

Health and Safety Authority (HSA, Republic of Ireland) and Health and Safety Executive Northern Ireland (HSENI) – Joint cross-border initiative to reduce work-related stress.

Application of Work Positive Audit Tool for Stress and the Health and Safety Executive Management Standards

Welcome & Introduction

The Health and Safety Executive for Northern Ireland (HSENI) and the Health and Safety Authority (HSA) in conjunction with six organizations in Northern Ireland and the Republic of Ireland have jointly piloted the Work Positive resource pack. This is a stress audit tool which can be used to assist organisations in meeting the requirements of the Health and Safety Executive's (HSE UK) Management Standards for Work-Related Stress.

This site aims to assist organisations wishing to address work-related stress. The HSENI and HSA have identified work-related stress as a priority topic and would ask you to consider implementing the Management Standards, which are embedded in the Work Positive tool, in your organisation.

By fully implementing the Management Standards you will be able to demonstrate that you have addressed this difficult issue in your work place.

Background

Work Positive is a comprehensive risk management process that incorporates a risk assessment covering the major causal factors associated with workplace stress. It was originally developed by Health Scotland and the Health and Safety Authority (HSA, Ireland) to help organisations identify the potential causes of stress at work in line with requirements under the requirement to prevent accidents and illness at work under the Health, Safety and Welfare at Work Act 2005 (then the 1989 Act) and the Management of Health and Safety at Work Regulations. Work Positive was launched in 2002 and a revised edition again in May 2005 and is the only state sponsored stress audit tool of its kind available across Great Britain and the Republic of Ireland. It is based on the work of a number of bodies and reflects the HSA's prevention approach and emphasis on the risk assessment process and HSE's development of Management Standards, against which organisations can measure their performance in managing the main causal factors for workplace stress and put in place procedures and system changes as required, to improve organisational culture to promote well-being.

Statistics

Each year as many as 40,000 people in Northern Ireland suffer from work-related ill health and it is estimated that £330 million per year is lost by businesses due to ill-health. It is estimated that at any one point in time as many as 1 in 6 people in Northern Ireland have been diagnosed with a condition such as depression or anxiety. The Central Statistics Office, Ireland reports that 13,000 people in the Republic of Ireland suffer from stress, depression and anxiety. Also, the Department of Social and Family Affairs states that 1.7% of all occupational injury benefit claims allowed in the Republic of Ireland in 2006 related to stress.

What does the HSENI and HSA expect employers to do?

HSENI and HSA expect every employer to conduct risk assessments for health and safety hazards, including work-related stress. A five step approach to risk assessment is recommended.

1. Identify the hazards
2. Decide who might be harmed and how.
3. Evaluate the risk and decide what needs to be done.
4. Record your findings.
5. Monitor and review.

What are the HSE Management Standards?

The HSE developed Management Standards for work-related stress. These reflect the six key aspects of work which have been identified internationally, through valid and reliable research, as causal factors where people have become affected by work related stress.. These aspects of work, if not properly managed, have been found in certain circumstances and under certain conditions, not always predictable, to have repercussions for employee mental and physical well being.

As we cannot predict individual responses to stimuli and situations, and as we cannot fully control the workplace and the cultures we create, we must try to ensure that the 6 areas the Management Standards are concerned with are reasonably managed and monitored.

These 6 areas are demands, control, support, relationships, role and change. This is based on models well established in the psychological literature and on on-going research and surveys carried out internationally.

The HSE, having identified these six factors as the primary precursors to stress, joined with the HSA, who had already developed and piloted Work Positive, an audit tool and advisory material for industry, to enable employers to more easily assess the risks associated with workplace stress and put in place systems to reduce it over time, within a systematized, risk reduction framework.

HSE also identified, through consultation within the UK, states to be achieved associated with each key factor in order to develop a standard to encourage good management practice. Full detail on implementing the management standards can be viewed at HSEs website www.hse.gov.uk



The aim is to assess where your organization is performing in relation to current good practice. You should then set realistic goals to prioritise areas for growth and improve current performance.

Work Positive also considers issues relating to reward and contribution and indicators of pressure within a workforce.



What is stress?

There are as many definitions of stress as there are definitions of fatigue, mental health and upset. Stress is a negative feeling, associated with physical symptoms including increased heartbeat, swiftness of breath, dry mouth, and sweaty palms and over the longer term, digestive upset and cramp. Psychological symptoms range from heightened emotional states, lack of impulse control, and feelings of being overpowered, losing control and fearfulness generally. People under stress behave differently. They may be angrier, more confrontational, show less time for others and impose an urgency on situations which is unrealistic. Other characteristics include fatigue, proneness to upset, withdrawal, self neglect and depression.

Stress as we experience it may differ from person to person, but the feelings it brings about tend to be similar, regardless of what causes the stress. When we are aware of our feelings, thoughts and behaviours as well as our bodily reactions, we can assess ourselves as either relaxed, under slight pressure which we are coping with, under pressure we are finding challenging but acceptable, or under excessive pressure which is causing us stress. We all have different levels of coping ability and a different tolerance for stress. There are those, often categorized as 'Type A' personalities, who tolerate relatively high stress levels and thrive on the stimulation and alertness brought about by stress. There are others who have very low tolerance levels and thrive in slow moving environments with low stimulation and even paced work. Coping skills can be improved through regular training, stress management training and through increasing self awareness and learning to react quickly when we becoming stressed. We may need to take more exercise, relax more frequently, alter our social habits, alter the way we view things, change the work system in some way or re-engineer our world so as to reduce our exposure to the cause of the stress. The occupational health approach is to reduce the stress, from source, initially, then reduce the person-stressor interaction, and finally, give protection to the exposed person, when they are exposed. The approach usually involves the individual, the department or section in which the individual works and the organization, so that general and specific stressors are reduced or eliminated.

Many aspects of personal, family and work life can cause stress, in that there are pressures embedded within all of these areas of our lives. The Work Positive Programme is an assessment of employee's perception of the stressors they recognise due to work factors only. Numerous factors at work can lead to potential stress and diminish our emotional and physical well being if gone unsupported or unchecked. These aspects of the workplace can be labeled psychosocial hazards in some health and safety models, because they threaten mental health in the same way as physical hazards threaten the physical safety and health of employees.

Social support is a mediator of stress and means that in stressful environments, where support is available and accessed, the perception of the stressor and the resultant stress will be reduced. This means having people around you at work who you feel will be there to assist or to listen to your concerns.

The model of workplace stress used for this Work Positive programme is a mixture of

The Demand/Control /Support Model (Karasek and Theorell)
The Effort Reward Imbalance Model (Siegrist)
An amalgam of other more recent models which point to change, relationships
and role.

Demands

Includes issues like workload, work patterns, and the work environment
The standard is that:

Employees indicate that they are able to cope with the demands of their jobs;
Systems are in place locally to respond to any individual concerns.

What should be happening / states to be achieved:

The organisation provides employees with adequate and achievable demands
in relation to the agreed hours of work

Employee skills and abilities are matched to the job demands;

Jobs are designed to be within the capabilities of employees; and

Employees' concerns about their work environment are addressed.

Control

How much authority employees have about the way they do their work

The standard is that:

Employees indicate that they are able to have some input as to the way they do their work; and
Systems are in place locally to respond to any individual concerns.

What should be happening / states to be achieved:

Where possible, employees have some control over some aspects of their work;
Employees are encouraged to use their skills and initiative to do their work;
Where possible, employees are encouraged to develop new skills to undertake new and challenging pieces of work;
Employees have some input into when breaks can be taken, where possible; and
Employees are consulted over their work patterns/rosters/shifts.

Support

Includes the encouragement, sponsorship and resources provided by the organisation, line management and colleagues

The standard is that:

Employees indicate that they receive adequate information and support from their colleagues and superiors; and
Systems are in place locally to respond to any individual concerns.

What should be happening / states to be achieved:

The organisation has policies and procedures to adequately support employees;
Systems are in place to enable and encourage managers to support their staff
Systems are in place to enable and encourage employees to support their colleagues;
Employees know what support is available and how and when to access it;
Employees know how to access the required resources to do their job; and
Employees receive regular and constructive feedback.

Relationships

Includes promoting positive working to avoid conflict and dealing with unacceptable behavior

The standard is that:

Employees indicate that they are not subjected to unacceptable behaviours, e.g. bullying at work; and
Systems are in place locally to respond to any individual concerns.

What should be happening / states to be achieved:

The organisation promotes positive behaviours at work to avoid conflict and ensure fairness through the behaviour of senior personnel, intolerance of undignified behaviour and having appropriate Anti Bullying and Harassment Policies and applying them;

Employees share information relevant to their work;

The organisation has agreed procedures to prevent or resolve unacceptable behaviour; Systems are in place – including training - to enable and encourage managers to deal with unacceptable behaviour; and

Systems are in place to enable and encourage employees to report unacceptable behaviour.

Role

Refers to people understand their role within the organisation and whether the organisation ensures that the person does not have conflicting roles

The standard is that:

Employees indicate that they understand their role and responsibilities; and Systems are in place locally to respond to any individual concerns.

What should be happening / states to be achieved:

The organisation ensures that, as far as possible, the different requirements it places upon employees are compatible;

The organisation provides information to enable employees to understand their role and responsibilities;

The organisation ensures that, as far as possible, the requirements it places upon employees are clear; and

Systems are in place to enable employees to raise concerns about any uncertainties or conflicts they have in their role and responsibilities.

Change

How organisational change (large or small) is managed and communicated in the organisation

The standard is that:

Employees indicate that the organisation engages with them frequently when undergoing an organisational change; and

Systems are in place locally to respond to any individual concerns.

What should be happening / states to be achieved:

The organisation provides employees with timely information to enable them to understand the reasons for proposed changes;

The organisation ensures adequate employee consultation on changes and provides opportunities for employees to influence proposals;
Employees are aware of the probable impact of any changes to their jobs. If necessary, employees are given training to support any changes in their jobs;
Employees are aware of timetables for changes;
Employees have access to relevant support during changes.

Reward and Contribution

The standard is that:

Employees indicate they are fairly paid and are happy with their non-monetary benefits.
Systems are in place for individuals' concerns to be raised and addressed.

What should be happening / states to be achieved:

The organisation regularly reviews employee salaries and benefits.
The organisation monitors pay and benefits against the external market place.
Employees are consulted as part of reviews of benefits.
Systems are in place to ensure that the contribution of employees is recognised.
Employees are provided with positive feedback on their performance if they do a job well.

Indicators

The standard is that:

Employees indicate that pressure at work does not affect their health.
Systems are in place to monitor and review common indicators of high pressure at work.

What should be happening / states to be achieved:

The organization monitors accidents and identifies their causes.
The organization has a Health and Safety Policy in place.
The organization monitors sickness absence and identifies reasons for absence.
The organization monitors turnover of staff and identifies reasons for resignation.
Systems are in place to enable and encourage managers to identify and manage low morale among staff.
The organization monitors the performance/productivity of its staff.
Systems are in place for employees to raise concerns about their health and safety at work.

How to implement this Work Positive Programme in your workplace

The process of implementing and embedding these good management standard practices into your organisation involves several stages.

Before you start

Commitment is required from senior management, from staff and from their representatives. The success of the initiative is based on having active engagement and briefing staff beforehand often helps.

Starting: Identify who might be harmed

Benchmark data such as sickness absence data or occupational health support uptake give an indication of potential pressures. The questionnaire is a risk assessment tool which investigates the presence or absence of known organisational stressors. It should be issued anonymously to all staff.

Assessing: Evaluate the risks

The questionnaire results should then be input and analysed. Analysis of the data rates employees' perceptions of the six key management standards factors from demands through to change. This provides an overall organisational result. It does not provide results on individual well-being. As well as summarising the overall results for all staff, the results for several smaller groups can be obtained in such a way that staff still remain anonymous, through prior category selection using the Excel based programme. (Free programmes are available at either www.hse.gov.uk or www.workpositive.co.uk or www.hsa.ie)

Obvious categories are to group staff into departments. Overall employee perceptions of the six stress factors are automatically rated and displayed using a colour coding system, from red, which is an urgent outcome, through to green, which is stress-free.

This identifies potential 'hot spots' and allows the main improvement to be focused on the relevant group or relevant issue.

Indications from the questionnaire results and benchmark data suggest potential pressures. This should be developed through focus groups. Focus groups involve a one to two hour meeting of staff of similar backgrounds. There is normally approximately 10 staff at each group. The number of focus groups required depends on the number of staff and number of job types. Staff is encouraged to participate and have a very open and honest discussion to get to the root of any problems, using the results of the survey as an initial tool. The facilitators for the group should be impartial, trained and be able to reassure the group that all information will be kept anonymous. Normally the only information to come out of the focus group will be a summary of what that group sees as the main priority problems and suggestions for potential solutions in bullet point form.

Implement: Take action and record the findings

A summary report can be compiled from the questionnaire and focus group findings and fed back to staff and management.

Often there is a long list of suggestions. Steering groups have proven useful for selecting issues and planning the on-the-ground implementation. Actions need to be agreed with senior management and if there is union representation, through a partnership approach.

Realistic choices have to be made about actions to be taken. Issues such as bullying and violence need to be addressed quickly. Other issues should be chosen based on the number of people they will bring improvement to and the degree of benefit they will bring.

There are a number of published solutions on the Work Positive, HSA and HSE websites which have been successfully tried and tested in individual case studies.

Monitor and Review: Re-assess, keep on the agenda, Manage

At the end of the process organisations will have negotiated changes which address excess pressures. This should create a healthier work environment for staff, it should improve the culture at an organisational level and this should have the knock on effect of promoting well-being at an individual level. Monitoring the environment should be done to assess if the above is occurring and identify where it is not occurring, what areas are affected. Reviewing is done on an annual or bi-annual basis and involves some record keeping and benchmarking of findings and issues arising.

Project Background

The companies involved volunteered to participate and were thereafter chosen by the two state bodies. They were matched, as far as is reasonable, so that they could provide support to each other. Fermanagh College was matched with Sligo IT, Dundalk Town Council was matched with Newry and Mourne District Council and Craigavon Hospital was matched with St John's Community Hospital, HSE West. The project started in October 2005 with a half day seminar for nominated representatives from all companies involved.

The half day seminar was aimed at the company Chief Executive and also the Human Resources and/or Health and Safety personnel who led the stress management project. This was followed up shortly afterwards by a half day visit by the HSA and HSENI personnel to the nominated staff within each company to discuss benchmarking data, the issuing of questionnaires and analysis of data within the company.

The statutory bodies ensured staff in each organization were briefed beforehand either through short informal meetings or letters to staff.

Thereafter, the questionnaire was given out to all staff, divided into categories appropriate to that workplace. Staff were given from 2 to 4 weeks to complete and return it in confidence to the Statutory body in the case of two of the HSA's organizations, and to their in-house evaluation section in the case of the HSENI's organizations.

A subsequent visit was paid to the organizations to discuss the input of the data or analysis of it. An electronic version of the questionnaire with groupings consistent with a previous staff survey was prepared for one organization so that their survey results would be further corroborated with a pre-existing set of results regarding occupational wellbeing more generally.

Focus groups were then organised for management and staff to elicit more information as to the stressors, the findings and the groupings affected.

These were carried out in a number of ways, either with assistance from the statutory bodies, employee assistance providers or in-house.

Feed back was given to all staff and an action plan drawn up. At some feedback sessions, facilitated by the two statutory bodies, further issues arose which were then incorporated into a report for management, in consultation with staff.

Discussions were held with a number of organizations to help identify successful interventions.

The two statutory bodies provided phone back up to the nominated staff, assisted with feed back presentations and prioritising interventions. In some cases, group training sessions were delivered to groups of staff, in other cases; training initiatives were requested on a more individualized basis. In other cases, team building sessions were accessed or individual occupational profiling offered and taken up for individual personal development.

The meetings, held at approximately 5 monthly intervals throughout the 18 month programme, provided a forum for participants to share knowledge at the various stages of implementing the management standards and examples of interventions topical to the various sectors.

Selection of organisations

The project was carried out in matching organisations both North and South of the border with comparable group sizes. The projects aim was to jointly implement the

process in six organizations and therefore all organizations were chosen from border counties to allow for easy contact.

Case studies – for each organisation’s outline of their unique experience using the system, see separate section ‘Case Studies’ on this site.

This section promotes the sharing of information about Management Standard projects. The following case studies demonstrate how organizations which may be locally relevant and of a similar nature or size to your own have taken action to manage work-related stress after the relaunch of Work Positive in 2005. (A number of the case studies were on-going and some had not completed the five-step process at the time of publication.)

Education Sector



Health Sector



Local Government Sector



Work Positive at Fermanagh College

Fermanagh College has been providing quality vocational and academic education for the people of Fermanagh and beyond, for over 100 years. The College employs approximately 250 staff and each year, over 9,000 people enrol.

As well as having two satellite buildings, the college has a learning bus to reach some of the most rural members of the community. Fermanagh College has been chosen as one of only 8 case studies in the UK as representing the benefits of EU funding in 2006 and representatives from the College attended the launch of the EU's new Lifelong Learning and Youth in Action Programme in the Foreign Office Whitehall, London.

Getting started

The Principal Designate of the College is committed to and fully supportive of implementing Work Positive and the management standards. This initiative was started in light of an imminent major restructuring of all Northern Ireland colleges and recent changes to the management structure within the college.

The process was co-ordinated by the Human Resource manager.

Awareness was raised by inviting all staff to sessions to learn more about the process. All staff were made aware that the organisation was taking work-related stress seriously and how they could participate in exploring issues.

Staff representatives were also informed about the process and later formed the steering group.

Look at the hazards

The benchmark was conducted by the Human Resources department. In addition, sickness absence figures are recorded and analysed regularly.

Identify who might be harmed

It was acknowledged that stress can affect all staff so full-time and part-time lecturing and support staff were included in the assessment.

Evaluate the risk

All staff received a copy of the questionnaire and an accompanying letter detailing the categories of staff for analysis. An electronic link to the questionnaire was emailed to staff who were then able to anonymously input their own data. (A small number of support staff filled in paper copies, which were then electronically inputted by the HR department). A reminder was sent out to staff after two weeks. There was a 46% response rate. The questionnaires were analysed.

Results published on College Intranet with general feedback on results and action plan to all staff.

Staff were engaged in a series of focus groups to identify key pressures and they were also encouraged to suggest potential solutions. Despite some of the focus groups having a small attendance (3 staff) feedback from staff was good.

Taking action and developing solutions

All of the information from the focus groups was collated and presented to the steering group. The steering group considered the issues raised and prioritised actions.

The main priority issues were:

- Communication
- Teamwork/relationships
- Training and development

- Job descriptions/job role
- Planning/Management/Resources

Proposed Actions

Management training courses are proposed in order to assist managers with communication and team building.

All College staff will receive opportunity to participate in Team Development Programme.

Training for all staff in how to use the College Intranet to improve communication.

Corporate Change Manager to carry out a review of SMT Job descriptions to ensure alignment with College Strategic direction.

Appraisal system to be embedded for all support staff.

Development of new Work Positive/Stress Policy

Lessons learned

A number of staff had to be reassured about the confidentiality aspect of using an electronic questionnaire.

Time commitment is needed to effectively facilitate the process.

Institute of Technology, Sligo

Organisational Stress - A Case Study

February 2007

**Caroline Casey
HR Manager**

1. Background

In 2006 IT Sligo was invited to participate in a cross border study on Organisational Stress by the HSA. This study was a joint study with the HSE Northern Ireland, the focus of which was to measure and compare levels and forms of work related stress in similar organisations north and south of the border, using the HSE's Management Standards for Work-related Stress. The Institute was very pleased to accept this invitation as it presented a significant opportunity to measure and benchmark organisational stress in our Institution with that in other similar organisations. The management standards which were to be used in the study furthermore gave the Institute an opportunity to not only take a measure of organisational stress at this time but it also gave us an opportunity to measure and benchmark our progress going forward.

IT Sligo employs approximately 520 staff, approximately 350 academic staff and 170 non academic. We have approximately 6000 students.

At the time this pilot project commenced, the Institute had a significant number of measures already in place to support managers and staff which included

1. Significant Investment in Training & Development Analysis, Planning and Participation
2. Specific Stress Management Programmes
3. Employee Assistance Programme
4. Well developed Partnership / Consultation Processes
5. Staff Well Being Project
6. Staff Satisfaction Survey
7. Stress Absence Monitoring & Follow-up
8. Harassment & Bullying Policy

1.1 Investment in Training & Development

In line with the Institute's Strategic Plan for 2002-2007, the Institute undertook a detailed and comprehensive training needs analysis in 2001/2002, which took a full year to complete, and involved a comprehensive review of longer term strategic training needs at the level of the Institution, School/Function, discipline, and individual staff member. All staff participated in this study which was undertaken by an external consultant using a combination of management surveys, staff surveys, and focus group discussions, to identify the strategic training needs at each level over a 5 year period. The results of the survey were published internally and significant training plans were developed and implemented within each school and function on an annual basis, to address the training needs identified. . In 2004 the HR Office put in place a central in house training and development unit which offers approx 40 programmes annually. In the last 3 years a total of 850 places have been offered to staff with very high participation rates. The centrally run programmes provide tailored training in a large range of areas which can be broadly categorized as follows: Induction, Teaching, Learning & Pedagogics, Pensions & Retirement Planning, Personal Effectiveness, IT & Computing, Health & Safety, Diversity, Management & Supervision. Specialist training is provided in addition with significant additional

investment in higher educational qualifications. A further detailed training needs analysis is planned for 2007.

1.2. Stress Management Programme

The Institute in the period 2004 to date has offered 4 programmes on managing stress. The programmes are all held off site and have been attended by 25 staff. The makeup of the participants is largely female (84%) and largely non academic (72%)

1.3. Employee Assistance Programmes

The Institute put in place an Employee Assistance Programme in 2002, offering confidential professional assistance for staff with a wide range of difficulties. Support is offered in the form of individual counseling sessions for all types of personal and work related problems in addition to significant support for addiction and related issues.

1.4. Partnership Consultation Processes

In the last 5-6 years considerable investment has been made by senior management, trade unions and staff in developing a partnership approach to working and this has included the formal establishment of various different consultative forums.

1.5. Staff Well Being Project

This initiative was developed as a partnership project in 2003. This project focused on staff well being and in particular how the Institute as employer could promote and enhance staff well being through wellness initiatives in the workplace. This project was sponsored by the HR Manager but largely developed and managed by a group of interested staff and managers. It consisted of the development of 4 separate but related strands.

- Staff Health Check on a 4-5 yearly basis
- Smoking Cessation workshops for Staff
- Series of Seminars on health, welfare and related issues
- Establishment of a lunchtime walking group

This initiative was extremely successful and 106 staff underwent a comprehensive health check on site, which was partly subsidised by the Institute. The walking group is particularly successful and a number of staff were trained as leaders with the Irish Health Foundation. Approx 10 staff participated in smoking cessation workshops facilitated on site by the Rutland Centre, the HSE North West and the Institute's student services medical team.

1.6. Staff Satisfaction Survey

The Institute undertook a significant and detailed survey of staff satisfaction in 2003 and a further survey is currently underway as at February 2007. This survey has

given the Institute detailed information on issues with which staff are dissatisfied and has resulted in a number of significant developments in the Institute. In total 9 broad areas (Physical Environment, IT/Library/Reprographic Facilities, Student Services, Canteen & Dining Facilities, Job Satisfaction, Communication, Management, Training & Development and General Satisfaction) were reviewed with over 100 separate measures. Whilst overall the Survey indicated very high levels of overall satisfaction a number of issues were identified as requiring significant improvement. These included for example, staff canteen facilities. Following on from same significant changes were made to the staff canteen. A further survey is currently underway.

1.7 Active Management of Absence owing to Stress

Staff absent as a result of stress or stress related illness are contacted by their Managers and the HR Department to establish whether the cause of the stress is attributed to the workplace and if so to endeavour to understand and address any issues highlighted. In addition staff are made aware of the Employee Assistance Programme and the support offered through same. In approximately 50% of cases staff identify non work related issues as causing their stress/illness. In 2006 the Institute's absenteeism (due to illness) rate was 2.79%. The % of this which was attributable to stress or stress related illness is 10.76%. Stress is therefore currently a significant cause of absence owing to illness.

1.8 Harassment Policy

The Institute does have a formal harassment policy in place which is published in the staff handbook and on line. One of the Institutes core values is that of Respect and this is clearly articulated in our new strategic plan.

2. The Pilot Study

2..1 Management and Staff Support

The Director, Senior Executive and Common Forum (a staff management consultative forum) gave their full support and backing to this study at the outset. The Institute, through the HR Manager, worked closely with Patricia Murray, Occupational Psychologist with the HSA. The first phase of the project involved some IT development work to facilitate the Institute carrying out the process electronically and also in looking at the results of the survey in more depth and in line with the level of analysis available to managers and staff when reviewing the staff satisfaction survey results. It was our intention from the outset to repeat this measure of organisational stress in approx 3 years and at the same time as a further planned staff satisfaction survey. It therefore made sense to make both measures consistent and compatible in terms of the detail of the available feedback.

The HSA pilot study was sponsored by the Institutes Partnership Committee a joint management staff forum. It was managed by the HR Manager with some input from the Health and Safety Officer who was appointed during the course of the project.

1.2 Communications

The project coordinator consulted widely with senior and executive management groups, the common forum, and individual trade unions and staff generally. Articles were published in the staff newsletter, outlining the background to the project and the proposed methodology as well as summary findings. Patricia Murray of the HSA, also wrote an article for publication in our internal newsletter. The findings of the survey questionnaire when compiled were presented to the Director, Senior Management, Departments, and all staff, and all were invited to focus groups to discuss the findings in further detail. Focus Groups were held in November 2006, by Patricia Murray, in complete confidence to present and discuss the results. Attendance from non academic groups at these discussions was good with an approximate 40-50% attendance rate. However attendance from academic staff was extremely low and despite several attempts to reschedule and repeat discussion forum groups the attendance remained disappointingly poor.

1.3 Enhancements to the Proposed Process

Whilst the HSA proposed to look at one department only, as part of this study, the Institute decided to broaden the scope of the project to an Institute wide one and in doing so issued the survey questionnaire to all staff. We also added a number of additional filters to the tool to assist us in looking at possible causes of any potential areas of concern and appropriate interventions in greater detail. We built into the questionnaire questions which allowed us to analyse the results in terms of gender, age, staff grouping, school/function, and various different matrices of same.

The questionnaire issued electronically to all staff in April 2006. The interest amongst staff in completing the questionnaire was initially low and as a result considerable time was invested in reissuing the questionnaire and actively encouraging participation, resulting in a final response rate of 32%.

2.3 Results & Findings

The Findings proved that the decision to introduce a more detailed analysis approach was a wise one, as they have facilitated a more meaningful interpretation at school and function level.

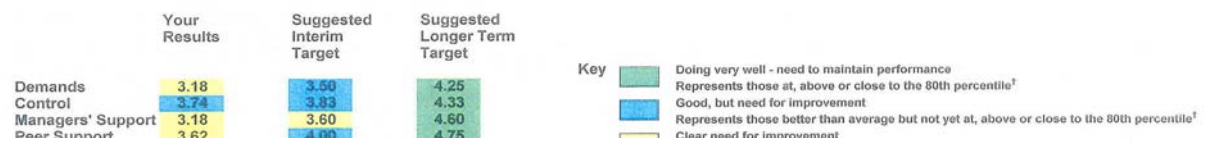
2.3.1 Institute Wide Summary Results

The overall findings for the Institute are as shown below with the only area of concern being the area of Role. We were further able to establish exactly what aspects of this area were of concern from the database. However when we looked at differences

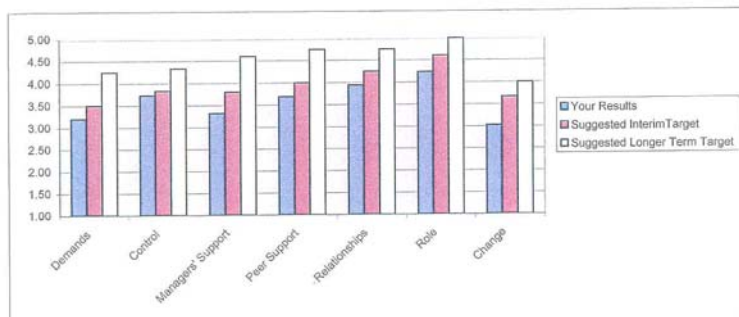
across gender it became apparent that there were significant differences, with males in addition reporting a further area requiring immediate action, in terms of Management Support. There were no significant differences in the Institute wide profile when age was considered.

The findings clearly identified Role as an area to be addressed Institute wide. In follow up analysis it was identified that one aspect of Role was causing concern, specifically how individuals roles link into the overall school, department and institute plan and strategy.

Summary of Results - Institute Totals



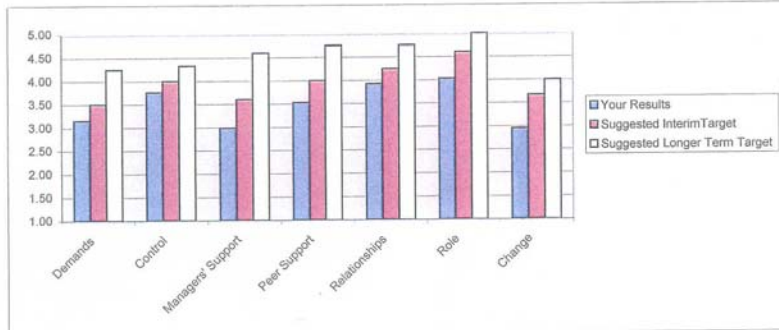
Summary of Results - Institute - FEMALE



[†]Compared with results from a representative national survey of employees (see the HSE Analysis Tool User Manual for more information)

Summary of Results - Institute - MALE

	Your Results	Suggested Interim Target	Suggested Longer Term Target	Category Filter: C=2
Demands	3.15	3.50	4.25	Urgent action needed
Control	3.76	4.09	4.33	Urgent action needed
Managers' Support	2.99	3.60	4.60	Urgent action needed
Peer Support	3.53	4.00	4.75	Urgent action needed
Relationships	3.92	4.25	4.75	Urgent action needed
Role	4.03	4.60	5.00	Urgent action needed
Change	2.95	3.67	4.00	Urgent action needed



[†]Compared with results from a representative national survey of employees (see the HSE Analysis Tool User Manual for more information)

2.3.2 Results at School/Function Level

Within each function the level of analysis facilitated a deeper discussion within focus groups and allowed greater consideration of appropriate interventions. Interesting differences from the Institute wide summary information emerged at this level.

In School A, the overall results for the school showed that 2 areas needed to be treated as a priority and urgently addressed, namely, Managers Support and Role. However on further analysis, females appeared considerably less *stressed* than their males colleagues. With the female response consistent with the overall Institute results, ie, showing only one area of concern, Role. Males however responded with 4 areas of concern, Managers Support, Peer Support, Relationships and Role. This was obviously of concern and a matter for consideration for the school's management team. In this school analysis by age also showed considerable level of action required with Staff who were over 50. These results highlighted action required in term of the measures Demands, Manager Support, Peer Support, Relationships and Role. In summary older males required considerable levels of intervention in this school.

In School B again role was identified as an area requiring action on the overall summary report. On further analysis the female response on the school was a very favorable blue across 5 categories with 2 falling into the yellow range and none at all red or urgent. Again males appear to be impacted more by factors in this school also. When the age factor is taken into account it would appear that staff in the younger age group, ie, 20-35 year olds, were most *stressed* in this school, with urgent action areas highlighted in terms of Demands, Role, and Change. Whilst the overall summary for the school was positive a particular group, young males, has been identified as a group requiring formal intervention in this school

In school C, the overall results showed a need for action in 3 areas, Managers Support, Role and Change. This particular school has been changing and evolving at a rapid pace and the results appear to reflect this there were no significant differences here between male and female staff or across different age groups. The issues identified here were felt across the board by all staff.

As a group, Academic Staff, across the Institute, identified both Manager Support and Role as areas of potential concern. The technical staff findings were consistent with the overall Institute summary with support staff identifying peer support in addition to role.

In the administrative functions, Role was not identified as an issue; however one red or urgent area identified was that of Relationships. When this was further analysed Relationships and Peer Support were specifically identified as causing stress in two administrative functions in particular. Males (representing a smaller proportion of the staff in administration) reported higher levels of *stress* in administration than their female counterparts.

2.4 Current & Proposed Interventions

2.4.1 The Issue of Role

On an Institute wide basis greater effort and planning will now be put in place to clarify our structures and roles at each level in terms of our mission and new strategic plan. In an academic environment the culture is one of 'freedom' and a fine balance needs to be maintained between facilitating the notion of academic freedom and further defining roles. As only one aspect of role appears, on the basis of the results, to be problematic we believe that this issue, on how individual roles link into the overall organisation strategy and school strategy and plan is something that can readily be prioritised as part of our ongoing communications programme and in staff meetings at department and school level. All job descriptions can be reviewed to clarify and explain the objective and role of each position in an organizational context, in addition to outlining the particular responsibilities, objectives and duties.

2.4.2 The Gender Differential

Clearly amongst the academic staff (and similarly in the administrative area) males in our Institute have reported that they feel *stress* more so than their female counterparts. We can surmise as to the reasons for this but have little definitive data to go on. We suspect that female staff by their nature may be more likely to ask for support and access support that is available. It may also be a reflection of our culture. This requirement to be more supportive of male staff is something that each individual manager has given a commitment to be more conscious of. It is now more widely accepted that male colleagues have different needs to their female counterparts in terms of how management support is implemented, offered and accessed. This result came as somewhat of a surprise to most managers, which may demonstrate that male staff are not expressing their concerns and frustrations to their managers. Certainly it

is evident that significantly less males participate in our stress management programme but perhaps, on the basis of this survey, we can conclude that they may need to be actively encouraged to be more open to participating on such programmes. We are now likely to offer a programme for male staff only in an effort to encourage wider participation. We are also considering other initiatives that may be more appropriate and attractive to male staff.

2.4.3 Relationships

In two administrative functions the issue of Relationships and in some cases Peer Support was problematic. With the very generous assistance of the HSA Gerry Kelly, First Human Resource Development Consultants spent a day working with each team using team building exercises and tools. Prior to the workshop each staff member completed a psychometric tool which focused on our preferred and likely roles in group situations. Staff were given confidential feedback on a one to one basis prior to the workshops, with a view to facilitating workshop participants in understanding that teams need different members to adopt different approaches to function effectively as a team. These workshops were successful in that a greater understanding of relationship issues within working teams was developed in addition to teams taking an opportunity to take time out in a fun and safe environment to reflect on team building issues together.

2.4.4 Managers Support

Clearly male academic staff feel less supported by their managers than female academic staff and than male staff generally in the Institute. This is probably the most revealing result for the Institute in this survey. The area of Manager's Support was also of concern for all staff (both male and female) in School C. The recent introduction of a Performance Management & Development System (PMDS) will we hope give staff an opportunity, in strict confidence, to explore areas of concern with their managers. This process also presents an opportunity for managers to seek and invite feedback on a range of issues. This process is strictly confidential to manager and staff member. Our culture is perhaps, in an academic environment, such that staff do not engage regularly with their Head of Department / School on a one to one basis and this process will create greater opportunity for this type of discussion.

3. The Future

It is our intention in IT Sligo to repeat this survey after perhaps a 3-4 year period. Going forward we intend to build it into our structure for measuring staff satisfaction and to issue it as a subset of this questionnaire. The feedback from the questionnaire and focus groups has assisted us in understanding in great depth the areas which cause stress on an organisational level. It certainly presented us with much food for thought and the gender differential has certainly undermined a management perception or perhaps *misperception* in relation to organisational stress.

The survey, findings and follow up interventions, have further raised general awareness of Organisational Stress amongst, managers, staff, and wider consultative forums.

4. Some Final Thoughts

In Health and Safety terms, the Institute has participated wholeheartedly in an exercise which has taken us through a process of

- looking at the hazards with regard to organisational stress
- identifying groups/individuals who are at risk
- evaluating the risk
- taking action
- making recommendations for future action

The critical thing however, is that we do not see the completion of this pilot study as the end of the process, it is only the beginning. Actions speak louder than words and it is critical that managers take on board and consider the detailed feedback available to them on the basis of this study and that they ensure that they implement appropriate measures to address the issues highlighted. As a result it is intended that managers will review this area on an ongoing basis as a formal Health and Safety Activity in addition to reviewing it as part of their responsibilities in terms of welfare, support and general management to support the enhancement of the areas identified. In addition staff who are suffering from work-related stress are encouraged to engage with their managers, thereby facilitating appropriate intervention as required.

Acknowledgements

IT Sligo would like to thank Patricia Murray, Health and Safety Authority for her assistance and indeed her patience with us while we undertook this work, in perhaps a more complex way than she had originally planned for. Her support is very much appreciated.

Thanks also to Catriona Branley, HR Office for her coordination and administration of the various activities during the course of this project.



A Case Study on the Implementation of Work Positive/ Management Standards for work- related Stress within Craigavon Area Hospital Group Trust

Lurgan Hospital Site

Marian Hassard, Assistant Health & Safety Advisor, CAHGT

CASE STUDY

WORK POSITIVE INITIATIVE – LURGAN HOSPITAL SITE

Background

Within Great Britain the Health & Safety Executive (HSE) has identified six key aspects of work which if not properly managed could lead to work related stress. Using these 'risk factors' a stress indicator tool and analysis tool have been developed. In addition the HSE has also developed Management Standards and these standards identify the 'states' that need to be achieved if these six risk factors are not to be contributory to the developed and sustainment of work related stress.

In October 2005 the Health & Safety Executive within Northern Ireland (HSENI) identified six pilot 'employers' against which these indicator and analysis tools could be used to assess workplace stress levels. Craigavon Area Hospital Group Trust was chosen and in order to ensure that the initial pilot area was manageable yet provided an adequate population sample Lurgan Hospital site was chosen.

The Trust's Health & Safety Department were given the responsibility of co-ordinating the 'pilot' process.

Getting Started

In order to introduce both the process and the concept of the Work Positive Initiative and the process associated with it a series of awareness sessions were arranged for the staff members employed within Lurgan Hospital.

Research Methodology – *Questionnaires*

In December 2005 the Trust's Health and Safety Department carried out a survey (based on the Health and Safety Executive Great Britain indicator tool). The survey was conducted using an anonymous questionnaire that was distributed to 180 staff members working within a broad range of occupational groupings within Lurgan Hospital.

A total of 110 anonymous questionnaire returns were received and this figure is reflective of a 61% response rate.

Analysis of the data obtained from the questionnaires indicated that Lurgan Hospital staff members have an **'urgent need'** for action with respect to demands, relationships, roles and change and a **'clear need for improvement'** in the areas of control, managers' support and peer support.

Twenty eight percent of staff who completed the questionnaire reported that they are 'always, often or sometimes bullied'. Clearly this situation requires addressing urgently.

Focus Groups

The development of focus groups formed an important and pivotal role within this Work Positive Initiative.

The purpose of using focus groups as part of the risk assessment process for work related stress is to allow employees to draw on their own detailed knowledge of local and contextual factors to:

- Explore the sources of undue pressure in their work and to enable them to share perceptions and perspectives on underlying causes etc.;
- Confirm or challenge the indications from the HSE Indicator Tool, other surveys and other management information;
- Prioritise the specific areas in which there is a need for action;
- Explore potential solutions; and
- Develop a set of suggested recommendations to help address the main causes of work related stress.

A total of 25 staff members took part in 4 focus group sessions. These sessions generally confirmed the questionnaire findings and greater in depth discussions also highlighted specific issues that could be further contributory factors to work place stress.

Steering Group

It has been established that one component driving the experience of work-related stress is the feeling of not being in control. It has been found that the most effective action plans have used a consultative and participative approach.

In order to ensure that such an approach is taken and ensure that priorities for action are adequately implemented within set time frames a 'Steering Group' was established.

The constitution of this group included the following members of senior management and staff representation:

- Director of Finance – Chairperson
- Senior Nurse for Lurgan Hospital
- Physiotherapy Team Leader for Lurgan Hospital
- Directorate Administrator, Medical Directorate
- Staff side Representation

Clearly defined '*Terms of Reference*' governed the group's roles / responsibilities and ensured that the actions taken would have the greatest impact in dealing with the process findings.

The Steering Group analysed the findings of the questionnaires and the discussion outcomes from the focus group sessions. Quantitative data in the form of sickness absence figures/accident statistics and violence and aggression incidents towards staff was also considered.

Following the analysis of these identified process outcomes a time bound action plan was developed by the Steering Group.

In order to ensure that this process is transparent and effective in it's communication all staff members working within the Lurgan Hospital site will be informed of the findings and the progress that is being made through a series of staff feedback sessions facilitated by members of the Steering Group and Mrs Linda Murphy, HSENI.

Action Plan

Each of the focus group recommendations was considered and proposed actions/responses have been/will be made to each.

Nursing Group

	Suggested recommendations from Focus Group	Proposed Action / Response
1	Staff being moved at short notice to areas of unfamiliarity. Worries over unsafe practice and accountability. Particular problem with staff being 'pulled out' of Day Hospital. Suggestion: - Annual Rotation of N/Auxiliaries	This is a management decision as all areas are required to be covered safely. Not a problem now staff are not moved. Reduced WTE in Day Hospital
2	Can patients have tests carried out before coming to Lurgan Hospital? This could be one way to address the issue of Lurgan Hospital staff having to accompany patients being transported to Craigavon Hospital.	Tests are done when possible but cannot keep patients in beds in CAH waiting for tests. Some tests are ordered on Lurgan site.
3	Training in dealing with conflict/complaints/follow up service.	Ongoing (ref. David Cardwell)
4	Information for patients/relatives. Information booklet for relatives – specify most appropriate telephone times.	Information booklet: i.e. Services at Lurgan, all wards. Information booklet presently being updated
5	Improved advertising of Occupational Health Services.	Confidential Staff counsellor – Tuesdays Staff Support – Occ. Health Nurses Advisors

	Suggested recommendations from Focus Group cont.	Proposed Action / Response
6	Review of security.	Security 7 nights per week 8pm – 2am
7	Clarification on the rumours regarding changes to staff rotas.	Not aware of changes
8	Consistency of managing e.g. annual leave.	Ward managers plan annual leave over a year with staff
9	Cordless phones for sisters	Cordless phones in ward areas ex Ward 6 (poor reception)
10	Bullying / Harassment	Labour Relations Agency offer bullying/harassment in the workplace seminars – to be organised for Lurgan staff. Team Building Communication Skills ½ day seminar for Lurgan staff offered by HSE to be arranged – April 2007
11	Staff facilities require upgrading	Painting and an additional shower being arranged with Estates Department.

Finance Group

	Suggested recommendations from Focus Group	Proposed Action / Response
1	Bullying and harassment – awareness training for managers and staff.	<p>Team Building Communication Skills ½ day seminar for Lurgan staff offered by HSE to be arranged – April 2007.</p> <p>Bullying & Harassment talks by Labour Relations Agency to be arranged – April 2007.</p>
2	Assessment of workload.	Response to be provided to Finance staff by Finance Steering Group representative
3	Address issue of staff working long hours.	Response to be provided to Finance staff by Finance Steering Group representative
4	Time management.	½ day Time Management seminar for Lurgan staff offered by HSE to be arranged – April 2007.
5	Improved induction for all new starts to include flexi time/annual leave entitlement etc.	Consistent orientation/induction process for new starts to be carried out by section supervisor/manager.
6	'Floater admin' to assist where most needed i.e. at busy times in all sections.	To be given consideration

Admin & Clerical / AHP Group

	Suggested recommendations from Focus Group	Proposed Action / Response
1	Permanent ward clerk / 'floater' clerical officer for Lurgan Hospital. Ideally ward clerk in each ward.	Response to be provided to Admin/Clerical staff by Directorate Administrator Steering Group representative
2	Audit of workload.	½ day Time Management seminar for Lurgan staff offered by HSE to be arranged – April 2007.
3	Recruitment – fill empty posts.	Response to be provided to Admin/Clerical staff by Directorate Administrator Steering Group representative
4	Lack of training opportunities – job specific.	Response to be provided to Admin/Clerical staff by Directorate Administrator Steering Group representative
5	AHP admin.–Isolation of specialties	Ensure Lurgan Admin + Clerical staff are included in staff meetings
6	Non-stock stationery orders not being delivered in a timely manner leading to lack of stationery resources	Response to be provided to Admin/Clerical staff by Directorate Administrator and Finance Steering Group representatives

Senior Managers' Group

All agreed that the issue of bullying and harassment must be addressed urgently:

	Suggested recommendations from Focus Group	Proposed Action / Response
1	Awareness sessions on bullying and harassment policy	Seminars for senior managers and staff to be organised with the Labour Relations Agency – April 2007. Review Trust policy ½ day Team Building seminar for Lurgan staff offered by HSE to be arranged – April 2007.
2	Training – in customer care and managing difficult situations/conflict	Ongoing (ref. David Cardwell)
3	Annual rotation of Nursing Auxiliaries to increase knowledge. (Physio helpers are rotated)	<i>See Nursing group Point 1</i>
4	Hours of work for nurses – specify in job advertisements	Not practical
5	Information booklet for relatives Cordless phones	<i>See Nursing group points 4 & 9</i>

	Suggested recommendations from Focus Group cont.	Proposed Action / Response
6	Staff shortages: Problems with 'backfill' and workload with demands outstripping resources	½ day Time Management Communication skills seminar for Lurgan staff offered by HSE to be arranged – April 2007.
7	'Floater' admin for Finance	See Finance group point 6

Conclusions

The 'Work Positive' initiative within Lurgan Hospital site has been reflective of a collaborative and consultative approach between the following key stakeholders:

- The Health & Safety Executive (N.I.)
- The Health & Safety Department at Craigavon Area Hospital Group Trust
- Members of staff working within Lurgan Hospital, Craigavon Area Hospital Group Trust

This Work Positive Initiative used a number of qualitative and quantitative research methods and from the information that was gathered a specifically tailored and time bound action plan was developed to effectively manage some of the key risk factors identified.

Since this initiative is not a 'one off' exercise but an ongoing process that needs to be embedded within the safety culture of Lurgan Hospital and indeed the whole organisation a review of any changes and identification of the tangible progress made in relation to this action plan will be carried out in approximately 18 months.

Upon reflection of the process a number of key lessons have been learned. When this process is repeated within the organisation the following changes should be made:

1. The Steering Group should be set up at the outset of the process.
2. The Steering Group should include an Occupational Health professional.
3. The process should be completed in 3 – 6 months.

Background

Service, location, function/objectives

St John’s Community Hospital, HSE West, Sligo, is a long-term residential and day care hospital primarily geared towards care of the elderly. Services provided include Respite, Convalescence, Rehabilitation Assessment, Terminal Care, Physiotherapy, Occupational Therapy, Social Work, Speech and Language Therapy, Chiropody, Dressings, a Leg Ulcer Clinic, a Continence Clinic, as well as Day Hospital Services for Sligo town & county. There are 195 beds and 240 staff.

Work Positive provided an opportunity for management and staff to work together to resolve potential stressors within the hospital. This collaborative partnership approach, has continued and has now been strengthened within the hospital by a ‘*Partnership for all*’ Union / Management process.

Getting started

Raising awareness - Once the commitment of senior management was secured, information sessions were held for all staff within the 3 participating wards explaining the *Work Positive* framework, its aims, and stages in the process. A handout on *Work Positive* was also given, detailing similar information. Staff were given an opportunity to ask questions about the process.

Gaining commitment - A steering group was set up to facilitate the coordination of *Work Positive*, including the Director of Nursing, the Assistant Directors of Nursing and supervisors representing non- nursing staff groups. A Research Officer from the HSE’s Organisational Psychology Unit facilitated the process. At the initial stage, buy-in was sought from all staff groups to ensure commitment to the process.

Demonstrating commitment - Both senior management and unions committed to the process at its commencement and the Director of Nursing gave a commitment to address the issues highlighted during the process.

Step 1 - Identifying the Hazards

Benchmarking - The Benchmarking exercise was completed independently by the Director of Nursing and the Assistant Director of Nursing prior to the Questionnaire

phase, to assess their perceptions of various aspects of the service's functioning. There was general agreement in their responses. Overall, they gave a positive rating to the hospital's functioning, across the full range of management standards, with a few notable exceptions. However, as usually happens, some of this was at variance with the perspective of staff, as assessed through the Questionnaire and Discussion Groups.

Step 2 – Deciding who might be harmed and how

Three wards within St. Johns were chosen to participate in the pilot study as it was felt that this represented a good cross section of staff. There are approximately 120 staff working within the three wards, consisting of the following staff categories: Nursing, Care Attendants, Catering, Household, Administration and Paramedic. Each ward is managed by a Clinical Nurse Manager 2 (CNM2).

Step 3 – Evaluating the risks

Risk assessment - Black and white photocopies of the full Questionnaire (68Qs) were distributed to staff. A front page was included to capture information relating to staff category and ward to facilitate analysis. Staff were reassured their anonymity would be maintained at all times. Staff were asked to return Questionnaires to secure boxes left in each of the wards. A total of 81 completed Questionnaires were returned, translating into an overall response rate of 68%. The Facilitator conducted the analysis using the scales provided.

Feedback to staff - The Facilitator discussed the results initially with the *Work Positive* Management Steering Group, followed by a series of Discussion Groups with each staff category. The Facilitator met each group separately to discuss and explore possible solutions to the issues identified. There was good attendance at these Discussion Groups, with staff being released by the Director of Nursing at off-peak ward times. The Facilitator then met with the management team to discuss feedback obtained and to identify a list of initial recommendations which formed the basis of a draft Action Plan. A second series of Discussion Groups was held with both management and staff. External support was given by the Health and Safety Authority.

Step 4- Taking action and developing solutions

While there was considerable diversity in the nature and extent of issues identified across the various staff groups (which were addressed in the Action Plan), the main priority issues that emerged were as follows:

- Rostering & Work Schedules
- Communication
- Health & Safety
- Physical work Environment
- Role Clarity
- Relationships – (strained on one ward)

Summary of Main Actions

Rostering & Work Schedules - Rostering of Care Attendants' work was identified as a major issue. A working group which includes Union representatives is tackling this issue by devising a number of possible rosters. Care Attendant staff will be consulted at all stages and will choose one roster to pilot.

A Working group is being set up to discuss re-scheduling meal times to ease pressure on the morning schedule. Consultations with the local hospital around late admissions has resulted in agreement on earlier admission times, thus easing pressure on staff in the evening.

Role Clarity - An external facilitator and expert in the area of ward management is to run series of meetings to assist CNM2s in how best to fulfil their role as ward managers. Roles and responsibilities of Household / Catering staff have been clarified and communicated to other staff groups.

Health and Safety - New socket boards have been installed over beds to alleviate overloading of sockets and risk of tripping on trailing cables. *Manual Handling* training, specific to the needs of Household staff will be provided and front-loading bins acquired to reduce the risk of back strain. Information sessions for non-nursing staff will be held by the Infection Control Nurse to provide a better understanding of the risks and misconceptions of common ward infections, as well as providing good practice guidelines.

Communication - Management is committed to effectively communicate any organisational changes. A structured communication system will be rolled out throughout the hospital: (i) Communication Folder has been highlighted as a means for all staff to keep informed through Minutes of Heads of Service meeting, memos, etc. (ii) A schedule of ward and other meetings has been agreed and these will be chaired, minuted & will include follow-up actions which will be the responsibility of all staff.

(iii) A communication system will be piloted in the wards, involving the placement of a colour code over the beds of patients, as a way of informing staff working on the ward about patient dietary needs/ infections etc. This will ensure

that all staff are informed while also ensuring appropriate discretion for patients.

Physical Work Environment - Ward redesign is on the service plan and will be taking place in 2 of the 3 piloted wards. This will improve both patient and staff facilities. In the meantime, staff lockers will be installed on wards for personal belongings. A Palliative Care Room is being made available to reduce patient, family and staff distress.

Relationships - Outside facilitation, centred on teamwork and conflict resolution, will be sought to work with one ward which is currently experiencing interpersonal difficulties.

Workshops

“Inside Out” - An external consultant, resourced by the Health & Safety Authority, conducted a workshop called “Inside Out Programme” which focused on the individual and the role played in influencing and determining one’s own behaviour. Work Life Balance issues were also addressed.

Stress Workshops - A number of stress management workshops are planned within the hospital in the coming months. These will be provided by the Organisational Psychology Unit for all staff in the hospital.

Lessons learned

Many valuable lessons were learned in the course of the process and these will be the subject of further exploration both with the Health & Safety Authority and within the Organisational Psychology Unit. The main ones are noted below:

- Importance of Discussion Groups to tease out and clarify issues highlighted in the Questionnaire.
- Discussion Groups themselves became an important mechanism for improving communication and boosting morale, allowing staff to feel valued and listened to and to alleviate common misconceptions between staff groups.
- Solutions for one group of staff may affect another group of staff - inherent difficulties in gaining compromise.
- Often small benefits that do not cost much can mean a lot to staff.
- Process should be completed within a tight timeframe to maintain interest, commitment and momentum.

Finally, while by its nature, *Work Positive* focuses on identifying potential psycho-social risk factors in the setting in which it is implemented, it is clear that many aspects of the workplace in St John’s are positive for all staff categories. These should not be lost sight of in highlighting the potential risk factors.

Dundalk Town Council Case Study

Background:

Dundalk Town Council employs a total of 255 staff ranging from Indoor Office Based Workers, Outdoor Workers and Firefighters. Dundalk Town Council is one of the four Local Authorities contained within the Louth Local Authorities overall structure. Dundalk Town Council provide many services of an infrastructural and social nature of the people of Dundalk with a population of circa 30,000. Dundalk is listed as a Gateway town in the countries National Spatial Strategy.

Louth Local Authorities conducted a staff satisfaction survey back in 2005 which among the many results received highlighted that a considerable number of Dundalk Town Council employees felt that they were suffering from “Stress in the Workplace”.

Getting Started:

Once “Stress” was identified as a potential problem area for employees of Dundalk Town Council, the Management of Dundalk Town Council was committed and fully supportive of liaising with the Health & Safety Authority to undertake a programme of “Work Positive” over a number of months.

The process was co-ordinated by the Administrative Officer of the Town Clerks Office. Awareness was raised by inviting all staff to attend a session with Ms. Patricia Murray, Organisational Psychologist/Inspector with the HSA who explained the Work Positive process and what would be involved.

Look at the Hazards:

The benchmark was the result of the staff satisfaction survey carried out by Louth Local Authorities in conjunction with the available sickness absence records.

Identify who might be harmed:

It was identified that stress can affect anyone in the Local Authority of Dundalk Town Council.

Evaluate the risk:

All staff within Dundalk Town Council were separated into three groups for the process i.e. Indoor Staff, Outdoor Staff, Firefighters. A letter was sent to every staff member from the HSA through the pay slip system initially, outlining the programme aims

All staff within these three groups were presented with the Work Positive questionnaire in paper format, presented by the HSA to management for dispersing and analysed by them in April of 2006. The purpose of the questionnaire was to get a general, overall impression of the staff at Dundalk Town Council's view of the sources of stress for them at work. This gave the Management of Dundalk Town Council a sense of the sources of stress as staff see them, so that we can move from there, through focus groups and more communication activities to address issues where they arise.

Taking action and developing solutions:

Approximately 150 questionnaires were distributed to all staff by way of attachment to the payslips. This was co-ordinated by the Town Clerks Office. There was a low response rate of less than 50% which was quite disappointing. The returned questionnaires were analysed at the HSA in Dublin. The overall findings from Dundalk indicated that there were issues for many staff around two main issues which were relationships and support. There were a number of different issues identified but for this project Dundalk Town Council decided to look that relationships and support firstly with the Work Positive Project. It was then agreed to put in place training sessions and education days and awareness raising programmes to tackle them. It was then agreed to roll out awareness sessions on Dignity at Work, Positive Approaches to Stress and Time Management. All sessions were delivered by an independent trainer. The sessions were aimed to raise awareness among staff, improve relationships and build behaviours which are positive and supportive within the Council for the benefit of all.

Proposed Actions:

It is now proposed that further sessions are brought on line to tackle more issues identified by the questionnaire such as Bullying/Dignity at Work etc.

Lessons Learned:

Dundalk Town Council has learned that managing workplace stress and stressors is an ongoing facet of the workings of the Human Relations Department. It is acknowledged that where employees report stress as a reason for absence that immediate steps are undertaken to identify the causes, and if work related, to deal with the stressors identified.

Newry and Mourne District Council: Work Related Stress – Case Study (March 2007)

Background

Newry and Mourne District Council is dedicated to the delivery of a comprehensive range of cost effective, efficient services which provide a clean, safe and healthy environment. The Council also promotes the social and economic well-being of its communities through a wide range of approaches from the Economic Action Plan to Community Festivals. All Northern Ireland councils were subject to a Review of Public Administration and as a result this will bring substantial changes. The Work Positive programme and introduction of the Management Standards was undertaken in view of developments in Local Government.

Getting started

Presentations were made firstly to the Management Team and then to the Trade Union/Management Joint Working Group regarding the 'Work Positive' initiative. Both groups welcomed the initiative. Management buy-in was essential to facilitate employee attendance without cost to the employee or their section. Briefing sessions were subsequently delivered to all staff groups by Health and Safety Executive for Northern Ireland. Communications on the process were also undertaken through, direct mail, newsletters, email, posters and asking unions to raise the profile. There was a generally positive response from staff

The Health and Safety Officer within the Personnel Department was the champion for NMDC

Look at the hazards

Bench mark data was made available by the HR department who record sickness absence figures routinely. Data is analysed by numbers, duration and causes of absences. Numbers of contacts with the Employee Assistance Provider (EAP) are also monitored.

Identify who might be harmed

It was recognised by Newry and Mourne Council that stress might affect staff in any department. The Council employs approximately 450 staff and all staff were given the opportunity to participate in the initiative.

Evaluate the risk

The questionnaire was posted to all employees. Employees were asked to identify which department they worked in. This was to allow action to be more focused i.e. targeted departmentally. Additional open questions were included with the survey regarding awareness of self-referral to the EAP, main causes of stress, personal coping mechanisms and suggestions for prevention.

The questionnaires were returned anonymously to the EAP. There was a 50% response rate.

Focus groups were jointly facilitated by Health and Safety Executive for Northern Ireland and the Councils confidential employee provider. The focus groups allowed for individuals to voice concerns. Results of the focus groups were recorded anonymously and subsequently communicated collectively to Senior Management.

A voluntary steering committee was then formed in order to review the information collected from the focus groups. It considered both the questionnaire results and focus group suggestions and established a draft action plan.

The outcome of the focus groups and draft action plan was presented by the EAP, supported by HSENI to Senior Management. Without this process it would otherwise have been difficult for Senior Management to get an accurate reflection of the perceptions or cultural climate within the organisation.

Taking action and developing solutions

A Council wide 20-point action plan was drawn up and its implementation is underway. Individual members of staff will be appointed to implement, monitor and review each action point. Actions identified as being priority included:

- Wellbeing/work-life balance training and initiatives
- Training on dealing with stress related absence
- Improve communications
- Staff directory improve communications, service areas team building
- Protocol for elected Councillors for work requests
- Cross departmental team building initiatives
- Training initiatives more accessible to all staff
- Consultation and introduction of performance or appraisal system

The questionnaire to be issued again in Spring 2008 to measure the impact of the solutions and results of change.

Lessons learned

Accessibility of employees to participate was important - some briefing sessions and focus groups had to run at 7.30am to facilitate service provision. Initially there was a poor attendance at focus groups for former manual employees. Focus groups were re-ran for the former manual employees and attendance at the second focus groups were good (Better attendance was due to running smaller groups which were work service specific).

External facilitation of focus groups and audit process was very useful in gaining employee trust and confidence for obtaining a balanced outcome. Regular updates to keep employees informed was important, even if there was nothing specific to report.

Summary of results





The project was not designed as a rigorous scientific analysis of results in various organizations, but to use these results as an opportunity to raise awareness and address an important health issue in the workplace setting.

As stated earlier Work Positive is a risk management process incorporating a risk assessment. In fact Work Positive has two versions of the risk assessment questionnaire. The short version deals only with the key stressors as outlined in the management standards i.e. demands, control, support (managers and peer), relationships, role and change. The longer version has additional questions regarding reward, contribution and indicators. Some organisations in the case studies opted for the short version of the questionnaire and therefore only results from the key stressors as outlined in the management standards have been tabulated and compared below. The ultimate aim of any organization as defined by the suggested targets is to be in the top 20% of organizations in respect of work-related stress, i.e. displaying green on the results table.

Results table

	Fermanagh College	Sligo I T	Lurgan Hospital	St Johns Hospital	Dundalk Council	Newry & Mourne Council
Demands	Yellow	Yellow	Red	Yellow	Yellow	Yellow
Control	Yellow	Cyan	Yellow	Yellow	Yellow	Yellow
Managers Support	Yellow	Yellow	Yellow	Yellow	Red	Yellow
Peer Support	Yellow	Yellow	Yellow	Yellow	Red	Yellow
Relationships	Yellow	Yellow	Red	Red	Red	Red
Role	Red	Red	Red	Red	Red	Red
Change	Red	Yellow	Red	Yellow	Red	Yellow

Key

-  Doing very well – need to maintain performance (represents 80th percentile or above)
-  Good, but need for improvement (approximately 50th to 80th percentile)
-  Clear need for improvement (approximately 20th to 50th percentile)
-  Urgent action needed (represents those below 20th percentile)

Conclusion

Work-related stress is often seen as too complicated to address, but it can be treated in a similar way to any other workplace hazard. This project shows that this important health issue can and has been tackled by local organizations to create a more positive work environment. The project is designed to encourage organisations to tackle work-related stress, drawing on case studies from real workplaces. Organisations are encouraged to measure themselves to identify problem areas. Employers are encouraged to take the key learning points from case studies here, on the Work Positive website and the HSE website and build on this good practice by developing their own specific solutions, in collaboration with employees and their representatives.