The UK Management Standards & Employee Health

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- 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**

*Overview

* **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
* Ascendency of free market economics
* Ever developing ICT and new advanced manufacturing technology
* **Recession and recovery**
* **New economic and political orders**
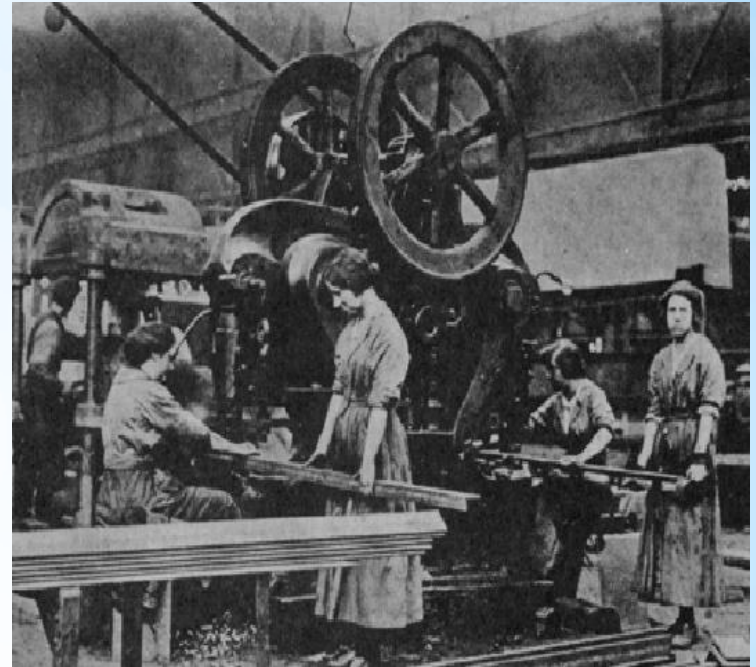
Changing world of work always brings new challenges to employee health ~ **Psychosocial and organizational hazards**

*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

Cox (1993) *Stress Research and Stress Management: Putting Theory to Work.* Sudbury: HSE Books.

Cox, Griffiths & Rial-Gonzalez (2000) *Work Stress*. Luxembourg: European Commission

* **Psychosocial Risks:**
Failures of Work & Organizational Design and Management

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

European Agency for Safety and Health at Work

*Future Occupational Safety & Health Priorities in the EU 2000

Labour Force Survey: Fifth Wave 1995 (Jones et al, 1998)

*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

Jones et al (1998) *Self-reported Work-related Illness*. Sudbury: HSE Books

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

Paoli and Merllie (2001) *Third European Survey of Working Conditions*. Dublin: European Foundation

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

Figure 7: Estimated prevalence of self-reported work-related illness, by type of illness, for people ever employed, 2003/04
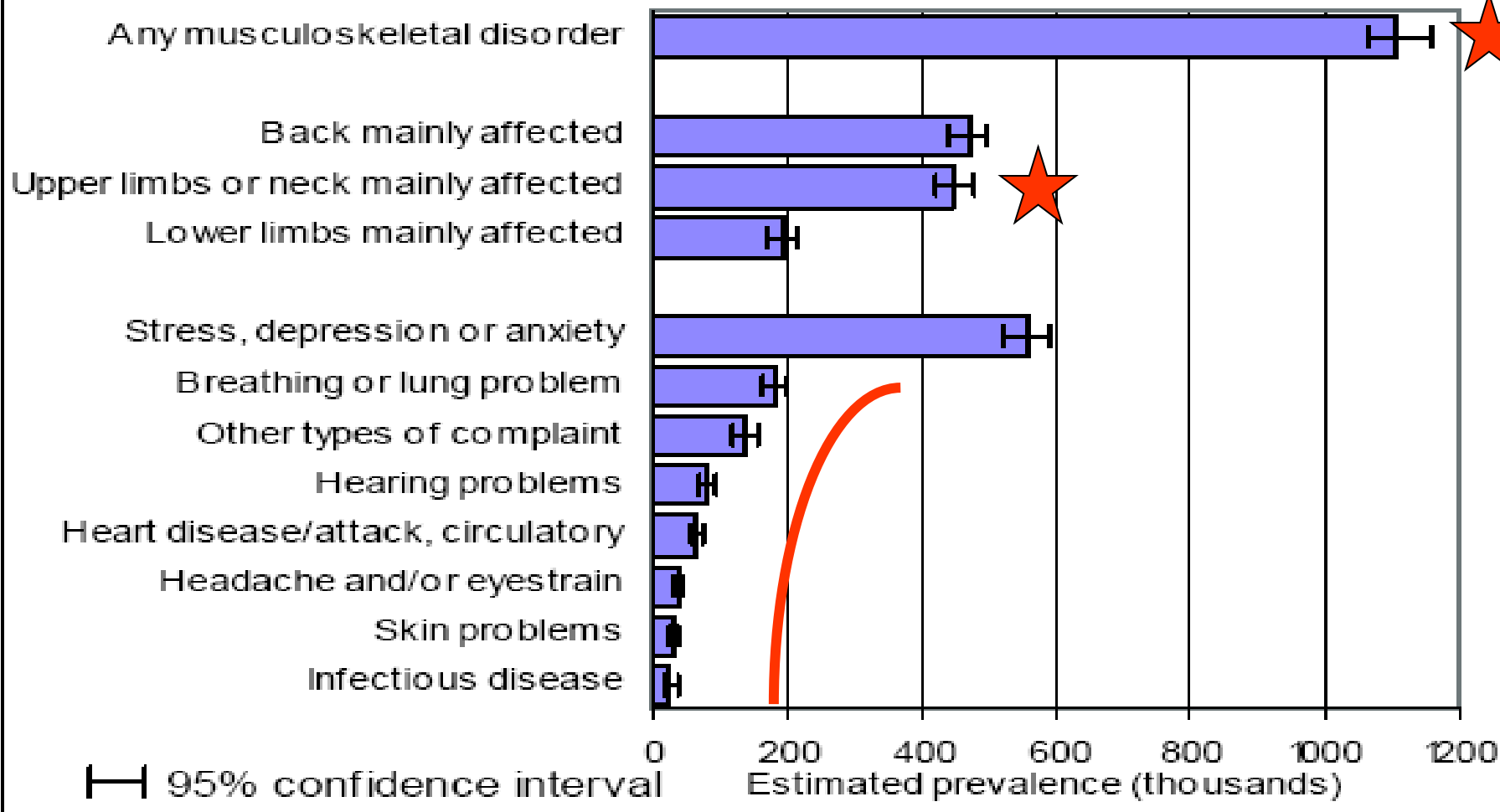
Prevalence of Work-related Illness UK 2003-2004

Labour Force Survey (1995)

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)
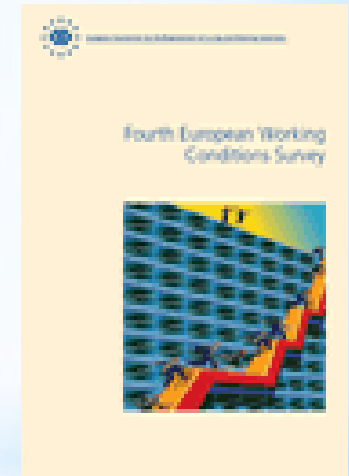
Psychosocial risk factors:
22 pages

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
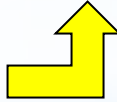Reshaped thinking about risk management at work

Traditional Risk Management

Contemporary Risk Management

Psychosocial Risk Management

*Design: Philosophy

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

*Design: Risk Management Process

* **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**

*Design: Interventions

UK Management Standards (HSE): **Indicator Tool**: Based on six factors (scales):

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

Mackay et al (2004) Work & Stress, 3, 2-12

Griffiths et al (2006) *Occupational and Environmental Medicine* 63, 669-675

Alternative instruments: sector *specific ~ Engineering and manufacturing sectors: Work Organisation Assessment Questionnaire* (WAOQ)

* UK Management Standards 2004

* **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

* Evaluation

* 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.

*Effectiveness

* **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

* Effectiveness

* 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

* HSE: Key Issues

- **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 stake holders** and stake holders in development: main streaming OSH education

- **Employee engagement**

Leka and **Cox** (2008*) PRIMA-EF.* Nottingham: I-WHO Publications

*Implementation Framework

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**

Cox, Karanika-Murray, Griffiths, Wong and Hardy (2009) *Developing the management standards approach within the context of common health problems in the workplace: A Delphi study*. Research Report RR687. Sudbury: HSE Books.

* **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**

Cox (2013) *Future developments in psychosocial risk assessment*. In: Psychosocial Risk Assessments. Final Report of SLIC Inspection Campaign 2012. www.av.se/SLIC2012
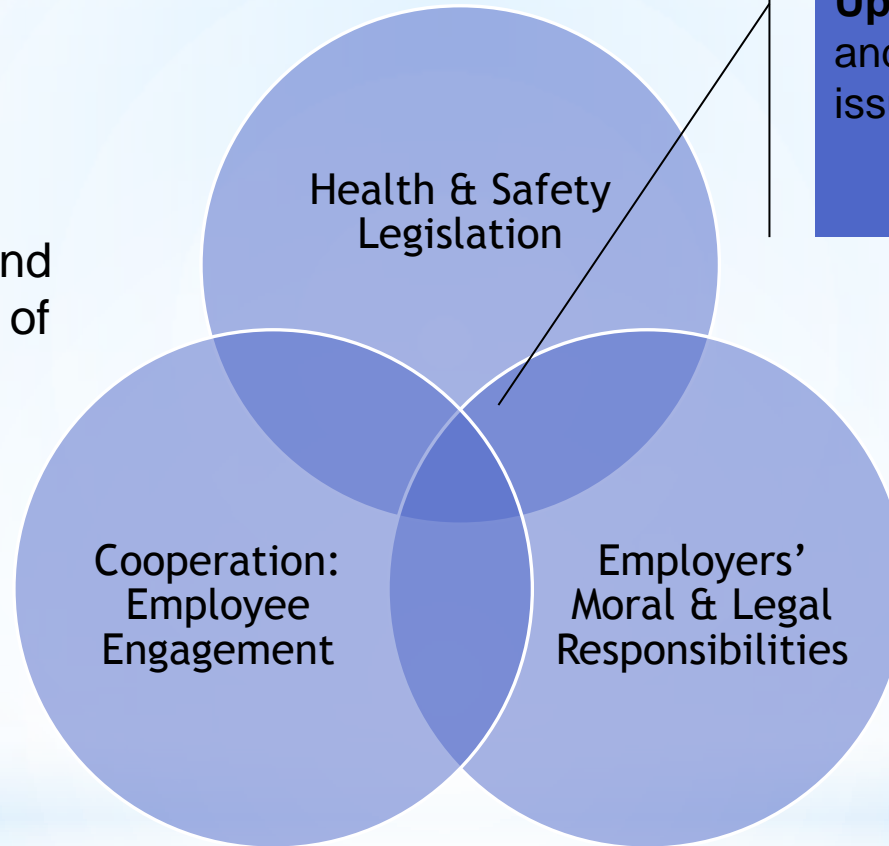
* **Future Development: SLIC 2012**

* **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
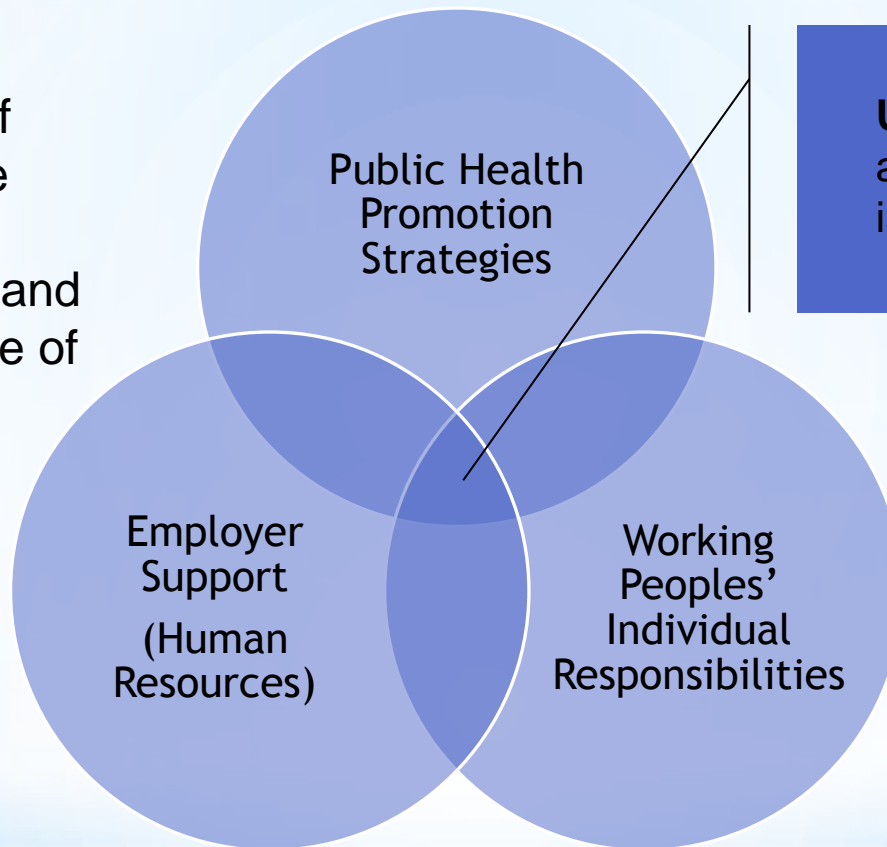
Black (2008)

Upstream OH: work and organizational issues

Health & Safety Legislation

Cooperation: Employee Engagement

Employers' Moral & Legal Responsibilities

* A Changing Philosophy

What prevents us from working?

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

Black (2008)

Public Health Promotion Strategies

Employer Support

(Human Resources)

Working Peoples' Individual Responsibilities

Upstream OH: work and organizational issues **?**

*A New Approach **?**

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

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* Thank You