

Stress, the 21st Century Epidemic

NASUWT once again very kindly supported our most recent Conference through the provision of their excellent and recently upgraded Hillscourt Conference Centre facilities. As always we are most grateful to NASUWT for their continued support. We welcomed 86 delegates from a wide range of backgrounds including delegates from UNISON, UCU, NASUWT, GMB, UNITE, PCS, Probation Service, Police Federation as well as from other backgrounds.

Brian Robinson, UK National Work-Stress Network co-founder member and one time Convenor declared the conference open and chaired the plenary proceedings. Brian Commented, "It was a great pleasure for me to front this year's conference, and to meet so many interested delegates once more." This was the second year that our conference



1 THE NEWLY REFURBISHED CONFERENCE HALL



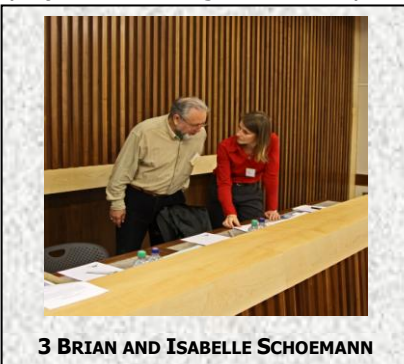
2 BRIAN ROBINSON OPENS CONFERENCE

had been residential, and clearly the format of speaker session, followed by question and answer and then two workshop sessions with plenty of networking time is recognised as effective and popular.

The Saturday morning programme consisted of short presentations by **Ian Draper** who gave an outline of the causes, effects, symptoms and costs of stress with some recent information about the current Mental Health at Work focus, as well as a short investigation of the HSE Management Standards. Ian's presentation as followed by that from **Isabelle Schoemann** of the ETUI in Brussels. Isabelle outlined the work of the ETUI in conjunction with the European Commission's policies on ensuring that work and well-being are considered by all EU member states. She outlined some of the

progress in EU states whilst highlighting the difficulties of working with some employer groups and those who follow the de-regulation agenda.

Following a coffee break, we heard from **Emma Donaldson-Feilder** who outlined the recent research project on Management Competencies. This project, jointly funded by HSE, CIPD and IIP has opened up a useful measurement procedure of workplace managers' effectiveness in personnel management, through self, peer and vertical assessment. The measurement tool consists of 66 questions and feedback falls into a range of categories.



3 BRIAN AND ISABELLE SCHOEMANN

The concluding presentation was a jointly delivered session on the success of a UNISON branch in NW England at an NHS Health Trust. **Maggie Seraj** and **Sean Duignan** outlined their work in fighting against employer imposition of new working practices without consultation.

Faced with a major problem affecting nursing workers in the facility, a successful campaign brought a withdrawal from management of their

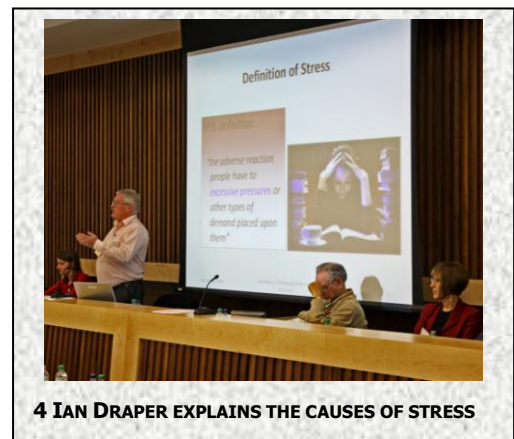
proposal and detailed consultation on a range of Stress related issues in the workplace. The HSE Management Standards were now being implemented.

The Saturday morning session concluded with a period of discussion involving delegates from the floor and platform speakers. There were two workshop sessions, enabling delegates to select different topics and with the first three of the subjects being repeated on the Sunday morning which was popular.

PowerPoint Presentations from the keynote speakers are available as .pdf files on the Conference 2009 Report page of our website.

Workshop Topics:-

- Supporting members with stress-related problems – Brian Robinson borrowed previous work on the Network at Hazards Conferences to examine through case studies, how individual casework can be approached
- Management Styles and raising issues of Manager Competence in handling worker stress – referring to the morning presentation and with consideration of the assessment tool, Ian Draper used this workshop to study approaches that could be made in securing better management style and effectiveness
- Audit Tools and raising issues from the workplace – using their UNISON case study described in the plenary gave Maggie Seraj and Sean Duignan a chance to consider further how specific problems can be raised in the workplace
- Mediation and Stress – John Usher developed the current thinking on how mediation may be an alternative to legal action
- Behaviours and Stress – as a development from her contribution to 2008 Conference, Rachael Pope explored her continuing research work and examined how in-house negative behaviours can lead to high levels of stress. A further questionnaire survey provided considerable feedback, copy of her report can also be found on the web-page.
- Management Standards implementation – Dave & Dianne Jones looked at the six standards and how their existence together with the whole workplace assessment tool



A detailed report on the workshops, together with papers presented can be found on the Conference Report 2009 web-page.

Feedback comments from some delegates:-

“I have really enjoyed this conference – thank you to all who have put so much work into it to make it such a great success.”

“The conference more than met my expectations and I look forward to the next one!”

Our thanks go to all who contributed, attended and made the weekend such a great success. We look forward to seeing you again!

Workshops

The November 2009 Conference saw a total of nine workshop sessions, all well attended, and received with thanks and found most helpful by the majority delegates. Opportunities existed for delegates to attend two different topic workshops and three of the main topics were repeated on the Sunday morning, to provide a good choice for all.

The following brief outlines supplement the information papers also published with this report on the whole event. Our thanks go to all workshop facilitators, participants and to the Stress Network rapporteurs.

Workshop Supporting Members with Stress Related Illness - report from facilitator – Brian Robinson

The workshop was designed to offer opportunity to look at ways in which stress related illness cases could be analysed and by which a process could be established which would allow for the member to be supported and the case to be progressed with the employer. It used a number of case enquiries submitted to the Network as the basis for exploration of causes and through which various strands of help could be found.

Discussion produced examples of the problems members of the group had had to deal with and the difficulties they had met in dealing with them.

These discussions made obvious the need for reliable information and evidence to be established to afford a firm base for thinking and action.

This discussion indicated a need for union systems to be set up which trained lay activists in ways to set up investigative procedures and which set out the process by which they could obtain advice and assistance to give them a feeling of confidence. It became apparent that many of the group felt that there was a need for personal support, which may in some cases involve access to a counselling service, and was needed to help lay officers deal with the personal stresses of undertaking such work and this was noted as an area for future exploration and study.

Issues were raised round the areas of confidentiality and of indemnity as it was felt that these needed clear parameters to be set within which the lay officials felt secure.

Discussion of the case studies presented illustrated that while the legislation fell short of the ideal, there was a number of avenues of thought and investigation which could provide assistance in preparing a case and of proceeding with it.

These involve the Management Standards from the HSE; the idea of duty of care from the 1974 Health, Safety and Welfare Act; the precedent of 'foreseeability' of harm, the implications of the Disability Discrimination Act [DDA]; risk assessment and workplace audit processes, and any anti-bullying/harassment and well-being policies applicable to specific workplaces.

Such information coupled with the lay official's ability to think in both orthodox and unorthodox manners would be place to establish cases in the defence of member interests.

As always there was a wealth of contributions and a dearth of time in which to handle them... still there is always next time!

Workshop report:-

A key part of this master class was the consideration on a case study, a particular aspect was the effect of stress on those giving advice. This is particularly relevant to Trade Union lay officials who are constantly at the beck and call of members.

The first case study centered on the stress caused by the system of work. In particular the stress caused by working to targets without the resources necessary to achieve them. In this particular case it was sales targets for an overseas based company.

Their main point was that in a unionized environment there were usually policies which were designed to meet the needs of the workforce. In many non-unionized workplaces policies often do not exist as there is relatively little pressure to develop them.

In dealing with such cases, the representative should consider the following issues in no particular order:

- Does a policy exist?
- What does the person wish to achieve?
- Is the person telling you everything?
- What are rights of the person involved?

A key point was that often just talking about a problem was often therapeutic. However, there is a fine line between talking about a problem and counseling. In addition one has to consider whether a union representative should be involved in counselling.

Improving Management style – Ian Draper

The workshop revolved around activities to decide what bad management practices were, and more difficult, what were good management practices. It was stressed that a workforce audit of attitudes was an essential tool as evidence in dealing with management.

Group activities enabled identification of good and poor management practices and how they could be “solved” (approaches on remediation). There was some sympathy expressed for lower level managers who were pressurised to meet targets.

Following analysis of direct experience by delegates, the workshop went on to consider how to get management to take up issues and adopt more agreeable management styles. The best way to do this was to get management to think of the cost-benefits they could accrue in terms of reduced sickness absence, minimised friction and acrimony as well as increased productivity where stress was reduced.

Workshop Report:-

This was an extremely useful master class which attracted a wide variety of people from different occupations. The depressing part however, was the widespread aspects of poor

management seen across various professions from the NHS to the Post Office. On occasions some institutions consider certain management styles to be robust! However, those on the receiving end may well call them bullying. However, the effects of poor management styles vary from the inconsiderate treatment of subordinates to the downright dangerous. The former was characterised by demands being made on subordinates with little time being given decisions made to change rosters with no consultation. The latter characterised at the extreme in an NHS trust where staffing in a mental health unit resulted in the very serious assault on a member of staff.

Part of the problem is that middle management is the 'meat in the sandwich' and there are situations where subordinates are bullying the manager! In addition, another aspect was the effect of a culture of cascade bullying from top to bottom. However, not all was gloom and doom. In particular, many institutions had formal frameworks for consultation which worked to a greater or lesser extent. In order to be effective it was essential that the consultation was meaningful in that the managers need to take onboard the views of the staff.

One of the key attributes about dealing with poor management styles is workforce organisation. In general where the workforce was organised, they had negotiated effective policies for dealing with individual or collective difficulties that occur. In addition there was a shared perception that bad managers were not good for the business.

Fundamentally, in order to deal with poor management it is vital that both sides understand that issues relating to it are dealt with otherwise it can result in very poor staff morale, increased sickness level and ultimately high staff turnover.

Workplace Auditing and action on Stress – Sean Duggan and Maggie Seraj

The use of the stress questionnaire (from the HSE website) was promoted as a tool to give to management as evidence that things are of concern in the workplace as anecdotal evidence would be dismissed out of hand.

There were discussions about escalation i.e. where to take things further if an initial approach to management is unsuccessful – e.g. to the health and safety committee or further. The place of stress forums in defusing situations was also mentioned. The session ended with the analysis of stress related cases, emphasising how complex cases in this area can be.

HSE Stress Management Standards Action – Dave and Diane Jones

The workshop opened with some thoughts on 'What is work-related stress?' It was noted that prevention not just cure was essential to success. Safety Representatives' roles were considered and it was confirmed that they do not carry out Risk Assessments. Some discussion of the impact of change was highlighted and the Standard specifically related to this was considered. There was a not unsurprising level of lack of knowledge about the Standards, and several delegates had not come across them at all. This shows the lack of HSE action in

publicizing and enforcing their application. HSE claims to expect them to be implemented by employers, however this is largely not done and there is considerable ignorance of them as well as failure to recognise that stress is a workplace issue for employer and manager action.

It was agreed that formal consultation was essential to success and application of the online HSE tool to measure the so called 'hot-spots'. This could be preceded by in house branch-level audits and mini surveys from focus groups and anecdotal evidence. Any surveys needed to be anonymous, transparent, easy to complete, and simple to analyse. The idea of in house stress-discussion groups was welcomed and shown to be a successful approach once the major hurdle of getting management acceptance of the problem and their involvement under duty of care, had been achieved. Roles and responsibilities of 'partners' were discussed, and it was recognised that there was a need for regular dialogue, with effective monitoring of progress.

Workplace Behaviour & Stress Workshop – Rachael Pope

Outline of Workshop:-

- Brain storm – Tips for improving the workplace
- Individual questionnaire on the experience & witnessing of the behaviours of incivility and aggression, bullying and the effects.
- Presentation of key findings of MSc research conducted in 2005 in two primary care trusts in the NHS.
- Findings of NHS Staff Surveys and Health & Well Being Interim Report (2009)
- Feedback from questionnaire - Stress Network conference 2008
- Group discussions around action to be taken and opportunities to make a difference
- Recommendations for action (individual & organisational)

Following on from last year's more detailed workshop, Rachael gave a presentation on the threads of her ongoing research. The focus was on the impact of lower level negative behaviours as exhibited through body language, overt and covert criticisms and harassing actions by co-workers, managers and clients.

Brain-storming developed tips for improving the workplace. It was noted that good and positive relationships were essential to success and very important. Definitions of negative behaviours were discussed and a questionnaire was issued to delegates. Results overall from other groups were given. The overall responses to the questionnaire are included with the conference report documents.

The workshop examined at NHS Staff Attitude Results.

It was readily agreed that where negative behaviours prevailed, then a "What can be done/How can we make a difference?" agenda was essential to prevent the scenario becoming one of full scale bullying and harassment.

Summary from Rachael Pope, workshop facilitator:-

In 2005 research was conducted in two Primary Care Trusts in the NHS.

Title: To focus on 'bullying' is to be side-tracked

The aim of the research was:

To assess and analyse the prevalence, type, frequency, effect, response pathway and outcomes of negative behaviours experienced and/or witnessed by primary health care staff and to define the behaviours into workplace incivility, aggression and bullying. The aim was also to assess the relationship of the incivility and aggression to the perception of bullying.

Negative workplace behaviour for the purpose of the research was defined as:

Any behaviour that is disrespectful and undermines/violates the value/dignity of an individual. It is behaviour that harms individuals and organisations. (R. Pope 2005)

Negative behaviour was then divided into three categories and defined in the following manner.

Workplace incivility:

Rude, insensitive or disrespectful behaviour towards others in the workplace with ambiguous/unclear intent to harm

Aggression:

Aggressive behaviour with the unambiguous, clear, intent of causing harm to a person

Bullying:

“Offensive, abusive, intimidating, malicious or insulting behaviour or abuse of power, which makes the recipient feel upset, threatened, humiliated or vulnerable, undermines their self confidence and may cause them stress” (Chartered Society of Physiotherapy, 1997:4)

The definitions for workplace incivility and aggression were based on the descriptions and definitions of Pearson et al (2001). The bullying definition was the one most commonly chosen by a sample of 223 Trust staff as being the definition that best described their experience, perceptions and understanding of bullying out of a selection of seven definitions. It is interesting and very important to note that this definition does not include any references to intent, frequency, persistency or exclusions of one-off incidents. A number of staff also made comments about disliking such references.

Key Findings:

- Most of the behaviour was defined as incivility
- Some of the incivility was considered bullying and some not
- There was some aggression and this had a higher level of effect and was always classed as bullying
- Incivility and not bullying had the very similar levels of effect as incivility classed also as bullying
- Low frequency negative behaviour had similar levels of effect as higher frequency behaviour
- Witnesses were affected, but less so
- Managers were affected at similar incidence and levels of effect

- Most of the behaviour was from colleagues

Conclusions:

- All negative behaviour is damaging and costly to the individual and the organisation
- We need to consider all negative behaviour in the workplace. If we, or the organisation only look at what is considered 'bullying' then we have missed part of the picture
- There is a need for a zero tolerance policy and a focus on prevention of all negative behaviour
- There needs to be a clear expectation of positive behaviour in organisations
- There should be a Dignity at Work policy rather than a 'Bullying' Policy, referring to, and defining a broad range of behaviours – need to broaden language to 'Negative Behaviour', 'incivility' etc
- Definitions for 'Bullying' should not include any references to intent, frequency, persistency or exclusion of one-off incidents
- Where there are problems with negative behaviour the emphasis should be on informal resolution, if possible. We also need to support people
- There is a need to focus on treating all staff with dignity and respect

Using the words of Michael West from Aston University talking at the HR in NHS Conference 2005 on employee involvement/motivating staff. We "*need to create communities that are kind*" and that "*Leaders should be kind*". We need to be developing organisations so there is 'Dignity at work within a caring supportive culture' (UK National Work-Stress Network)

Burnes, B. Pope, R (2007) 'Negative Behaviours in the Workplace: A Study of two Primary Care Trusts in the NHS', *The International Journal Of Public Sector Management*, Vol. 20 No. 4, pp. 285-303

Pope, R. Burnes. B. (2009). 'Looking beyond bullying to assess the impact of negative behaviours on healthcare staff'. *Nursing Times*, 105(39), pp. 20-24 (6 October 2009)

Rachael.pope@nhs.net

Mediation and Stress – John Usher

This workshop involved a small but perfectly formed group!!

Mediation and disputes resolution have become a central issue in employment relations. Often many issues have a multitude of causes and can have a serious impact on the staff, the functioning of a company or a department within it. The Employment Act 2008 provides lots of opportunities for mediation to take place.

The group considered several aspects of mediation and its function in the workplace. In addition, the growth in mediation was considered as well as what was good and bad practice in such a service. It was felt that the application of mediation during the early stages of a problem were likely to be more productive as this could occur prior to views becoming entrenched.

However, the group was also concerned with the potential cost of the service and in particular who would pay. In general it was felt that good employers would want to make use of such a service but clearly in difficult times there could be problems.

The structure of a mediation service was considered. In particular the ACAS proposal about the use of an internal expert to undertake mediation was considered. However, there were concerns about impartialness of such a person who was employed by the people he/she were mediating with.

The European Code of Conduct for Mediators was considered to be a good document and should be introduced as a matter of urgency.

Fundamentally good mediation should separate people from the problem and also will provide for the expectations of the people involved.

It was felt that mediation could generally be helpful and make a positive contribution to solving workplace problems. However, it needed to be carried out with care using well trained impartial mediators.