The UK Management Standards & Employee Health

Professor Thomas Cox CBE
The Centre for Sustainable Working Life
Birkbeck University of London
Chair of **Occupational Health Psychology & Management**, Birkbeck University of London

- Fellow, British Psychological Society
- Honorary Fellow, Faculty of Occupational Medicine (Royal College of Physicians of Ireland)
- Honorary Fellow, Institute of Ergonomics and Human Factors

- Member, Health & Safety Commission’s **Occupational Health Advisory Committee** (HSAC)
- Chair, HSAC **Working Group on Work-related Stress**
- Former Non Executive Director, Rail Safety & Standards Board
- Former Occupational Health Adviser, National Grid

- Former Founding Editor of **Work & Stress** (1987 – 2013)

*My Background*
The UK Management Standards Approach to Managing Psychosocial & Organizational Risks to Employee Health

* The Emergence of Psychosocial and Organizational Hazards (PSHs) as an Occupational Health Challenge
* The Management of PSHs: The Philosophy & Design of the UK Management Standards Approach
* Existing Issues & Future Development of the UK Management Standards
* Contextual Issues: Philosophy, Politics & Economics
* Concluding Thoughts: Looking Forward ~ Looking Back
* **1960s - 1970s**: Contemporary research into stress: largely individual, psychophysiological and clinical

* **1980s**: Emerging interest in more applied research and translating that research into policy and practice in relation to work: *1987 Work & Stress* founded

* **1990s**: UK and European progress in relation to establishing non legislative and statutory instruments for the management of work-related stress and interest emerging among professional, trades union and employers groups as well as some larger organisations. *1998 European Academy* founded

* **2000s**: Psychosocial and organisational risk management, including UK Management Standards approach, become established part of health and safety management. *2004 UK Management Standards launched*

* **2010s**: Evidence of a change in thinking with changes in the wider context to health and safety: philosophical, political and economic.

* **2020s**: What happens next?

*A Historical Framework*
Changing nature of work, work organizations and working life:

* Globalisation: increased competition worldwide
* Ascendancy of free market economics
* Ever developing ICT and new advanced manufacturing technology
* Recession and recovery
* New economic and political orders

Changing world of work always brings new challenges to employee health ~ Psychosocial and organizational hazards

* Changing World of Work
* **Content**
  * Aversive tasks
  * Workload and work pace
  * Organisation of working hours
  * Control over work

* **Context**
  * Organisation structure, function and culture
  * Role in organisation and involvement
  * Social climate
  * Job security and pay
  * Work-life balance


European Agency for Safety and Health at Work (Bilbao)

2000 Survey of Future Occupational Safety & Health Priorities in the EU Member States (TOP 5):

1. Psychosocial risk factors *
2. Ergonomic risk factors
3. Chemical risk factors
4. Safety risks
5. Risk management in SMEs

* 40,000 men and women who worked or had worked in last 12 months
* Had they suffered any work-related illness in last 12 months?

* 70% of those answering YES were interviewed in depth about working conditions and health
  * Matched control population (NO) asked same question about working conditions
  * With subjects consent, doctors asked to confirm reports of ill-health

Two main health problems:

* Musculo-skeletal disorders
* Stress, anxiety and depression

Stress: 26% of those reporting a work-related illness with prevalence estimate of 500,000 employees


Supportive findings from Third European Survey of Working Conditions (2000)
N= 21,000: 28-29% reported stress


* UK Self-reported Work-related Illness (1995)
Prevalence of Work-related Illness

UK 2003-2004

Figure 7: Estimated prevalence of self-reported work-related illness, by type of illness, for people ever employed, 2003/04

Any musculoskeletal disorder
Back mainly affected
Upper limbs or neck mainly affected
Lower limbs mainly affected
Stress, depression or anxiety
Breathing or lung problem
Other types of complaint
Hearing problems
Heart disease/attack, circulatory
Headache and/or eyestrain
Skin problems
Infectious disease

95% confidence interval

Estimated prevalence (thousands)
Risk Factors for Work-related Illness


Psychosocial risk factors:
- Workload and work pace
- Work schedule
- Lack of support
- Lack of control

At risk groups:
- White collar workers
  (Public administration and human services)
- Older workers

III European Survey (2000)

Physical work factors
2 pages (pages 10-11)

Psychosocial risk factors:
22 pages

- Nature of work
- Work organisation
- Time issues
- Information and consultation

* Risk Factors for Work-related Illness
Survey of 28,649 managers and 7,226 health and safety representatives in 31 countries (including EU-27)

Majority reported concern for psychosocial risks and the use of risk management within existing legislative framework (especially in N and NW Europe)

Main psychosocial risk factors (over 25% reported): time pressures, difficult customers, patients or clients, poor communication, job insecurity, poor cooperation and long or irregular working hours

Main health and safety outcomes of concern: accidents (80%), work-related stress (common mental health problems (79%)) and MSDs (78%)

Main drivers of action: legal duties and requests from employees: employee participation important and role for Social Partners

* European Survey of Enterprises on New and Emerging Risks (2009) ESENER
An approach which:
Was reasonable and practical: fit for purpose
Involved employees and allowed local ownership
Was embedded in established health and safety practice:
Risk management
Was flexible and focused on continual improvement
Had a legal framework

An approach which:
Placed the emphasis on action by both employers and employees
Required a shift from regulation to partnership for improvement
Reshaped thinking about risk management at work
Reducing risk to employee and organisational health from failures of work design and management through the application of **evidence based, solution focused and systematic problem solving**

- Hazard Identification and Risk Assessment
- Translation of Assessment into Tailored Intervention
- Risk Reduction (Control Interventions)
- Evaluation
- Feedback: *Organisational Learning*
- Cycle of continuous improvement

Emphasis on prevention: primary and secondary

Primary prevention: prevention by design
Possibly including: Culture change and organisational redesign and development, work systems and job design, ergonomic improvement and environmental engineering;

Secondary prevention
Possibly including: Management development and staff training, coaching and mentoring

Informed and proportionate response
Timely and appropriate action
Balanced approach
UK Management Standards (HSE): Indicator Tool: Based on six factors (scales):

* Demand
* Control
* Support
* Role
* Relationships
* Change

Alternative instruments: sector specific ~
Engineering and manufacturing sectors: Work Organisation Assessment Questionnaire (WAOQ)
Evaluation:
* Process v outcome
* Micro (case) studies v macro (population) studies

Targets:
* Within Revitalising Health & Safety 2000 Targets
* Aspirational in planning: To be met by 2010
* Recession: 2008 onwards
* Management Standards introduced in 2004
* Evaluated against Labour Force Survey and related population data: also survey data

* 20% reduction in incidence of work-related stress, anxiety and depression
* 30% reduction in days lost due to sickness absence
* 20% reduction in incidence of work-related stress, anxiety and depression: HSE claims target was met with approximately 69,000 fewer cases reported ~ each case costs the economy an estimated £ 17,000

* 30% reduction in days lost due to sickness absence: HSE claims a significant reduction in days lost but not a 30% reduction. Greatest impact at beginning of recession 2008 2009.

* Indicator Tool applied annually from 2004 until 2010: HSE claims significant improvements in Management Support and managing Change with significant deterioration in employee Control.

* Stormont Study: NI Civil Service (Houdmont et al, 2012): 2009 recession compared to 2005: Significant deterioration in all Indicator Tool measures except Management Support (nc); self-reported stress (etc) and sickness absence also worse.
Labour Force Survey Data

2001/2002 - Before introduction of Management Standards approach: 890 cases / 100,000 of self-reported stress, anxiety and depression

2008 / 2009 - Recession: 760 / 100,000 of self-reported stress, anxiety and depression ~ 15% reduction

2001/2002 - Before introduction of Management Standards approach: 12,919 days lost through stress-related sickness absence

2008/2009 - Recession: 11,420 days lost through stress-related sickness absence ~ 11.6% reduction
* Definition of Areas
* Indicator Tool context independent
* Equivalence of methods
* Focus on Indicator Tool rather than on risk management process
* Interaction between different hazards and hazard types
* Implementation framework
* Employee engagement
• **Policy framework** and supporting non-legislative instruments, standards and guidance

• **Regulation and reward** for organisations in going beyond compliance: organisational culture, policies and management

• Support and encouragement from **non-government bodies**: professional, trades union and scientific bodies

• **Education of stakeholders** and stakeholders in development: main streaming OSH education

• **Employee engagement**

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Employees are: key stakeholders and active players in process of psychosocial risk management:
* Source of information
* Change agents

There is a need to:
* Respect and draw on employees’ expertise
* Encourage and reinforce their engagement

Requires:
* Employees to be educated to participate in the risk management process
* A shared language of psychosocial risk management
* A positive culture for health and safety and social dialogue

* Employee Engagement
1. **Re-conceptualisation** of area including:

- Consider **positive aspects of good work design and management**: quantification of opportunities and benefits of psychosocial and organisational risk management for both employers and employees: role of process in development of human capital

- **Balance model of risk management**: compensating for uncontrollable risks

- **Quantification of economic impact** of ‘good’ risk management: cost benefit analysis and assessment of opportunity costs

2. **Sustainability**

3. **Integration with other regulatory processes**


*Future Development: HSE Delphi Study*
• Strengthening the evidence base
• **New strategies for inspection and enforcement**: partnership, advice and support
• **Ongoing horizon scanning** for new and emergent risks and issues: flexibility
• **Sustainability**

* **Philosophical change**: greater focus on individual responsibility and retraction of the State control

* **Political change UK**: increased questioning of role of European legislation

* **Changing international landscape**: increased uncertainty and instability within and among states ~ changing world order

* **Economic change**: financial systems crisis, recession and recovery ~ changing world order

* **Environmental change**: climate change, increased competition for resources and for habitable land

* A Changing Context
What prevents us from working?

The design of work, quality of line management, inflexibility at work and the changing nature of work

Black (2008)
What prevents us from working?

The organization of work, quality of line management, inflexibility at work and the changing nature of work

Black (2008)
Who has ultimate responsibility for the health of people at work?

The employer and state (health and safety legislation)
OR the individual (principles of health promotion)
OR the individual supported by the employer and state (Responsibility Deal: corporate social responsibility)?

What type of strategy should be used to assure their health?

Assuming appropriate education, Legislation, enforcement and partnership OR marketing, persuasion and reinforcement?

What standards should we aspire to and what influence should economics have?

Continuous improvement OR healthy enough
Reasonable, practical and proportionate OR affordable?

*Some Questions*
* **Much achieved in 30 years:**
  * From stress as largely individual and clinical research interest to psychosocial and organisational risk management (for work-related stress and related conditions) being an established part of health and safety management in Europe.

* **Continuing development** required to ensure process remains fit for purpose in an ever changing world of work.

* Need to be alert to an ever changing context and fundamental questioning of our management of health and safety at work including that of psychosocial and organisational risks.

* **Looking Forward, Looking Back**
Email: t.cox@bbk.ac.uk

* Thank You