'Management Standards' and work-related stress in Great Britain: Progress on their implementation

Nadine Mellor [a,*], Colin Mackay [b], Claire Packham [b], Rhiannon Jones [b], David Palferman [b], Simon Webster [b], Peter Kelly [b]

[a] Health and Safety Laboratory, HSL, Harpur Hill, Buxton SK17 9JN, UK
[b] Health and Safety Executive, HSE, Redgrave Court, Merton Road, Bootle, Merseyside L20 7HS, UK

ARTICLE INFO

ABSTRACT

The aim of this paper is to identify what constituted barriers to progress in the implementation of the Management Standards for preventing and reducing work-related stress nationally, an approach advocated by the Health and Safety Executive in Great Britain. Data were collected from more than 100 public sector organisations through inspector visits and research interviews. Findings show that under supportive contexts, organisations were able to follow the process of a stepwise method for assessing psychosocial risks and implementing interventions using HSE assessment tools and guidance. Main enabling factors included the active and visible support from senior management, human resource departments, and line managers; regular communications on progress, sufficient organisational capability in terms of resources and expertise; departmental/team level assessment as opposed to an overall corporate wide assessment, and involvement of key stakeholders (e.g. Trade Union, employees). Some of the critical barriers across many public sector organisations included in this study were: major or on-going organisational changes; lack of organisational capability; and the resource intensive aspect of the method requiring focus groups in addition to stress survey data. Implications of the findings for policy development are discussed.

Crown Copyright © 2011 Published by Elsevier Ltd. All rights reserved.

1. Introduction

A significant body of research (e.g. Cox et al., 2000; De Lange de et al., 2003; Podsakoff and LePine, 2007; Skakon et al., 2010) has shown a link between work characteristics and employee stress and well-being whether this link is direct or indirect (i.e. mediated by individual or other factors). As noted by Daniels (2011), this scientific evidence has found its way into policy at national and international level: the World Health Organisation, the International Labor Organisation and the European Union have emphasized the need to assess psychosocial risks emanating from working conditions (e.g. high work demands, repetitive tasks, work pace) and take preventive actions to tackle problems (e.g. ETUC, 2004; ILO, 2001; Leka and Cox, 2008; Leka et al., 2003).

During the 1990s there was a significant increase in reports of work-related stress which prompted the authorities in Great Britain to tackle stress (Stansfeld et al., 2008). It started from some initial awareness raising guidance, and culminated with the development, by the Health and Safety Executive (HSE), the national regulator for health and safety at work, of extensive and explicit guidance on stress risk assessment and management, known as the Management Standards approach (HSE, 2007).

Launched at the end of 2004, the aim of the approach was to encourage employers and employees to work together to identify psychosocial risks and adopt solutions to minimize these risks. Stress is defined as "the adverse reaction people have to excessive pressures or other types of demand placed on them" (HSE, 2007). The Management Standards refer to good management practice with regard to six main psychosocial risks in the workplace i.e. job demands, control, support from management and peers, relationships at work, clarity of role and organisational change. Theoretical underpinnings justifying the focus on these particular job characteristics as well as practical developments of the Management Standards have been fully reported in studies by Mackay et al. (2004) and Cousins et al. (2004).

This stress-related guidance reflects the legislative framework, which consists of the Health and Safety at Work etc. Act 1974, requiring employers to secure the health (including mental health), safety and welfare of employees whilst at work. In addition, under the Management of Health and Safety at Work Regulations 1999, employers in Great Britain are required to carry out a suitable and sufficient assessment of significant health and safety risks, including the risk of stress-related ill health arising from

* Corresponding author. Tel.: +44 (0)1298218 378; fax: +44 (0)1298218 571.
E-mail address: Nadine.mellor@hsl.gov.uk (N. Mellor).

work activities, and take measures to control that risk. For psychosocial risk factors, it is difficult to prove that the action or inaction of an employer would result in stress-related ill-health, therefore the Management Standards are not legally enforceable (Mackay et al., 2004). The regulatory framework is limited to the assessment of the risks posed by workplace factors and the mitigation of their possible effect. This implies that employers can adopt alternative approaches to the Management Standards as long as they carry out a sufficient stress risk assessment.

2. Five steps to risk assessment

The recommended HSE risk assessment for managing stress is based on five steps. At its core, lie three principles, which are management involvement, worker participation and continuous improvement. Securing senior management commitment to support the approach and to provide sufficient resources for its development is seen as key. Setting up an active stress steering group is recommended to coordinate the different phases of the initiative. *Step 1* of the risk assessment requires organisations to get an understanding of the psychosocial risk factors. Each Standard is defined essentially by a desirable state to achieve to mitigate stress risks. For instance, regarding *organisational change*, the *Standard* is that the employees indicate that the organisation engages them frequently when undergoing an organisational change, and systems are in place locally to respond to any individual concerns. The *states to be achieved* are that the organisation provides employees with timely information to enable them to understand the reasons for proposed changes; employees have access to relevant support during changes, etc. *Step 2* is about deciding who might be harmed and gathering data. To compare the desirable conditions with their actual work environment, organisations can use the HSE 'Indicator Tool', which is a 35-item survey questionnaire, measuring the six job characteristics mentioned earlier. The data collected enables a score to be calculated for each Standard, which can inform employers about which areas to prioritise within their organisation. This tool has robust psychometric properties (Edwards et al., 2008) which have been demonstrated in recent empirical studies (e.g. Bartram et al., 2009). The use of other data such as sickness absence, staff satisfaction surveys, staff turnover, occupational health referrals and return to work data is also strongly recommended to fully and reliably identify problem areas. *Step 3* concerns the evaluation of risks, exploring issues and developing solutions. Whilst data from Step 2 is informative, it may not be sufficient to understand local and specific issues. Therefore the guidance suggests holding focus groups with employees to discuss survey results, unravel specific local issues and suggest practical solutions. *Step 4* involves taking the suggestions from the previous step and developing a prioritised and agreed action plan. Finally, *Step 5* is about reviewing action plan(s) and assessing effectiveness of interventions. A period of 12–18 months is suggested for reassessment of the workforce but this can vary according to the type of interventions (quick wins or longer term solutions) being put in place.

3. The present study

The Management Standards approach was initially piloted in organisations from sectors that exhibited the highest levels of stress-related absence: central government, local government, health services, finance and education. To date, little empirical research has been conducted on the effectiveness of the approach. National survey data measuring progress over time on the Management Standards indicate that scores on *demands, control, peer support, relationships* and *role* have remained constant since the introduction of the Management Standards in 2004 to the exception of *organisational change* and *manager support* which saw statistically significant improvements (Packham and Webster, 2009). Therefore there is a need to identify what facilitated or hindered the efforts made by organisations to adopt the Management Standards.

Understanding why an approach has worked (or conversely not worked) refers to process evaluation, which is attracting increasing attention in the health and stress literature (e.g. Randall et al., 2009; Cox et al., 2007a; Steckler and Linnan, 2002; Nytrø et al., 2000, 2001; Saksvik et al., 2002, 2007). Processes encompass *"individual, collective or management perceptions and actions in implementing any intervention and their influence on the overall result of the intervention"* (Nytrø et al., 2000, p. 214). The detailed processes through which a programme has unfolded can explain its success or failure.

Prior research (Egan et al., 2009) reviewing 103 organisational-level stress intervention studies, identified that inhibiting processes in successful implementation were organisational downsizing, lack of management support and increasing individual productivity without regard to employee well-being. Process issues pertaining to the Management Standards approach have been investigated during the early piloting of the approach in 'volunteer' organisations by Mellor and Hollingdale (2006) in 25 of them; Cox et al. (2007b) in 11 organisations; Tyers et al. (2009) in seven case studies conducting 113 interviews. Later on, to evaluate the effectiveness of the approach outside these pilot organisations, Broughton et al. (2009) gathered data from nine case studies and a large survey of 500 organisations out of 900 who attended HSE workshops on applying the Standards. This later research shows that barriers to implementation were, to a certain extent, common to previous findings related to early pilots, and included: lack of resources and availability, lack of line management competence, lack of senior management buy-in and lack of openness around stress. Enablers were effective stress and absence policies, management involvement, good data collection and a supportive environment.

The present study will aim to uncover what constituted barriers to progress and enablers in the implementation of the Management Standards well after its piloting phase. It will cover a longer period of time than reported in previous research and therefore will extend previous knowledge by identifying the most salient implementation issues over time.

4. Method

Our data comes from two distinct sources. Researchers were given access to HSE records of inspectors' visits to organisations spanning the period 2007–2009. During their visits, inspectors gathered information on progress made through documentary evidence (e.g. policies, meeting reports, etc.), and conversation with a range of organisational members (e.g. management, employees, Trade Unions, etc.) depending on their involvement in the stress programme and their availability at the time of the visit. After each visit, inspectors recorded their findings on a standardised form (proforma). This form asks for background information (name of organisation, and inspector, date and duration of visit, etc.). It also requires inspectors to mention at which stage of the risk assessment cycle the organisation is currently at, how well each stage has been completed (including management and employee involvement) and issues encountered. Further details on the scope of inspections visits can be found in stress-related "topic inspection packs" (HSE, 2009). For this study, we used a stratified random sample of 100 visit proforma (i.e. every fifth out of 500) from public sector organisations across eight regions (London, East-South East, Midlands, North West, Scotland, South West, Wales, and Yorkshire-