

Workshop Session Dealing with Stress Cases for members

ASSUMING 20/25 MEMBERS

SESSION ONE

INTRODUCING YOURSELF

- Who are you?
- Where are you?
- What are you in your workplace?
- What are you in your union... and which union?

WORK-STRESS CASE WORK YOU HAVE KNOWN.

- Briefly describe any stress-based scenarios in your workplace. They can be either of an individual or a collective nature.
- How were they handled?
- What was your personal involvement?
- What went right?
- What went wrong?

Presentation of group discussion to workshop followed by general discussion with chance to raise areas of help such as 'Standards' 'Risk assessment' 'Quality of working life' and so on.

Drawing together of the group response... wall chart??

SESSION TWO

- In same groups read distributed case studies.
- Then look at following questions.
- How do you see each case?
- How would you raise the issues identified with management?
- What would you expect as a management response?
- Where are the problems?
- What would you expect of the 'member'?
- What advice would you give in the immediate and in the long term?
- What help could you expect from the union?

Each group to be asked to present their views on a flipchart.
Discussion of the views.

SESSION THREE

Each group asked to draw up a strategy for handling their chosen case.
Presentation of outcomes leading to general discussion.

Final short summary session.

Case Study One - Peter

Sirs,

I am writing to you with a very basic enquiry to ask, given the following facts, you feel that my employer is acting in a negligent manner by failing to exercise duty of care. If, in your opinion, this is the case could you offer me advice on what steps could be taken to address the matter.

My employer is part of a global group working both in the U.K. and in Europe manufacturing electrical components. With the changes in demand it ceased production of some ranges and reduced its UK workforce by 70% thus creating a feeling of insecurity in the remaining workers.

My job is to identify new business opportunities and to suggest areas in which to 'grow' the business. I am also responsible for marketing.

Although under constant pressure to increase sales activity I feel that there is a lack of direction in the management of the company and therefore a failure to provide resources to investigate and support any of the new ventures proposed.

The issue has been raised with the direct line management but nothing has been done to address the concerns of myself or my co-workers. When the matter was raised with Head Office they appeared to have little interest with our concerns but seemed to concentrate more on the European aspects of the organisation. This has allowed a feeling job insecurity to develop.

The frustration has affected several staff so badly that they have had to take time off work to cope with stress related illness such as depression and anxiety. We feel that the failure of the company to listen to our problems shows a lack of care for our welfare and our attempts to discuss the matter appears to us to be treated in a cavalier manner.

We are bewildered by the company attitude and would welcome any advice you can offer to help us create a better working situation.

Sincerely

Peter

CASE STUDY TWO Mary.

E-MAIL MESSAGE.

I found your address on the website and wondered if you can advise me in any way.

I am a married nurse with a family and while working for the NHS I studied to improve my qualifications whilst bring my children up.

Having qualified I worked for some time as a nurse in a busy intensive care unit often dealing with very young children.

Because of the pressures of the job and the problems raised by juggling the demands of work and caring for family some years back I developed signs of stress related depression and anxiety. Finally the responsibilities of family life made almost impossible to meet owing to the staff shortages causing long hours at work often with uncertain working times I became ill with what was diagnosed as agoraphobia.

My employer claims that the depression predated the working problems and had causes other than those related to my work. Although I was given a Temporary Injury Allowance they are now contesting my right to a permanent allowance.

I had little time off sick prior to the final collapse.

My recovery is now handicapped by the sense of failure to support my family in the way I used to, the loss of my professional status and the feeling of unease at having to claim benefit to help financially.

I would welcome any advice you could give or knowledge of where else I could go to seek assistance

Thank you,

CASE STUDY Three - Andrew

CALLER:

MALE HAD WORKED FOR 25+ YEARS WITH SAME EMPLOYER.

PROBLEM:

FAILURE TO PROVIDE HEALTHY WORKING CONDITIONS ADDING TO HEALTH PROBLEMS. FORCED MEDICAL RETIREMENT

HISTORY:

Two years previous to enquiry caller had heart attack. After treatment lasting about a year, caller returned to work on a rehabilitation programme. On resuming work it became apparent that the working pressure which had caused the stress responses that the doctors felt had precipitated the previous attack had not been addressed.

The warning signals of hypertension, chest pain, and exhaustion observed before the first attack re-appeared. Consultation with cardiologist confirmed this and treatment took place.

His return to work was delayed for while correspondence took place between his medical advisor and the company doctor. The return was agreed after GP, company doctor and cardiologist had been consulted. The cardiologist felt that risk management should be undertaken to identify and remove the stressors and that the working environment be adjusted to prevent the potential of hypertension build up. Failure to do this made returning to work problematic.

After some months in which no review had taken place and in which the working pattern had not been adjusted caller became unwell again and took some sick leave.

On the advice of the company doctor caller had asked to see the regulations for medical retirement.

While off sick caller had phone call from HR manager who asked permission to call round and deliver the retirement information.

When HR arrived he was unexpectedly accompanied by the caller's line manager who produced a medical retirement plan which he left saying that the following day would be the date from which it would become operative. They left with no further meaningful discussion.

Caller requested advice on how to handle the situation and what the 'legal' or 'regulatory' position might be.

Case Study Four - Sean

As a local lay official you are approached by member seeking advice.

Member, Sean is a 27 year old male, single and living at home with his parents who are both working. Sean is at the time of the contact off work with a 'sick note' stating he has "anxiety symptoms stemming from stress relating to the workplace".

His story is:

Some years previously he had a motorcycle accident, skidding on a muddy road leaving him with impaired mobility and some facial disfigurement. After a period in hospital he recovered and found employment in the office of postal trading company using computer skills obtained during his period of convalescence thus avoiding face to face involvement which caused him embarrassment but which allowed him to use the sales skills from his previous experience as a sales assistant in large store. Initially he was very happy with the work even though he found the social life of the workplace difficult as he felt his disfigurement and awkward movement discomforted others.

The 'matey' and joking atmosphere of the workplace became increasingly difficult for him and he became withdrawn and started to find excuses for not joining in the socialising. His work colleagues said he was difficult and standoffish. He was referred to as 'the wuss'. One day he became aware of one of his colleagues imitating his walk and demonstrating how he thought Sean would dance. This incident was raised by Sean with his line manager who spoke to those involved in the incident and suggested that such behaviour was not acceptable.

After this Sean found that he became more and more excluded from office life. He was ignored when events were discussed culminating in being left out of the Xmas works outing and the usual collection for the charity they supported.

In the New Year he found 'things beginning to happen'. Papers went missing or turned up late, which interfered with his work efficiency; he felt his computer had been used and later he discovered images on his screen which he found unpleasant.

Eventually he was spoken to by his line manager and told that his work was below the standard expected and that he must 'get back on line'. He found this threatening and became more withdrawn not only at work but at home as well causing his parents concern as following his accident he had suffered a period of depression.

Without Sean's knowledge his father contacted the firm and asked if there was anything wrong at work as he was concerned about his change of behaviour.

On discovering this Sean became angry both with his parents and his colleagues.

At this point he consulted his GP who was sympathetic and signed him off work suggesting he contact his union for advice.

On being approached and made aware of the situation as outlined:

- A: How would you begin to analyse the case?
- B: What action would you initiate?

CASE STUDY Five - Janice

I have worked for five years as a project worker in an organisation that deals with vulnerable, volatile and violent young people.

I spent the first two years as a lone worker and was exposed to this behaviour. I have been kicked, punched and spat at by a highly volatile 15-year-old girl; on another occasion I was sworn at and threatened with a knife by a well-grown 16-year-old boy. In both cases my phone call for help to the support backup met with no response. These are two examples of many such.

In spite of the company policy that casework staff should have monthly supervisions I have had three in the whole of my working life!

The stress from working in such conditions came to head when I had a serious brain aneurism. The neurologist dealing with my case said stress was the cause of this event. I was signed off work for a year.

My manager called repeatedly to ask when I would be returning to work.

My GP wrote advising the management to allow an Occupational Therapist assessment. This request was ignored. On return to work I had an interview facilitated by my senior. She recommended that I doubled up with a colleague and if I felt unwell I could start later or leave earlier, this arrangement to be reviewed at the end of a month.

I returned to work doing my normal duties and on couple of days feeling unwell I left early. My line manager rang me at home and asked why I had done this. I said it was in line with return to work arrangement. She said she knew nothing of this and it was up to me to have informed her in writing of any agreement. All this made me feel threatened and caused deterioration in my health. My GP diagnosed very high blood pressure and giving my medication signed me off work.

I made contact with HR but was in an emotional and vulnerable state as I tried to explain the build up to my present state. It was suggested that a meeting be held so that my line manager and I could sort the matter out. At this meeting the manager denied all knowledge of the previous agreement and kept asking when I expected to be off medication and be returning to work. When asked if this meeting was of a disciplinary nature they said it was their intention to help me back to work. A few days after this meeting I rang HR and said I was thinking of taking legal advice and within a short time she contacted me to tell me that an Occupational Therapist assessment had been set. This assessment was that I was fit to return to normal duties.

A year later I have still had little if any supervision help and now the company is facing change. I feel threatened again can you offer advice as to my next action.