

Multi-level approaches to 'managing' work stress

Professor Gail Kinman
University of Bedfordshire



The scale and cost of work-related stress

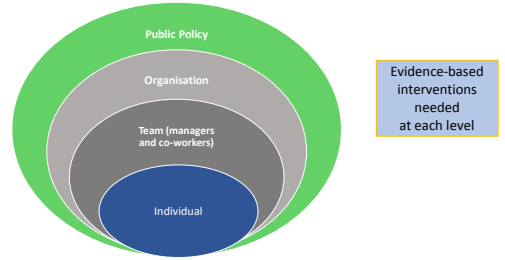
- Eurofound (2012) high exposure to major psychosocial risk
- HSE (2017) 12.5 M days off for work stress, depression or anxiety
- EU-OSHA (2013) 40% indicated their workplace manages stress 'poorly'
- EASHW (2014) Economic burden of up to \$187 B



Managing work stress: A three-tier approach



Managing work stress: A systemic approach



Public policy level

- Gross national wellbeing?
- Monitor work-related stress to identify problems, target changes and evaluate impact (HSE)
- Fund (and disseminate) research on 'what works'
- Highlight costs (direct and indirect) of psychologically unhealthy workplaces
- Be aware of powerful role models
- Challenge stigma



Organisational level

- Audit work stress and act on findings
- Improve job content, leadership and the working environment and enrich support networks
- Role models to reduce stigma and prioritise self-care
- Most stressors are organisational not occupational, BUT few intervention studies '*organisational interventions need to be better designed and focus on addressing the specific factors that cause stress*'



Cochrane Reviews
Ruotsalainen et al. (2015). Preventing occupational stress in healthcare workers
Naghieh et al. (2015). Work changes to prevent and decrease stress in teachers

Manager level

- Leadership style closely linked to staff wellbeing
- Line managers play a strong role in identifying and managing workplace stress
- Line managers' competencies *'the skills and behaviours line managers need to prevent and reduce stress at work'*
- HSE/CIPD and job-specific competencies



Management competencies for preventing and reducing workplace stress (HSE/CIPD)

Respectful and responsible: managing emotions and having integrity	Managing and communicating existing and future work: proactive and problem solving
Managing the individual within the team: personally accessible and sociable	Reasoning/managing difficult situations: managing conflict and taking responsibility



Manager competencies for health and social care

Knowledge	<ul style="list-style-type: none"> • How the emotional demands of the job affect wellbeing (individual differences) • Availability of training and support • The need for recovery • The importance of reflective supervision • The key role of support from managers and colleagues
Skills	<ul style="list-style-type: none"> • Develop a culture that de-stigmatises stress • Role model self care/compassion as well as resilience • Identify signs of stress in staff at an early stage • Take responsibility, but empower staff • Anticipate the impact of changes and change fatigue
Attributes	<ul style="list-style-type: none"> • Emotional literacy; self awareness • Appropriate empathy • Self efficacy to facilitate change • Forward thinking and creative • Integrity, authenticity and a sense of equity

Kinman and Grant (2017)

Family supportive supervisory framework

Emotional support	Instrumental support for scheduling conflicts
Role modelling effective WF behaviour	Creative work-family management



See Hammer et al. (2008); Kossek et al. (2011)

Team level

- The team provides reassurance, acceptance, cooperation and a sense of belonging
- Peers are a powerful source of support
- People more likely to disclose and discuss stress and mental health problems
- The use of care teams and peers e.g. Blue Light Peer Supporters; peer coaching



See Gillard et al. (2014); Biggart et al. 2017)

Individual level: health and social care

Intervention	Contents	Gains
Emotional writing	Reflection on emotional aspects of practice	Emotional literacy, empathy, mental health
Tool-box intervention	Introduction to peer coaching, goal setting/ coping skills, CBT, mindfulness, reflection	Emotional literacy, compassion satisfaction/self compassion, flexibility, mental health
Mindfulness	8-week course	Emotional self-efficacy, compassion satisfaction, compassion fatigue, mental health



Individual interventions: just a sticking plaster?

- Stress management skills and resilience are required, but risk of pathologising a 'failure' to cope?
- Concerns about shifting responsibility to the individual via professional standards (See HCPC)
- What should people be resilient to?
- Is burnout a 'disease' or a logical reaction?
- No work should be intrinsically hazardous to health



Beware of the downside of initiatives

...

- Increasing resilience
- Reducing sickness absence
- E-working
- Continuous improvement
- Job enrichment
- 'Family-friendly' options
- The gig economy
- Enhancing compassionate care
- More support from managers/peers
- Letting organisations 'off the hook'
- Sickness presenteeism
- Loneliness; work-life conflict
- Change fatigue
- Role stress; illegitimate tasks
- Less commitment to WLB
- Unpredictability; no labour rights; being 'always on'
- Burnout and retention problems
- Increasing their own stress



Conclusions:

- Take an integrated, strategic approach
- Consult and work with all stakeholders
- Reduce demands, increase control, support and other resources
- Anticipate new hazards
- Wellbeing risk assessments for new initiatives
- Happy worker = productive worker; a business case for psychologically healthy workplaces
- Work at all levels to reduce stigma



See Nielsen et al. 2017

No quick fixes

- Beware of bad science
- Use evidence-based interventions
- Treat the underlying problem not the symptom
- No one-size-fits-all solutions



Contact me:
Gail.kinman@beds.ac.uk
 @ProfGailK