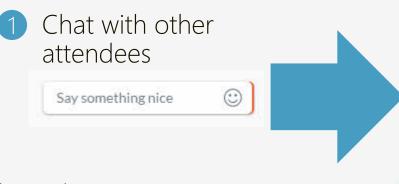


Tackling workplace stress

Presented by Hugh Robertson TUC

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2 Ask a question below this video

Ask a question or suggest a topic





Scale of the problem

- HSE accepts that over **400,000 people** are suffering from stress related illness, either caused or made worse by work.
- Biggest issue for health and safety representatives.
- Responsible for a third of work-related sickness absence.



Not a minor condition

- Main illnesses are depression and anxiety but can also be hypertension, heart disease, eczema, IBS, and a range of other conditions.
- Most stress related absence is long term (more than a week)
- Also a link with other illnesses, in particular musculoskeletal disorders such as back pain and WURLD.



What causes stress 1?

- **Demands**: Employees indicate that they are able to cope with the demands of their jobs.
- Control: Employees indicate that they are able to have a say about the way they do their work.
- Support: Employees indicate that they receive adequate information and support from their colleagues and superiors.



What causes stress 2?

- Relationships: Employees indicate that they are not subjected to unacceptable behaviours, e.g. bullying at work.
- Role: Employees indicate that they understand their role and responsibilities.
- Change: Employees indicate that the organisation engages them frequently when undergoing an organisational change.



How do we remove it?

Employers often claim they cannot separate work-related stress from other stresses and so it is "different".

- Nonsense. They can deal with those that are work-related regardless.
- Do not have to wait for people to become ill and then try to work out if it is caused by work.



How do we remove it?

Should remove or reduce the causes of stress by controlling these six factors.

HSE has developed **standards to help employers** - based on risk assessment and prevention.

TUC supports these (joint HSE/TUC guide on TUC site).

HSE management standards have been around for 10 years.



Yet ten years on?

HSE – Oct 2014 – "The rates of work-related stress, depression or anxiety, for both total and new cases, have remained broadly flat for more than a decade".

Working days lost to stress per worker showed a generally downward trend up to around 2009/10; since then the rate has been broadly flat and has now started going up.

Yet sickness absence as a whole has continued its downward trend.

Have 10 years of stress management standards made no difference?



Why no difference?

- Employers have ignored the standards.
- HSE not promoting them.
- Standards not updated.
- No research into effectiveness but those who have used them have reported considerable success.
- However, HSE have restarted work on stress.



Two main reasons for lack of progress

- The HSE does not enforce stress.
- It costs money to reduce or remove stress.



Tackling stress

- Remove the causes overwork, demands, bad line management etc.
- May mean increased staffing levels or major structural changes.
- No different to reducing chemical or similar risks in manufacturing.
- Yet management often simply refuse to take action because it is too expensive or too difficult.
- No repercussions when an employer ignores legal obligations.



Enforcement

- Employers have a **duty to risk assess for stress** under the Management regulations and if there is a risk to the worker.
- Must remove or reduce the hazard caused by stress "as far as reasonably practical".
- HSE don't prosecute say "HSE's approach is not enforcement led".
- Can issue improvement notice.
- None issued for stress in past 5 years.



What employers do

Instead of removing the causes of stress employers concentrate on changing the worker.

Include:

- Stress management
- Resilience training
- Well-Being Programmes.



Employers focus on the individual

- Unions have no problem with employers supporting those with stress-related illnesses but **not as an alternative to prevention**.
- Often just access to a EAP, 6 sessions of CPT or "stress awareness training"
- Usually run by private providers or consultants.
- Do not reduce the number of incidents of stress within a workplace, and rarely linked with prevention or the risk assessment process.



Resilience

- New Kid on the block
- Attempts to "harden us to stress"
- No evidence that it has any scientific basis.
- Completely against the principles of prevention required in law.
- Growing as more consultants peddle it (often replacing NLP).



Well-being

- The new buzzword for selling stress management programmes
- Found in every workplace but not just workplaces.
- Has become a brand, used to sell anything from yogurt to pillows.























Well-being

- Means all things to all people.
- Well-being initiatives range from on-site massage to subsidised gym membership.
- Members often like them.
- Unions can support them and be involved.



Well-being

- They focus on the individual, not the problem.
- No evidence base they have any effect on stress.
- If work makes people ill, change the workplace, not the workers.
- Not a substitute for stress prevention!





What unions can do

- ✓ Raise awareness of stress as an issue and help break down the stigmas around reporting or discussing it.
- ✓ Survey your members, jointly with the employer or separately.
- ✓ Ask management for a plan of how they will tackle it, preferably using the stress management standards.
- ✓ If they refuse? Review risk assessments and challenge them.
- ✓ Support employees who experience a stress related illness.



Summary

- ✓ Stress is no different to other hazards. It must be removed or controlled through **risk assessment and prevention**.
- ✓ Employers need to take action, but real solution is good jobs, with control, respect at work, security and decent pay.
- ✓ HSE and Local authority enforcers should prioritise stress prevention and prosecute employers who do not comply with legal obligations.
- ✓ Unions must work with employers to ensure that there is support for members who are made ill as a result of stress.

