply for specific provisions available within the Group. Many of these provisions already exist in parts or in the whole of the Group. The provisions are:

- Flexible Working Provisions
- Work Breaks
- Adult Care
- Childcare Support
- Information, Advice and Other Services

The Application Process

The principle behind Work-Life’ Solutions is that all employees within the London Electricity Group should be able to apply for the provisions within the Group policy but recognises that local factors/business drivers may require different solutions or that in some circumstances the application of the policy is inappropriate. Ultimately, the decision is at the absolute discretion of management providing managers act within the constraints of employment law, the Group’s Equal Opportunities Policy, and there is consistency within the business groups.

In each formal application, you will need to show that you have considered the following issues:

1. Business impact (costs/benefits) – Say how you think the application will affect work objectives. Will there be any costs to London Electricity Group? Will there be any benefits to London Electricity Group?
2. Effect on customer service – Mention the pros and cons
3. Impact on team/colleagues – What will the impact be. Can you suggest ways to encourage your team to respond positively to the change?
4. Potential problems with the arrangement – What are they?
5. Proposed solutions for problems?
6. Monitoring criteria and timescales – An agreed time frame must be set with your manager to review the business case for the proposed working arrangement
 - How is the arrangement working for you? For LEGroup?
 - Has there been any impact on your work performance?
 - Would you recommend the arrangement to other team members? What would you tell them?
 - What feedback are you receiving from the team?

Figure 19-1 London Electricity Group’s Work-Life Solutions: Abridged

As already mentioned, the case for work-life balance initiatives being effective as a primary stress intervention has only tentatively been made (see the DTI document “Challenge Fund 2002”). For us, it is very difficult to evaluate the benefits of wide-target primary interventions. Here, we refer to Part 1 of this report and recall Kompier and Cooper (1999) where they indicate that one of the main reasons why stress interventions focus on secondary and tertiary prevention strategies is because of the lack of hard empirical evidence of the costs and benefits of primary stress interventions, and because of the difficulty of conducting systematic intervention and evaluation studies in a rapidly changing organisational setting.

In the case of London Electricity, just about the only measure of its success in improving the health and well-being of staff is the take up rate, in which case, our assumption is that it has improved the quality of working life for those who have directly benefited from flexible working. Although we have no direct evidence of this there are likely to be further benefits to the wider staff community knowing that flexible working is an option for them should they wish to use it.

Nevertheless, despite the lack of substantial evidence that work-life balance initiatives are an effective primary stress intervention, there is a general sense that they are a useful means of dealing with work-life balance stressors such as having to balance work with caring responsibilities. Furthermore, there is some quantitative evidence to indicate that job seekers value employers who offer work-life balance provisions as part of the work experience (see the Graduate’s Guide to the Best Work-Life Balance Employer). Flexible working options are also used by all of the Beacon candidates as a formal element of their return to work policies, where a staff member has the option for phased return to work (e.g. a return initially for two to three days each week, which is gradually increased).

19.4 Good Hope Hospital – Self Rostering for Nurses

It is acknowledged in some situations within the NHS that it is not always possible to tackle some of the major sources of pressure head on, for example staffing levels. However, one example of a primary intervention that has been introduced for nursing staff in the Good Hope Hospital is self-rostering. Self-rostering allows staff to plan their own hours providing that certain core hours are met. This is an attempt to allow staff to tackle the pressure of having to organise work life and home life.

The scheme for self-rostering is now being fully implemented to give staff more flexibility over their work hours and help balance home life whilst still enabling the trust to meet service requirements. A trust appointed project manager implemented the pilot scheme over the last 9 months, piloted in 4 wards. The pilot scheme was implemented with full staff involvement, which was seen as essential to ensure ownership and commitment. Staff were involved in selecting the scheme and full training was provided during the implementation. Currently, the scheme appears to have been well received and successful in all piloted areas and a full evaluation is being undertaken. A Steering group has been established to plan the roll out to the rest of the trust.

19.5 The Employment Service – Communication issues

Collaboration with staff and improving communication systems with staff form a central aspect of the Beacons of Excellence model. Part 1 of this report has outlined the importance of communicating organisational issues so that staff know and understand what's going on (see page 8).

One example of a primary intervention at the Employment Service was in the New Deal Innovation Fund Department¹⁹. In response to the guidelines to managers calling for work on stress risk assessment to take place, the senior manager initiated a collective approach that pulled together the issues for all the teams in the New Deal Innovation Fund Department.

An 'Uncomfortable Pressure Working Group' was set up with volunteers from each team in the division. This working group aimed to identify pressures that could be changed, those that needed to be reviewed at board level and those that were potentially irresolvable. The collective approach ensured that best practice information was shared and common solutions identified to common problems. The approach to making the changes was fully participative and the teams themselves (as opposed to management) were tasked with the responsibility for designing the solutions.

One of the problems identified through this working group was communication. The employee representatives indicated that communications within teams and between teams in the same division were problematic. The following is a list of solutions that were generated by the working party, which addressed the problem

- In order to improve communication across all the teams a shared drive on the server was created. This was called 'an elephant drive' and was intended to allow people to communicate between teams anything of a work or non-work related nature. The overall aim was to improve communication and to act as a facilitator for best practice and innovative ideas.
- Keep in touch sessions. In one particular team the communication problem was resolved through all team members endeavouring to be back in the office on a Friday afternoon so that all formal and informal communications could be shared effectively and decisions that affected everybody could be reached. These sessions more commonly took place in the office, but on occasion the team used them to go off-site in order to develop the team relationships and reach important decisions.

¹⁹ The 'New Deal' is a government initiative to help people to move off welfare and into the workplace. The New Deal Innovation Fund is a venture capital fund that provides finance for organisations involved in testing ideas and activities that help to improve the rate of transfer of people off welfare and into the workplace.

19.6 GlaxoSmithKline – Offering an internal consultancy support programme

GlaxoSmithKline (GSK) has an Employee Health Management (EHM) team which offers consulting advice to the business as well as training for HR professionals and support for managers, if required. It uses a consulting approach that is called the ‘Team Resilience Process’ and it is presented here for three reasons. Firstly, it gives a focus to dealing with underlying causes of stress by analysing the stressors and developing action plans. Secondly, it uses a team approach where all members of the team are included in the process, ensuring staff participation and buy-in. Thirdly, it is a narrow-targeted approach in the sense that it’s focus of attention is aimed specifically at stress prevention (although clearly, the action plans that result from the consulting process could be both wide target and narrow target approaches). Figure 19-2 summarises the main features of this service.

Step 1: Prepare and Contract

This step explains resilience²⁰ and what’s required of senior leaders, managers and team members to make this process successful

Step 2: Assess the team’s resilience and mental wellbeing

Teams assess the issues that both support and impede their ability to sustain their resilience and mental wellbeing

Step 3: Action Plan

The team prioritises the issues, and, using the concepts of “clarify, support, and experiment”, they develop an action plan with accountability measures, along with a regular review process to ensure commitment

Step 4: Implement action plan and reinforce resilience

Teams document the prioritised issues and action plans to address them, and then implement the action plan. Senior leaders and managers additionally consider system, policy and practice changes or enhancements to reinforce resilience over time

Step 5: Evaluate progress and reinforce commitment

The team completes a post-assessment survey to measure the impact of the action plans. Success and difficulties are reviewed and best practice is shared both within and outside the team to ensure organisational learning

Figure 19-2 GSK EHM Consulting “Team Resilience Process”

We have already outlined the approach towards risk assessment used by GSK (see section 16.4). The approach is designed to be part of a continuous improvement process where managers assess the work environment on an annual basis. Often, however, the consulting approach outlined here is undertaken reactively in response to an issue or situation that has highlighted the need for a stress intervention.

²⁰ **What is Resilience?** Resilience is the ability to be successful both personally and professionally, in the midst of a high pressured, fast-paced and continuously changing environment. The Resilience process focuses on two key factors, which are of equal importance to high performing organisations:

- Individual Well-being – including physical, mental, emotional, social and spiritual dimensions; and
- *The organisational factors which either support or jeopardize well being, and, at the same time, either support or jeopardize team and business performance*

(from GSK literature)

The consulting approach may also be initiated by information derived from an employee health survey. Every three years staff are invited to complete a “Health Risk Appraisal” which is a survey that covers aspects of employee health (medical and lifestyle risk) well being and work life balance. The Health Risk Appraisal produces an individual report, which goes to the member of staff. Additionally an aggregate report by business groups is produced by the Health Risk Appraisal provider. This allows GSK to understand the nature of health risk within the organisation overall and also in defined parts of the organisation and to target support appropriately. The EHM consulting process may be called upon following the Health Risk Appraisal, when issues have been highlighted in the arena of personal feelings or work life balance.

For us, one of the key features of this approach is that it offers the possibility of tailored solutions²¹. This is important when it comes to primary stress interventions. Whereas secondary interventions such as stress awareness training and tertiary interventions such as employee assistance programmes can be (and usually are) standardised, primary interventions need to be tailored in order to be successful.

²¹ *The consulting process presented here is a theoretical a model.*

19.7 Sheffield City Council – Using competencies to improve management skill and capability

This is an example of a wide-target (see page 120) approach towards stress prevention. The intervention is called “The Sheffield Manager”, a council wide management development programme. Fundamental to the programme are the “Sheffield Competency Frameworks²²”. These are behaviours that the Council requires of all managers.

In our experience, the public sector does not typically have the same level of investment made in management development as would be found in organisations of similar size in the private sector. For this reason it is valuable to have a primary example from the public sector of a major investment in management development to show that it is possible, and to outline how Sheffield City Council have made it possible.

Figure 19-3 summarises the key points.

The Sheffield Manager Programme is of critical importance to the continuing success of Sheffield City Council. In order for the Council to achieve its strategic objective of becoming a Best Managed Council we must concentrate on and invest heavily in the development of our people...The challenges faced by the Council in the coming months and years can only be met with concerted effort and co-operation of every single manager in the organisation. As the focus on Best Value continues we will all have to examine the ways we do things and recognise that we cannot always do the things in the way we have done them in the past.

This framework defines the ten core competencies agreed for Senior Managers in Sheffield City Council. The competency framework is designed to be used in a number of ways:

- As a clear statement of the expected standards of performance
- The basis on which the Development Centre activities will be assessed
- The basis for the 360° feedback exercise
- As a basis for appraisal discussions
- As a reference document

The essence of the management style implicit in the competency framework is underpinned by clear values and expectations by the City Council.

Figure 19-3 The Sheffield Manager Competency Framework Introduction - Abridged

All senior managers have been through a two day development centre, a 360° feedback exercise²³ and received verbal and written feedback. Every senior manager drew up a Personal Development Plan. Corporately, each Director drew up themes, which led to a Directorate action plan.

All six hundred middle managers will go through a one day development centre and a shortened 360° exercise. Senior managers who have now been trained in behavioural observation will act as assessors on the middle managers programme.

²² The competencies are outlined in two frameworks - Senior Manager Competency Framework and Middle Manager Competency Framework. These frameworks explain the behaviours expected of a manager who is performing effectively. They also give indications of unacceptable behaviour.

²³ 360 degree feedback is a process whereby managers ask for feedback on their behaviour from a variety of people who have views from varying vantage points – boss, colleagues at the same level of seniority, and subordinates.

The specific contribution that the programme makes to stress prevention is the inclusion in the competency framework of a number of competency requirements that bear a relationship with the minimisation of stress. This approach has informed the next stage of the stress prevention strategy to support Managers in addressing stress issues an example of which is the provision of Corporate wide guidance and training which has the full support of the Chief Executive. Figure 19-4 outlines a small selection of behavioural indicators.

Change Management	
	Openly disseminates information of the change process through a range of communication media
	Encourages and stimulates the involvement of all groups/individual affected, and seeks views and opinions of others
	Provides support, feedback, encouragement and recognition for employees through the change process
Communication	
	Active listening, uses questioning to explore the motivations and mindset underlying the views of others
	Encourages others to ask questions
	Identifies information/communication requirements
Leadership and People Management	
	Seeks feedback on own performance
	Consistently involves team in planning and organising
	Sets challenging but achievable goals for team and gives feedback on their progress
People Skills	
	Shows integrity and fairness when dealing with others
	Displays sensitivity and tolerance to individual and cultural difference
	Promotes the identification and early discussion of conflicting points of view

Figure 19-4 Sheffield Manager competency examples - Abridged

As with other wide target (see page 120) approaches towards stress prevention, it is difficult to evaluate specifically the contribution that these interventions have to reducing stress. Wide target approaches lean heavily upon the ‘good health is good business’ adage for support. Although we cannot say whether Sheffield City Council will benefit in reductions in stress because of the Sheffield Managers Programme, we can say with some confidence that the programme will bring with it improvements in management practice and consequent improvements in the culture and atmosphere of work.

19.8 Leicestershire County Council Department of Planning and Transportation – A Managing Change Programme

At Leicestershire County Council Department of Planning and Transportation there is recognition of the need to respond to stress related issues in a number of ways. As with other wide target (see page 120) interventions introduced by councils (see section 19.7), this programme is in response to a wider need to improve its people processes. In this case, Leicestershire Department of Planning and Transportation were keen to deal with issues raised by an Investor in People (IIP) application, particularly those associated with the way in which change is managed in the department with the expectation that change management would be improved as a result of the introduction of the programme.

Employee dialogue was a key element of the formulation of the programme. Focus groups were used to review employee views and to gain an understanding of employee expectations from such a programme.

The central tenet of the programme is the introduction of personal development plans for all staff. This programme is relatively new, having been introduced throughout 2002.

Figure 19-5 shows the key elements of the Managing Change Programme.

1. Personal Development Review – a six monthly progress review to ensure that we are all properly supported in our work, in many ways the core of the new approach. Training for managers has already started and there will be introductory sessions for all staff
2. Training – Closely linked to personal development review. A new and proactive departmental training group will lead the drive for more effective and more widespread training
3. Service Plans – to ensure we have clear targets and can measure our progress against them. Guidance is now available. The approach is bottom up and all team members should have the chance to input their plan
4. Management roles, delegation and reduced bureaucracy – Managers will review their own roles and agree appropriate delegation with their colleagues. The first batch of unnecessary bureaucracy will be removed in March, with a change to the rules on leave sheets, overtime authorizations etc. Expect much more over the coming months as the assessment of present systems continues.
5. Improved Communications – All teams should now be meeting at least fortnightly – make your views known. Departmental notice boards will be better managed and management team and other minutes widely and promptly available
6. Workplace Induction is to be improved by new guidelines and a checklist
7. Job files will be provided to all colleagues
8. Project Management will be further developed in trial areas throughout the summer
9. The working environment will be improved through better lighting, replacement carpet, new screens and, a good deal of self help.
10. Heart and minds must be fully behind a more ‘people centred’ approach
11. The Departmental Newsletter will launch soon after Easter 2002
12. The Managing Change group will be monitoring progress through attitude surveys and other feedback. The first survey accompanies this bulletin. It will be repeated every six months and each six months thereafter. It will provide a picture of staff attitudes over time and will help measure the managing change process and its effectiveness.

Figure 19-5 Leicestershire County Council Department of Planning and Transportation Managing Change Programme - Abridged

We have included the details of this programme as an example of a simple and straightforward approach towards formally acknowledging the need and the desire to change a departmental culture. The introduction of personal development plans is something that we feel is a very important aspect of culture change since it provides opportunities for people to undertake some self-reflection and to assess their own needs in a changing environment. Other elements such as improvements in communication and training will also help in the management of change.

The success of this programme cannot be evaluated at such an early stage. One of the most important things that will contribute to the success of the programme from our point of view is not just the programme outline, but the sustained use of the personal development plans, the commitment to personal training through funding, and the way in which informal communication as well as formal communication is conducted.

19.9 Sefton Metropolitan Borough Council

The stress prevention policy operated within the Council expects managers to take the appropriate steps to either reduce exposure to sources of pressure or help employees cope with it. As a consequence the interventions available are mainly aimed at dealing with the stressor. This policy operates across the Council including the Education Department. The manager is enabled through the stress policy to take whatever action is appropriate in any given circumstances to tackle the sources of pressure. The stress policy offers practical support and guidance about the types of primary intervention that managers can put into effect.

Additional development work has taken place within the Education Department and schools. Under the auspices of a DTI Work Life Balance project, specific funding has been made available to address the pressure that staff were perceiving from not being able to balance work and home successfully. As a consequence of trying to tackle this sort of pressure a number of interventions were put in place.

- Pool of supply teachers. The Council has developed a recognised pool of supply teachers that are known to be trustworthy, reliable and of a high quality. Access to this resource aims to tackle the pressure of finding supply teachers for head teachers, who may otherwise worry about the quality of supply staff they have access to as well, as their availability.
- Work Life Balance toolkit. A tool kit of work life balance possibilities has been created which can be offered to staff. This is being used as a particular tool to help the aging teaching population adjust and prepare for retirement. It is also being used as a recruitment selling point in order to attract candidates for selection.
- Work in the 'Healthy Schools initiative'. As part of this nation-wide initiative encouraging schools to work towards a recognised standard for staff health and well being, stress management training was offered for all school based employees²⁴.

The Council's Health Unit is regularly involved in identifying appropriate primary interventions in relation to any particular issue. Such interventions may include:

- Arranging for temporary reductions in workloads
- Arranging for a phased return to work on reduced hours after a stress related absence
- Arranging for a temporary redeployment
- Arranging for work tasks to be adjusted in the light of a vulnerability to stress.

Whilst one approach to dealing with stressors is to remove the source of pressure, or at least to reduce it to manageable levels, a complimentary approach is to consider an individual's ability to cope with the demands that will be placed upon them. In other words, fitting the person to the job is another way of tackling work related stress at source. Sefton Council feel justifiably proud of their work in this area.

The Council provides potential job applicants with a full job description, a personnel specification, a pre-employment health screening questionnaire and additional information that describes the nature of the job and the demands that will be placed on candidates. The information on psychological demands of the job are compiled by the line manager, in consultation with persons who are in (or vacating) a post where possible (existing posts only). This realistic job preview provides a means to allow candidates who do not feel able to cope with the job a means of screening themselves out. It also allows Occupational Health practitioners within the Health Unit to consider the work demands and the individual's health

²⁴ *Technically speaking this is a secondary intervention, but is included here for completeness.*

status when deciding on fitness to work prior to final confirmation of a job offer. The fitness to work assessment provides the opportunity identify any reasonable adjustments that need to be made, or support that needs to be provided by managers in order to enable an applicant to take up a post.

The full physical risk assessment undertaken for each job ensures that the ergonomic factors known to cause work related stress are considered and tackled if thought to be a high risk. The requirements of the Disabilities Discrimination Act stipulate that 'reasonable adjustments' must be made to accommodate disabled employees into the workforce. Sefton Council have accepted this a general principle irrespective of whether an individual would be considered as disabled under the Act. In other words changes to the working environment and to some extent the nature of the job are feasible means of tackling sources of pressure where individuals are known to be vulnerable. Managers are expected to make reasonable adjustments as and when it becomes evident that they are required. Employees are able to request such assistance from their line manager, or may use other formal channels. The frequency with which these changes occur is not recorded centrally because the system is based up managerial discretion, however checks are carried out by Health and Safety practitioners during site monitoring visits.

20 Interventions – Secondary Level

In most cases the Beacon candidates provided exceptionally high standards of secondary training interventions. It also appeared to us that the training interventions were interventions of which the Beacon candidates were most proud. The variety of stress awareness courses on offer was astonishing.

Secondary interventions are a vital element of the stress prevention activities of an organisation. It is unreasonable to think that managers can deal with all sources of stress in a working environment²⁵. Helping people to cope with pernicious stressors, or indeed just helping people to cope with daily hassles is a key element of helping to improve the sense of well being of staff.

There are a variety of secondary interventions that are possible. Stress awareness training is the intervention that comes to mind most frequently. Other interventions include:

- Healthy lifestyle programmes
 - Exercise provision (facilities, sporting clubs, concessions for club membership, etc)
 - Relaxation provision (quiet rooms such as prayer rooms, maternity rooms, massage, meditation training, etc)
- Stress coaching
 - One to one and team based stress coaching
- Social support groups
 - For example a change management group
 - Clubs and societies
- Training and education programmes
 - Time management, project management and a whole range of other training
- Informational support
 - In the form of literature about stress, health and well-being

Stress management is a partnership between employee and employer. In many respects, one of the most valuable contributions that employees can make towards stress management is in understanding and managing their own personal stress through secondary interventions.

We have presented a number of examples of secondary interventions:

- The stress awareness training course for Leicestershire Department of Planning and Transportation is outlined as an example of a typical course that all of the Beacons offered in some form or other.
- We have also presented other interesting approaches towards secondary interventions. The London Borough of Hounslow offers a range of health promotion activity throughout the year. The activities are made available to staff on a voluntary basis and emphasise a culture of staff taking responsibility for looking after their own health.

²⁵ *Although many stressors can be dealt with, there are some stressors that are particularly pernicious and which managers may not be able to deal with. Such stressors as job insecurity, economic contraction, competitor behaviour, customer behaviour, may not be within the control of the manager.*

- We have presented the informational support offered by Wigan Social services as an example. Informational support such as handbooks, leaflets, posters and email campaigns help to keep the awareness of stress and related issues in the minds of staff. They are also particularly useful in helping to raise the profile of specific events relating to stress management²⁶. Clearly, these kinds of interventions are not the only things organisations should do as stress interventions but they help to ensure that staff recognise the importance of stress issues in very much the same way as informational support helps to raise the profile of safety behaviour.
- AstraZeneca's Career and Life Management (CALM) programme has already been mentioned in this report (see section 15.4). It is an extensive programme of support for people at work and (uniquely) provides support for a range of issues that people may have to deal with that are outside of work related (for example, leaving with bereavement, understanding depression, thinking about families, etc).
- We have also included a Denbighshire County Council secondary intervention for helping to keep social workers safe. The Health and Safety Executive (HSE) has suggested that social workers are a high-risk category for work-place stress. Our experience of undertaking stress risk assessments in the public sector validates the HSE's assertion²⁷. It is a very difficult situation to manage. How does a council manage the stress associated with the very risky situations that social workers sometimes have to deal with? Primary interventions are not always practical since the sources of stress are an inherent part of the social workers job²⁸. Secondary interventions such as safety behaviour is extremely important. Denbighshire's documentation concerning personal safety is presented.

²⁶ Evidence of the prevalence of informational support is the level of activity recently seen in organisations publicising events associated with European Safety Week during October 2002

²⁷ Evidence from a large scale stress audit of a county council showed that social workers (particularly senior social workers) reported the poorest health outcomes of all council staff.

²⁸ Eliminating some of the stressors is not feasible. For example, a stressor for a senior social worker in a Children and Families unit is in dealing with abusive parents – the very reason the social worker is involved with the family in the first place.

20.1 Leicestershire Department of Planning and Transportation – Stress Management Short Course for Managers

We found across all of the Beacons candidates high quality stress awareness training. Here we are presenting the course that is delivered in-house at Leicestershire Department of Planning and Transportation. It is delivered by the central occupational services department staff who are qualified occupational welfare counsellors and who understand the key issues relating to the department²⁹.

Figure 20-1 shows the course outline.

<p>Session 1</p> <ul style="list-style-type: none">• Define stress• Identify the signs and symptoms of stress and its effects on the individual• Outline of strategies for managing personal stress• Know what sources of support are available within the organisation and how to access them• Action plan for personal stress management <p>Session 2</p> <ul style="list-style-type: none">• Legal context• The manager's responsibility for the prevention and management of stress at work• Identifying causes of workplace stress• Strategies for the prevention and management of stress at work
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Figure 20-1 Leicestershire Department of Planning and Transportation Stress Management Short Course Outline

²⁹ *Internal staff usually better understand the organisational stressors. External trainers can generally bring to bear benchmarking experiences.*

20.2 Hounslow – Health promotion

One of the most interesting aspects of Hounslow's stress prevention work is the variety and volume of health promotion activities that have been initiated over the last three years. Although health promotion is a key attribute of most of the Beacon candidates stress intervention provision, Hounslow's offering is a good example of how variety and frequency can maintain health promotion as a key feature of employee wellbeing in the minds of staff, see Figure 20-2.

Hounslow's Corporate Health and Well Being Strategy

The Health and Well Being Strategy has three main themes:

- Pressure Management
- Occupational Health
- Fitness and Health
 - Staff Smoking and Health Questionnaire
 - Health and Fitness Programme (free of charge)
 - Green Transport Week 2000
 - Walk and cycle to work day 26 June 2002
 - Walk in the park at lunchtime event
 - Walk in the park continuation initiative
 - Walk and Cycle quiz
 - Health Fair March 2002
 - New showers and bike cage
 - Physiotherapy
 - Osteopathy

Figure 20-2 Hounslow's Health Promotion Activity - Abridged

20.3 Wigan Social Services – An example of Informational Support

At Wigan Social Services a “Violence at Work Handbook – A Guide for Staff” is sent to all new staff prior to starting as part of pre-employment information. The information in the handbook is then discussed during induction. Although lone visiting is still the norm in Wigan Social Services, the guidelines in the handbook provide details of how to behave safely and what signals to look out for that will help to safeguard safety on home visits. The guide deals with when it is appropriate to involve the police, preventative measures, and how to report and record violent incidences and how these are monitored.

The support available for staff after experiencing a violent incident can range from access to counselling, legal advice or more general support from management. Monitoring the frequency and outcomes of violent incidents is considered to be very important and is carried out at a departmental level on a monthly basis. According to the monitoring information staff that have experienced a violent incident do feel supported.

In addition to the coping skills given to staff through the violence at work policy and training, the Social Services Department have issued an “Emotional Competence Handbook³⁰”, also supported with additional training. Through providing information about emotional competency, the Social Services Department in part is hoping to provide opportunities for self-development that will allow employees to do their job more effectively. Training in emotional competence is aimed at providing staff with a greater range of coping resources that allow them to operate more effectively with colleagues and service users. Training promotes emotional competence of staff by defining associated behaviour and raising awareness. This will result in high quality customer care, high quality interaction between managers and staff and raised awareness of what emotional competence is about.

³⁰ "Emotional Competencies are the personal skills and qualities that help us do our jobs effectively. People who are emotionally competent are aware of their emotions and use them to develop and improve their relationships with people at work. The people who receive our services appreciate helpers and managers who are honest, genuine, trustworthy, understanding, respectful, accepting, direct and fair. In other words, they value the interaction and relationships they have with staff who demonstrate a high degree of emotional competence." (from Wigan Social Services Department)

20.4 AstraZeneca – The CALM Programme: Counselling and Life Management

The CALM programme spans the secondary and tertiary level of intervention. At the secondary intervention level this programme provides regular health and lifestyle education to the workforce. The aim of this programme has been to promote well-being and balanced living for the individual, which will ultimately benefit AstraZeneca. The programme is designed to encourage reflection on life management and provide routes to confidential support to help resolve work and outside of work problems before they create difficulties. In line with this approach of supporting employees with life as well as work, information is available to all employees on a range of different topics including:

- Tackling stress successfully
- Living with Bereavement
- Harassment in the Workplace
- Anxiety Management
- Maintaining close relationships
- Understanding depression
- Thinking about Families etc.

All new starters receive information on the CALM programme and on “Balanced Living” (see below “The Balanced Living Charter”) as part of their induction pack. The programme is also actively publicised across sites through posters and leaflets that are prominently displayed, placed in specifically designed poster and leaflet holders, and distributed through team meetings and briefings. The programme also has its own website, which is regularly accessed by employees.

One important educational initiative has been the Balanced Living Charter, launched in 1999 at the time of the merger between Astra and Zeneca. Starting as an idea in a small study team this initiative has been adapted and now adopted throughout UK research sites. Materials that have been produced supporting the Charter include a video and booklet on work-life balance and on the maintenance of a healthy lifestyle.

20.5 Denbighshire County Council – Keep Social Workers Safe

One of the biggest stressors within Social Service departments across the UK is the threat of violence from service users. This problem has been highlighted as a key issue within the social work profession. Denbighshire County Council are proactively managing the issue with its Personal Safety at Work and Lone Worker Codes of Practice and Guidance. Figure 20-3 summarises some of the key points from the Denbighshire Personal Safety at Work Policy and Code of Practice.

The Safety at Work Policy forms the central element of a course called the “Personal Safety Course” which is available to all social workers and home-care workers (support staff who make home visits).

Although the following abridged extract is taken from a policy we feel that it is worth presenting in some detail since it may be a useful introduction to the issue of violence at work. There has been widespread media coverage of workplace violence. In 2000 Community Care magazine surveyed 1,000 social workers and found that 56% had been attacked by clients or their families.

The Health and Safety Executive’s definition of ‘violence’ is “any incident in which an employee is abused, threatened, or assaulted by a member of the public in circumstances arising out of/or in the course of his/her employment.”

Minimising the Risk of Violence

Aggressive and threatening behaviour is much more common than actual physical violence, but both carry with them the potential for violence. It is important when confronted with a difficult situation both to be aware of the client’s distress, and also to have some understanding of the factors that may contribute to the escalation of that situation. It is, however, important to recognise that some situations will escalate, however sensitively or carefully things are handled. Staff members should not blame themselves when things go wrong. If, having followed the guidance, a staff member still feels the risk to self or others is increasing, s/he should attempt to withdraw.

Recognising the Signs

Verbal signs – voice may become louder, higher pitched or may drop to a quietly threatening tone...racist or sexist abuse and foul language is known to frequently precede physical abuse.

Non-verbal signs

Agitation, restlessness or frequent movements...threatening gestures...holding the gaze...invasion of personal space...obvious facial muscle tension, pointing/poking fingers or pushing

Strategies for lowering tension

Remember that clients who are behaving aggressively are likely to be very much afraid of losing control. They need to be reassured by your reaction that they are still in control of the situation, and that you do not represent a threat to them.

Acknowledge any threats and take them seriously. Don’t be tempted to ‘call a bluff’

Generally stay at least an arm and a half's length away from a client who is behaving aggressively. Avoid sudden movements and move slowly and deliberately. Do not attempt to touch a person who is becoming agitated. This could be regarded as an assault or could trigger a violent reaction.

Interviewing in the Office

Aggression is known to be a defensive response to anxiety, threat, or frustration...All visitors to the office should be received courteously and with respect, and should be kept waiting no longer than necessary. If a wait is inevitable, the visitor should be kept informed and as far as possible advised of the likely length of the wait...Staff should ensure that, as far as possible, parties involved in the same case (e.g. attending a case conference) who are likely to be hostile to each other, are not expected to wait in the same room

Interview Rooms

Interview rooms should be fitted with alarm systems which are regularly tested and staff should be made aware of how they function...Interview rooms should be pleasant and comfortable. Seating should be arranged to allow easy access to the door. Any objects which could be used as weapons should be removed...doors should be kept locked when not in use...If a staff member has particular reasons for concern about an interview, s/he may wish to make an arrangement for the interview to be interrupted at a given point.

Office Safety

If you are working in a building on your own, you should always ensure that someone knows where you are and at what times you will be there. If appropriate, arrange to telephone a colleague at a certain time, or for someone to telephone to check that you are safe...

Abusive telephone calls

Staff should not be expected to deal with abusive or aggressive callers. The receiver of any call should remain calm and in control, especially when dealing with a caller who becomes difficult, agitated or unreasonable during a conversation. Do not be drawn into discussing something in which you are not involved.... If, despite that, the caller becomes overly aggressive, abusive or threatens violence, you should inform that caller that unless a more moderate approach is forthcoming you will terminate the conversation. If abuse continues, it is accepted that the only option is to hang up on the caller. The Line manager or senior member of staff on duty should be notified of this incident at once.

Lone Working

If staff have reason to anticipate the possibility of aggression, then they should consider visiting with a colleague. Managers should undertake to facilitate this where-ever possible...In certain circumstances staff may be advised not to visit an individual at home and appointments will be made to attend the office...All staff who are making lone visits should follow the guidance laid down in Lone Worker Codes of Practice and Guidance.

If during the course of a home visit, a situation appears to be becoming volatile and there is a risk of violence, then the staff member should cut short the interview and withdraw. It may be possible to return with support and to resume the interview, but there may be occasions where this is not possible. If the interview is essential in spite of the risk, for example, child protection and work under the Mental Health Act, consideration should be given to involving police support.

Recording and Sharing Information about Potential Risk

Full records should be kept of all violent incidents using the Incident Report Form. Incidents should be recorded whether the violence remained a threat or the threat was carried out. It is particularly important to record details of attempted assaults, which were only averted by the intervention of a third party. Details of abusive or threatening telephone calls should also be recorded on the Incident Report Form, and relevant staff made aware of any specific threats. Risk assessment should be undertaken regularly, and any cause for concern should be shared with all colleagues who are involved in the care of the client. This is of particular importance when working in a multi-disciplinary context. Inquiries into the most serious incidents have repeatedly shown that failure to share information about risk has been a contributory factor in the resulting tragedy.

Figure 20-3 Denbighshire Personal Safety at Work Policy – Abridged

Other specific interventions for dealing with personal safety include the provision of personal alarms issued to all social workers and home care assistants, and mobile phones to all lone workers.

21 Tertiary Interventions

Recent case law has reaffirmed the need for organisations to ensure there is access to employee counselling and welfare provision. We found all of the Beacon candidate organisations provided counselling services and evidence from staff groups indicated that the services were well publicised and were held in high regard. We are describing two examples of tertiary provision, both of which offer a slightly alternative perspective to the traditional counselling approach³¹.

- London Electricity is an example of where staff have the opportunity for a round table discussion with their line manager, the counsellor and a representative from HR or occupational health. The idea behind the round table discussion is to ensure that everything possible is done to smooth the transition back to work for the employee after absence.
- At Good Hope Hospital an external organisational psychologist is used as a stress coach, offering support not only to the employee, but also advice and expertise to the line manager on organisational design improvements.
- We have also included some material from Gloucester City Council. Although this is not a tertiary intervention, it is an interesting piece of material since it provides some ideas for stress prevention that spans the whole range of primary, secondary and tertiary interventions. It is a list of possible interventions that were generated using the results of a stress risk assessment and includes suggestions from employees about how stress could be tackled.

³¹ *Most of the Beacon candidates offered traditional counselling - usually four to six confidential sessions with an in-house or an external counsellor.*

21.1 London Electricity – Round Table discussions ensured that the employee is not put back into a difficult situation

Where an employee's problems are work related we found it common practice for the counsellor to establish a link back into the line manager and HR representative. At the discretion of the employee, a meeting between employee, counsellor, line manager, HR representative, and union official where relevant, is set up to discuss changes needed in behaviour, workflow and workload, and other threat inducing factors. Thereafter, the employee usually undertakes a phased return to work.

London Electricity Group's approach towards rehabilitation of those absent due to work related stress is a good example of this. The counselling aspect of the Employee Support Programme (ESP)³² is run by an external network of counsellors managed by a clinical psychologist in London. One of the key elements of the ESP is the incorporation of 'Round Table' meetings to form a standard part of the counselling service. Staff referred to the counselling service are provided with three sessions with the clinical psychologist with a further four more sessions if required and upon recommendation by the Occupational Physician. If, in the opinion of the psychologist, the problems are work related a series of Round Table Meetings are organised. These meetings are usually conducted with the employee, his or her manager, the counsellor and a representative from both Occupational Health and the HR function. An agreed range of actions are published following each Round Table meeting.

Apart from aiding the rehabilitation of employees with stress problems and preventing or minimising sickness absence, these 'Round Table' meetings are a very robust way of identifying shortfalls in management skills which can then be tackled in a sensitive but 'evidence based' way, helping to close the risk management loop.

³² *The ESP is the term used by London Electricity for their Employee Assistance Programme*

21.2 Good Hope Hospital – Stress Coaching as an alternative to a traditional counselling service

Good Hope Hospital's philosophy of counselling provision is that it is not a traditional counselling service but a mentoring or coaching provision aimed at helping staff actually tackle problems.

An external organisational psychologist provides one to one stress coaching for individuals with serious stress problems normally referred through occupational health or line managers. The focus of the one to one sessions is to try to give sufficient coping skills to the individual concerned to allow the member of staff to be reintegrated back into the workplace.

The sessions use a coaching methodology, which aims to create a triangle between the individual, the line manager and the coach that supports and guides the development of an action plan that reintegrates the employee. This one to one coaching makes use of a personal effectiveness questionnaire, which gets the member of staff being counselled to understand their own behaviour and to look for things that divert their focus from their sources of pressure.

21.3 Gloucester City Council – A comprehensive intervention programme covering all three intervention levels

The systems Gloucester City Council has in place for ensuring employee well-being and minimising stress were compared with legislation, best practice, and available guidelines relating to stress in a review carried out for the City. From the results of this review together with the findings of the staff stress survey, the following recommendations were made for further action that could be taken to reduce and manage the risk of stress to staff at Gloucester City Council.

Primary level interventions (*prevention*)

Intervention at this level should always be the preferred option as it involves tackling the root causes of stress within the organisation or reducing employee exposure to stressors (hazards). Examples of primary level interventions for each group of workplace pressures experienced by Gloucester City Council staff are outlined below; many of the comments and suggestions made by staff have been incorporated.

Staffing levels

Ensure staff vacancies are filled as quickly as possible

- Make more effort to retain quality staff
- Review staffing levels to ensure they are sufficient to deliver the services required, meet the targets set and provide cover for foreseeable staff absences
- Reduce the use of temporary contracts which increases uncertainty
- Review systems for monitoring and managing staff sickness absence
- Prior to recruitment, promotion or significant changes in job responsibilities, ensure individuals are informed of the pressures associated with the job and ensure that their ability to cope with these pressures is assessed

Resources, workloads and priorities

- Ensure priorities and targets are realistic, given available resources
- Monitor staff workloads, identify staff with excessive workloads and take steps to reduce these
- Recognise that if managers have excessive workloads their ability to support and manage staff will diminish
- Try to provide staff with 'recovery time', i.e. a period of calm after a busy or pressured episode
- Actively discourage staff from working excessively long hours or taking work home to do
- Encourage and enable all staff to take regular breaks and all of their annual leave allowance
- Ensure consideration is shown to staff when asking them to complete tasks or attend meetings at short notice, give as much advance warning as possible
- Discourage the unnecessary use of E-mail, to prevent 'information overload'
- Minimise unnecessary bureaucracy
- Consider the provision of more support staff to reduce the administrative workload of officers

Organisational culture, consultation & communication with staff

- Develop and encourage a 'no blame' culture within the organisation and individual service units, whereby staff stress is not seen as a sign of weakness or a fault of the individual and whereby there is an acceptance that the organisation will learn from mistakes made rather than apportioning blame
- Improve the manner in which changes are implemented, managed and communicated to staff, ensure the pace of change is such that staff can keep up
- Provide adequate opportunities for employee participation in decision making

- Improve the provision of stress management training, provide specific courses for managers and ensure the content is linked with organisational aims and policies relating to stress
- Review the provision of training for individuals on coping and interpersonal skills
- Encourage staff to use work reviews to discuss the causes of stress and identify remedial action or training that might help
- Introduce health promotion programmes, such as health checks for staff
- Provide facilities for staff to 'let off steam' e.g. aerobics and relaxation classes

Tertiary level interventions (*rehabilitation*)

- The aim of interventions at this level is to provide extra support for staff that has experienced stress at work, to help them to recover and cope. The following recommendations are made for this level of intervention:
- Provide a more pro-active and accessible staff welfare / occupational health service, for example, through the appointment of an in-house counselling and support professional; allow staff to self-refer to counselling services
- Provide quicker access to occupational health services
- Provide managers with advice on the rehabilitation of staff following stress-related absence (e.g. the kinds of adjustments that can be made during a phased return to full duties)
- Improve staff awareness of the available counselling services and stress management training

Monitoring and review

The effectiveness of any changes made or new controls introduced should be measured. It is therefore recommended that staff are re-surveyed at intervals to provide quantitative evidence of improvement and to gauge the feelings and views of staff.

The monitoring of organisational health indicators can provide very useful information on the well-being of employees, also this type of information is often much easier to collect than the views of all individual members of staff. It is recommended that the monitoring of health indicators in expanded to include a larger range of aspects of well-being, for example:

- Working hours should be monitored such that staff working excessively long hours and the reasons for this are identified
- Reasons for staff leaving, through the use of exit interviews
- The number of staff grievances, disciplinary hearings and job re-grading applications
- Health indicators for each service unit, such as staff turnover and sickness absence
- The nature of organisational changes taking place, and their impact on staff
- The uptake and effectiveness of counselling services provided and trends in the nature of presenting problems

Figure 21.1 Abridged recommendations from the Gloucester City Review of stress work

22 Discussion

In Part 2, we have presented what we think are a whole range of good practice examples of stress prevention. Our remit was to find Beacons of Excellence in stress prevention. This was a tall order, not least because the Good Practice Model of Stress Prevention is wide ranging in its set of criteria, but also because real life is constrained in many ways. We do not believe that business managers would not wholeheartedly agree with the principles established by the Good Practice Model. We believe that most managers would undertake to strive to achieve good practice if there were no organisational constraints on doing so.

However, the reality of the situation is that there are constraints. And yet we have found a wide diversity of stress prevention activity that can be used as examples for other organisations to emulate.

Part 1 of this report suggested that the published literature of longitudinal studies on the effectiveness of stress intervention was sparse. Having undertaken the field study, we believe we have some reasons why this is the case:

Organisations are not in the habit of measuring outcome variables in the way in which a scientific methodology would require. We found business managers describing reductions in long term ill-health costs, improvements in management capability, and enhanced corporate culture and competitiveness as the key measures of success of stress prevention activities³³.

Many of the Beacon candidates use both a wide target and a narrow target approach towards stress prevention. Wide target interventions are typically long term and have a multitude of factors associated with them and are notoriously difficult to measure (please see page 120 for discussion of concepts of wide and narrow targeting). As a result, measuring effectiveness becomes extremely difficult.

We recognise the need for organisations to expend more effort on measuring the effectiveness of their stress prevention activity, but also empathise with managers as they attempt to grapple with the enormous number of variables that need to be managed in any scientific approach towards evaluation.

One of the key points of discussion to which Part 1 also referred was the recognition by the panel of experts of the importance of using both work-related and worker-related approaches towards stress prevention³⁴. Part 2 has fully supported this assertion. Those Beacon candidates that were demonstrating good practice in the intervention criteria of the Good Practice Model were those organisations that were combining primary, secondary and tertiary interventions.

Over-all, it is worth indicating that the best organisations that we investigated were those that not only operated successfully in the intervention criteria (by having primary, secondary and tertiary interventions) but were those that operated successfully across the whole range of the Good Practice Model. In this respect, we can say that the Good Practice Model is a good model. It has helped us to differentiate between organisations, and it is likely to help

³³ *Such outcome measures are perfectly acceptable to us. We are simply saying that these are difficult measures to deal with in a scientific study.*

³⁴ *“There is a suggestion that a combination of work-related and worker-related stress prevention and management is likely to be the most effective option...primarily such a strategy would endeavour to eliminate pressures in the workplace at source...It would also provide backup support for those employees who may not be protected sufficiently by a universal approach” (see section 10 on page 43)*

organisations to understand and manage the activities required to undertake a comprehensive stress prevention programme.

Over the course of Part Two of this project, we have had the opportunity to observe a number of general themes relating to stress prevention activity. The wealth of information that we have been able to review has provided a unique opportunity to make general observations about stress prevention activity. In addition, we have had the advantage of being able to review activity from both public sector and private sector organisations and we have seen significant differences in the way in which the two sectors deal with stress prevention.

Four general themes will be dealt with here:

- “Wide target” and “narrow target” approaches towards stress prevention
- Financial Investments made in stress prevention activity
- Lifecycle differences
- Who is responsible? The ‘HR’ approach versus the ‘H&S’ approach versus the ‘Occupational Health’ approach.

22.1 “Wide target” and “narrow target” approaches towards stress prevention

In our sample of Beacon candidates we observed distinct differences in the way in which stress prevention is viewed. We saw within organisations both a “wide target” and a “narrow target” approach towards stress prevention.

Activities can be aimed quite specifically at dealing with stress ‘the problem’ and therefore can be classed as “narrow target” activities. Such activities might include counselling services, stress coaching, stress awareness training, and psychosocial risk assessment. They are nearly always in response to a need to manage stress.

Other activities are part of improvements in general good management practice that have a positive impact on the health and wellbeing of staff. They may or may not have been precipitated by a need to manage stress. These are the “wide target” approaches to dealing with stress. Management development training would be a good example of a ‘wide target’ activity.

Within all of the Beacon candidates we found examples of both wide target activities and narrow target activities. However, we also found some general trends in the way in which Beacon candidates target stress.

Although in theory we expect organisations to take a strong lead on narrow targeting of stress, in practice, what we found was that organisations want, and are far more comfortable with, wide target approaches towards stress. This is not to say that narrow targeting is not prevalent. Amongst every single one of the Beacon candidates we saw extensive use of activities aimed directly at stress, ranging from in-depth stress risk assessment, through to extensive stress related intervention programmes.

On the other hand, the number of senior executives who described wide target initiatives as their responses to workplace stress was substantial. Initiatives such as management development programmes, organisation wide work-life balance programmes, culture change programmes, and so on were all examples that were given. It was also clear that most occupational health experts wanted their stress prevention activities to be considered within the spectrum of organisation-wide management initiatives.

Another interesting aspect of wide and narrow targeting is our observation that many of the top Beacon candidates use a combination of wide targeting and narrow targeting, and use them in a very proactive way. An example is London Electricity Group where narrow targeting of stress prevention can be seen in a very successful employee support programme (tertiary stress intervention³⁵). This is combined with a wide targeting approach where stress prevention is only one element of an integrated and pervasive organisational culture of safety that emphasises safety behaviour by all staff. This fits with its commercial imperative to deliver power safely to its customers.

The same can be said of GlaxoSmithKline (GSK). Narrow targeting is manifest in its commitment to employee health by having a dedicated Employee Health Management Group delivering resilience training and internal consultancy on resilience³⁶. This is combined with a wide targeting approach where the whole emphasis of employee health is integrated into high quality recruitment, management development and career opportunity.

³⁵ A tertiary level intervention is a rehabilitation intervention such as an employee counselling service, a return to work programme, or an EAP (employee assistance programme)

³⁶ For a definition of resilience please refer to page 68

The examples are not restricted to the private sector. Sheffield City Council manages stress prevention activities in the same way. Narrow targeting is undertaken using extensive corporate communications about stress at work, and the provision of occupational health services. Wide targeting is undertaken under the auspices of the Sheffield Manager Programme in which every manager in the council attends a development centre and commits to a long term personal development plan, all of which is underpinned by a competency framework.

Clearly, narrow targeting is more relevant to specific criteria of the Good Practice Model (the Good Practice Model is outlined in Figure 3-1 on page 22). The Risk Assessment element of the model for example must incorporate psychosocial risk assessment, and interventions must include the provision of rehabilitation services, and so on. However, other elements of the Criteria such as top management commitment, employee participation, and primary level interventions are more likely to be evident in wide-targeting activities aimed at improving the general management of the organisation.

In our view, both narrow targeting and wide targeting activities are essential for a good stress prevention programme. Ideologically we are in favour of wide targeted activity and we can recognise the benefits to business of wide target activity in the management of stress. We also recognise the need for a narrow targeted approach for ensuring there is a focus on stress. Our experience of this project is that those Beacon candidates that used both wide targeting and narrow targeting effectively were more likely to be achieving excellence.

22.2 Financial Investments

One of the most pertinent differences that we observed was the distinction between public sector and private sector financial investment. It was clear that the level of financial commitment that the private sector Beacon candidates made to maintaining or improving the health and wellbeing of employees far exceeded the financial investment made by public sector Beacon candidates.

The private sector Beacon candidates were blue chip organisations and so we cannot generalize beyond our Beacon candidates. It is probably not the case at all that most private sector organisations put more money into stress prevention than public sector organisations.

The blue chip private sector Beacon candidates invested heavily in employee health and wellbeing. Why should this be the case? Evidence that we have gathered from the private sector Beacon candidates demonstrated an adherence to the adage “good health is good business”. Corporate health managers are very aware of the costs of workplace stress, not only the very high costs of rehabilitation in the form of medical bills and health insurance premiums, but also in the areas of lost productivity and impact on team morale³⁷.

Public sector Beacon candidates on the other hand have to deal with significant financial constraints. Although all of the Beacon candidates recognise the high costs of employee absence and rehabilitation, there is nowhere near the same level of investment in employee health and wellbeing.

Most public sector Beacon candidates employed a relatively small team of occupational health specialists. The team would be between three and eight professionals depending on the size of the organisation. There was also a small number of Health and Safety officers within each organisation. Expert advice was contracted in on an as need basis. Financial investments made in stress risk assessment, financial investment for health and lifestyle provisions (fitness centres, etc) is much lower than in the private sector Beacon candidates. Investments in high quality training was also far lower than in the private sector Beacon candidates.

Private sector Beacon candidates invest more heavily in much bigger teams of specialists per head of population, including bigger teams of health and safety specialists, regular and extensive health promotion and health screening, health and lifestyle provisions, management development and training, and the ergonomics of the working environment.

Wide target activities are usually more expensive than narrow target activities. This is the case when one considers the cost of, for example, high quality management development, or high quality ergonomics of the working environment. This may explain why public sector organisations tend to emphasise the narrow target interventions over the wide target interventions. They are less costly and do not need the same level of manpower to implement and maintain.

What we have tried to do is to show not only the differences in activity according to the levels of investment, but also to show examples of good practice despite the lack of funding. Public sector Beacon candidates make up the majority of the Beacon candidates, suggesting that low levels of funding do not necessarily mean poor levels of stress prevention activity. What is important to recognise is that often narrow targeting of stress prevention activity can be extremely effective.

³⁷ The Health and Safety Executive has also recognised the importance of the investment in good health programmes. It launched its “Good Health is Good Business” campaign in 1995

22.3 Lifecycle Differences

Reflecting on the evidence of stress prevention activity in different organisations, we have observed that one of the key differences between the Beacon candidates is a marked difference in the number of years that each of them has been focusing on stress prevention activity. Each one of them is at a different point on what appears to be a stress prevention lifecycle.

Some organisations have been investing in stress prevention activity for many years. AstraZeneca for example, has been investing in employee health and wellbeing for over twenty five years. The same can be said of the Royal and Sun Alliance, Rolls-Royce, GlaxoSmithKline, and the Employment Service.

Other organisations are relatively younger in stress prevention terms. Many of the council Beacon candidates have come a long way in less than five years.

In most cases, although there are exceptions, e.g. Sheffield City Council, the longer the organisation has been investing in stress prevention activity the more likely it is to be investing in both narrow target and wide target activity.

The stress prevention lifecycle appears to run thus:

Early Years: Narrow target activity:

- Tertiary Interventions: providing Employee Assistance, Counselling Services, Occupational Health Services
- Secondary interventions: stress awareness training, stress coaching
- Some targeted primary interventions e.g. Work-Life Balance initiatives for conformance to employment legislation i.e. equal opportunities legislation, etc.
- Risk assessment for conformance to health and safety regulations. Some psychosocial risk assessment such as stress auditing.

Later Years: Wide target activity:

- Top Management Commitment allied with considerable resource investment. Top management buying into the “good health is good business” adage.
- Stress Prevention Strategy e.g. a clear understanding at corporate level of necessary and relevant activities for managing stress across the organisation
- Integrated psychosocial risk assessment and corporate action planning
- Primary interventions such as recruitment and selection improvements, career development, workflow planning, performance management, 360-degree performance appraisal, management development programmes, and culture change programmes, etc.

22.4 Who is responsible? An integrated approach towards stress prevention

Some of the distinctions that can be made between activities of the Beacon candidates can be conceptualised according to who is responsible for the activities. In many of the Beacon candidates we found a variety of activity that was initiated and managed by different people. In the main, these were:

- Health and Safety (H&S) experts
- Occupational Health (OH) experts
- Human Resource (HR) experts

What was clear to us was that organisations that drew on the work of all three experts were far more likely to be operating a clear and coherent approach towards a comprehensive stress prevention programme than those that didn't. In many respects, where an organisation was clearly lacking in an aspect of the Good Practice Criteria, it was usually because one of the sets of experts was not keyed into the stress agenda.

Each set of experts has a key role to play in ensuring that a comprehensive stress prevention programme runs smoothly:

Health and Safety experts have strength in the Risk Assessment aspects of the Good Practice Model. Psychosocial risk assessment is the same as any other risk assessment procedure and the processes of “identify, control, and remove” that are familiar to all health and safety managers naturally lend themselves to psychosocial risk assessment.

The HSE's principle of prevention (Management of Health and Safety at Work Regulations 1999) requires an organisation to combat psychosocial risks by identifying the hazards and dealing with them at source. Measurement of psychosocial risks, monitoring of risk trends and undertaking risk management evaluations are critical to a comprehensive stress prevention programme. Those organisations that recognised the need for H&S staff to undertake psychosocial risk assessments in a systematic way and who use the expertise of H&S staff in contributing to the stress strategy for the organisation are more likely to be applying good practice.

Occupational health experts have strength in a number of Criteria of the Good Practice Model. An obvious contribution is in Secondary and Tertiary interventions, by providing employee assistance services, training staff in stress awareness and stress resilience, and rehabilitating staff back into work. Their expertise is not only in work centred approaches towards good health, but also the more contemporary 'life-centred' approach (see the CALM programme of AstraZeneca).

Another contribution that we have observed in many of the Beacon candidates is that occupational health experts have a strong link into senior managers of the organisation. We observed many instances where the occupational health specialist had direct communications with board members, often having legitimacy for bypassing lower levels of management. They had regular and influential meetings with a key board member, sometimes resulting in major cross-organisation initiatives (see for example London Electricity Group).

In addition, many occupational health specialists were the leaders in the formulation of the stress strategy. It was often the case that we recognised the occupational health specialists as the people who had the most comprehensive understanding of the causes and consequences of

stress in their organisation. They generally better recognised the differences between the daily hassles that everybody must endure at work, and the medical difficulties that highly stressed people suffer can as a result of chronic workplace stress.

It is important to also point out that many occupational health specialists formulated strategies that heavily emphasized their own expertise, thus the strategy focused heavily on the employee support elements of a stress prevention programme. In these cases we found that there was not enough linkage into the necessary requirements of risk assessment, and that interventions were predominantly narrow target interventions.

Perhaps one of the most disappointing aspects of our explorations of Good Practice is that we too often found occupational health units under-resourced, with too few people (sometimes also doing other jobs) and too little budget. This was a disappointment because we also recognised that most good practice in stress prevention starts with well-trained occupational health professionals who appropriately lobby, influence and use H&S experts and the HR community in supporting a comprehensive stress prevention programme.

HR experts have a crucial role to play in a number of Criteria of the Good Practice Model. Employee participation projects are typically handled in HR, such as induction, the appraisal system and other performance feedback systems, staff attitude surveys, job redesigns, restructuring programmes, performance management and support, etc. It is through these channels that HR experts can use their influence to ensure that staff participation in the design of working practice improvements is initiated.

In addition, HR experts are typically seen as close to the business imperatives. Many HR functions have a senior representative on the management team or board of directors. HR therefore has a crucial role to play in engaging top management commitment for stress prevention activities.

What is more, they have a better chance of lobbying for wide target interventions as well as narrow target interventions. HR experts are more familiar with culture change programmes, employee development and management development programmes, recruitment and selection processes, competency based performance appraisal systems, and so on. HR experts have the legitimacy required to influence people over good management practice. They also generally have a good understanding of the links between wide target levers (e.g. management development) and business performance, employee well-being and stress.

23 Beacon candidates – Pen Pictures

23.1 Wigan Metropolitan Borough Council – Social Services Department

Wigan Council is a unitary authority serving a population of 310,000 people and covers an area of 77 square miles. The Council has recently been restructured and a modernised management structure has been put in place. Committee based decision making has been replaced by a Council Leader and a Cabinet, supported by policy panels and a scrutiny committee.

Wigan Council is recognised as a ‘Council with Social Services responsibility’. Therefore, the Council has a responsibility to deliver social care to the community. The Social Services remit is to protect vulnerable people and to promote the independence of vulnerable people.

The Social Services department is one of twelve core departments in the Council. It employs 2500 people. The structure of Social Services falls into four categories:

- Providing care for adults
- Providing care for children
- Supporting the community
- Support services/Central services

The Best Value audit of Wigan Social Services (largely completed in 2002) has led a drive for quality and efficient service provision within the department. In addition to the Best Value reviews, Social Services departments are subject to inspections from the Social Services Inspectorate (April 2002). These visits resulted in a newly announced star rating for all Social Services Departments. Wigan Social Services department have been awarded a two star rating (out of a potential three star total score).

23.2 AstraZeneca

AstraZeneca is one of the world's leading pharmaceutical companies with a commitment to providing innovative, effective medicines in important areas of medical need: cancer, cardiovascular, central nervous system, gastrointestinal, infection, pain control and respiratory.

The company was formed when Astra AB of Sweden merged with Zeneca of the UK (formerly ICI) in April 1999. With over 54,000 employees worldwide, it has major research centres in five countries, manufacturing assets in twenty countries and sales in over one hundred countries.

With its Corporate Headquarters in London, over 10,000 employees are based in the UK. 3800 people at Alderley Park, Cheshire and 1200 at Loughborough, Leicestershire are involved in Research and Development. UK manufacturing operations are centred at major sites in Macclesfield, Cheshire with 2800 employees, and Avlon in Avonmouth with 500 employees. The UK Marketing organisation of 2000 staff has its headquarters in Luton.

23.3 GlaxoSmithKline

GSK is a global research-based pharmaceutical company manufacturing pharmaceutical and consumer healthcare products. It is one of the leading pharmaceutical manufacturers and developers with 7% of the global market. It is currently considered to be the market leader in four major therapeutic areas - anti-infectives, central nervous system (CNS), respiratory and gastro-intestinal. It is also a leader in vaccines and over-the-counter drugs (i.e. drugs that can be purchased without a prescription).

GSK's mission is to improve the quality of human life by enabling people to do more, feel better and live longer. It was formed in 2000 through the merger of Smith Kline Beecham and Glaxo Wellcome.

It has a UK headquarters and workforce and it has substantial operations in the US and has over 100,000 employees worldwide. Of these, over 40,000 are in sales and marketing, the largest sales force in the industry. Over 42,000 employees work at 99 manufacturing sites in 39 countries and over 16,000 are in R&D. There are 23,000 employees in the UK working on 24 sites.

23.4 Abbey National

Abbey National is a provider of financial services in the UK and worldwide. The core business activities are broken down into three sectors. The retail banking sector is the most well known and has a strong high street presence. However, a substantial part of the business activity covers wealth and long term savings of customers. These activities are managed by a number of small subsidiary sellers of financial products including Cahoot, Inscape, City Deal, Cater Allen Bank, James and Hay. In addition to banking and financial services, there is also a central business division offering support to the business functions. This is the structure of the organisation at the time of the scoping visit (August 2002). There has been a subsequent restructure of the business realigning the existing business divisions as part of one organisation.

Across the business divisions 30,000 people are employed, mostly in the retail-banking sector (high street banking, personal banking and its support operations). Abbey National retail banking operates through out the UK; other business operations are based mainly in the South and South East of the country. In addition, there are call centres in Gateshead and the Northwest and other substantial business activity in Scotland and the North East.

23.5 Somerset County Council

Somerset County Council provides a diverse range of services to the public of Somerset. The County Council has been in existence for over 100 years, and currently there are approximately 15,000 people employed by the Council. The Council's duties and services are managed by the councillors through a democratic structure. Until recently this meant councillors served on traditional committees on subjects as diverse as education and social services. Now, the government has required all local authorities to modernise their democratic structures and change the way that councillors make decisions. The philosophy behind the changes is that of splitting councillors into smaller groups (a cabinet structure) that make most of the day-to-day decisions.

The structure of the County Council is as follows:

- A multi party cabinet (the Executive Board) of 10 members appointed by the Council
- A multi-party scrutiny committee of 12 members
- 6 policy panels of between 6 and 10 members to help assist some of the members of the Executive Board (the portfolio-holders)
- A standards committee of 3 elected members and 3 independent members and chaired by one of the independent members
- A multi-party regulation committee of 12 members.

The responsibility for quality of working life within the Council now lies with the Director for Performance Management. The Council's Personnel Department is the focus for internal expertise in improving the quality of working life for employees, particularly its Personnel (Employee Relations) and Health and Safety Groups. It also co-ordinates delivery of stress related Occupational Medicine procured from the local Health Trust. The County Personnel department has been actively working on stress since 1994.

23.6 Sefton Metropolitan Council

Sefton Metropolitan Borough Council is one of five Metropolitan Districts in Merseyside situated between the Mersey and the Ribble estuaries. The Council serves a population of around 300,000 people.

The Council's workforce is made up of about 12,000 employees including school based staff. These are split between four directorates and the Chief Executive's Department.

Sefton Metropolitan Borough Council underwent their first Best Value review in 2000 / 2001. There is a current review of the Human Resources department and services, this has chosen to focus on employment policies, especially family flexible provision. Following a previous review, the department worked on improving the Health and Safety provisions, sickness absence management, and employee counselling.

A radically different Occupational Health and Safety provision has resulted from the recent Best Value review. Previously, this service had been outsourced, but as a result of the Best Value review, Occupational Health has been brought back into the Council with the formulation of a 'Health Unit'. This has brought together Health and Safety advisers, Occupational Health nurses and physicians, the employee counsellors and the health promotion nurse. Whilst the Health Unit has responsibility through the Human Resources management structure, on a day-to-day basis it operates from a position of independence. This new unit drives forward the Council's work on stress prevention and for managing sickness absence.

23.7 Leicestershire County Council – Department of Planning and Transportation

Leicestershire County Council Department of Planning and Transportation (the Department) is responsible for a number of transport and planning aspects within Leicestershire. The Department comprises six branches which work together to provide highways transport, strategic and environmental planning, waste management, and economic development services on behalf of the County Council. The Department has approximately 600 employees and is based on the outskirts of Leicester.

23.8 Employment Service

The Employment Service was a Government Agency within the Department of Education and Employment, responsible for providing an effective and high quality public employment service. The Service aimed to contribute to high levels of employment and growth by helping people without a job find work and employers to fill their vacancies. The Service employed 35,000 people.

The information provided for this case study was provided by the Employment Service when it was still in existence. In July 2001 the Service transferred from the Department for Education and Employment to the Department of Work and Pensions. The Employment Service is now no longer in existence. Many staff employed by the Employment Service are now part of Jobcentre Plus or The Pension Service. However, until stress policy can be created for the Department of Work and Pensions, former Employment Service staff are retaining the ES approach to stress. The Department of Work and Pensions is currently working with the Health and Safety Executive on a new department wide stress policy and process drawing on examples of best internal and external practice.

23.9 London Electricity Group

London Electricity Group (LE Group) is an energy company serving the needs of customers across the UK. It is involved in electricity generation, energy purchasing, risk management, distribution and retail, and provides gas and energy related services such as metering and customer services. It supplies 2.9 million customers across the UK through three brands: London Electricity, SWEB (South West Electricity Board), SEEBBoard Energy (South East Energy Board) and through a partnership with Virgin Energy.

For more than a century London Electricity has been bringing light and power to London's industries, businesses, schools, hospitals, public places and homes. In 1990 London Electricity was privatised, and since then has transformed itself into a successful private sector business. In 1997 it was acquired by US utilities company, Entergy Corporation. Entergy sold London Electricity in 1998 to one of the world's largest utility companies, Electricité de France (EDF).

The business employs 6,400 people in a number of traditional business and energy related roles including customer service and power generation. It operates from locations across England, but is mainly located in London. As part of its ethos, the LE Group is committed to sustainable development and are involved in regeneration, fuel poverty and energy efficient initiatives.

23.10 Good Hope Hospital NHS Trust

Good Hope Hospital NHS Trust is an acute treatment hospital based in the Midlands providing healthcare in a suburban area. The hospital has about 550 beds and provides acute medical care and surgery to a population of 400,000 in North Birmingham and South Staffordshire and the surrounding area. This includes a full range of diagnostic and treatment services. It is currently pioneering work on ambulatory care and the fast track hospital centre.

The hospital has a busy Accident and Emergency and Outpatients Department and provides other general medicine and surgical services. The Hospital has just been awarded full teaching trust status and is a District General Hospital for medical students from Birmingham University.

The Trust employs approximately 2700 staff. It is involved in innovative partnership working in order to deliver the NHS Plan. Partnerships with private sector businesses are being used to provide improved patient facilities within the hospital. In an independent survey, Good Hope Hospital has been ranked within the top 40 hospitals in the country.

23.11 Rolls Royce

Rolls-Royce plc is a global company providing power for land, sea and air vehicles. It employs approximately 40,000 people in more than 30 countries, including over 25,000 in the UK, 5,000 in the rest of Europe and over 8,000 in North America. In the UK, employees are based in one of seven locations across England and Scotland with major operations in Bristol, Derby and Scotland. Headquarters are located in London and Derby. The major turbine manufacturing site in the UK is Derby. Defence operations are based at Bristol.

The company has a balanced business portfolio with leading positions in civil aerospace, defence aerospace, marine and energy markets. With annual sales of around £6 billion and a forward order book of nearly £17 billion, its technology is applied over a wide range of products.

Rolls-Royce engines power commercial aircraft in every segment of the market including more than 500 airlines, 4,000 corporate and utility operators and 160 armed forces.

Rolls-Royce is also a global leader in marine propulsion, engineering and hydrodynamic expertise, with a broad product range. More than 2,000 commercial marine customers and over 50 navies use Rolls-Royce propulsion systems and products in 20,000 ships.

23.12 Gloucester City Council

Gloucester City Council has its corporate headquarters based in the city centre and has a number of sites across the city. The council provides a wide range of services to the city population of approximately 110,000 people. The council employs around 830 employees across a number of departments. Corporate level responsibility for HR and Health and Safety lies with the Resource Manager – Corporate Personnel. Within this is overall responsibility for stress management and the well being of employees.

23.13 Denbighshire County Council – Social Services Department

Denbighshire County Council Social Services department provides social services to the North Wales Coastal resorts of Rhyl and Prestatyn, down through the Vale of Clwyd and South as far as Corwen and Llangollen. It employs 700 people. The Government has set a formidable agenda of change for Social Services in Wales, set out in Building for the Future; Best Value, Children First, National Service Frameworks, National Strategy for Carers, Sure Start, Care Standards, Supporting People, the NHS Plan and the Strategy for Performance Management.

These changes take place in a context where severe resource constraints have been the norm. In addition, Denbighshire, as with other local authorities, has had to deal with large scale outsourcing driven in the main by the Government's desire to see local authorities transform from municipal service providers towards being the 'manager' of a mixed economy service provision and all that that entails.

Additionally, there is a nationwide shortage of childcare social workers and Denbighshire have been putting in place a number of initiatives to try and present itself as an employer of choice in order to recruit the additional social workers that they need. These include student sponsorship of trainee social workers, Investors In People which they achieved two years ago, and selling Denbighshire as a beautiful place to live and work.

23.14 London Borough of Hounslow

London Borough of Hounslow provides council services to Hounslow and the surrounding area (23 square miles of West London covering the area from Heathrow Airport to Chiswick). The Council serves a population of 204,000 with around a quarter of these being from ethnic minority communities, making Hounslow one of the most diverse boroughs in London. It employs 3,000 people (excluding locally based education staff).

The Council has recently modernised its political and senior management structures and has introduced a range of innovative initiatives to improve its services to the local community.

In 2000/2001 Hounslow initiated a five year Best Value programme to review all council services. This has resulted in seventeen best value reviews aiming to challenge how the council provides its services to its major client groups and to see if they represent value in comparison to the market leaders.

Hounslow faces many problems peculiar to this borough. In particular, there are recruitment and retention problems that make keeping key members of staff difficult. In response to the high cost of living, initiatives have been piloted in order to retain its key workers by offering subsidised housing.

23.15 Kingston Hospital NHS Trust

Kingston Hospital NHS Trust is a teaching hospital based in the South West of England providing healthcare to a suburban area. The hospital has about 585 beds and provides acute medical care and surgery to 320,000 people in Kingston and the surrounding area. This includes a full range of diagnostic and treatment services. It has a national reputation for innovative developments in healthcare, particularly in 'patient-focused' care and maternity services.

Besides a busy maternity department, the Accident and Emergency services and other General medicine and surgery departments are also very active. The Hospital was awarded university hospital status in 2000/01 and takes students from Queen Marys and Westfields and St Georges Medical School in London.

The Hospital employs approximately 2,700 staff excluding medical students. The Trust has a budget of around £110 million per annum and certain services are involved in income generation providing additional funding for the Hospital. There is also a section of the hospital offering private patients health care.

The Trust is involved in several pilot studies, including the pilot studies for the new Healthcare Practitioner and Healthcare Practitioner Assistant roles (enhanced roles aiming to bridge the gap between nursing roles and traditional doctors roles). In the recent performance rating by the Department of Health, the Trust was awarded 2 stars (out of a possible 3 stars).

23.16 Royal and Sun Alliance (R&SA)

Royal and Sun Alliance are a world wide insurance provider. Historically, Royal and Sun Alliance was made up of the Royal Group and Sun Alliance insurance company. The organisations merged in 1996 to form Royal and Sun Alliance. The company sells a range of insurance and insurance related products that can either be described as commercial insurance (insurance for businesses) or personal finance services (products for individuals).

Its four business divisions include Life, Personal Broker, More Than and Commercial. They are supported operationally by Business Services, which provides all the internal HR, Learning and Development, IT and financial management support.

In the UK approximately 20,000 employees work for Royal and Sun Alliance. Most of these individuals work in traditional office settings although over recent years there has been a move towards local team supervision with senior managers overseeing teams in more than one location. Over 2,000 employees (mainly safety inspection engineers and claims inspectors) work exclusively from home.

23.17 Sheffield City Council

Sheffield City Council provides council services to a city population of 520,000. The Council is now managed using a cabinet system. The cabinet comprises six councillors supported by the Chief Executive and four Executive Directors. Supporting them are the Policy Implementation Boards. Scrutiny Panels monitor their decisions and service standards.

The Council employs around 19,000 people in five Directorates, each led by an Executive Director. The Directorate's are:

- Chief Executive's
- Development, Environment and Leisure
- Education
- Housing and Direct Services
- Social Services

The Audit Commission has classed Sheffield City Council as a 'Good' Council. This classification is part of the nationwide programme, the Comprehensive Performance Assessments, which has been assessing Council's performance.

23.18 Stockton Borough Council

Stockton Borough Council provides council services to Stockton on Tees and the surrounding area in the Tees valley. The Council works with a range of other organisations to provide a full range of local services including education, transportation, leisure and environment services to 179,000 people. It employs approximately 8,500 people including school based staff. It became a unitary authority in 1996 taking on education, and social services in addition to the normal local government services.

As with all councils in the UK, Stockton Borough Council has undergone major changes in the last decade. There has been a move towards outsourcing of service provision, as well as challenges to councils to provide cost effective services in comparison to the private sector. Accompanying this has been constant performance reviews and audits. Stockton underwent their Comprehensive Performance Review in 2002 and were rated Good (this is a four point scale from poor to excellent). Further to the Comprehensive performance review, all councils are subject to best value reviews. The Personnel department underwent their best value review in 2000.

24 Appendix A: The Screening Survey

Health and Safety Executive – Robertson Cooper Ltd
Beacons of Excellence in Stress Prevention

The following questionnaire is designed to assess your organisation's practice with regards to five good practice guidelines in stress prevention designed for this project by UMIST. These are; 1) risk assessment 2) top management commitment, 3) a participative approach, 4) a formal stress prevention strategy, and 5) stress prevention activity. Practice in these five areas is considered to be essential to the development of a comprehensive stress prevention programme and a culture that supports healthy workplace practices.

This questionnaire is based on a model of the 'ideal' programme and represents what organisations should be aspiring to. We do not anticipate that all organisations will have necessarily achieved this yet. Please continue to answer even if the questions seem above your organisation's level of competence and remember that you may still be identified as a beacon.

Please respond by ticking the appropriate box(s) or by filling in the requested information. Please answer these questions as openly and honestly as possible. The HSE and Robertson Cooper Ltd thank you for your participation in this project.

Name of organisation _____
Respondents name _____
Role and Job title _____

Do the responses given on this questionnaire relate to?

The whole organisation A Specific department Other
A particular site A team or shift

Please give details of department / team / shift / site or other

How many people are employed here? _____

What sector does the organisation / department / team / shift / site / other work in? _____

Please give a brief description of this organisation/ department / team/ shift/ site / other's responsibilities and activities

Please Note

From this point on the organisation / department / team / shift / site / other will be referred to as the 'group'

Please complete and return this questionnaire to Emma Gurr by **Friday 12th July**.

On going risk Assessment and diagnosis

1. Has the group ever conducted a stress risk assessment?

Yes No

2. How frequently are risk assessments/will risk assessments be conducted (if the first one has only recently been conducted)?

Every 1 –2 years Every 2-5 years
 Less than once every five years random, positive spot checks

3. Was your last risk assessment company wide?

Yes No Only in known hotspots

4. Which of the following methods were used to conduct your risk assessment?

Standardised questionnaire Non-standardised questionnaire
 Focus groups Structured interviews
 Task Assessment

Other (please specify) _____

5. Did the risk assessment assess stress outcomes in terms of self reported employees' physical health?

Yes No Assessed elsewhere

6. Did the risk assessment assess stress outcomes in terms of self reported employees' mental health?

Yes No Assessed elsewhere

7. Did the risk assessment assess employees' job satisfaction.

Yes No Assessed elsewhere

8. Did the risk assessment assess stress risks arising from the way in which work is carried out?

Yes No Assessed elsewhere

9. Did the risk assessment examine the extent to which the following are sources of stress:

Relationships at work Work-life balance Work overload
 Pay and benefits Job security Job control
 Resources available Communication Job change

Other(s) (please specify) _____

10. In the analysis of the risk assessments is there:

Comparison with a benchmark? Yes No
 Analysis by organ'l demographics (e.g. department, grade) Yes No
 Analysis by standard demographics (e.g. age, gender etc.)? Yes No
 Are associations established between stressors (e.g. relationships) and stress outcomes (e.g. health & satisfaction)? Yes No

11. Please outline briefly any other relevant analysis of the risk assessment

12. Do the results of the risk analyses inform intervention decisions?

Yes No

If yes please give an example

13. Is there a formalised approach towards assessing the success of interventions?

Yes No

Senior & top management commitment

14. How often is stress (where work pressure exceeds ability to cope) discussed at senior management meetings?

- At least once a month At least every three months
 At least every 6 months At least once a year
 Less than once a year Never

15. Is stress discussed at board meetings?

- At least once a month At least every three months
 At least every 6 months At least once a year
 Less than once a year Never

16. Is a percentage of the group's annual budget dedicated specifically to health promotion?

- Yes No

If yes please specify percent dedicated in the last financial year _____

17. What has the 'stress money' been spent on in the last two years?

- Stress audit/risk assessment Learning resources Awareness training
 Stress interventions
 Other (please specify)

18. On average how many working days have department heads spent in the last year on stress related issues (planning, implementing and taking part in)?

- < 1 day 1-5 days 6-10 days More than 10 days

19. On average how many working days have employees used in the last year to take part in stress prevention or related activities (e.g. risk assessment, stress management training etc)

- < 1 day 1-5 days 6-10 days More than 10 days

20. Do senior managers work long hours? (In excess of the European working time directive, e.g. more than 48 hours a week)

- Always Sometimes Rarely Never

21. What percentage of senior managers attended the last stress management or prevention activity that was available to them?

- None 1-50% 51-100% Never had activities available

22. What percentage of directors attended the last stress management or prevention activity that was available to them?

- None 1-50% 51-100% Never had activities available
 N / A

23. Has a board member &/or senior manager been given responsibility for stress in your group?

- Board member: Yes No N/A If yes please state role

- Senior manager: Yes No If yes please state role

24. If yes, is his/her responsibility described in his/her job description or other formal document?

Board member: Yes No
Senior manager: Yes No

25. Please give details of any other examples and evidence of top and senior management commitment to stress prevention and management in your group?

A participative approach

26. Does the 'group' believe that all employees should take part in the planning and implementation of stress prevention activities?

Yes No Selected bands/grades

27. Are stress related issues discussed in team meetings?

All teams Most teams Some teams No teams

28. In the past two years have middle managers and employees been involved in....

	Middle managers		Below middle management	
Stress Audits/risk assessment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Planning interventions	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Undergoing stress awareness	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Taking part in stress prevention activities	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

29. Is the opportunity to take part in these activities widely publicised throughout the group?

Yes No

30. Are employees' views on stress issues sought in appraisals or any other one to one meetings?

Yes No Selected employees

31. Is there a visible / identifiable point of contact e.g. supervisor/line manager/other with which employees can discuss stress related issues throughout the year?

Yes No For certain employees

32. Do you have regular open forums/discussion groups where employees can discuss stress related issues?

Yes No Selected employees

33. Are these events widely publicised throughout the group

Yes No

34. Is there a process for feeding back these stress related issues back to the policy makers?

Yes No An informal process

35. Please give details of any other examples and evidence of middle management and below middle management employee participation in stress prevention and management in your group?

Stress prevention strategy

36. Is risk assessment a central part of the stress prevention strategy?
Yes No
37. Do you have a formal stress prevention policy?
Yes No Currently being worked up
38. If yes, is this policy summarised onto no more than two pages
Yes No Currently being worked up
39. Is it available to employees for consultation?
Yes No Selected employees
40. Does it outline the group's legal duty of care to employee well-being under the Health and Safety at Work Act (1974) and the Management of Health and Safety at Work Regulations (1999)?
Yes No One of the two
41. Does it outline managers' responsibilities to:
Support stressed employees Anticipate potential pressures Minimise stress
42. Does it outline employees' responsibilities to:
Draw attention to stress related problems Support stressed colleagues
43. Do you have specific aims with regards to improving stress levels in your group? e.g. reducing stress related absence by 10%?
Yes No

If yes please describe

44. Have you identified a specific time frame in which you hope to achieve these aims?
Yes No
45. Are you currently on target?
Yes 1-6 months behind 7-12 months behind
More than 12 months behind
46. Have you identified the tasks that need to be completed in order to achieve these aims?
Yes No To an extent
47. Has responsibility been assigned for each task?
Yes No For the most part
To a degree/informally
48. Have resources (time and/or money) been allocated to the completion of the task?
Time For some tasks For all tasks
Money For some tasks For all tasks
49. How often are the aims reviewed?

Every:

1-6 mnths 7-12 mnths 13-18 mnths

More than every 18 mnths

50. Is the strategy communicated through out the group? E.g. via the company intranet etc (tick all relevant boxes).

- Aims are communicated
- Task progression is communicated
- Progress in respect of aims is communicated
- None of these are communicated

Stress Prevention Activities

Fitting the person to the job

51. Are recent job descriptions (written or reviewed in the last 3 years) available for each job?
 Yes No For some jobs
52. Is the job description used as part of the process to select potential recruits?
 Yes No For some jobs
53. Does the group hold personnel specifications for each role?
 Yes No For some roles
54. Is the personnel specification used as part of the process to select potential recruits?
 Yes No For some roles
55. Does the group conduct regular (at least yearly) appraisals or other one to one meetings in which job role issues e.g. responsibility confusion can be discussed?
 Yes No
56. Is there someone who staff can discuss role issues with all year round? e.g. supervisor
 Yes No
57. Are the role issues raised in appraisals and at other times used to modify and clarify job descriptions?
 Yes No
58. When necessary, is the group willing to adapt/re-design jobs to accommodate employees special needs/suit employees changing needs e.g. allow employees to switch to flexitime?
 Yes No
59. Is there a formal process through which employees can apply for changes to be made to their jobs?
 Yes No
60. Of the changes requested in the last 2 years what percent has the group accepted?
 None 1-25% 26-50% 51-75% 76-100%
 No requests made

Work place design

61. Has the group made physical changes to the workplace (beyond what is required by law) in order to make employees more comfortable/accommodate employees with special needs?
 Yes No
62. Is there a formal process through which employees can apply for such changes to be made?
 Yes No
63. Of the changes requested in the last 2 years what percent has the group accepted?
 None 1-25% 26-50% 51-75% 76-100%

No requests made

Workflow planning

64. This group believes that workflow planning is:

Manager/supervisor's responsibility

Manager/supervisor's and employee's responsibility

65. Are employees consulted before a task is allocated to them

Always Usually Sometimes Never

For some jobs

Please indicate what your group has done to prevent stress at work: Only tick ‘yes’ if the provision was implemented (wholly or in part) to prevent stress *not* if the reason for its adoption was not stress related e.g. Solely to improve productivity.

Provision			Implemented due to findings from a stress risk assessment?	Available to all personnel?		What is the uptake rate?	
Flexi-time	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%
Annualised hours	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%
Tele-commuting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%
Time off in lieu of extra work	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%
Self rostering	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%
Compressed hours	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%
Non standard week	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%
Home working	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%
Term time working	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%
Sabbatical leave	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%
Study leave	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%
Sports achievement leave	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%
Community service leave	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%
Team meetings	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%
Suggestion box	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%
Annual reviews	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%
Intranet	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%
News letters	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%
Skills training	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%
Competency training	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%
Other(s)? (Please specify)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%

: Provision			Provision open to all personnel?	What is the uptake rate?	
Stress management training	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%
Stress learning resources	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%
Time management training	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%
Conflict resolution facilities e.g. mediation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%
EAP / Counselling / Helplines	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%
Gym on site/subsidised fees	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%
Rest rooms	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%
Personal Development Plan's	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%
Relaxation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%
Meditation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%
Aromatherapy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%
Biofeedback	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%
Crèche on site	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%
Advice about childcare	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%
Childcare vouchers	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%
Other(s)? (Please specify)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%

Thank You for your time, please return the questionnaire to RCL for evaluation

25 Acknowledgements for Part 1

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26 Appendix B: Full Listing of studies from Part 1

Table 26-1

Study First author, target population, sample size.	Rating Research Design rating	Intervention Level, I, I/O, O	Programmes Type of programme; Evaluation period.	Measurement Control group outcome measures.	Findings
Adkins (2000); US Air Force; n = c. 16,000	***	I, I/O, O	SAP, TRA, COM, PEF, CSG, EAP; Various evaluation periods.	No control groups; Work / life stressors, coping strategies and suicide/ mishap rates	Steady reduction in suicide/ mishap rates. No outcome data on stressors and coping strategies.
Alexander (1993); White collar employees in automotive industry; n=86	****	I	MED; 3 months	Matched controls; measuring skin conductance, general health, trait anxiety, work tension, sleep problems and job satisfaction.	Significant improvements in reducing skin conductance, trait anxiety and alcohol/cigarette use in comparison to the control group for regular attendees of MED programme. Reduced effect for irregular attendees.
Aust (1997); bus drivers; n=54	***	I, I/O.	REL, CBT, RIS; 12 weeks and 3 months	Waitlist control group; Measures on need for control positive / negative mood and stress symptoms.	Significant reductions in need for control in the intervention group. No major changes in mood and stress symptoms.

Study First author, target population, sample size.	Rating Research Design rating	Intervention Level, I, I/O, O	Programmes Type of programme; Evaluation period.	Measurement Control group outcome measures.	Findings
Bagnara (1999); Trainee nurses; n=128	*****	I, I/O.	OTI, CSG; 6 months.	No-treatment control group; Measures of psychological well- being, anxiety, self- esteem, work expectations and work involvement.	Psychological well-being improved significantly for the intervention group. Significantly more trainee nurses passed their exams in comparison to control group.
Beermann (1999); Hospital employees; n=230	***	I/O, O.	PAR, COM, PEC; 6 months	No control groups; Measures of work organisation, work climate, relationships, health complaints. Requested suggestions for improvement.	Improvements to communication and social support, and a reduction in stress levels reported six months post intervention.
Bond (2000); Media employees; n=90.	*****I	I, I/O	CBT, PAR; 3 months.	Waitlist control group; Measures of GHQ, depression, motivation, job satisfaction and attitudes toward innovation and change.	CBT intervention significantly improved GHQ, depression and attitude scores. PAR intervention also improved depression and attitude outcomes. No effects on motivation and satisfaction.

Study First author, target population, sample size.	Rating Research Design rating	Intervention Level, I, I/O, O	Programmes Type of programme; Evaluation period.	Measurement Control group outcome measures.	Findings
Bond (2001); Administrative employees; n=97	*****	I/O, O	PAR, JRD; 1 year.	Matched randomised control group; Measures of mental and physical ill-health, sickness absence, performance and job satisfaction.	PAR intervention significantly improved participant's mental health, absence and performance rates. The results are also indicative of the advantages of increasing employee job control.
Bunce (1996); Healthcare workers n=202.	****	I, I/O.	SMI combining CBT / REL; PAR; 3 months, 1 year.	No-treatment control group Measures of job satisfaction, motivation, health (GHQ), tension and innovation.	Differential impact of interventions: improvements in GHQ and satisfaction scores, and increases in innovation were experienced by PAR group.
Cahill (1992); Social Service employees: n=43.	***	I/O, O	RIS, TRA: 6 months.	No control groups: Measures of skill discretion / development, decision latitude / authority, job satisfaction, autonomy and stress.	Improvement in decision latitude, skill development, job satisfaction and attitude to new technology. No changes to strain levels.

Study First author, target population, sample size.	Rating Research Design rating	Intervention Level, I, I/O, O	Programmes Type of programme; Evaluation period.	Measurement Control group outcome measures.	Findings
Cartwright (2000): Government department employees: n=343	****	O,	COM, OTO: 2 years	No treatment control group: Measures of well being, job satisfaction and attitude.	Improvements in communication positively impacted job satisfaction and perceptions of control and influence stress resulting from organisational structure and climate also significantly reduced.
Cecil (1900): School teachers n=54	*****	I, I/O.	CBT, CSG: 4 weeks & 6 weeks.	No treatment control group: Measuring teacher stress.	Stress symptoms significantly lower for CBT group. No changes for CSG colleagues.
Cigrang (2000): Military trainees: n=178	*****	I.	REL, CBT; 10 weeks.	“Usual care” control group: measuring graduation / discharge rates.	No significant results reported.

Study First author, target population, sample size.	Rating Research Design rating	Intervention Level, I, I/O, O	Programmes Type of programme; Evaluation period.	Measurement Control group outcome measures.	Findings
Cooper (1991): Postal employees: N=288	****	I.	EAP; 3 to 4 months post intervention.	No-treatment control group: Measuring sickness absence, anxiety, depression, satisfaction and commitment.	Significant improvement in absence rates. Decline in anxiety levels and depression. Increase in self-esteem but no marked changes to satisfaction and commitment levels.
Doctor (1994): Police Officers: N=61	*****	I.	EAP; 12 weeks.	No-treatment control group; Measuring GHQ, stress symptoms and absenteeism.	Response to stress symptoms questionnaire and counselling sessions implies that internal organisational issues were the main sources of dissatisfaction. No significant effects on absenteeism and health.
Elliot (1991): Pharmaceutical employees: n=56	***	I, I/O.	CBT, CSG: 1 month	No control groups: Measures of daily hassles and MBTI.	Subjective positive evaluations from participants of the relevance/usefulness of programme. Substantial reductions in hassles also reported.

Study First author, target population, sample size.	Rating Research Design rating	Intervention Level, I, I/O, O	Programmes Type of programme; Evaluation period.	Measurement Control group outcome measures.	Findings
Elo (1998): Carton production employees: n=118	***	I, I/O, O.	JRD, PEC, PAR, RIS, CSG; 3 years	No control groups: Measures of variability of work, and mental and physical strenuousness.	Increases in the variability of work in one department. Overall reduction in mental and physical strenuousness levels.
Eriksson (1992): Public administration employees: n=129	***	I, I/O.	REL, OTI, CSG: 3 months, 6 months	No-treatment control group; Measures of social support, blood samples, general health and well- being	The programme was deemed to be more effective in groups that had a high degree of autonomy, high decision latitude and high initiative skills. With perceptions of more stimulating work and increased feedback from supervisors being reported.
Evans (1999): Bus drivers: n=41	****	I/O, O.	JRD, PEC, COM; 6 months	Matched controls: measures of job hassles, blood pressure, heart rate and perceived stress.	Reductions in hassles and stress post intervention. Significant reductions in systolic blood pressure rates, heart rates and perceived stress levels.

Study First author, target population, sample size.	Rating Research Design rating	Intervention Level, I, I/O, O	Programmes Type of programme; Evaluation period.	Measurement Control group outcome measures.	Findings
Firth–Cozens (1992); White-collar workers n=90	***	I.	CBT; 16 weeks.	No control groups: Measuring psychiatric symptoms, anxiety job perceptions / satisfaction	Significant improvement in job perceptions, reduction of stress symptoms and higher job satisfaction after training. Results also included workers perceiving greater opportunity for inter personal contact control and skill use.
Francis (1992) University employees n=43	*****	I.	OTI (putting stress into words); 6 weeks, 6 months.	Other activity group who wrote about non- traumatic events: Measuring blood samples, absenteeism, positive/negative affect and emotional inhibition.	Positive trends indicating improvement in blood values (except cholesterol) and absenteeism in treatment group. No major differences in well- being between the two groups.
Freedly (1994) Nurses n=87	****	I.	CBT.; 5 weeks, 10 weeks.	Delayed treatment of group; Measures of social support, mastery of destiny, emotional exhaustion, depression and conservation of resources.	Enhancement of resources can increase coping options and reduce distress. Low social support and mastery individuals experienced the greatest reduction in depression.

Study First author, target population, sample size.	Rating Research Design rating	Intervention Level, I, I/O, O	Programmes Type of programme; Evaluation period.	Measurement Control group outcome measures.	Findings
Goodspeed (1990); Various occupations: n=148	***	I.	CBT, REL, TMT, OTI: 5 weeks, 6-8 months.	No control groups; Measuring stress symptoms (physical, behavioural and cognitive).	Significant reductions in stress levels measured as a result of programmes, although no between group differences were identified.
Greco (1992) Canadian Government employees, n=229	***	I, I/O, O.	TRA, COM, REL, CSG: 8 weeks.	No control groups, Measurement of job satisfaction, well-being and quality of relationships.	Managers reported training improved their management style, understanding of stressful situations and general well- being. Employee developments included improved relationships and wellbeing.
Griffin (2000): Hospital employees n=540	***	I/O, O.	CSG, TRA, COM 2 years.	No control group; Measures of organisational climate, employee morale and distress, turnover intention and non- certified sick leave.	Significant improvements to employee ratings of leadership, professional interaction / development, goal congruence, recognition, participation, workplace / individual morale, workload and workplace stress.

Study First author, target population, sample size.	Rating Research Design rating	Intervention Level, I, I/O, O	Programmes Type of programme; Evaluation period.	Measurement Control group outcome measures.	Findings
Gronningsaeter 1992): Insurance company employees: n=76	*****	I.	EXE, CBT; 10 weeks & 6 months.	No-treatment control group; Measuring cholesterol, muscle, pain, anxiety, coping skills and job satisfaction.	Physiological improvements and reduced muscle pain reported by the EXE group. CBT group experienced increased coping abilities and awareness of stress.
Grossman (1993) Healthcare professionals n=41	***	I/O	CSG; 10-15 week session, evaluation at the end of session.	No control groups: Measuring the effectiveness of support group.	Although support groups experienced high drop out rates (perhaps individuals who need the most help) participants of the programme reported it to alleviate stress and improve their effectiveness.
Heaney (1993); Manufacturing plant employees: n=176	***	I/O.	PAR; 5 years.	No control groups, Measures of participation, labour / management relations, social support and well-being.	The social environment at work and employee well-being did not improve during this programme. Although the data indicated that the employee participation enhanced their perceptions of the effectiveness of the process.

Study First author, target population, sample size.	Rating Research Design rating	Intervention Level, I, I/O, O	Programmes Type of programme; Evaluation period.	Measurement Control group outcome measures.	Findings
Heron (1999): Pharmaceutical employees: n=508.	****	I, I/O.	REL, PAR, CSG: 2-3 months.	No-treatment control group: Measuring GHQ, coping skills, stress management awareness and life events.	No-treatment group less aware of stress management and less adequate at coping.
Hyman (1993); Long-term care facility employees; N=51	***	I,	REL, OTI, Three 3- hour sessions: Evaluation at session end.	No control groups, Measuring burnout, depersonalisation, personal accomplishment and attitude.	Participants reported an increase in self-esteem, improved communication, enhanced coping skills to deal with stress and an improvement in work atmosphere.
Israel (1992): Manufacturing plant employees: n=1100.	***	I/O.	PAR, CSG: 1 year, 2 years	No control groups; Measuring support and well-being.	Although there was an increase in co-worker support, negative feelings and sleeping problems, there was a reduction in participation, job security and supervisor support.

Study First author, target population, sample size.	Rating Research Design rating	Intervention Level, I, I/O, O	Programmes Type of programme; Evaluation period.	Measurement Control group outcome measures.	Findings
Jenkins (1991): Female teachers: n=124	***	I.	OTI: 3 weeks	No control groups, measuring the effectiveness of two training programmes – an individual and global approach to stress management.	Teachers trained on the individual approach significantly increased the time spent on managing stress and adopted more diverse methods.
Kalimo (1999): Forest Industry employees: n=c. 11,000	***	I/O, O.	JRD, RIS, CSG, TRA: 2,4 and 10 years.	No control groups; Measuring work – related and health- related factors. Studied the relationship of group support with commitment and strain.	Work changes viewed positively but time pressures had increased. Overall level of stress remained low with the majority of staff assessing their psychological working capacity as good

Study First author, target population, sample size.	Rating Research Design rating	Intervention Level, I, I/O, O	Programmes Type of programme; Evaluation period.	Measurement Control group outcome measures.	Findings
Kawakami (1997): Blue – collar employees: n=187.	****	O.	PEC, JRD, TRA: 1 year programme, 1 year evaluation.	Matched controls; Measures of depression, sickness absence, and systolic and diastolic blood pressure.	Statistically significant intervention effects on depression and absence levels. No changes to blood pressure levels.
Kushnir (1993): Safety officers: n=40.	****	I.	CBT: 18 months	No-treatment control group: Measures of cognitive weariness, somatic complaints, irrational beliefs and assertiveness.	Significant short and long term reduction in physical and cognitive stress symptoms, Assertiveness was improved in the short term whereas irrationality training had longer lasting effects.
Kushnir (1998): Occupational Health Practitioners: n=39.	****	I.	CBT, REL; Begin and end of one semester training course.	No-treatment control group: Measures of low frustration tolerance and professional psychosocial efficacy.	Mean scores of irrational beliefs were significantly reduced and the mean level of psychosocial efficacy increased in the treatment group.

Study First author, target population, sample size.	Rating Research Design rating	Intervention Level, I, I/O, O	Programmes Type of programme; Evaluation period.	Measurement Control group outcome measures.	Findings
Kvarnstrom (1996): Electrical manufacturing employees: n=c50.	***	I/O, O.	PAR, TRA, JRD: 2 years pre-test and 1 year post- test.	No control groups: Measures of production, turnover, sickness absence and workplace injuries.	Significant reductions in turnover, absenteeism and injuries, and a major improvement to production.
Landsbergis (1995): Public agency, employees: n=77	*****	I/O, O.	PAR, COM, JRD, RIS; Pre- test and one year.	Waitlist control group; Measures of communication, support, supervisor relations, job characteristics, organisational climate, job satisfaction and psychological / physical strain.	Limited evidence for developing group functioning and co-worker support in order to improve job satisfaction and job characteristics. No marked reductions in physical strain and depression levels.

Study First author, target population, sample size.	Rating Research Design rating	Intervention Level, I, I/O, O	Programmes Type of programme; Evaluation period.	Measurement Control group outcome measures.	Findings
Larsson (1999): Nursing staff: n=53	****	I,I/O.	REL, CSG 2 weeks, 6 months.	No-treatment control group: Measuring stress symptoms, mood and daily hassles.	At 2 weeks stage participants reported fewer work stressors, enhanced coping strategies, and a reductions in physical and emotional stress reactions. 6 month post intervention, there was no significant differences between control and treatment group
Lees (1990): Nursing staff: n=53	***	I, I/O.	CBT, RIS, CSG, REL; Cross sectional survey.	No control groups; Measures of personality, assertiveness, coping and self-esteem.	Assertiveness positively correlated with emotional stability and self-esteem. Participative support groups in nursing ensure the inclusion of all staff regardless of personality.
Lindstrom (2000): Employees from SME's n=4068	***	I/O,O.	CSG, TRA, OTO; 1-2 years.	No control groups; Measures of employee well-being, perception of physical work environment, and job and organisational characteristics.	Information concerning changes was perceived better in smaller companies. Similarly employees with more than 50 employees reported more sickness absenteeism days.

Study First author, target population, sample size.	Rating Research Design rating	Intervention Level, I, I/O, O	Programmes Type of programme; Evaluation period.	Measurement Control group outcome measures.	Findings
Lourijssen (1999) Healthcare employees; n=c.850.	****	I, I/O, O.	OTI, TRA, JRD, RIS. PAR; 1-4 years.	No-treatment control group; Interviews with supervisors and measures of work organisation, employee health, lifestyle and absenteeism.	Significant reduction in absenteeism post intervention. Improvement in working conditions and psychosocial work climate also reported.
Matrajt (1992); Manufacturing plant employees; n=130 managers and 3600 employees.	***	I/O,O.	PAR, COM, JRD; 12 months.	No control groups; Measures of productivity, psychosomatic symptoms and internal relations.	Progressive reduction in psychosomatic illness and absenteeism. General work environment improved, with an increase in productivity.
McCue (1991); Physicians n=64	****	I, I/O.	CBT, REL, TMT, CSG; 1 day, 6 weeks	No control treatment group; Measuring burnout, stressors, stress symptoms and support skills.	Intervention group reported a reduction in burnout levels and stress symptoms. They also reported being more aware of work stressors and of support seeking opportunities.

Study First author, target population, sample size.	Rating Research Design rating	Intervention Level, I, I/O, O	Programmes Type of programme; Evaluation period.	Measurement Control group outcome measures.	Findings
Meijman (1992); Driving examiners; n=30	***	O.	JRD; 3 weeks.	No control groups; Measures of task demands and performance behaviour, blood pressure, neuro- endocrine reactions, sleep behaviour, tension and mental efficiency.	Indications of high workload placing extra demand. Employees reporting relatively increased levels of tension and irritation at end of high workload days, and is verified by high levels of adrenaline circulating during evening.
Michie (1992); Hospital staff; n=163	***	I.	EAP; 6 months, 1 year.	No control group; Measures of anxiousness, depression, sickness absence rates, perceived functioning and satisfaction.	Significant improvements to anxiety, depression, work satisfaction, life satisfaction, and perceived functioning at work observed 6 months post intervention.
Michie (1996) Hospital staff; n=92	***	I.	EAP; 6 months	No control group; Measures of anxiousness, depression, sickness absence rates, perceived functioning and satisfaction.	Highly significant reductions in anxiety and depression and highly significant improvements in satisfaction with self,

Study First author, target population, sample size.	Rating Research Design rating	Intervention Level, I, I/O, O	Programmes Type of programme; Evaluation period.	Measurement Control group outcome measures.	Findings
Mikkelsen (2000); Healthcare employees; n=135	*****	I, I/O, O	EXE, OTI, PAR, COM; 1 week, 1 year	No treatment control group; Measures of work stress, health, demands/control, skill discretion, decision authority, social support, role harmony, learning climate and leadership.	Limited positive effect on work stress, job characteristics, learning climate and management style. Written reports from management, consultants and union representatives also favourable regarding usefulness of intervention.
Molleman (1995) Healthcare employees; n=435.	****	O.	JRD, 6, 12 and 18 months	Matched control groups; Measures of perceived control, autonomy and performance.	The new work design brought about a shift in actual control from head nurses to nurses, without affecting perceived control.

Study First author, target population, sample size.	Rating Research Design rating	Intervention Level, I, I/O, O	Programmes Type of programme; Evaluation period.	Measurement Control group outcome measures.	Findings
Munz (2001); Customer service/sales representatives n=79	****	I, I/O, O.	REL, CBT, EXE, MED, OTI, RIS, PEC; 3 months.	No-treatment control group; Measures of perceived stress, depression, positive/negative affect, work environment, perceptions, productivity and absenteeism.	Significant improvements in perceived stress levels, depression and positive/negative affectivity. Results also indicate a marked reduction in absenteeism and an improvement in productivity for the treatment group.
Nijhuis (1996) Construction employees; n=425	****	I, I/O, O.	TMT, OTI, CSG, TRA; 2 years	No-treatment control group; Measures of absenteeism, health complaints and employee attitudes to work	Significant reductions in employee feelings of discontent with aspects of job content and labour relations. Reduction in absenteeism rates of managerial staff.

Study First author, target population, sample size.	Rating Research Design rating	Intervention Level, I, I/O, O	Programmes Type of programme; Evaluation period.	Measurement Control group outcome measures.	Findings
Parkes (1995) Driving Test examiners; n=49.	*****	O.	JRD,PEC. 12 weeks.	Cross-over control; Measuring cognitive performance under variably demanding work.	A marked decrease in both speed and accuracy whilst performing tasks corresponding to increasing workload. Results indicate that performance is affected not only by the length of the working day but also by the amount of work schedules within the day.
Peters (1999); Minority blue- collar employees; n=50.	*****	I.	CBT, BIO,EAP, REL, MED. 3 months.	Waitlist control group; Measures of health risk, health self efficacy, health locus of control, state-trait personality, health attitudes and behaviour, satisfaction and productivity.	Some improvements made on physical, behavioural psychological, attitudinal and emotional variables. Positive health related outcomes of programme support the need to include health risk assessment as part of SMI's.

Study First author, target population, sample size.	Rating Research Design rating	Intervention Level, I, I/O, O	Programmes Type of programme; Evaluation period.	Measurement Control group outcome measures.	Findings
Poelmans (1999); Pharmaceutical company employees; n=3,261.	***	I, I/O,O.	TRA, PEC, OTI, OIO. 1 year.	No control groups; Measures of stress experiences, psychosomatic complaints and work conditions.	Significant reduction in sickness absenteeism. Intervention forced stress onto the company agenda with member being made aware of issues.
Pruitt (1992); government employees; n=64.	*****	I.	TMT,REL; 1 month.	Waitlist control group; measuring blood pressure, psychiatric symptoms, anxiety and life events.	Participants reported a significant reduction in stress- related physical symptoms, although there was no major effect on anxiety and blood pressure.
Reynolds (1993); Female health service employees; n=92	***	I.	REL, CBT, TMT. 1 month, 3 months;	No control group; Work / life satisfaction, general health, session evaluation and session impact.	Significant reductions in psychological distress. Session impact significantly related to life satisfaction, suggesting techniques taught on programme are transferable to non-work settings.

Study First author, target population, sample size.	Rating Research Design rating	Intervention Level, I, I/O, O	Programmes Type of programme; Evaluation period.	Measurement Control group outcome measures.	Findings
Reynolds (1997); City council employees; n=156.	****	I, I/O.	EAP,PAR. 1 year, 2 years.	No-treatment group; measures of job characteristics, psychological well- being, physical symptoms, work / life satisfaction and absenteeism.	Individual counselling intervention improved the physical and psychological well-being of employees. No changes (psychological / physical well-being or absenteeism) due to PAR intervention.
Robinson (1993); Emergency service, welfare and hospital employees; n=288.	***	I.	CBT. 2 weeks	No control group; Measuring impact of actual incident, stress symptoms and value of training.	Employees who reported symptoms of stress following critical incident also reported these to be reduced as a consequence of their training. The debriefing was valued more by staff who were more severely impacted.

Study First author, target population, sample size.	Rating Research Design rating	Intervention Level, I, I/O, O	Programmes Type of programme; Evaluation period.	Measurement Control group outcome measures.	Findings
Schaubroeck (1993); Non- academic university employees; n=52.	*****	I/O.	RIS, PAR, 2 months.	Waitlist control group; Measures of absenteeism, role ambiguity / conflict, supervisor satisfaction, and physical and mental well-being.	Role clarification reduced both role ambiguity and supervisor dissatisfaction, but only moderately affected physical and mental well-being.
Schaufeli (1995); community nurses; n=64.	***	I, I/O.	REL, CBT, RIS. 1 month.	No control groups; Measuring burnout, temperament (reactivity) and performance.	Treatment decreased and stabilised mental and physical symptoms, but had no major impact on performance. Low reactive nurses, who are able to draw upon coping resources and who in the main are resistant to stress gained more benefit from the programme.

Study First author, target population, sample size.	Rating Research Design rating	Intervention Level, I, I/O, O	Programmes Type of programme; Evaluation period.	Measurement Control group outcome measures.	Findings
Schweiger (1991); Manufacturing plant employees expecting organisational merger. n=147..	****	O.	COM. 3 months.	No-treatment control group; Measure of perceived uncertainty, stress, satisfaction, commitment, trust, intentions to quit / turnover, performance and absenteeism.	Increasing uncertainty in the control plant has negative effects on satisfaction, commitment, and intent to leave and trust. There was less evidence of effects on performance and absenteeism.
Sheppard (1997); High security government agency employees; n=44.	***	I.	MED,REL, OTI. 12 weeks, 3 years.	No control group; Measure of blood pressure, state / trait anxiety inventory, depression and self- perception.	Significant reduction in trait anxiety and depression values in MED group compared to OTI (corporate stress management programme). Significant improvement in state / trait anxiety, depression and self-perception maintained by MED group after 3 years without further training.

Study First author, target population, sample size.	Rating Research Design rating	Intervention Level, I, I/O, O	Programmes Type of programme; Evaluation period.	Measurement Control group outcome measures.	Findings
Taormina (2000); Nurses; n=154.	***	I.	EXE, REL, TMT. Cross-sectional survey.	No control group; Measures of burnout, interpersonal skills, self-management skills, psychological awareness and socialisation.	Results revealed high burnout rates among Hong Kong nurses. A holistic approach to prevention is deemed necessary, as individual stress management training is only partially effective. Training, co-worker support and future prospects were all negatively correlated with emotional exhaustion.
Teasdale (2000); Pharmaceutical company employees; n=452.	****	I, I/O	REL, OTI, CSG. Post-training assessment.	No-treatment control groups; Measures of well-being, coping skills, life-events and stress awareness.	No significant differences reported between workshops attendees and non-attendees
Terra (1995); Metal can plant employees; n=430.	***	I/O, O	PAR, JRD, TRA. 2 years.	No control groups; Measures of productivity and sickness absence rates.	Significant reduction in absenteeism and increase in productivity measured after the intervention.

Study First author Largest population Sample size	Rating Research Design Rating	Intervention Level I. I/O. O	Programmes Type of programme: Evaluation period	Measurement Control group. Outcome measures	Findings
Theorell (2001); Insurance company employees; n=483.	****	I/O, O	PEF, TRA, COM. 1 year.	No-treatment group; measures of decision latitude, skill discretion, psychological demands, work climate, work pace, cholesterol, cortisol and gamma-GT	Results indicate the possibility of improving the work environment and decreasing employee arousal levels by providing adequate management training.
Theorell (1999); Postal employees; n=136.	***	I/O, O.	PAR,JRD. 5 months.	No control groups; Measures of psychological demand, intellectual discretion, authority over decisions and relationship with co-workers and supervisors.	Significant improvements to skill discretion and authority over decisions. Psychological demands and relations with supervisors / co-workers remained constant.

Study First author, target population, sample size.	Rating Research Design rating	Intervention Level, I, I/O, O	Programmes Type of programme; Evaluation period.	Measurement Control group outcome measures.	Findings
Toivanen (1993a); Hospital cleaners; n=50.	*****	I.	REL. 3 months, 6 months.	No-treatment of control group; Measures of absenteeism, EMG, depression and subjective work feelings.	Intervention group reported significant reductions in muscle tension levels, sleeping problems and nervousness. Absenteeism levels reduced in control and intervention groups could be attributed to a “Hawthorne” effect or self- reporting.
Toivanen (1993b); Hospital cleaners and Bank employees N=98	*****	I.	REL. 6 months	No-treatment control group; Measures of cardiovascular ANS function and stress. Interviews discussing the employee’s work situation were also held	The relaxation method employed in this study normalised cardiac ANS functions when practiced regularly. Guided training proved to be more effective compared to individuals practicing on their own.
Tsai (1993); Nurses; n=137.	*****	I.	REL,MED,CBT. 2 weeks, 5 weeks.	No-treatment control group; Measures of mental and physical well-being.	Treatment group reported a reduction in stress, levels and symptoms after completing training course.

Study First author, target population, sample size.	Rating Research Design rating	Intervention Level, I, I/O, O	Programmes Type of programme; Evaluation period.	Measurement Control group outcome measures.	Findings
Vines (1994); Unspecified workers from corporations; n=68.	****	I.	CBT. 9 weeks, 20 weeks.	Waitlist control group; Measures of depression, anxiety and personal lifestyle.	No significant difference between experimental and control groups for depression, anxiety or health seeking behaviours.
Wahlstedt (1997); Postal employees; n=100.	***	I/O, O.	JRD, RIS, PEC, COM. 8 months, 12 months.	No control groups; Measures of psychosocial factors' sleep disturbances, gastrointestinal complaints and sick leave.	Skill discretion and perceived authority increased preceding changes, and were correlated with lower levels for sleep difficulties and gastrointestinal complaints.

Study First author Largest population Sample size	Rating Research Design Rating	Intervention Level I. I/O. O	Programmes Type of programme: Evaluation period	Measurement Control group. Outcome measures	Findings
Whatmore (1999); Public sector employees; n= 270.	*****	I.	OTI, EXE, CBT. 3 months, 6 months.	Waitlist control group; Measures of anxiety, depression, mental and physical well-being, organisational commitment, job satisfaction and absenteeism.	At the 3-month post intervention stage, the exercise group reported improvements in physical and mental well-being and depression. However, most of the benefits gained from training were not sustained at six months.
Wiholm (2000); Software developers working with computers n=106.	***	I.	REL, MED. 3 months, 8 months.	No-treatment control group; Measures of mental workload, job demands / decision latitude, leadership, mission clarity, skin symptoms, performance feedback, participatory management, skills utilisation, development and social work climate.	Training associated with a significant decrease in skin symptoms only during actual training period – no beneficial effects measured 6 months post-training. Evidence to support the link between psycho physiological stress and skin symptoms.

Study First author, target population, sample size.	Rating Research Design rating	Intervention Level, I, I/O, O	Programmes Type of programme; Evaluation period.	Measurement Control group outcome measures.	Findings
Wynne (1999); Airport management company employees; n=953.	***	I, I/O,O	OTI, RIS, TRA, COM 1991-1998 (7 years).	No control groups; Measures of sources/outcomes of stress at work and home, social support, and health-related and coping behaviours.	Improved awareness of occupational stress; major outcomes include redesigned shift schedules, and the development of support and communication practices.

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