In order to encourage improvements, especially in the working environment, as regards the protection of the safety and health of workers as provided for in the Treaty and successive action programmes concerning health and safety at the workplace, the aim of the Agency shall be to provide the Community bodies, the Member States and those involved in the field with the technical, scientific and economic information of use in the field of safety and health at work.

European Agency for Safety and Health at Work

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SYSTEMS AND PROGRAMMES

How to Tackle Psychosocial Issues and Reduce Work-related Stress

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European Agency for Safety and Health at Work

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A great deal of additional information on the European Union is available on the Internet.
It can be accessed through the Europa server (http://europa.eu.int).

Cataloguing data can be found at the end of this publication.

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FOREWORD

Work-related stress is the second most common work-related health problem, after back pain, affecting 28 % of workers in the European Union. Stress at work often reflects problems with the psychosocial work environment. Therefore promotion of a preventive culture against psychosocial hazards and work-related stress has to be a European priority.

For this reason, in 2002, the European Agency for Safety and Health at Work is targeting psychosocial issues and work-related stress, during the European Week for Safety and Health at Work, with the theme 'Working on stress'.

The administrative board of the Agency decided to include a study on programmes, practices and experiences on tackling psychosocial issues and work-related stress in its work programme for 2002. This was to help raise awareness of these topics and stimulate activities in Member States and at European level to reduce the numbers of workers being exposed to them.

The 15 cases presented here on tackling psychosocial issues and stress at work from Member States give detailed information about the way these approaches were implemented and the experiences along the way. They show that these issues can be successfully tackled. The report does not seek to promote any of the particular schemes presented. Its aim is to stimulate stress prevention at the workplace by providing examples of successful prevention programmes.

The Agency would like to thank Karen Albertsen from the National Institute of Occupational Health (AMI, Denmark) and all the other organisations that participated in the production of this report by sharing their experiences. Without their contributions, the project could not have been completed. Finally, the Agency would like to thank the members of its network groups for their valuable comments and suggestions with respect to the project.

European Agency for Safety and Health at Work
September 2002

1.

INTRODUCTION

The aim of this report

During recent decades, the labour market has been characterised by significant change: changed tasks, roles and jobs, flexibility in employment and production, horizontal organisations and delegation of management. This restructuring, together with changes in information technology and globalisation, gives rise to new challenges for organisations and individual workers. The changes take place all over Europe and are often followed by increasing problems such as work-related stress.

The aim of this report is to raise awareness of work-related psychosocial issues, to promote a preventive culture against psychosocial hazards including stress, violence and bullying, to contribute to a reduction in the number of workers being exposed to such hazards, to facilitate the development and dissemination of good practice information, and to stimulate activities at the European and Member State levels.

The prevention of stress is closely linked to the promotion of a healthy work environment.

The prevention of stress is closely linked to the promotion of a healthy work environment. Often the solution to a stress problem is not simply to 'remove' the risk factors but to combine more basic and proactive changes at different levels in order to create a more stimulating and healthier working life.

What is stress?

When we use the word 'stress' in our daily life, it normally refers to feelings of strain, tenseness, nervousness and reduced feelings of control. The concept is often being used very loosely to refer to what actually are different aspects of the stress concept. Sometimes stress is being referred to either as risk factors (stressors), or as the mental and bodily reactions to the risk factors (strain) or as the psychosocial consequences of these reactions (stress-related outcomes). To avoid confusion, however, it is important to reserve the concept of stress to the second use, the reactions of an individual to risk factors.

It is implied in the European Commission's definition that work-related stress is 'a pattern of emotional, cognitive, behavioural and physiological reactions to adverse and noxious aspects of work content, work organisation and work environment … Stress is caused by poor match between us and our work, by conflicts between our roles at work and outside it, and by not having a reasonable degree of control over our own work and our own life.' ([1])

'Stress can be said to be experienced when the demands of the work environment exceed the employees' ability to cope with (or control) them.'

The 'poor match' can be explained more precisely. 'Stress can be said to be experienced when the demands of the work environment exceed the employees' ability to cope with (or control) them. Defining stress in this way focuses attention on the work-related causes and the control measures required.' ([2])

([1]) 'Guidance on work-related stress "Spice of life — or kiss of death"', Employment and Social Affairs, Health and Safety at Work, European Commission, 1999.

([2]) 'Research on work related stress', OSHA 2000a.

The size of the problem

Stress is the second most frequently reported work-related health problem across Europe. (Back pain is the first).

Stress at work accounts for more than a quarter of absences from work of two weeks or more through work-related health problems, according to a Eurostat 2001 report 'Work-related health problems in the EU 1998–99'. Stress is the second most frequently reported work-related health problem across Europe. (Back pain is the first.) The third survey on working conditions (2000) by the European Foundation for the Improvement of Living and Working Conditions found that 28 % of workers in the EU replied 'Yes, stress' to the question 'Does your work affect your health, or not?'

In the same survey it was found that 9 % of workers in Europe, or 12 million people, claimed to have been subjected to intimidation (bullying/mobbing) and 2 % to unwanted sexual attention over a 12-month period ([3]). Acts of violence from people at the workplace have been experienced by 2 % of employees and from other people by 4 % of employees.

Violence and bullying at work are, as expected, not as widespread phenomena as stress, but both can have very serious consequences for the victim; both are associated with stress and reflect problems within the psychosocial work environment.

Thus, there are good reasons for increased efforts to prevent stress, violence and bullying at work.

The consequences of stress

Stress can have many well-known and detrimental effects on quality of life and work: it might influence overall well-being, social relations and family life, or cause absence from work, early retirement, lower productivity and lower quality in service or products. Furthermore, chronic stress can be indirectly related to mental and physical ill health and eventually to death. It is scientifically supported, that chronic stress can increase the risk of heart disease and depression and that stress can weaken the immune system and thus our resilience to illness ([4]).

As bullying and violence at work are sources of considerable stress for the individual, they cause many of the same detrimental effects for the victims, work colleagues and families and friends of the victims. In some cases, the effects that incidents of bullying and violence exert on the individual might be so acute as to disable the individual from functioning normally at work and in everyday life. The manifestations of the effects of such stressors may, in extreme cases, reach clinical significance ([5]).

([3]) 'Third European survey on working conditions (2000)', European Foundation for the Improvement of Living and Working Conditions, Luxembourg, 2001 http://www.eurofound.ie/publications/EF0121.htm

([4]) See e.g.: Peter, R. & Siegrist, J. (2000). Psychosocial work environment and the risk of coronary heart disease. *International Archives of Occupational and Environmental Health*, 73 Suppl, S41-S45. Tennant, C. (2001). Work-related stress and depressive disorders. *Journal of Psychosomatic Research*, 51, 697-704,
Kiecolt-Glaser, J. K., McGuire, L., Robles, T. F., & Glaser, R. (2002). Psychoneuroimmunology and psychosomatic medicine: back to the future. *Psychosomatic Medicine*, 64, 15-28.

([5]) See e.g. special issue of *European Journal of Work and Organisational Psychology*, 2001, 10(4)

Causes of stress

It is not possible from the situation alone to determine the stress reactions without reference to the context, and the individual and the individual's group.

The reactions to the same psychosocial exposures may vary between individuals. Some people can cope with high demands and high levels of psychosocial risk factors, while others cannot. It is always the subjective evaluation of the situation that is decisive for the stress reactions. This means that it is not possible from the situation alone to determine the stress reactions without reference to the context, and the individual and the individual's group. This is, however, parallel to what is the case for many other work environmental exposures. Stressors may exert their effects on individuals and have specific manifestations, but there are a number of factors that are common among individuals and have been established as known sources and causes of stress.

It is theoretically and empirically supported that the risk of stress is increased in a work environment characterised of:

- **few resources:** low control over work, low skill discretion, low decision authority;
- **unsuitable demands:** too high and too low demands at work — especially the combination of low control and high demands or repetitiveness and monotonous work;
- **few social resources**: low social support from colleagues and management, role conflicts, low social community;
- **low predictability:** job insecurity, low feedback from supervisors, lack of information;
- **low levels of reward:** imbalance between effort and reward.

The same exposures are known to increase the risk of bullying at work and simultaneously, both bullying and violence can cause stress.

Prevention of work-related stress, violence and bullying

Interventions at the organisational level must be supported because they can be considered as primary prevention.

Interventions aimed at psychosocial issues at the workplace can be divided into three categories according to the level of intervention: the individual level, the individual–organisational interface level and the organisational level ([6]). Interventions at the organisational level must be supported because they can be considered as primary prevention (reducing the risk of stress and disease among all workers) while individual intervention strategies often are aimed at reducing stress and disease risk among those who already have symptoms (secondary prevention).

At the individual level, the interventions aim at increasing the individual resources to tackle stress through, for example, relaxation techniques or other coping strategies. At the individual-organisational interface level, they might be aimed, for example, at improving the relationships at work or improving the person–environment fit or the autonomy. At the organisational level, the interventions are directed, for example, towards changes in the organisational structure or physical and environmental factors. Accordingly, preventive actions

([6]) See e.g. : Van der Hek, H. & Plomp, H. N. (1997). Occupational stress management programmes: a practical overview of published effect studies. *Occupational Medicine*, 47, 133-141.

concerning violence can take place at three levels: design of workplaces, work organisation and training.

The majority of interventions aimed at psychosocial issues that have been carried out so far have been at the individual level, while a smaller number have been aimed at the organisational level.

The intervention strategy should always be tailored to the problem in hand. In circumstances where it is impossible to eliminate completely the source of risk, for instance violence from criminal persons, efforts should go towards reducing risk by good management. In many instances, a combination of efforts at different levels will be the most effective solution.

Criteria for selection of examples of good practice

The examples selected cover:

- most of the EU Member States;
- experiences on national, regional and local levels;
- prevention of stress, violence and bullying; and
- experiences that are possible to generalise across the EU.

Many other examples of good practice exist; but space limits the number that can be illustrated in this report.

The structure of the report

Sections 2 to 6 make up the main part of the report. Section 2 provides examples of legislation, regulation and other initiatives at national level. This is followed by a section focusing on initiatives with emphasis on improvement of the psychosocial working environment as such, and another with examples of initiatives primarily aimed at stress reduction. Sections 5 and 6 give examples of prevention of violence and bullying.

2.

EXAMPLES OF LEGISLATION AND NATIONAL REGULATION IN EUROPE

EU MEMBER STATES

The 1989 directive and some ramifications

The EU framework directive (89/391/EEC) that relates to the improvement of safety and health at the workplace is the reference legislation for all EU Member States. The directive and implementing legislation state that employers' obligations include 'adapting the work to the individual, especially as regards the design of workplaces, the choice of work equipment and the choice of working and production methods, with a view, in particular, to alleviating monotonous work and work at a predetermined work-rate and to reducing their effect on health'.

None of the EU countries has specific regulations on work-related stress, but all countries' general legal frameworks refer to psychosocial risk factors that are the cause of work-related stress. In some countries, the legal provisions go further than the framework directive by specifying the need for employers to act against factors considered to be psychosocial risks that cause work-related stress. This is the case in Belgium, Denmark, Germany, the Netherlands and Sweden.

National legislation on employers' obligation to address psychosocial risk factors, exceeding terms of EU Directive 89/391/EEC

Belgium

The Law on the Well-being of Workers at Work (1996) and the Royal Decree on Internal Prevention and Protection Services oblige the employer to take specific measures in several fields of health and safety in order to ensure the welfare of those at work. Measures must be taken to deal with the 'psychosocial burden caused by work', and an employer's internal health and safety service must 'study the workload and the psychosocial risk factors' and 'prevent mental and physical occupational fatigue'.

Denmark

Regulations include, in addition to the Work Environment Act, a specific Order on the Performance of Work, which provides rules on work organisation. It refers to the rhythm of work, monotonous and repetitive work and isolated work, and states that these must be organised so that they do not involve a deterioration of the worker's mental or physical health. Since October 2001, the employer has been obliged to ensure that the employee is not subject to bullying, including sexual harassment, that might cause the employee's mental or physical health to suffer.

Germany

The Law on Health and Safety states that 'labour risks may be caused by … the forms of work, the working time, the amount of work and the relations between the three factors'.

Netherlands

The Working Conditions Act refers specifically to the employer's obligations with regard to the rhythm of work; from the viewpoint of control 'the worker must be able to influence the rhythm of work', and damage caused by excessively high or low workload must be avoided. With regard to social relationships, 'the employer must protect the worker from aggression, violence or sexual harassment'.

Sweden

The Working Environment Act refers to work content, technology and work organisation, which must 'be designed in such a way that they do not expose the workers to undesirable physical and mental damage due to excessive strain that leads them to suffer sickness and accidents'. The aim is that 'work should involve a compensation in the form of diversity in work, satisfaction, social participation and personal development.' There is also explicit mention of the employer's obligation to avoid solitary work.

Source: Eiro ([7])

In a few countries, revisions of the occupational health and safety laws are ongoing (e.g. Ireland, Austria and Sweden).

In Finland, a new health and safety law was adopted in spring 2002 encompassing psychosocial work demands, violence and bullying.

([7]) Eirobserver, European Foundation for the Improvement of Living and Working Conditions, Ireland, No 1, 2002.

NEW OCCUPATIONAL HEALTH AND SAFETY LAW IN FINLAND

MINISTRY OF
SOCIAL AFFAIRS AND HEALTH

The expenses arising from a poor working environment in 1996 correspond to about 3 % of GNP.

Significant changes in the world of work in the last 30 years have contributed to the need for reform in occupational safety and health law. The expenses arising from a poor working environment in 1996 correspond to about 3 % of GNP. The expenses include loss of earnings due to illness as well as disablement pensions caused by a poor working environment, and hospital expenses.

One of the aims of the action is to decrease these expenses.

The new legislation will have a wide application on work that is carried out in an employment relationship or in a public–servant relationship. Moreover, legislation should be applied to many other types of work where individuals who are performing the work have no employment relationship with the employer in respect of health and safety at work. Even voluntary work is within the scope of application.

The legislation includes the following items.

Preparation of prevention policy — As part of the safety management duties, the employer should develop a prevention policy in order to promote health and safety, and maintain work ability. A continuous and systematic assessment of the risk and improvement of the working environment and the working conditions should be made. The employer should be aware of both physical and psychological risks and problems at the workplace.

Avoidance and reduction of exposures at work — The employees' mental capacities should be taken into consideration in work planning. Tools, machines and other aids should be designed and positioned so that they take the physical and mental conditions of the employees into consideration. The amount of work should also be adjusted so that the work does not cause injury for example through repetitive monotonous work. As soon as excessive workload has been demonstrated, the employer must find the causes and take action to remove or reduce the workload.

Prevention of violence at work — Work connected with an obvious risk of violence should be organised so that the situations of violence are

prevented as much as possible. This particularly involves work within the police, surveillance, health and social care, and restaurants and shops. Violence can be prevented in a number of ways such as through work organisation measures.

Prevention of bullying and harassment — It is the responsibility of employers to intervene as soon as they are aware of bullying or any other kind of harassment of an employee at work. The employer must try to identify the sequence of events and take measures to solve the problem.

Further information

http://www.stm.fi/english/publicat/publications_fset.htm

In a small number of countries, specific legislation on the risk of violence and its prevention has been enacted. This has taken place for example in Sweden in 1993 and in the Netherlands in 1994.

On the topic of harassment, specific legislation has been enacted in some countries. For instance, an Order was issued in September 1993 in Sweden on victimisation at work, a note in January 2001 was issued on moral harassment in Portugal and a law in France has existed since January 2002. In Belgium, a new law concerning violence, harassment and sexual harassment was adopted in June 2002 and in Spain there are also ongoing projects in order to amend legislation in these areas.

On 12 June 2002, the European Parliament adopted a report on a project to amend the directive on equal treatment between men and women (76/207/EEC), in which there is for the first time at European level a definition of sexual harassment. General harassment and sexual harassment are regarded as forms of discrimination and consequently prohibited. Measures within companies will be needed, similar to those preventing any form of sexual discrimination, to prevent harassment and sexual harassment.

Stress as an occupational disease

Stress is not included on the official list of occupational diseases in any of the European Member States. As a consequence, there are no compensation schemes for those affected (except in cases where people have been subjected to a violent situation; Denmark, France, the Netherlands and Portugal have compensation for people experiencing post-traumatic stress). In some countries there is a mixed system of recognition of occupational illnesses — for instance, a fixed list of recognised diseases combined with an option for workers to prove a link between their illness and their work (Denmark, the Netherlands and Norway). In all other European countries, an appeal in court is the only way to obtain recognition for the negative effects of psychosocial risk factors and stress.

Damage to physical and mental health caused by psychosocial risk factors or stress at work tends to go relatively unnoticed or to be catalogued as general or non-work related illnesses.

Collective agreements

Collective bargaining in six of the European Member States deals, to a varying extent, with psychosocial risk factors and stress.

Collective bargaining in six of the European Member States deals, to a varying extent, with psychosocial risk factors and stress. In Belgium, Denmark, Germany, the Netherlands, Sweden and the UK, collective agreements refer explicitly to stress and/or psychosocial risk factors. In these countries, the aim of unions is to achieve agreed provision or to take indirect action on psychosocial risk factors by introducing provisions on relevant aspects of work organisation (for example workload and intensity).

COVENANTS ON HEALTH AND SAFETY AT WORK — THE NETHERLANDS

The Netherlands Government decided that extra money and attention would be devoted to improving working conditions. An important mainstay of this policy was formed by covenants on health and safety at work ('arboconvenanten'). Covenants were chosen rather than legislation in order to meet the demands from an increasingly complex society in continuous change.

Over the past few years, covenants have been developed with many of the sectors where working conditions still pose a high level of risk. The covenants are designed to supplement the existing policy measures, such as working condition regulations, financial incentives, public information campaigns and tax breaks.

The Secretary of State for Social Affairs and Employment concludes the covenants with the employers and employees of sectors with high work-related risk. High risks include lifting, work pressure, repetitive strain injury, hazardous noise, solvents, allergenic substances and quartz.

As many as 1.7 million employees were regularly subjected to high levels of work pressure according to statistics from The Netherlands for 1996 and 1997. The costs associated with psychological occupational disease are estimated at about EUR 2 269 million a year.

The target of the covenants for work pressure was to achieve a reduction of 10 % within five years. Examples of covenants agreed so far are shown below.

Banking sector (150 000 workers)

It has been agreed that banks will try to reduce absenteeism by 10 % by 2004. The number of departments that suffer from high pressure of work must be cut by 40 %.

Care in the handicapped sector

- Reduction of the difference between the average absenteeism rate in the sector and the comparable national average by at least 50 %
- Reduction of physical strain by 30 %
- Reduction of the high pressure of work and psychological stress by 10 %

The target of the covenants for work pressure was to achieve a reduction of 10 % within five years.

- Reduction of complaints arising from aggression and feelings of lack of safety by at least 10 %

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Response of the social partners and public authorities to legislation and regulation

While stress and psychosocial issues have been included high in the agendas of most trade unions, the employers' organisations are more restrained in most countries.

While stress and psychosocial issues have been included high in the agendas of most trade unions, the employers' organisations are more restrained in most countries. In some countries, stress is considered essentially to be an individual problem for workers and is not linked to the working environment. In other countries, the negative effects of stress on workers' health and on productivity, motivation and absence from work is recognised as a concern for the employers' organisations.

There are signs that labour inspectorates are now more prepared to include work-related stress and psychosocial issues in inspections.

Public authorities (and their national labour inspectorates or equivalent bodies) have so far mainly concentrated efforts on raising awareness, providing advice and carrying out research. There are signs that labour inspectorates are now more prepared to include work-related stress and psychosocial issues in inspections. Some cases are described below.

Denmark

In 1996 the Danish Parliament adopted an action programme called 'A clean working environment by 2005'. This programme is intended to help develop seven 'visions' for a better working environment, one of which is concerned with psychosocial issues.

In 2002, it has been decided to give priority to four of the seven visions in the period up until 2005. Psychosocial risk factors are one of the issues given priority and the goal is to reduce by 5 % by 2005 the number of people who claim to be exposed to psychosocial risk factors compared with 2000.

To carry out the programme, in the late 1990s, the Danish Working Environment Service (*Arbejdstilsyn*) organised a nationwide information campaign on the psychosocial workplace environment. The main aim was

to raise awareness. An information pack was produced which has become one of the Working Environment Service's most popular products ever.

Next, the Working Environment Service launched a campaign for the first time in a high-risk sector for psychosocial issues — home care and residential nursing homes for adults. Comprehensive guidelines were made available. Experience was gained from this initiative and the campaign was developed further and applied to other high-risk sectors.

As a follow up to this campaign, the Working Environment Service in 2000 embarked on a monitoring campaign called *Psykisk arbejdsmiljø — alles ansvar* (the psychosocial environment — everyone's responsibility). For the first time in the Working Environment Service's history it was carrying out a campaign concerned exclusively with monitoring the psychosocial environment in the workplace. The campaign ran between 2000 and 2001 and covered two sectors — hospitals and education. A project group developed a working method and identified skills needed by inspectors for monitoring the psychosocial work environment.

During the inspections, inspectors meet with the health and safety representatives of the enterprise and gather information and documentation about the psychosocial working environment by carrying out single or group interviews, observations at the workplace or using questionnaires.

In 2003, the Working Environment Service plans to carry out a campaign in all Danish prisons, focusing exclusively on monitoring the psychosocial working environment in the workplace.

Monitoring the psychosocial working environment is also part of the general inspections (called *Tilpasset tilsyn*) directed towards the most important risk factors in the sector to which a given enterprise belongs. Here, time for the inspection is more limited and monitoring the psychosocial working environment is not the only task for the inspectors. Other health and safety issues are also part of the agendas of these inspections. The goal of these general inspections therefore is to carry out only a 'screening' of the psychosocial environment. If the inspectors on the basis of this screening suspect that there are serious problems with the psychosocial environment within the enterprise, they might come back for a more detailed inspection solely on the psychosocial environment.

Germany

SIGMA is a screening tool for the detection of stressors in the workplace that is used in inspections in North Rhine-Westphalia (NRW). NRW works to increase employers' awareness of stress at work and also to give them information on prevention methods. SIGMA is a modular observation and consultation process for recording physical, psycho-mental and psychosocial stresses in various work activities. It can be used to identify in-house health and safety problem areas and develop proposals for improvement.

In conjunction with the use of SIGMA, inspectors have been given training in mental stress issues to give them a basic knowledge of occupational psychology.

SIGMA has been used successfully in national programmes on health protection in the care of the elderly and in regional programmes on the timber industry and for call centres. Success lies in allowing considerable time for the use of this strategy and on the willingness of employers to cooperate.

Sweden

Between 2001 and 2003 the Swedish Work Environment Authority is conducting a development programme on the theme of work organisation and stress. This programme includes the recruitment of new work environment (safety and health) inspectors with psychosocial and work-organisational qualifications. To ensure competence development, 180 inspectors are undergoing three weeks' training on the subject of supervisory issues relating to stress and work organisation. The final component of the programme is the development of strategies, supervisory methods and other forms of support for work environment inspectors.

For complicated work environments in large organisations 'focus inspections' are carried out to examine psychosocial issues. These use a working procedure based on structured interviews with groups of employees. The employees' descriptions of the working environment as they experience it serve, together with information from managers and safety representatives, as a basis for the assessment of risks of ill-health in the workplace. The conduct of these inspections requires special knowledge.

In several other current development projects, questionnaires, mind maps, checklists of control measures and other supportive materials are being created for inspectors. These cover preventive, palliative and remedial measures and can be used for individual interviews or for discussions with groups of employees, pupils, managers and safety representatives.

United Kingdom

The Health and Safety Commission in Great Britain has selected eight priority programmes covering hazards or sectors where major improvements are necessary. These are identified in the HSC strategic plan 2001–04 ([8]). Work-related stress is one of the selected hazards. Ten-year indicators have been set in order to:

- reduce by 20 % the incidence of work-related stress, by 2010, based on current figures; this is the equivalent to the prevention of 20 000 people developing stress, anxiety or depression; and

([8]) Eirobserver, European Foundation for the Improvement of Living and Working Conditions, Ireland, No 1, 2002.

- reduce by 30 % the number of working days lost from work-related stress, by 2010, based on current figures; this is the equivalent to the prevention of 1.95 million working days lost due to stress, anxiety or depression.

The initial milestones include:

- drafting management standards for a range of key stressors;
- forming pilot benchmarking groups to share good practice in SMEs and between safety representatives; and
- publishing revised guidance on workplace stress management, including guidance to help educate employers on applying risk assessment to stress (see Case 4.1).

As part of this strategy, inspectors will be trained in order to better equip them for dealing with work-related stress during routine work.

3.

IMPROVEMENTS IN THE PSYCHOSOCIAL WORKING ENVIRONMENT

3.1 'WORK POSITIVE' — A STRESS MANAGEMENT APPROACH FOR SMES — HEBS AND HSA JOINT COMMISSION — SCOTLAND AND IRELAND

- Tool for SMEs
- Complete pack for managing stress
- Piloted in a range of sectors

Abstract

'Work positive' is a five-step process for managing workplace stress that allows SMEs mainly to self-identify the risks of work stress and initiate actions for their management. This process is integrated in a resource pack containing a benchmarking tool, a risk-assessment questionnaire, guidance material (for managers and employees), instruction for application, guidance on risk reduction, case studies and an analysis package.

Identification of the case

The Health Education Board in Scotland (HEBS) and the Health and Safety Authority (HSA) in Ireland commissioned a consultancy company, ENTEC UK to develop a self-administered tool for small and medium-sized enterprises. The package is designed so that any employers can assess the sources of stress within their organisations and reduce the risks identified.

The project consisted of two phases. Phase 1 focused on the development and validation of the tools (2000–01). In Phase 2, the 'Work positive' pack was

piloted from February to December 2001, and the pack was launched in Ireland and Scotland in March 2002.

The resource pack is targeted at SMEs and is applicable to all occupational sectors. It has been piloted in a range of sectors and a variety of organisations.

Background and surroundings of the action

In 1996, the HEBS commissioned the Institute of Occupational Medicine (IOM) to develop a risk-assessment method to manage workplace stress. The so-called 'occupational safety and health audit' (OSHA) tool mirrored the risk-assessment and control cycle approach used to manage physical hazards in the workplace (first developed by Cox in 1993).

In 1999, the IOM were commissioned to conduct an evaluation of the OSHA, jointly funded by the HEBS and the HSA. The OSHA evaluation recognised that the pilot sites were very large organisations and consequently highlighted some factors that may act as barriers to applying the method to SMEs, namely lack of resources and lack of expertise in health and safety. 'Work positive' was developed in order to fill in the missing gap for a tool for small and medium-sized enterprises. The tool is based on the OSHA existing risk-assessment model and its predecessors.

'Work positive' was developed in order to fill in the missing gap for a tool for small and medium-sized enterprises.

Ambitions and goals

This project involved the development of a risk management resource pack by building on the strengths of the OSHA, whilst integrating this within a framework of guidelines for successful health and safety management so as to ensure ownership and commitment to the process.

The specific objectives of this project were:

- to devise a risk-assessment tool which can be administered by in-house risk assessors in small and medium-sized enterprises;
- to pilot this tool using the integrated risk-assessment framework developed through OSHA (as described above);
- to provide a benchmark for the assessment of work stress and existing control resources; and
- to identify support mechanisms for companies to act on the information presented through the tool.

Scope of the action

Phase 1: Developing and validating the benchmark and risk-assessment tools

A benchmark tool was developed to allow the organisation to assess which systems that are in place can act as controls to manage workplace stress. This is different to risk assessment in that the latter assesses the overall risks in the working environment and organisation that affect employee health, and benchmarking is a part of this.

A risk-assessment tool was developed in the form of a questionnaire, to be completed by all employees, that investigates the presence or absence of known organisational stressors, rather than symptoms for individuals, and requires the individuals to rate their responses to a particular issue.

Table 1 — Categories of stressors

Category of stressor	Stressors included in category
Management structure and style	Management structure, style, communication
Human resource management	Selection procedures, feedback, pay, training, promotional opportunities, disciplinary procedures, interpersonal relations, health and safety
Work process	Duration of work, shift patterns, work/rest regime, workload, quality control, goal setting, training
Job characteristics	Skill variety, task identity, task significance, autonomy, feedback
Social/technical/ environmental design	Team and group working, technological change, environmental design
Incidents	Redundancy, organisational change, takeover

The risk-assessment and benchmarking tools were piloted in 14 organisations across a range of sectors and sizes of organisations (with an emphasis on SMEs).

A coordinator, whose role was to complete the benchmarking exercise, was appointed at each site. The risk-assessment questionnaire was distributed to all employees in each of the organisations.

The researchers then visited each organisation in order to conduct an interview-based risk assessment using their own expertise. A comparison was made between the two forms of risk assessment to establish whether the questionnaire was competent to identify risks. The tools were further developed, based on the outcomes of this pilot process.

The importance of developing a user-friendly framework in which to use these tools was highlighted. A five-step process of risk management was developed as listed below.

1. Raising awareness, demonstrating and generating commitment
2. Benchmarking
3. Identification of risks, using the risk-assessment questionnaire
4. Identifying and implementing solutions
5. Evaluating the solutions and reviewing the risks

The following guides were developed for inclusion in 'Work positive':

- a guide for managers,
- a guide for employees,
- a guide for implementation (for risk assessors/programme managers).

Phase 2: Piloting the 'Work positive' pack

Guidance and tools for the process were developed into a draft resource pack, which was then piloted in 10 organisations. The aim of the pilot of the pack is to assess how it is applied by the organisations, their views of the pack and how it can be improved.

Whilst organisations were required to operate the programme in-house, ENTEC provided some support to these organisations. The types of assistance requested permitted improvements to be made.

Ten case studies were developed from the pilots, showing how 'Work positive' was implemented, what the main issues were, and how these were addressed. These aim to assist organisations in using the pack, giving real examples of its implementation across a range of sizes and types of organisation.

Results

Findings of Phase 1

Benchmark evaluations

An evaluation questionnaire was distributed to the coordinators, who completed the benchmark to ascertain their views of the benchmark and how useful this was. The result was that 97 % found it useful in identifying improvements in systems to reduce stress.

97 % found it useful in identifying improvements in systems to reduce stress.

Risk-assessment questionnaire evaluations

An evaluation questionnaire was distributed to all those who completed the risk-assessment questionnaire (n = 178) in order to establish the users' view of the risk-assessment questionnaire with regard to how easy it was to understand and complete. From this, it was found that 64 % thought the questionnaire covered all the potential sources of stress in their organisation. The majority of responses on sources of stress were from the education sector and related to issues such as amount of paperwork, dealing with pupils and parents, changes towards external bodies such as examination boards, etc. Other issues across sectors included bullying and violence. A small number had some concerns about the guarantee of anonymity on completion of the questionnaire.

64 % thought the questionnaire covered all the potential sources of stress in their organisation.

Cross analysis

The questionnaires and benchmarks were cross-checked with the interviews performed, to assess the risks. The issues identified in the interviews as not being covered adequately in the questionnaire and benchmarks were taken into account in the editing of the tools

Editing the tools

Based on the above findings, changes were made to the questionnaire and benchmark to cover the issues identified as not being adequately covered in the questionnaire. Amendments and additions were made to the existing questions in order to clarify meaning or to make them more objective. Changes to the instructions were also made. Two new aspects of work areas were introduced

in the benchmarking: fairness and interpersonal relationships, and organisational change and job security.

An introduction to the 'Work positive' pack and guidance on how to use it were developed separately for managers, employees and the implementer as shown in Table 2.

Table 2 — Content of guidance documents

Introduction for managers	Introduction for employees	Instructions for implementation
What is stress?	What is stress?	Description of the five steps on how the process should be implemented.
Why risks should be managed	Signs of stress	Examples of risk-reduction measures for more common stressors.
What are the causes of stress at work	Causes of work-related stress	
How to manage these risks	Working in partnership to tackle work-related stress	
	Role of the employer	
	Role of employees	
	What to do if you are already experiencing stress	

Findings of Phase 2

The benchmark and questionnaire were revised following validation and incorporating comments from participants in Phase 1. The user-friendly resource pack that was developed was sent to 10 organisations for piloting, five in Scotland and five in the Republic of Ireland, that covered different occupational sectors: education; social work; retail, voluntary; fire brigade; telecoms; call centre; hospital; national library and standards and auditing.

The pilot aimed to test whether the pack would be used and the extent to which it was effective in leading to action to control risks. A very positive response was generated. The improvements suggested by the organisations and the corresponding solutions generated by the project team were incorporated in the 'Work positive' pack.

Case studies were developed from the information generated during the two site visits. These were aimed at providing a valuable resource to employers who can learn from how 'Work positive' has been applied in practice in similar types or sizes of organisation.

Problems encountered during implementation of the action

The problems encountered during implementation of the action have been covered above in the description of the two phases and the piloting of the

material. Problems mainly concerned the lack of clarity of the material, as explained above, and respondents not being able to answer some questions. A large proportion of the respondents who had difficulty in answering the questions were from the education sector and they felt that the questionnaire had been developed for business environments.

General evaluation

Overall, the development stage of the 'Work positive' pack has been successful. It remains to be seen how organisations will accept and absorb it into their practices. It aims to be company self-administered by in-house risk assessors or programme managers.

Identified success criteria

The strengths of this tool are its proactive nature, risk assessment and control cycle approach, systematic identification of risk and effective identification of risk-control strategies. The 'Work positive' pack aims to engage all stakeholders in the process and therefore establish ownership and commitment to it.

The strengths of this tool are its proactive nature, risk assessment and control cycle approach, systematic identification of risk and effective identification of risk-control strategies.

Is the method — process — action transferable?

'Work positive' was launched in Ireland and Scotland in March 2002. It is currently being disseminated to organisations via professional bodies in Scotland. There are plans to disseminate it in a similar way in Ireland. It aims to be applicable across sectors and in a variety of small and medium-sized enterprises by in-house managers without requiring external consultation.

Further information

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3.2 TACKLING WORK-RELATED STRESS — THE RISK-MANAGEMENT APPROACH AS APPLIED AMONG NURSING STAFF AT A NATIONAL HEALTH SERVICE TRUST — UNITED KINGDOM

- Risk-assessment and management tool
- Fully tested
- Achieves practical and sustainable results

Abstract

A risk-assessment/risk-management framework was developed in response to the need for practical tools to assess and manage the risks for stress and related psychosocial problems in organisations. This tool has been successfully tested in many organisations and with various groups of workers over nearly two decades. It is user friendly, and achieves practical and sustainable results in the management of risks to stress and health. As an example of this, the 'Work and well-being project' that was carried out with hospital healthcare staff at a health unit in the UK is described. The problems were successfully resolved, and procedures for the sustainability and management of the benefits were established.

Background and surroundings of the action

Risk management = risk assessment + risk reduction

The adaptation of the general risk-management framework to deal with work-related stress has been pioneered by the Institute of Work, Health, and Organisations (University of Nottingham, United Kingdom). It was first described in 1993. Since then, its application in organisational settings has

provided numerous opportunities to develop and evaluate the framework and to provide guidelines as to how to implement the process (Cox et al. 2002; Cox et al., 2000).

Legislation at both European Union (EU) and Member State levels has reiterated the importance of stress management for a healthy and productive workforce. The legislation places particular emphasis on prevention (as opposed to reaction or treatment).

There are a number of 'ready-made' tools to tackle psychosocial hazards, in contrast to the volume and reasonably long-established procedures available to monitor and control physical hazards. In order to take action, practitioners need accessible and flexible user-friendly tools that:

- identify the causes of stress,
- facilitate the development of practical solutions,
- guide the implementation of interventions,
- provide a theoretical and practical framework for their evaluation.

Ambitions and goals of the risk-reduction tool

The philosophy underpinning risk management for psychosocial hazards is that some features of the working environment (**hazards**) can cause employees to experience **stress**. This can lead, under certain conditions, to negative consequences for both the individual and the organisation (**harm**). Risk management comprises two related stages: **risk assessment** and **risk reduction**. Risk assessment identifies the potential and actual psychosocial hazards associated with the negative outcomes. The findings of the assessment form the basis for risk-reduction interventions which aim to eliminate or reduce the hazards. There is an intermediate stage that links risk assessment to risk reduction: the **translation** process. During this stage, the organisation's stakeholders discuss and 'translate' the list of issues into a programme of risk reduction initiatives that aim to address a large number of problems with as few interventions as possible. Finally, **evaluation** of the overall process is necessary in order to facilitate organisational learning and development.

Risk management comprises two related stages: risk assessment and risk reduction.

To encourage and support a high degree of organisational commitment, employee involvement and to facilitate the success of the project, a steering group is set up of members of the assessment team and stakeholders from the organisation.

Methodology — Risk assessment

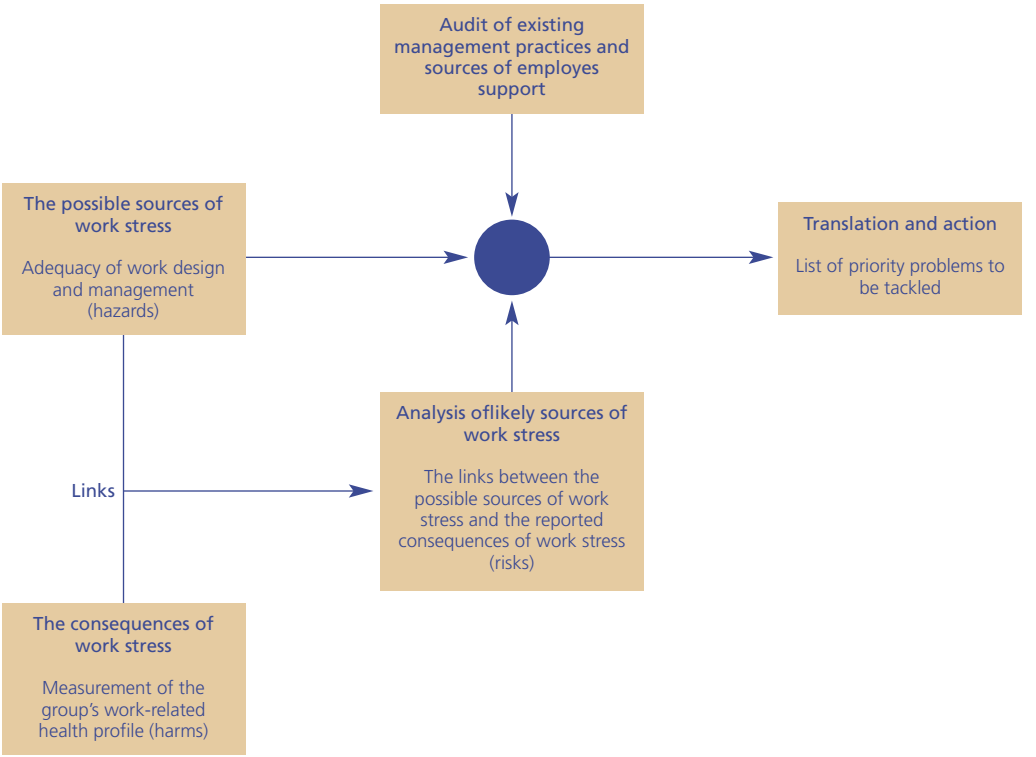
The risk-assessment strategy comprises the following five steps (see also the figure, below).

1. Identification of working conditions with the potential to damage individual or organisational health. This step relies heavily on workers' knowledge and expertise about their work.
2. Assessment of the health profiles of workers and of the organisation.
3. Search for associations between hazards and harm. Hazards that are statistically associated with harm are termed 'likely risk factors', and highlighted for priority action.

4. Identification of available management practices and resources for employee support.
5. Identification of residual risk (i.e. hazard risks that are not being addressed by the organisation).

The data for the five steps of the assessment are collected via interviews with employees and stakeholders, observation by the assessment team, questionnaires and audit of existing organisational records.

Figure — The five steps of the risk-assessment stage



Methodology — risk reduction

Targeting the underlying pathology represents the most cost-effective way of reducing the risk to employee health and organisational healthiness, and it also complies with the legal requirement to adopt a preventive strategy.

The information gathered during the risk assessment is presented to the steering group. The assessment team and the group look for patterns in the data that may reveal underlying issues or problems within the organisation or the work group. The aim here is not to treat each problem (**symptom**) individually, but to find the underlying issues that manifest themselves via different symptoms. Targeting the underlying pathology represents the most cost-effective way of reducing the risk to employee health and organisational healthiness, and it also complies with the legal requirement to adopt a preventive strategy.

The interventions agreed by the steering group have to be carefully implemented and monitored, so that their effectiveness can be adequately evaluated. The evaluation stage is essential as the only means to ascertain which aspects of the intervention have worked and which have not (and why), and what is the best way for the organisation to sustain change in the long term.

Risk management in action: a case study with nursing staff

The following case study describes a risk-management project completed at three National Health Service (NHS) trusts in the United Kingdom. The project was managed by Dr Raymond Randall from the Institute of Work, Health and Organisations (Cox et al., 2002). This will provide a practical illustration of the approach and of the benefits for employees and employers.

Identification of the case

The 'Work and well-being project' involved three National Health Service trusts and was carried out over 28 months from July 1999 to November 2001. The case study groups consisted of both direct healthcare staff (qualified nursing staff, healthcare assistants, qualified technical and professional staff, and staff combining managerial and clinical workload) and non-direct care staff (support and service workers, and administrative staff). Due to space constraints, we will focus on the project carried out in one of the services from the three trusts. This department employed 80 direct care staff whose workload involved both clinical work and managerial tasks. It was completed in 12 months (August 2000 to August 2001).

Initiator and scope of the action

The project was initiated by the service's senior nurse in charge of staff development. She was concerned about staff problems, which were identified during staff consultation workshops, in the three higher nursing grades. The magnitude of the problems required the use of external expertise to assess the situation and propose solutions. The project was supported by the United Kingdom Health and Safety Executive, Unison, and the Royal College of Nursing.

Risk assessment

Methodology: design and means

The support and cooperation of the trust's staff was essential for the success of the project. To secure this, the preliminary steps were:

The support and cooperation of the trust's staff was essential for the success of the project.

- establishing of a steering group, responsible for overseeing and facilitating each step of the project, whose members were selected to reflect the support of the management in various aspects of the working environment;
- publicising the project (memos, groups meetings and posters) in order to familiarise all staff with its aims and to establish a good working relationship;
- using 'project champions' to keep staff informed of the progress;
- involving of all staff at all stages to ensure ownership and sustainability of the interventions.

Findings

The risk assessment suggested several clusters of problems, related to the conflicts between managerial and clinical workload, training and development issues, and communication systems.

The risk assessment suggested several clusters of problems, related to the conflicts between managerial and clinical workload, training and development issues, and communication systems. Assessments of the group's health profile revealed relatively poor well-being (self-reports of tiredness, emotional instability, exhaustion (i.e. being worn out), high intention to leave, and low job satisfaction as the major concerns; 28 % of the group reported musculoskeletal pain, and 41 % were dissatisfied with their job and also indicated that they would like to leave if the opportunity arose.

The underlying issues at the trust that were identified are shown in the first column of Table 1.

Risk reduction

The implementation tools used with the trust involved workshops and staff meetings as a way to ensure enthusiasm and involvement.

Several strategies can be deployed to facilitate the design of interventions (problem-solving workshops, meetings with management and staff representatives, steering group meetings, etc.), depending on the nature of the organisation and on the structures and relationships that are already in place. The implementation tools used with the trust involved workshops and staff meetings as a way to ensure enthusiasm and involvement.

The process followed a six-step approach: identifying the underlying issues; deciding on what can be achieved; selecting the intervention strategy; identifying the target; planning the implementation; setting timescales and objectives. Several interventions were implemented for this group, mapping onto the eight 'underlying issues' (see Table 1).

Table 1 — Problems identified and solutions proposed and implemented

Problems	Solutions
1. Lack of time for administration tasks; problems balancing the managerial and clinical roles.	1. Review of office days for administrative work. After consulting with staff, it was decided that one day per week, when there would not be clinical caseload, would be set aside for administrative tasks. Computer facilities were installed in every ward. A new member of staff was appointed in a supporting role.
2. Issues related to the study-leave policy: arrangements for feedback and requests for study leave.	2. The study-leave policy was updated with new timescales. Members of staff were not allowed to take study leave until they had provided feedback about the course they had attended. An article on training was published in the newsletter to introduce the new system, and provide a list of courses attended by staff.
3. Lack of cooperation and communication between wards.	3. 'Open forums' were organised for staff and management to meet and discuss important issues. Workshops were continued for same-grade staff facilitated by senior nurses. E-mail, IT facilities, and a monthly newsletter were introduced.

Problems	Solutions
4. Unwieldy problem-solving systems and slow development of practice	4 and 5. A model of problem solving was introduced that involved setting up 'councils' responsible for organising and coordinating development work. The system helped increase participation in decision-making, reduce duplication of effort and increase the development of ideas and improvements.
5. Lack of participation and development of the service	
6. Lack of control over important ward management decisions (e.g. budgeting, recruitment, management of staff).	6. The interventions for this issue reflected the long-term goals of the service. Staff attended budget management training and staff recruitment aspects were transferred to the wards (e.g. advertising, selection). Funds allocated for the refurbishment of wards were handed over to ward managers.
7. Poor working relationships between levels of management.	7. The regular staff workshops and office days introduced for staff were also effective for this issue (see above). Accessible and practical guidance was written for staff responsible for the running of several wards in the absence of senior managers. The guidance covered issues such as child protection, emergency contact numbers, etc.
8. Inadequate investment in equipment and ward decoration.	8. Investment in new equipment by management (e.g. syringe pumps, computer equipment and redecoration)

Results from the action on nursing staff

The interventions described above were evaluated by interviews with staff and managers, surveys and audits of organisational data. Evaluation data were collected six months after implementation of the interventions.

With regard to indicators of individual and organisational health, the evaluation data indicated that staff well-being had improved in all three grades, job satisfaction increased, intention to leave decreased only in the higher grades, and musculoskeletal pain had increased slightly. Issues relating to the unexpected increase in musculoskeletal pain were being addressed at the time of the evaluation (in the wards, use of beds that necessitated bending the upper body). There were large reductions in the proportion of staff reporting all problems (in some cases as much as 31 %). Members of staff were very satisfied with the interventions and the new working conditions.

With regard to indicators of individual and organisational health, the evaluation data indicated that staff well-being had improved.

Changes in work organisations typically exert their effects in the long term. The full effects of the changes will be more evident in a second evaluation. Follow-up evaluation is being planned for the future. Worker participation and the handover of responsibility for the interventions are important in cementing the implemented changes.

Issues of concern during implementation

While they were being implemented, the interventions and their impact could have been affected by some contextual factors. A new acting senior nurse

manager had a more 'open' management style. Changes were also made to the roles and responsibilities of experienced senior staff (more responsibility was transferred to ward managers). Lack of staff and on-going difficulties in recruitment continued to be established problems for hospital staff.

Identified success criteria of the stress management tool

The risk-management framework has been used by a number of researchers in a number of settings during the past two decades. Case studies published by the institute and by other institutions in Finland and the Netherlands that have adopted this approach have helped to identify a set of key features that contribute to the success of risk management and need to be taken into consideration when applying the framework. These are:

- focus on the problems of the work and work groups, and not on individuals,
- acknowledgement of the problem at its source,
- responsibility accepted by the management,
- acknowledgement and use of workers' expertise,
- translation of needs and resources into actions,
- adequate planning and resourcing,
- projects carried out by practitioners with recognised professional backgrounds,
- longer-term risk reduction and preventive approach,
- long-term follow-up and evaluation.

Transferability

The risk-management approach to tackling work stress has been successful within numerous types of organisations and groups of employees over the years.

The risk-management approach to tackling work stress has been successful within numerous types of organisations and groups of employees over the years. It helps organisations to identify strengths and resources that can be used to target the root causes of stress and thus establish the foundations for a healthy organisation. Practical guidance for successful risk management projects has already been published, and simplified versions of the approach and its tools supported by practical courses are being developed to facilitate the training of non-professionals in their use.

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3.3 HEALTH CIRCLES — A PARTICIPATIVE APPROACH TO IMPROVE HEALTH-RELATED WORKING CONDITIONS — GERMANY

- Participative approach
- Based on discussion and problem solving
- Aimed at workplace health promotion

Abstract

Health circles have been developed, evaluated, and applied as a method to develop improvements in the working environment since the 1980s. They are employee discussion groups, which are formed at the workplace in order to identify major health-related problems at work and find appropriate solutions. Both in and outside Germany, this participative approach has gained attention by practitioners and shown its effectiveness in prevention of stress, among other things.

Background and surroundings of the action

Health circles (*Gesundheitszirkel*) are employee discussion groups which are formed at the workplace in order to develop alternatives for the improvement of potentially harmful working conditions. Influenced by a variety of factors, this method was developed in Germany during the 1980s. In recent years, hundreds of health circles have been conducted in a variety of occupational settings, primarily in the production and service industries.

Hundreds of health circles have been conducted in a variety of occupational settings, primarily in the production and service industries.

The initiative was undertaken to develop a comprehensive approach to health promotion at the workplace with a strong emphasis on organisational and psychosocial factors that affect workers' health. Inspired by other employee problem-solving groups, such as quality circles, participation and empowerment were defined as two crucial aspects in the process. Involvement in the decision-making process and learning experiences that allow one to develop one's own capacities are viewed as essential elements for success in health-promotion programmes, as well as being health enhancing in themselves.

Health circles were first developed and tested in research projects during the early 1980s. In the 1990s, health-insurance companies, adopted the concept and offered it to a variety of client companies, thereby making health circles better known to practitioners. The Federal Association of Company Health Insurance Funds (Bundesverband der Betriebskrankenkassen (BKK)) has had a prominent role in this development. Since then, several research projects have been conducted in order to assess the effects on workers' health and to assess other outcomes. In addition, companies started health circles with or without the support of researchers or external consulting agencies. The interest in health circles is reinforced by legal changes. With the transposition in 1996 of the framework directive (89/391/EEC) to German health and safety law, employers as well as health and safety agencies are required to increase their prevention efforts on work-related disease, including adverse health effects caused by psychosocial factors.

Ambitions of the action and goals to be reached

The purposes of the formation of health circles are to identify major health-related problems at the workplace and find appropriate solutions. The main goal is to improve health and well-being of workers. Outcomes can include lower absenteeism rates, reduced early retirement and turnover rates, improved health and higher work satisfaction and motivation. Health circles have also been found to improve work organisation, communication and information flow, which can result in positive effects on productivity.

Description of the action

A health circle is usually conducted within a department with high absenteeism rates and/or where employees are very dissatisfied with their work task and working conditions. Employees in this department are then asked to fill out a questionnaire to assess their subjective views on a variety of work-related issues as well as individual health and well-being.

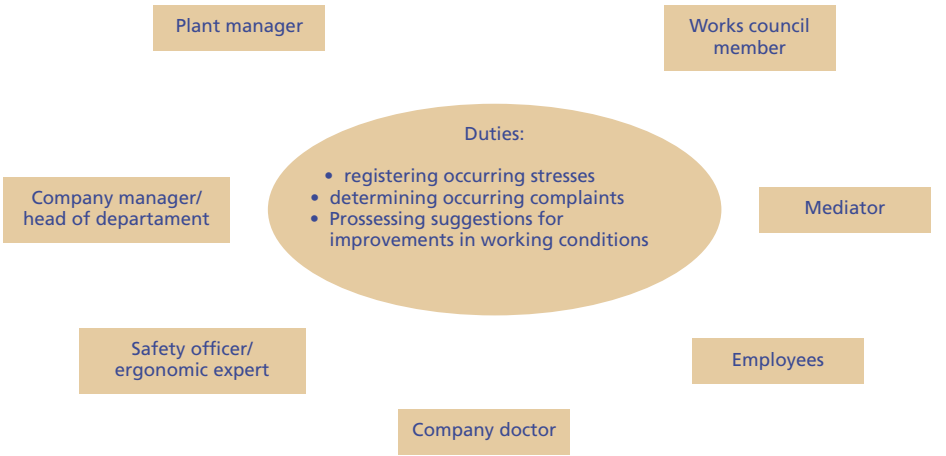
Steps in the action

1. A contract is signed between labour and management to guarantee commitment.
2. A steering committee comprised of all persons responsible for safety and health is formed to oversee the process.
3. A health surveillance report is produced using health insurance information on overall absenteeism rates and diseases.
4. Health circles are formed by 10 to 15 participants, half of which should be employees and half company representatives (supervisors, union representatives, health and safety experts, company physician, social worker) who can contribute to identifying health-related problems and finding appropriate solutions. A moderator helps facilitate the process.
5. The group tries to develop improvement suggestions for their department.
6. The suggestions are implemented (see Schröer and Sochert, 2000).

7. A final survey is conducted to assess satisfaction with the health circle.
8. Often, an evaluation meeting is held about six months after the last circle meeting, in order to review what has been achieved in the meantime.

Health circles meet 6 to 10 times over several months. Generally, all meetings are held during paid working hours and last about 90 minutes each. A trained professional, usually a psychologist, facilitates the meetings as a moderator. Based on the results of the employee survey, the health report and other available information, all participants are invited to suggest solutions to the various problems and complaints. The entire process of an implemented health circle, including health report and survey, health circle meetings and evaluation, takes about 15 months to complete.

Composition of a health circle



(*Source*: adapted from Schröer, A. and Sochert, R., 2000.)

Results from the action

Although hundreds of health circles have been conducted in recent years, results are often only presented in internal reports. Even the published results do not always give very detailed information about the implementation and outcome of the health circle projects. Nevertheless, some studies now exist that can be used to summarise the existing experiences with health circles. Aust and Ducki (under review) reviewed 11 studies that described the results of 81 health circles in 30 different companies. They found that overall the participants reported high satisfaction with the composition of the group and the number of meetings as well as the whole process of identifying problems at work and developing suggestions for improvement. In seven studies (64 health circles) it was assessed that 45 to 92 % of the improvement suggestions developed in the group discussions were implemented within 6 to 12 months following the final health circle meeting. A further analysis in one study showed that almost half

of the improvement suggestions developed in six health circles had a positive cost–benefit ratio, i.e. the costs for implementation of these suggestions were lower than the expected savings (Sochert, 1998).

Almost half of the improvement suggestions developed in six health circles had a positive cost–benefit ratio.

All but one of the 11 studies reviewed by Aust and Ducki found at least some improvements in working conditions. Stress was reduced, due to better work organisation, supplying better work equipment, technical or ergonomic improvements, and reduced physical strain. In most studies, communication within the company and social support from supervisors and colleagues were positively affected. Four out of five studies that evaluated the effect of the health circles on subjective health found positive changes. Eight studies evaluated the effects on objective health. In five studies, sickness absenteeism decreased substantially. Four studies report a reduction of absenteeism rates by 2 to 5 % for the entire company.

The results of existing studies on health circles often do not use rigorous scientific evaluation methods. Only 3 out of 11 studies reviewed by Aust and Ducki used at least a limited control group design, and no study was found that used randomisation. Nevertheless, there are strong indications that these interventions have a positive effect on workers' health, satisfaction and motivation, while leading to a more efficient work process through improved workflow and communication.

Strong indications that these interventions have a positive effect on workers' health, satisfaction and motivation, while leading to a more efficient work process through improved workflow and communication.

Health circles are not an entirely new concept. Other approaches to participatory health promotion that mainly focus on changes in working conditions have been used in Germany and in other countries. However, while many other approaches never left the status of model projects, health circles represent a successful transition from an approach originally developed in a research project to a programme that is routinely used by a number of companies as a new and promising technique to improve employees' health.

Problems faced and factors of success

Health circles create a special situation within the common hierarchical structure of a company. Therefore, health circles can only function if all participants are willing to actively take part and successfully cooperate. Supervisors and managers, in particular, should be open and listen to the employees' viewpoints during the health circle meetings. Health circles should only be started if the management is committed to apply the principles and if the company is prepared to implement at least some of the developed solutions for improvement. Health circles and other participatory health promotion activities raise expectations about changes and improvements. These expectations should not be disappointed.

Health circle projects that developed solutions but failed to implement a meaningful part of them have been shown to do more harm than good. Employees lose trust and are less willing to participate in future activities.

Through objective and subjective assessments of the actual work situation before a health circle is started, and through the discussions in the group, each health circle is custom-tailored to the specific needs and problems of a particular workplace. The broad discussions in the health circles allow a consideration of psychosocial strains that are usually ignored in other health promotion programmes, or in traditional health and safety activities. Finally, health circles have been shown to be a successful approach to address concerns

of blue collar workers, a group that may have the most to gain from workplace health promotion programmes but which is often not reached by behaviour change programmes. In summary, it can be stated that health circles represent a concept that is acceptable to both employees and employers as a promising technique for enhancing the health of employees, while also having a positive impact on the economic indicators of company success.

Identified success criteria

- Persistent promoters of the health circle concept who are capable of convincing others
- Active and continuous support by management; they should include health circles in relevant management systems
- Active and continuous support by the other relevant participants (union representatives, health and safety experts, company physician and others)
- Willingness to cooperate and find practical solutions
- Use and accept employees as experts about their workplace conditions during health circle meetings
- Continuous information and involvement of employees through all phases of the health circles project (planning, implementation, results)

Transferability of the action

The general idea behind the health circles is very simple.

In some countries it might be difficult to have access to detailed reports of absence data and to conduct employee surveys. While these are important for a sufficient problem analysis, needs assessment and for the participation of employees, it is still possible to conduct health circles without them.

The main principles, however, should be followed in order to keep the central idea of a health circle: the viewpoint of the employees should be at the centre of attention; all aspects of the workplace, the organisational structure, the leadership styles and psychosocial factors should be considered as potentially harmful for the health and well-being of employees; management and labour representatives should be open to suggestions and willing to make general and, if necessary, far reaching changes to improve the situation.

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3.4 NAOUSSA SPINNING MILLS SA — WORKPLACE HEALTH PROTECTION PROGRAMME — GREECE

- Aimed at workplace health promotion
- Long established
- Holistic approach

Abstract

Naoussa Spinning Mills SA have been pioneers in the area of workplace health protection and promotion in Greece since 1986. The 'Workplace health protection programme' that has been developed is described as an example of an approach to tackle work-related stress.

Background and surroundings of the action

Naoussa Spinning Mills SA is the largest private employer in northern Greece in the textile industry and among the largest in the area in the EU. It now employs 1 000 employees distributed in 10 production units that produce cotton and blended yarns. In 1986, Naoussa Spinning Mills SA decided to integrate health promotion and protection in its long-term strategy, in what came to be referred to as the 'Workplace health protection programme'. In June 2000, Naoussa Spinning Mills received an award from the Hellenic Institute of Occupational Safety and Health in a programme that was aimed at collecting information on good practice in the areas of stress at work, musculoskeletal disorders, and the management of dangerous substances. The case that received the reward exemplified the company's leading programmes and activities in the areas of health and safety at work. There follows a description of the 'Workplace health protection programme' developed in the company, providing a short example of the action that was awarded a good practice award by the Hellenic Institute and the Centre for Health and Safety at Work (KYAE).

An innovative decision at the time, the programme was well received and approved by the company's board of directors, which provided the necessary funding and support for its implementation.

In 1986, the executive management of Naoussa Spinning Mills decided to integrate health promotion and protection in their long-term strategy, which was aimed at improving their employees' working, living and learning conditions, as well as eliminating any negative impact on the working environment. The company then employed 692 people in five production units. An innovative decision at the time, the programme was well received and approved by the company's board of directors, which provided the necessary funding and support for its implementation.

Objectives to be achieved

The aim of the 'Workplace health protection programme' is to promote and implement measures for the protection of the physical and psychological health of the employees in a broad, all-encompassing action plan. Thus, health protection has been integrated in all levels of production, from machine selection and purchasing, to job design and work organisation, to the improvement of the production cycle and its impact on the environment and natural resources. It also comprises various investment programmes offered to the employees and others and implemented on the local environment.

Thus, health protection has been integrated in all levels of production, from machine selection and purchasing, to job design and work organisation, to the improvement of the production cycle and its impact on the environment and natural resources.

Although this action has not been designed to target work stress specifically, it does provide for the identification of causes of stress and for the design of means to address stress-related problems by non-experts in the field. As such, it provides an example of indirect health promotion and stress-reduction programme that has the benefits of combining and making use of the workers, of the knowledge of their occupational health department and of the human resource services and areas of expertise in a participatory approach.

Description of the action

The causes of stress are a multitude of factors ranging from work–home interactions, work demands and job design, musculoskeletal/physical demands, relationships with colleagues, etc.

The initial scope of the workplace health protection actions when they were first being developed allowed for the introduction of the minimum health protection and promotion principles according to knowledge and practice, and Greek and European legislation at the time. Once these principles had been integrated into a programme for action, the executive management introduced it to all parties that could be affected, for approval. These targeted groups included all levels of employees in the organisation. The first step was presentations to the labour union executive councils whose positive reaction and acceptance was encouraging for the further development of the programme. This was completed after long consultations with the employees' groups of representatives.

A broader marketing of the 'Workplace health protection programme' then took place on all mill managerial levels, as well as among the employees. Their acceptance was a means to ensure compliance and, ultimately, the success of the measures taken and the resources allocated. The programme is now being monitored and implemented in close collaboration among employee representatives, human resources, occupational health services and the senior managers, and in taking into account the potential input of all stakeholders in the organisation.

Planning and monitoring of the workplace health protection programme activities

The monitoring of the physical and psychosocial measures and activities in each of the five production units of the organisation is the responsibility of a health

and safety committee that consists of representatives of the human resources and occupational health services, the safety engineer, the manager of the unit, and employee representatives.

Examples of stress-relevant activities that the programme aims to provide for

Work shift arrangements

Naoussa Spinning Mills SA are already implementing a range of work shift arrangements and solutions, such as flexible working practices and work task enrichment. The aim of these is to eliminate night shifts as far as possible, to facilitate a better work–family balance for their employees, and to introduce more variable and less monotonous work. As many as 30 % of the staff's work schedules are free of any night shift. In addition, where more than one member of the same family are employed by the organisation, their work shifts are regulated so as to suit their family needs and to facilitate a more convenient work–home balance according to their expressed preferences.

Task allocation/job placement/rehabilitation

Employees are allocated work tasks and responsibilities according to their needs, skills, abilities and previous training, taking into account potential health or other restrictions. For example, workers who have been found to respond well and to be less stressed in a highly demanding environment and who have shown preferences for more challenging tasks will be allocated their work tasks accordingly. Using the help of the occupational doctor and a social consultant, gradual rehabilitation is also provided to employees who have taken sickness or disability leave for a prolonged period of time.

Steps in the process

1. The procedure for problem identification and management starts with either:
   1.1. analysis of organisation al records (absenteeism, accidents, medical records) by the occupational health and human resources departments, or
   1.2. with assessment of the risks to the health of employees, or
   1.3. in discussions with employee representatives.
2. Further consultations with employee representatives and the management are aimed at placing the identified problems in the broader picture and at establishing priorities and objectives for action.
3. Following that, the risk factors and target groups of the action are established on the basis of employee demands and complaints, relevant studies and surveys, and a view towards the feasibility and effectiveness of the actions.

4. Marketing the actions that have been decided upon takes the form of group discussions, announcements, talks with the occupational doctors, and training sessions.

A high level of support and cooperation by the management is essential as for all programmes of change. Employees are actively encouraged by their superiors to participate in the programme's activities. In addition, schemes such as paid leave have been designed in order to foster absorption and compliance with the measures.

Availability of resources

All activities are funded by the company's specifically allocated funds. A range of internal and external services is available to all employees.

These include:

- canteen facilities, lockers and rest rooms,
- first-aid and medical examination facilities in each unit,
- rehabilitation facilities,
- medical consultation and social assistance,
- private health insurance for all employees,
- paid leave,
- family planning schemes.

Example of an action programme

Employees at Naoussa Spinning Mills had been experiencing problems, and through discussion with employees it was realised that they were related to work stress. The existence of the problems was diagnosed using consultations with employee representatives, the examination of absence records, and also inferred from studies conducted at the Aristotelian University of Thessaloniki on the relationships among the variables of blood pressure, job satisfaction, shift work, work status, health behaviours, and various physiological measures.

The problems identified were attributed to the noise in the working environment and to the monotonous work. Other causes non-work-related that were identified were the increase in unemployment in the area and the career-orientations of younger employees and their offspring. Once the problems had been identified, a series of prevention and health-promotion measures were taken: the physical environment of the units was measured (noise, humidity, temperature, etc.); personal protective equipment was provided where necessary; physical conditions were improved as much as possible; a productivity bonus scheme was designed for all employees; the equipment that was being used was substituted with equipment that would not contribute to musculoskeletal problems. Furthermore, the organisation provided extra health insurance to its employees, with their own health insurance scheme.

The changes resulting from the action were received very positively. All employees welcomed the changes in their working environments. Most importantly, the ergonomic changes that were implemented reduced the impact of stressors on employee health and work outcomes and increased overall productivity.

Results from the action

In order to monitor the progress of ongoing activities and to re-evaluate the priorities and goals of each action, detailed records are kept of outcome data, surveys, and interviews with employees. Such records also allow for the comparison with previous data and the design of cost-effective longer-term organisational strategies.

General evaluation

The programme has been acknowledged at national and international levels.

The programme has been successful since its start in 1986. In addition to the evaluations that have been conducted at a company level, the programme has been acknowledged at national and international levels. In July 2000, the Hellenic Institute of Occupational Safety and Health gave an award to Naoussa Spinning Mills for their intervention that was designed to manage work stress (Europe-wide project on work and health: good practice). In addition, Naoussa Spinning Mills SA received an award for their programme at the European network — Workplace health promotion conference that was held in Bonn, in May 1999.

Problems faced and factors of success

The participative nature of the workplace health prevention programme at Naoussa Spinning Mills has achieved considerable benefits for the organisation, its employees and the local economy.

The participative nature of the workplace health prevention programme at Naoussa Spinning Mills has achieved considerable benefits for the organisation, its employees and the local economy, and stands out as an example of an initiative. The approach that the executive management used to address all physical, psychosocial, and work problems allows for input from all key players involved in the problem identification and action implementation, thus precluding any clashes and problems in the actual implementation. The changes in leadership style and working relationships have generated more satisfaction and commitment among employees. A participative approach avoids all clashes of interest and is conducive to successful implementation and ownership of the interventions.

Identified success criteria

The success of the programme lies mainly in the participative nature of the diagnostic, planning and implementation stages, and in the acknowledgement that the workers are experts in their job. This realisation hands ownership of the problems to all partners involved — employees, management and the facilitators of the processes (occupational health department, human resources, safety engineer). The cooperation of the management is essential, as in all such

programmes. Furthermore, an essential element for the success of the WHP programme is the fact that this programme is being implemented by an interdisciplinary team that consists of non-experts in occupational health psychology who have achieved excellent collaboration.

Transferability of the action

The relevance and transferability of the action lies, as already mentioned, in its participatory and multidisciplinary nature. Difficulties may mainly reside in the resources that will need to be committed at the start of the programme, but the commitment that it generates can guarantee it sustainability and effectiveness.

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Information on the programme can be found on the Internet:
http://www.osh.gr/kyae/whp/gr/Docs/naoussa.pdf

3.5 INTERVENTION PROJECT ON ABSENCE AND WELL-BEING (IPAW) — DENMARK

- Aimed at reducing absence and promoting well-being
- Covers different sectors
- Management and employee participation

Abstract

IPAW is a five-year psychosocial work environment intervention study. The interventions take place at the organisational and interpersonal level, and focus on psychological demands, social support, control, meaning of work and predictability. The main endpoints are self-rated health, perceived stress, absence from work, job satisfaction, and labour turnover.

Background and surroundings of the action

Psychosocial interventions: 2 050 persons; health services; technical services; industrial production.

The idea for a project on absence and well-being originally came from three occupational health services (OHSs) in the Copenhagen area. Each of these OHSs had been approached by a workplace with excessive levels of absence. These were Novo Nordisk and Novozymes (a large pharmaceutical company), Københavns Kommune (the municipal technical services of Copenhagen) and municipal nursing homes in Copenhagen. The National Institute of Occupational Health (NIOH) was contacted by the OHSs, and the researchers at NIOH were surprised by the fact that the three different OHSs had been approached by workplaces with the same problem. A large psychosocial intervention study was launched in 1996. The project is still ongoing in 2002.

Occupational sectors and companies concerned:

Health services

Municipal nursing homes in Copenhagen (979 participants from 22 workplaces).

Technical services

Municipal technical services of Copenhagen (343 participants from 16 workplaces)

Industrial production

Large pharmaceutical company (731 participants from 13 workplaces)

In total 2 053 individuals:

67 % female, mean age 41 years
63 % unskilled workers
22 % salaried staff
14 % skilled workers

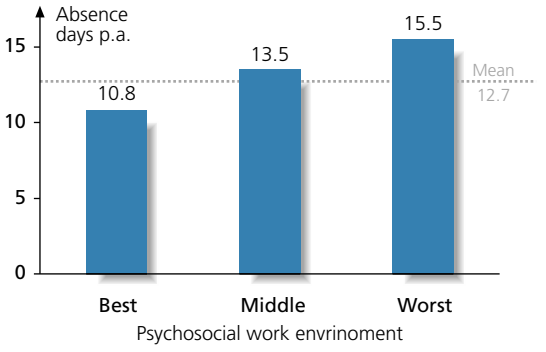
At all the workplaces, management had attempted to address the absence problem through interventions at the level of the individual (such as meetings with individual employees with excessive levels of absence days) and to some degree also through improvements in the physical work environment. These initiatives had not had the desired effect, and the employers and representatives of the workers came to the conclusion that there were problems in the 'psychosocial work environment'. Both parties at the three workplaces hoped that the OHSs could develop a solution to the problem. Thus, the initiative was supported by employers as well as employees, but for different reasons: the employers hoped for lower absence rates while the employees hoped for better psychosocial working conditions.

The project consists of two parts: intervention and research. The second part of the project is an evaluation study of the interventions: the effects of the interventions implemented by workplaces and support by process consultants.

Highest absence rates at worksites with worst psychosocial work environment.

Preliminary results indicated that the level of absence was found to be high, and it differed between workplaces in a pattern associated with the psychosocial factors. The more serious such problems, the higher the absence rates.

Figure 1. Psychosocial work environment andabsence
Workplace mean



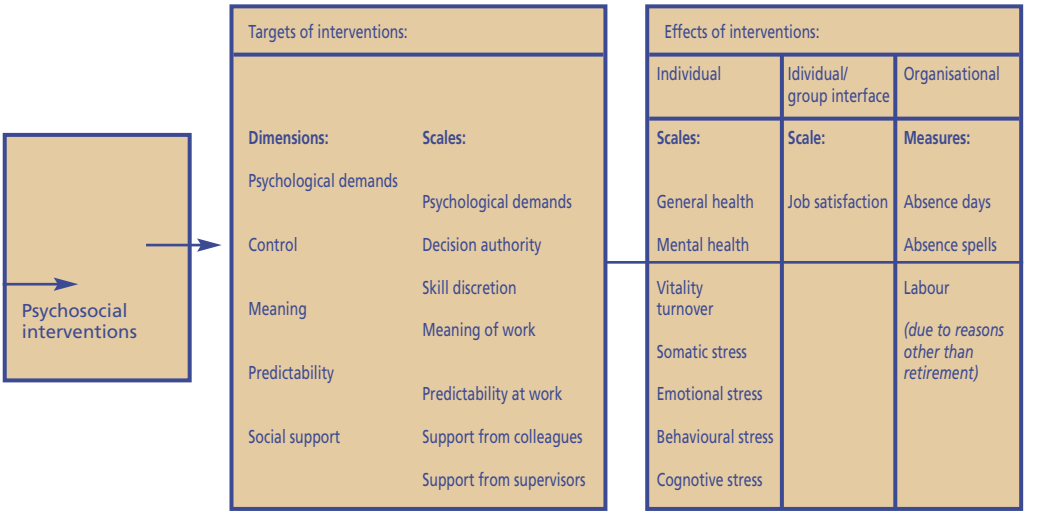
Other findings showed that the number of absence days was significantly and positively associated with all stress indicators (behavioural stress, somatic stress, emotional stress and cognitive stress); and it was significantly and negatively associated with general health, vitality and mental health. Furthermore, all measures of stress were, as expected, positively associated with psychological demands at work and negatively with decision authority, support from colleagues and supervisors, meaningfulness at work and predictability at work.

Ambitions of the action and goals to be reached

The aim of the intervention was to improve the psychosocial work environment. It was expected that an improved psychosocial work environment would reduce absence and reduce costs.

A questionnaire was developed and administered to obtain self-reported measures in five basic dimensions of work stressors: psychological demands, control, meaning, predictability and social support. Absence data was collected from organisational records. The goals of the interventions were to create positive changes in the areas shown in Figure 2 (high control, high support, high meaning, high predictability, and **suitable** demands).

Figure 2 Psychosocial interventions



Description of the action

After meetings with representatives from the worksites, it was decided to conduct a common project, the so-called 'Intervention project on absence and well-being' (IPAW), and three project committees, consisting of representatives from management and employees on each of the three occupational sectors, were established. It is important to note that for each of the three different

groups, the project includes only their respective part of the project. They do not use the name IPAW, but local names with reference to local conditions.

All partners (representatives of management and employees, occupational health and safety, process consultants and researchers) wanted the interventions to be aimed at the organisational and the individual–organisational interface level. The whole OHS system is built on the philosophy commonly shared by Danish work environment professionals 'the worksite is the patient, not the worker'.

Project course

1. Pre-intervention questionnaire surveys and interviews took place in 1996–97.
2. Workplace meetings to prioritise problems and develop solutions.
3. Implementation supported by process consultants took place from 1996–98.
4. Post-intervention surveys two and five years after the start, in 1998 and 2001.

The design of the project included three categories of worksite: high-absence intervention worksites, high-absence control worksites, and low-absence control worksites. The study included control groups in order to assess **what would have happened in the intervention group, had the intervention not taken place**. Each of the intervention worksites appointed consultants with expertise in the field of psychosocial factors at work. The consultants were not to act as expert decision-makers, but to assist the worksites with the intervention process.

The interventions were based on four different types of input.

1. The basic paradigm of the five dimensions.
2. The expertise and experience of the consultants and results of their interviews at the workplaces.
3. The wishes and resources of the workplaces.
4. The questionnaire results from the baseline study (in particular the results concerning the basic five dimensions).

Thus, the type of interventions adopted in this case were a mixture of theory driven and practice based, between bottom-up and top-down, and between experts' views and a participatory approach.

The interventions were different for each workplace according to the specific problems faced in each of the three workplaces. Typical efforts were to improve:

- organisation and leadership
- communication
- social climate
- possibilities to influence the concrete work

The resources that were employed were time for meetings etc., taken from the normal working hours, and external consultants. The average time spent

was approximately three working days per employee. Consultants were paid by the central organisations (the pharmaceutical company and the municipality). Consultant costs were EUR 175 000 for four technical workplaces and EUR 150 000 for five nursing homes. Eight nursing homes received 'free' consultancy by the associated OHS, and the pharmaceutical company used internal consultants and did not calculate the costs. The research project was financially supported by the national research councils, the National Health Fund for Research and Development, and the Danish Health Insurance Fund.

Research funding was allocated to follow-up and describe the intervention processes with the use of qualitative methods, but did not succeed, since the funds did not find the topic 'scientifically relevant'. Instead it was chosen to describe the interventions with a short standardised instrument.

Results from the action

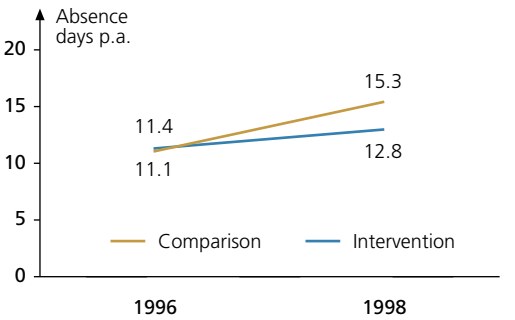
Improvement of psychosocial work environment followed by drop in absence rate.

Improvements were achieved, but to very different degrees in different workplaces.

It is statistically supported that:

- the workplaces that did the most to improve the psychosocial work environment, achieved the highest drop in absence rate;
- the workplaces in which the psychosocial work environment, due to different reasons, became worse have experienced the highest increase in the absence rate;
- the drops in the absence rate were highest at the workplaces with the most superior working environment already from the start of the project;
- employees with reduced workability from workplaces where the psychosocial working environment was improved had a reduction in absence spells over the period;
- employees with reduced workability from workplaces where the psychosocial work environment was not improved, or was poor initially, had a considerable increase in absence spells over the period.

Figure 3 Absence days on intervention and comparison workplaces



The first year after the intervention stopped, the reduction in absence days was 3.5 on average per employee on the intervention workplaces.

Besides these results based on the statistical data, verbal testimonies and reports from staff at some nursing homes showed that the quality of care had improved over the study period.

Problems faced and factors of success

There was a large difference in support of the project from both supervisors and employees. In some workplaces, conflicts about aims and measures almost stopped the project. Some workplaces reached only very limited results. Thus there was some frustration over less successful results. Sometimes the project created expectations so high that results were not appropriately appreciated.

Although the first initiative did come from the three workplaces, this did not mean that all participants shared the same feelings about the initiative. Many workers and supervisors at middle levels in the hierarchies did not feel that IPAW was their initiative or that their opinions were taken into account or that they had been given ownership. One of the first lessons learned was that it is not enough that the initiative 'comes from the workplaces'. It is equally important that the lower and middle-level supervisors, the shop stewards and the employees are involved in the process and not just 'ordered' to participate.

... it is not enough that the initiative 'comes from the workplaces'. It is equally important that the lower and middle-level supervisors, the shop stewards and the employees are involved in the process and not just 'ordered' to participate.

Success criteria

- The initiative came from the workplaces, not from the researchers
- Both management and employees were motivated and committed to the project
- Both management and employees felt ownership and could benefit from the project
- Professional consultants assisted the interventions.
- The study covers three quite different sectors: nursing homes (predominantly female employees), technical services (predominantly male employees), and a pharmaceutical company (mixed composition).

Transferability of the action

The project can easily be transferred to other countries and to different occupations. However, improvements are possible by making a more detailed 'contract' between workplaces, consultants and researchers, by better and more frequent feedback from researchers to workplaces, and by a realistic plan for process evaluation.

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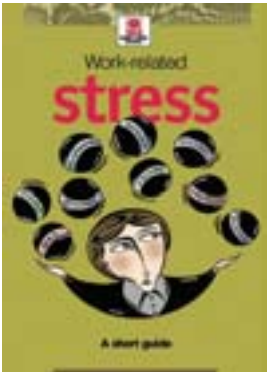
4.

REDUCTION OF STRESS

4.1 GUIDANCE PROVIDED BY HSE: PART 1 — WORK-RELATED STRESS — UNITED KINGDOM



- Guidance pack produced
- Aimed at employers and employees
- Part of strategic approach

Abstract

Nearly 370 000 copies have been issued since their launch in one year.

The Health and Safety Executive (HSE) in the UK published in 2001 a number of pieces of general guidance — free and priced — aimed at organisations and at employees on how to tackle stress at work. Nearly 370 000 copies have been issued since their launch in one year. The guidance forms part of a strategy for tackling work-related stress.

Background and surroundings of the action

Work-related stress is the second greatest cause of lost workdays in the British economy. Stress-related illness is responsible for the loss of 6.5 million working days each year, costing employers around EUR 573.5 million and society as a whole as much as EUR 5.81 billion. An estimated half a million people in Britain are suffering from work-related stress, anxiety or depression at levels that make them ill. Other sources suggest one in five workers report their work to be very or extremely stressful.

The Health and Safety Commission (HSC) has identified stress as one of eight priority programmes in the HSC strategic plan 2001–04 aimed at reducing

accidents, injuries and ill-health in the workplace. The strategy for tackling work-related stress has four strands:

- to develop clear, agreed standards of good management practice for a range of stressors;
- to better equip Health and Safety Executive (HSE) inspectors and local authority officers to be able to handle the issue in their routine work;
- to involve others actively in developing a more comprehensive approach to managing stress; and
- launching a publicity drive to help educate employers, including the development of additional detailed guidance.

The Health and Safety Commission (HSC) has identified stress as one of eight priority programmes in the HSC strategic plan 2001–04 aimed at reducing accidents, injuries and ill-health in the workplace.

While underpinning HSC's strategy, research reports published by HSE at the end of the 1990s are often technical and have little impact on or relevance to business in general. Thus the main objective for the first year of the strategic plan project was publication of revised guidance and related awareness-raising activities (a 'publicity drive').

In the near future, HSC/E plan to develop standards of good management practice. These standards will provide a clear yardstick against which to measure an employer's management performance in preventing stress. The first pilot phase will occur in 2003 and the final phase of the standards in 2005.

Objectives to be reached

The causes of work-related stress are diverse and complex but are essentially associated with the design and organisation of work, including its management. Many managers fail to perceive work-related stress as a management issue because they (erroneously) consider its effects not to be serious and some believe that stress is confined to those who have a personality weakness, or that it can be dealt with solely by individuals making lifestyle changes. Managers do not know how to assess the problem or what to do about it. They are unaware of their legal obligations.

HSE's belief is that plain good management can reduce work-related stress where it is already occurring and can prevent it in the first place.

HSE's belief is that plain good management can reduce work-related stress where it is already occurring and can prevent it in the first place.

Key messages are:

- work-related stress is a serious problem for organisations (and not just for managers)
- there are things organisations can do about it
- there are things organisations should do about it

Guidance needs to be aimed mainly at managers and employers; they have a legal obligation to prevent work-related stress and the needs of smaller organisations must not be neglected. However, this needs to be supported by guidance for employees to encourage an approach to tackling stress based on partnership and cooperation in the spirit of securing health together.

Description of the action

Why publications?

Publications are the main means of communicating with those whom HSC/E seeks to influence and inform.

Publications are the main means of communicating with those whom HSC/E seeks to influence and inform. They play a central role in conveying different types of information to diverse audiences, and can be adapted to a variety of purposes. New forms of communication media are being developed at a rapid rate — Internet, multimedia, etc. — but the printed word remains the single most widely used form of communication.

The publications strategy ensures that publications are available to and accessible by all HSC/E's target audiences and that mechanisms are set up to provide feedback. Publications offer the benefits of consistency and permanence, and flow directly from HSC/E's primary activities.

Publications meet the need for information, guidance and advice on:

- legislative requirements,
- technical requirements (including standards),
- the outcomes of research,
- the results of investigations,
- matters relating to HSC/E's need to be publicly accountable.

The publication strategy supports HSC/E's main aims and strategic themes. It is implemented in close coordination with the communications strategy and plays a key part in:

- raising awareness of health and safety problems, how they can be avoided and the measures to be taken to provide a safer and healthier working environment,
- communicating simple and practical guidance covering key areas of risk — on what to do and what not to do — available to small firms,
- ensuring a better informed workforce, including managers, employees and those who advise them,
- making people aware of new and existing legislation,
- positioning HSC/E as the independent central authorities on health and safety at work,
- meeting the information needs of small firms.

Publication for employers and employees.

Effective communication demands that the target audience be clearly identified at the outset.

HSE's common practice is to produce information for both employers and employees. Effective communication demands that the target audience be clearly identified at the outset. There may be more than one target audience. The audience determines the nature of the communications, the tone of the message and the most effective communication channels. It is often necessary to adapt the message for different audiences without losing sight of the overall objectives and outcomes.

The HSE launched three pieces of guidance in relation to work stress:

- two aimed at employers:
  1. *Tackling work-related stress: a managers' guide to improving and maintaining employee health and well-being* (HSG218 —priced) aimed at organisations that employ more than 50 people;

2. *Work-related stress: a short guide* (IDNG281 rev. 1)

- one aimed at employees*:*
  3. *Tackling work-related stress: a guide for employees* (INDG341)

These stress publications were written by policy officials in HSE's health directorate. The texts are edited by professional editors (in-house).

1. Tackling work-related stress: a managers' guide to improving and maintaining employee health and well-being

A press conference was organised on 25 June 2001 to launch the guidance, which provides a step-by-step approach to tackling the causes of stress in the workplace. It helps to identify who is at risk and what steps they can take to prevent problems occurring, as well as outlining employers' statutory obligations and making the case for taking effective action now.

The guide examines:

- culture: how supportive the organisation is;
- demands: the load placed on individuals and their capacity to handle it;
- control: the amount of say an individual has in how work is carried out;
- relationships: how people relate to one another in the workplace
- change: within and outside the organisation and its effects on workers;
- role: the need for an employee to be clear about his/her place in the organisation;
- support and training: its importance in doing the job well and ensuring good mental health.

2. Work-related stress: a short guide

As firms that employ fewer than 50 people account for 99 % of all businesses and employ 44 % of all non-government employees the HSE launched new guidance aimed specifically at helping small-sized firms on preventing work-related stress. The HSE launched this new guidance to coincide with National Stress Awareness Day on 7 November 2001.

HSE launched new guidance aimed specifically at helping small-sized firms on preventing work-related stress.

The booklet *Work-related stress: a short guide* 'does not introduce any concepts that are different from good management. Our belief is that plain good management can reduce work-related stress where it is already occurring, and can prevent it in the first place', as mentioned in the introduction.

The booklet uses an easy to understand question-and-answer format and explains:

- what stress is and what causes it;
- employers' legal duties about work-related stress under health and safety law;
- how to find out if stress is a problem for a small firm; and
- things small firms can do to prevent work-related stress.

The publication has been awarded the Plain Language Commission's 'Clear English Standard'.

3. Tackling work-related stress: a guide for employees

On 25 June 2001, the HSE launched this leaflet aimed at employees in all industries. It explains what work-related stress is, what employees can do to help manage work-related stress in work and out of work (to take care of oneself and ensure one does not make the problem worse) and what to do after a stress-related illness.

Results from the action

This is a tried and tested way, which has proved effective within the budget (GBP 250 000) and resources available.

A large number of copies have been issued and either sold or distributed:

Publication	Target	Copies issued from launch to May 2002
1. *Tackling work-related stress: a managers' guide to improving and maintaining employee health and well-being* (HSG218 — priced)	Organisations that employ more than 50 people	19 426 copies have been sold since the launch on 25 June 2001
2. *Work-related stress: a short guide* (IDNG281 rev1)	Small firms	Nearly 75 000 copies were issued to various bodies direct from the printers and for use at exhibitions/conferences from November 2001 to date including copies sold in priced packs.
3. *Tackling work-related stress: a guide for employees* (IDNG 341)	Employees	275 200 copies issued from June 2001 to date. This includes copies sold in priced packs and copies added to each copy of HSG218 sold.

Problems faced and factors of success

The identified success criteria are:

1. the take-up of guidance and information;
2. the actions taken by employers, particularly in the main target groups, which are health services, teaching, management, security workers, social workers, public services;
3. reducing working days lost through ill health related to work stress.

The time since the guidance was released is too limited for any conclusions to be drawn as to the response by the employers. It is, however, known that publications issued by the HSE are generally well received by employers and employees. We may not be able to tell what actions have been taken, but the

large number of copies disseminated points to a large audience for practical and applicable information.

Transferability of the action

The effectiveness of published guidance has been well demonstrated. Such guidance could be produced across Europe by national bodies/agencies that will have the authority for further compliance. Guidance should take into account national legislation and provisions for employers and employees for managing work stress.

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4.2 STRESS.MODERATOR — A STRESS MANAGEMENT METHOD — AUSTRIA

- Assessment tool
- Combines organisational and individual approach
- Involves use of a moderator

Abstract

At the request of Austrian social insurance organisation AUVA, the Vienna University of Technology developed, in March 2001, a method making it possible to identify and analyse psychosocial factors of stress in the enterprise. This method, the StRess.Moderator, also helps employees, in partnership with management, think about possible solutions and incorporate them in their work organisation.

Background and surroundings

The 'human factor' is the most important resource in the enterprise, permitting productivity and innovation. Poor work organisation, a lack of readiness for dialogue and too few work breaks often lead to costly unproductive periods, psychosomatic illnesses and exhaustion syndromes.

Moreover, in nearly every sector of activity, employees today complain of stress due to the increased workload: tasks must be performed faster and better, whereas there are less and less personnel and the working environment often features hustle and overwork. Senior executives are not spared from work-related stress and competitive pressure, while they must motivate their personnel in hard times and fairly assess their performance.

One observes, moreover, in recent years, an increase in the number of psychological disorders and mental illnesses and in early retirements for the same reasons.

With a view to providing assistance to enterprises, the AUVA (Unfallversicherungsanstalt) therefore asked the Institute of Work Science of the Vienna University of Technology, which is one of its longstanding partners, to develop a method making it possible to reduce stress in enterprises.

Objectives to be achieved

The StRess.Moderator — combining an organisational approach and an individual approach — serves to identify and analyse psychosocial factors of stress and the existing solutions to attenuate their negative consequences. It helps the employees, together with management, think about possible changes and incorporate them in their work organisation.

The objective of the StRess.Moderator is to recognise the need for change, understand what was done in the past and give shape to innovation.

Description of the action

The prevention instrument developed by the Vienna University of Technology in March 2001 is the StRess.Moderator. StRess is the acronym for 'stress factors' and 'resources'; Moderator has three meanings: it is the instrument itself, the role of the person who uses the instrument in the enterprise and the method according to which the StRess.Moderator is built.

It comprises three parts:

1. basic knowledge of stress and stress factors
2. a model and instructions for use
3. tools for applying the process.

The AUVA has published an initial series of 50 copies of the StRess.Moderator, the objective being to be able to have the method evolve as it is applied in enterprises. The StRess.Moderator is sold to enterprises for a price of EUR 210 (EUR 170 for the launch). The AUVA does not subsidise enterprises for application of the method.

The StRess.Moderator was advertised in AUVA publications and presented at the OH & S Forum 2001, which basically brings together safety engineers.

The moderator

Advice, support and the coordination of all actions by a professional are an essential aspect of application of the StRess.Moderator. This professional is the moderator. He (she) may be a doctor, psychologist, member of the human resources department, etc., but it is essential that he (she) should come from outside the department/division audited and should follow a three-day training course provided by the AUVA, with a contribution from an independent psychologist.

The moderator must also cope with the expectations aroused by the StRess.Moderator, discuss fears related to any changes, and explain the planned execution of the process.

Application of the StRess.Moderator

The moderator sees his (her) role as that of a 'facilitator', making sure that the process is lighter to implement and takes place well.

Role of the moderator

- *Assess the motivation of the people concerned* — Above all, the moderator's task is to assess to what extent those concerned are prepared to enter into

such an overall communication process, identify tricky points or problems and detect any suffering existing in their enterprises.

- *Obtaining management approval* — Then, to launch the StRess.Moderator, it is essential to obtain the approval of management and the works council, where the latter exists. This is because to introduce changes in the enterprise, it is first essential to win decision-makers over to this cause. And then, such an intervention in the complex sociotechnical system of an enterprise requires time.
- *Presenting the method and its content; establishing the general conditions* — Once the corporate management has taken the decision to apply StRess.Moderator, a discussion is established between the moderator and the managers to familiarise the latter with the method and its content. The general conditions must also be agreed on: start of application of the method, setting of deadlines for each communication action, number of participants, scope of the moderator's advisory activity, planned deadline for end of application of the method, etc.
- *Invite the employees convened in groups to express themselves* — After listening to the managers, the employees, convened in groups, are invited to express themselves and discuss the awareness of their problems and the foreseeable solutions.
- *Inform management concerning work progress* — Following one or two workshops, the moderator informs the managers of the organisation proposals made by the employees. His (her) role is especially useful during this phase, because many managers have the feeling that they are being criticised personally when the employees mention work organisation and the need for a basis for discussions.
- *Invite management to react to the proposals made by the employees* — Following a discussion, the managers give their opinion concerning the proposals made by the personnel, and define the details of their application or justify their refusal. The wheel has gone full cycle when the managers, encouraged by the moderator to do so, provide feedback to the employees.
- *Have the proposals applied* — The moderator sees to it that the proposals that have been made by the employees and by management and that he feels are valid are applied.
- *Evaluate the process* — Finally, an evaluation is made concerning execution of the process, the subjects, proposals made and responsibilities taken for implementing solutions. The team that worked out the StRess.Moderator advises, moreover, a further intervention 6 to 12 months after the changes have been made. In the meantime, the stress factors and resources have changed, and it is possible to check the effectiveness of the changes and make adjustments. Whenever it is applied, the StRess.Moderator serves as an instrument for personal development and for development of the organisation.

Results from the action

To date, there have been two applications made of the StRess.Moderator, one in an administrative department with 18 people in a large energy firm, and the

other (which is to continue until the autumn of 2002) in a technical services enterprise of eight people. But the objective is to move forward step-by-step and not to launch a maximum number of actions in a minimum of time.

In view of the lack of hindsight and the small number of concrete applications, it is hard to carry out a real evaluation of this instrument. On the other hand, certain observations are clear.

Problems faced and factors of success

- While the approval of management is essential, the involvement of all the employees in the department or division concerned is also essential.
- Recognising the need for change, understanding what has been done in the past and giving shape to innovation requires time and (mental) energy. Accordingly, there is practically always bound to be internal and external resistance.
- The StRess.Moderator results in positive changes, according to a foreseeable process and with results already attested: the employer knows what he can expect from this method based on communication.
- Moreover, subjects of burning importance are not avoided; the StRess.Moderator enables them to be discussed and enables changes to be made without damage. The ability to work is maintained and it improves once all the parties concerned enter into reasonable discussions.
- It is important to note that both managers and employees work on what they think poses a problem at their work station and on what they would like to change. They thus come to know one another better, thereby improving the foundations for dialogue for the future.

Transferability

The StRess.Moderator can be used by organisations of all sizes and in all sectors of activity; it is a method which can be adapted flexibly to each enterprise.

Further information

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4.3 STRESS PREVENTION AND CONTROL CLINICAL PROGRAMME — PORTUGAL

- Combines psychotherapy, counselling and physical activity
- Focuses on the individual
- Helps develop coping skills

Abstract

A major initiative in Portugal is described. It is developed by IPSSO and aims at alleviating work stress. The 'Stress prevention and control' clinical programme is a week-long individual-tailored programme that focuses on the individual worker and its main objectives are to restore participants' psychological and physical well-being, and to teach them to develop coping skills, in a neutral environment.

Background and surroundings of the action

The IPSSO — Instituto de Prevenção do Stress e Saúde Ocupacional (Occupational Health and Stress Prevention Institute) is a private non-profit organisation, whose aim is to use their incomes from the stress prevention programme in order to finance scientific research). Their two main areas of activities are: research on stress, and also clinical interventions aimed at alleviating and teaching people to better cope with stress, a part of which is tailored training. The institute's best-developed areas are in its stress-prevention programmes.

The stress prevention and control clinical programme was initiated in 1996 by Professor Rui Mota Cardoso, MD, Head of Neuropsychiatry at the Faculty of Medicine of the University of Oporto, Portugal. The Stress Prevention and Occupational Health Institute (IPSSO) was established in 1996, but the first clinical programme, which is offered to employees from all occupational sectors, was developed in February 1997.

At the time when the programme was being developed, stress was increasingly a major health and organisational issue in Portugal. Although there were a lot of stress management programmes on offer designed to tackle the problem, these were offered for commercial purposes and their validity and effectiveness was doubtful. Professor Rui Mota Cardoso developed a stress prevention action programme that was based on the scientific investigations that informed good clinical practice in psychology during that period (1993–96). At the same time, a group of property developers were planning a new tourist complex in the Mountain of Caramulo, with the aim to recover the tourist tradition of the place (for decades, Caramulo was Portugal's most important sanatorium for treating tuberculosis). They contacted Professor Mota Cardoso with the proposal to develop his stress prevention programme in Caramulo.

The programme hopes to prevent risks and outcomes of stress, both at the individual and at the organisational levels. For instance, it can be aimed at risk for depression, burnout or anxiety disorders, as well as over absenteeism, work accidents or decision errors in the organisations. In the first instance, however, the programme focuses on the individual worker, and the organisational/work outcomes of stress are prevented indirectly.

The programme hopes to prevent risks and outcomes of stress, both at the individual and at the organisational levels.

The magnitude of the problem and the importance of preventing the risks to stress have been highlighted by numerous studies and reports, the data of which comes mainly from European and North-American investigations. Case studies in the Portuguese press testify to the magnitude of the problem. Although there are not many studies in the area in Portugal, IPSSO have recently undertaken a study on stress in teachers that confirms the findings of mainstream research.

The programme focuses on the individual worker, and the organisational/work outcomes of stress are prevented indirectly.

Goals and scope of the action

The goal that it is hoped the programme will reach is to teach individuals how to manage work stress using the tools that they are taught at the institute. The main objectives are:

- to restore clients' physical and psychological well-being, and
- to teach and develop coping skills.

Consultations are individually tailored according to the stress symptoms and work outcomes exhibited by each person. The gains are indirectly transferred to the working environment in the form of positive or increased work outcomes such as reduced absenteeism.

The programme has a national scope and targets individual workers. Its group of attendees consists mainly of those who can afford the time off work to attend the week-long programme, such as managers, professionals, the self-employed, etc.

IPSSO has three partners in the 'Stress prevention and control' clinical programme. These are: a four-star local hotel that accommodates programme attendees; a health club, the facilities of which (swimming, aerobics, massages, etc.) are offered to members of the programme; an outdoor sports and activities club (offering long walks, rafting, etc.).

The programme itself consists of a clinical method that has been developed and draws on the principles and techniques of psychotherapy; it is mixed with a training method. Experiential learning is an essential element of the programme, in that individuals are not taught the solutions to their problems, but rather they are helped to learn form them with their experiences and to practice them at the same time as discovering them. The programme lasts for a week (Sunday afternoon to Saturday morning). Programmes are designed separately for each individual, according to personal needs.

Programmes are designed separately for each individual, according to personal needs.

The activities follow the pattern described below.

On the afternoon of the first day, participants are interviewed by a psychiatrist in order to diagnose the symptoms of stress, the causes of stress, the methods used to cope or deal with the problem, and to collect a number of psychopathological, biographic and demographic variables. The results of this interview provide the clinical team (consisting of a psychiatrist, a clinical psychologist and the clinical director, who is also a psychiatrist) the information needed in order to develop the individually tailored programme. A series of daily interviews follows, when the participants explore and develop coping strategies. In parallel to that, and in order to reinforce the gains of the interview sessions and to promote the clinical activities, participants take part in non-clinical activities (outdoor activities, exercise, relaxation and massage, etc.).

The clinical/interview work is based on the strategies that international research has shown to be more effective in stress management and prevention: cognitive restructuring, relaxation, social skills training and expressive therapies. A follow-up of two years of the client follows on completion of the programme, and it takes the form of clinical interviews, phone calls or correspondence.

There are three main ways by which people enter the programme: recommendation by a medical doctor, personal recommendation (usually by a previous attendee) and publicity. (IPSSO are frequently approached by the Portuguese media to advise on the subject of stress.)

The clinical programme costs EUR 1 300 for each attendee for the whole week of treatment. Full accommodation and participation in the health and lifestyle activities is included in the price. The employer usually finances attendance to the programme, and the earnings go towards financing other research in IPSSO.

Problems encountered and results from the action

One of the persistent major problems faced by the implementers of the programme is publicising it. The difficulty lies in the fact that it is a complex issue in Portugal to persuade the managers and decision-makers in an organisation of the benefits of a stress-reduction and prevention programme, that the benefits would extend from the individual worker to the whole organisation and, thus, that the programme is more of an investment than an incurred cost.

Another problem is whether the skills learned from the programme will be applied, further developed and maintained by the participants. A two-year

follow up was designed for these purposes. Unfortunately, it failed due to small response numbers. A new evaluation study is now being designed.

During the development of the programme, unexpected conflicts arose, among the partners involved, that were related to the aims and nature of the institute's activities. Some supported a more commercial nature, whereas others were of the opinion that IPSSO was a clearly scientific non-commercial institution. Teambuilding exercises were organised in order to resolve this problem.

The stress prevention programme at IPSSO has so far received good responses from both individuals and organisations. The number of participants is a good indicator of the success of the programme. Almost every new participant decides to come to IPSSO after a medical or personal recommendation by someone who has previously attended the programme.

In Portugal, IPSSO (because of its clinical programmes) is now a reference centre for the media when the topic of stress arises. At national level, the institute has contributed to the awareness of stress. At individual level, people have been taught and helped to deal with stress.

General evaluation

Problems have been faced with the ongoing evaluation of the programme, as the response rate to follow-up questionnaires is very low to allow for the analysis and comparison of results and outcomes. Evidence however from participants who have been or have contacted the institute shows that the approach is generally successful in tackling work stress. A large evaluation study and a different approach are currently being developed.

Evidence however from participants who have been or have contacted the institute shows that the approach is generally successful in tackling work stress. A large evaluation study and a different approach are currently being developed.

Indirect positive results include a better work–family balance and a better family environment. There are indications from participants who have completed the programme that individuals have more time for the family and involve themselves in more activities with the family. On the other side, the reduction of stress-related symptoms make the families function better. The benefits for organisations are related to the increased health of the employees, the work group, improved performance and increased organisational healthiness.

Negative induced results include the inability of the participant to apply the principles that they have learned in the programme to their daily lives. This problem occurs in training and psychotherapy as well.

Identified success criteria

The existence of the programme for the past 15 years implies its acceptance by the public. Although the partners of IPSSO are involved for commercial reasons, they still provide their services and collaboration to the institute. From the participants' point of view, past participants tend to recommend the programme to new potential participants, and this leads to their being satisfied with the programme.

The most appreciated aspect of the action has been the intervention programme that IPSSO have developed. It does not simply rely on principles of

psychotherapy or of counselling, but rather it is a combination of both and of physical activities. Such an approach tends to overcome shortcomings of each element and deliver the best of each.

Is the method — process — action transferable?

IPSSO's stress prevention programme has been successful in Portugal, under specific circumstances, but can be implemented in a different cultural environment. It is transferable to other settings and countries, given that the physical environments and accommodation and sports facilities are provided where participants will be able to pursue the goals of the programme and be empowered.

The recommendations that can be drawn from the initiators of this programme are:

1. knowledge of the subject and the evidence and good practice
2. focus holistically on the body and the mind
3. expertise
4. translation of stress management methods to everyday life activities
5. combination of individual and clinical perspective.

Further information

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4.4 STRESS MANAGEMENT POLICY IN THE BELGIAN FEDERAL POLICE FORCE

- focused on high-stress occupation
- covers both proactive and reactive measures in a logical and practical way
- stress prevention is part of human resources strategy

Abstract

Stress at work is a hazard for police officers (they are faced with danger, aggression, negative situations, urgencies …) and they are sometimes exposed to traumatising events liable to generate situations of stress. In order to aid those exposed to traumatising events, the Belgian federal police put in force in 1993 a stress management policy and a 'stress team' in charge of its implementation. This multidisciplinary team's missions are post-traumatic stress management, prevention of stress, information and training.

Background and surroundings of the action

Philippe Bleus, Lecturer at Liège University, reminds us, 'the police services are undoubtedly among the obligatory risk or increased risk jobs, if we consider that they are there to take certain risks in place of the population and/or to protect it'.

The police are sometimes exposed to traumatising events liable to generate situations of stress.

Accordingly, as of the early 1990s, the management of the police force ('gendarmerie') considered that 'something had to be done', on the one hand, to help these traumatised people and, on the other hand, to enable its personnel to be 'well balanced' to be able to manage difficult situations and 'show an example'.

This determination to act coincided with the arrival of a new director who wanted to emphasise human resources, of which a stress management policy is one of the features.

Apart from these situations of stress inherent in the risks of the very job of police officer, since 1998 the Belgian police services have been undergoing a large-scale reform, which is accompanied by numerous radical changes on the structural and statutory levels. The reform, introduced by the Act of 7 December 1998, aims to go gradually from three services (communal police, judicial police and gendarmerie) to 'a police service structured on two levels', consisting of the federal police and the local police. It was materialised on 1 January 2001 — part of the gendarmerie and all the judicial police were eliminated to give rise to the federal police. And, since 1 January 2002, the communal police has been transformed into the local police, with the gradual incorporation of employees from the former territorial gendarmerie brigades.

This two-level system includes about 38 000 police officers distributed over the entire Belgian territory, with about 10 000 police officers at the federal police level and about 28 000 police officers at the local police level (196 local police zones — over one or more communes).

Objectives to be achieved

By putting in place, as early as 1993, a stress management policy, the objective was to aid:

- all police officers to tackle difficult psychosocial situations like depression and suicidal states;
- police officers, exposed to traumatising events.

To this first 'reactive' part devoted to management of post-traumatic stress was added:

- a second part focused more on preventive measures with the establishment of training in stress management,
- a third part to know better the factors of institutional and organisational stress and its effects in order to be able to provide the correct answers.

One could add a final objective related to the public service rendered by each police officer and on which the police are judged.

Description of the action

The policy of stress management comes within a framework of the human resources strategy developed by the federal police.

The policy of stress management comes within a framework of the human resources strategy developed by the federal police. It is the materialisation of the internal charter on 'promoting internal relations based on mutual respect and contributing to well-being in the workplace'.

The implementation of the policy on stress is entrusted to a 'stress team', founded in 1993.

The implementation of the policy on stress is entrusted to a 'stress team', founded in 1993. This is a flexible, multidisciplinary team consisting of a permanent core of 17 people (officers, psychologists, social workers and communications specialists; 10 % are police officers and 90 % civilians), which is on service round-the-clock. Depending on the assignments to be carried out

and the circumstances involved, this core may call on other specialists such as doctors, legal experts, etc.

The stress team works according to a twofold approach:

Proactive	Reactive
– Information • general • occupational	Post-traumatic stress management
– Institutional stress management	
– Training in individual stress management	

- **General information** — The introduction of a psychosocial dimension into a system having a military tradition required a change of mentality in the personnel. For this purpose, constant awareness promotion and information actions were carried out, and continue to be carried out, within the institution in order to support the programme of action.
- **Occupational information** — Because the police officers have to face danger and 'show an example', it is important that everyone, according to their role and position, react appropriately faced with their stress and that of others.

  Accordingly, an informative brochure on stress management was published and handed out to all personnel (over 20 000 copies were distributed). Moreover, certain operational directives describe all the actions and reactions to take in case of serious events (disaster, hostage taking, etc.) in order to manage the stress of all the people involved in the situation.
- **Institutional stress management** — The occupational environment produces its own stress factors, which should be identified to be able to act on them. The stress team has accordingly worked out a 'diagnostic instrument' designed to determine the causes of stress in the sections and units: a questionnaire with more than 200 questions. All the members of a unit fill in this questionnaire, and the replies make it possible to evaluate the level of well-being or ill-being prevailing in the section. On the basis of the results, recorded in a protocol and submitted to the section audited, it becomes possible to search for and define solutions to the dysfunctions identified.

  Moreover, to prevent dysfunctions which are sources of stress, the federal police have developed, at the national level, various policies to support the stress management policy: internal communication, enterprise cultural change, combat against alcoholism, improving the work environment, etc.
- **Training in individual stress management** — Stress being related to the individual, the approach is to teach the employees how to manage their own stress at a three-day stress management seminar. This seminar is co-run by a psychologist, an instructor and a doctor. It appears in the programme of continuing basic training for all the personnel. Coupled with this seminar are

optional sessions of individual follow-up with the psychologist designed for participants faced with a particular problem.

- Post-traumatic stress management — In the case of a traumatic event, the stress team provides psychological aid in real time, round-the-clock, for the member of the personnel who is exposed to the event. For this purpose, it has its own means of communication, and vehicles, to intervene on the spot. The same is true for cases of serious depression, attempted suicide, etc.

Results from the action

A questionnaire is sent to the people taken in charge by the stress team; 80 % of them say they would call on this same structure again.

All the actions, whether they be proactive or reactive, give rise if possible to evaluation. For example, a questionnaire is sent to the people taken in charge by the stress team; 80 % of them say they would call on this same structure again.

At present, requests for support have increased considerably, to the extent that additional social workers have had to be hired. Likewise, under the pressure of demand, the stress team's assignments have extended to the private lives of the personnel.

The stress team's action led to the return to work of many police officers who were on sick leave. Moreover, a decline in the rate of suicides among police officers has been observed in recent years.

It should also be noted that in 2001 the Ministry of the Interior asked Liège University to carry out a study on psychosocial hazards and occupational stress in the police. The results of this enquiry showed that where the personnel had been well informed on stress management, the major reform of the police services had fewer negative effects (stress) than might have been expected.

Problems faced and factors of success

The following factors can be mentioned among those contributing to the success of this operation:

- insertion of stress management policy in the overall strategy of human resources and prevention and well-being at work, with the support of the relevant departments and sections which work with real synergy;
- step-by-step application of the policy between 1993 and 1996 with each step being put in place only when the previous one was completed;
- the practical nature of the training.

Transferability of the action

Since 1995, many police services, in Belgium and in other countries, have shown interest in the stress team and used it as a model for creating similar formulas in their units. Currently, the stress team is being requested by other organisations to carry out certain operations for them.

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4.5 ROAD ACCESS AND BUS DRIVERS' WORKING ENVIRONMENT — SWEDEN

- Employer and union support
- Improvements for employees and customers
- Economic benefit too

Abstract

During the period 1989–92 a traffic technical intervention programme was carried out on a bus line in central Stockholm. The intervention was targeted at the organisational level, and thorough evaluation studies showed reduction in perceived distress after work; reduction in job hassles and decreased systolic blood pressure and heart rate among the drivers.

Background and surroundings of the action

Intervention among bus drivers in the urban environment in central Stockholm, where the bus drivers are faced with daily challenges from the heavy traffic.

The programme 'Road access and bus drivers' working environment' (Framkomlighet och bussförares arbetsmiljö) was initiated by the Stockholm municipal transit agency ('AB Storstockholms Lokaltrafik' (SL)), and Stockholm Community Road Administration (Gatukontoret), and took place at the SL Hornsberg Terminal in Stockholm, Sweden, between 1989 and 1992.

The traffic flow in Stockholm city had increased by 30 % between 1982 and 1988, and prognosis from Stockholm County Traffic Office predicted further increased traffic flows during the rest of the century. Moreover, it was predicted that the increase in traffic would lead to a reduced capacity and passenger reductions for the bus traffic. The prognosis of expected increase in the traffic flow in Stockholm forced changes upon the current SL bus routes. As a way of meeting the demands related to the increase of traffic flow to the city, it was important to make the use of buses more attractive. Hence, there were risks of chains of events leading to fewer bus passengers and an increased number of cars on the road in central Stockholm. If no changes were made on the bus routes, while the traffic flow increased, then the bus passengers would have to spend more time on the bus (all other things equal, more traffic would result in more obstacles on the bus routes etc.), leading to dissatisfied passengers.

Changes in the physical work environment were initiated to reduce traffic congestion and enhance customer service. A so-called frame network was proposed for the bus traffic in Stockholm city: a grid system of bus routes travelling the major roads. An advantage with the frame network is that it provides an opportunity to increase speed and road access for the bus traffic in the city areas. Concentrating the main bus routes to a limited number of main roads facilitates technical interventions.

Prior to the introduction of the frame network, a project of traffic technical interventions was carried out along one bus route. This intervention was called 'Road access and bus drivers' working environment' and centred on physical design changes in the bus route and technological innovation to increase operating efficiency.

The intervention took place in the urban environment, where the bus drivers are faced with daily challenges from the heavy traffic on route in the central part of Stockholm.

The participants in the intervention project were those drivers that spent at least 50 % of their full-time work schedule on the intervention route (route 54). The number of participants in the intervention study ranged from 17 to 23 over the three-year period that researchers followed the intervention. However, all drivers working on the route were influenced. It counted 350 full-time and 150 part-time employees.

The specific intervention route was chosen because it was perceived by the organisation to be the most challenging, because it operated in the most urban traffic. When drivers from the intervention group were compared with their colleagues, results showed that the drivers in the intervention group had significantly higher levels of systolic blood pressure and heart rate at work and reported higher levels of distress after work.

Examples of hassles were traffic congestion, illegally parked vehicles, risky behaviour of other vehicles or pedestrians/cyclists, delay because of passengers requests for information, passenger obstruction on the bus, slowing entry/embarking, hostility/threats from passengers.

While the project was under preparation, SL was contacted by the researchers Leif Rydsted and Gunn Johansson from the Department of Psychology, University of Stockholm. They had fostered the idea to follow the project in order to find out whether the changes in the working environment would influence the stress level and well-being among the drivers. SL accepted under the condition of consensus from the Swedish Municipal Workers Union (Svenska Kommunalarbetareförbundet) and from the drivers involved. When this was obtained, SL gave their full support to the project.

Ambitions of the action and goals to be reached

Different, but not contradictory aims supported the same action. Economical as well as service and work environmental incentives were behind the action.

Economical as well as service and work environmental incentives were behind the action.

Although, economical incentives strongly supported the initiation of the action, the changes in the working environment were also expected to influence the bus drivers' psychosocial working environment. It was expected that physical changes on the bus routes would change the working environment for the bus drivers, by decreasing the hassles that the bus drivers meet on the road.

The aims of the project were for SL to demonstrate how the speed of transit traffic as well as the service quality to the customers might be improved. The criteria set was to increase the average velocity from 12.9 km/h to between 15.0 and 16.0 km/h. The total time gains due to the interventions were 13.2 minutes for the

whole round, during peak traffic. The goals were to decrease the time spent on the bus routes, increase the speed of the buses and improve transport economy. The means to achieve these objectives were to decrease traffic congestion, lessen passenger demands on bus operators, and generally ease bus operation.

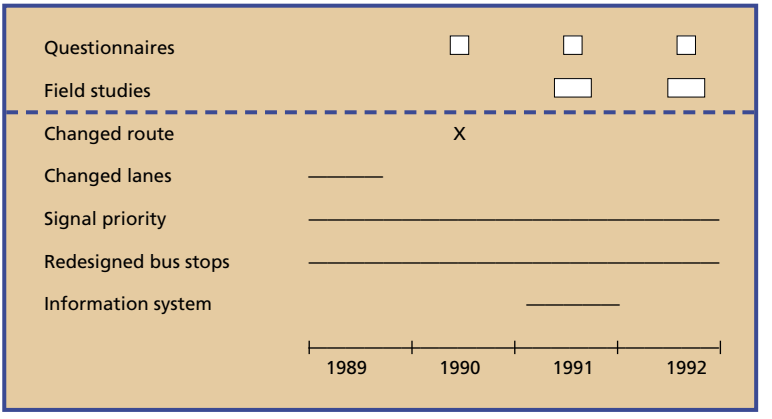
The motivation for the Stockholm Community Road Administration was to help solve the expected problems related to a forecasted increase in the traffic load in central Stockholm by an increase in the standards in the public transportation. Stockholm municipal transit agency (SL) was motivated by improvement of their product: bus transportation.

The researchers believed that the alterations in the experimental bus route would lead to better health among city bus drivers because the intervention would reduce job hassles. By reducing traffic congestion, providing safer and better roadway driving conditions, and offering better information to passengers, the SL intervention would theoretically allow drivers to concentrate on service and safety without feeling relentless time pressure.

Description of the action

The intervention project consisted of five parts.

1. Changed route, in order to avoid sharp left-turns and to minimise some well-known bottlenecks. Additionally improved street maintenance and broadening of some segments of the roadway.
2. Increased number and length of separated bus lanes. These lanes were also largely located to the middle lane of the road, in order to avoid interference from illegally parked cars etc.
3. Active signal priority for bus traffic via a computerised system that provides green lights to oncoming buses.
4. Reduced number of bus stops, together with reconstruction and changed location of bus stops.
5. Introduction of a computerised passenger information system, providing visual passenger information inside the bus and on bus stops and audible information in the bus.



SL and Stockholm Community Road Administration financed the redesign of the traffic system. The Swedish Work Environment Fund, the Communication Research Board (Kommunikations-forskningsberedningen), SL, Trygg-Hansa and the US National financed the research project Science Foundation.

Results from the action

Technical changes led to better service to passengers, better psychosocial work environment and less stress symptoms among bus drivers.

During the intervention, three questionnaires were administered at different times to the drivers on the route and two field studies were conducted. The first questionnaire was administered at the beginning of the intervention prior to the major changes. The second questionnaire was administered while the intervention took place and roughly at the same time as the first field study. The third questionnaire took place after all the physical changed had been made and at the same time as the last field study.

The three questionnaires were given to bus drivers (17–23) working at the intervention route and to a comparison group, being a group of their colleagues working on other routes in central Stockholm (32–45 drivers).

The questionnaires included items on:

- perceived workload,
- environment factors interferring with work performance,
- perceived effects from the different technical interventions,
- decision latitude,
- immediate psychological and physical reactions to working conditions,
- prevalence of various physical and health complaints.

For questionnaires 2 and 3, additional items were:

- health-related behaviours (smoking, eating habits, stress-related use of substances).
- participants evaluation of psychosocial impacts of the intervention (Questionnaire 3)

Beside questionnaire data, field studies were conducted with observation of the drivers' time delays and hassles. The drivers reported estimated strain, time pressure and road access at each terminal stop. Moreover, the drivers' blood pressure and heart rates were recorded.

Results supported the following factors.

- The changes in the physical work environment influenced the drivers. The intervention group reported a reduction in perceived distress after work; a reduction in job hassles and decreased systolic blood pressure and heart rate.
- Over a time-frame of 18 months it was found that increased workload was associated with increased exhaustion after work, difficulties to unwind after work, problems in coping with demands at home, or using free time in a rewarding way. Workload was also shown to affect psychosomatic complaints.
- At baseline, the intervention group drivers had higher systolic blood pressure, higher heart rates at work and reported higher levels of distress after work. When controlling for job hassles (registered by researchers), these findings

were no longer significant. These findings support the theory that there is a causal relationship between job hassles and occupational stress reactions.
- Analysis of the relationship between job hassles and occupational stress reactions (blood pressure, heart rate, perceived mental strain at work) suggested that there were individual differences in the way of unwinding.

The main benefit reported by the drivers was that the interventions gave them improved control in the driving situation and improved possibilities to give the passengers better service. The intervention most appreciated was the signal priority for the buses.

Beside these results, some unexpected findings were those listed below.

- The comparison group reported improved road access, reflecting that some of the physical changes for the intervention group influenced the physical working environment for some of the drivers in the comparison group.
- The context was not as expected. During the intervention period, the flow of incoming traffic to Stockholm decreased by approximately 5 %. This matter may explain the reported traffic improvements in the comparison group.

Based on the success of this intervention, the same changes were established on three other routes in Stockholm, and one more route will follow the example in 2003. In addition, the idea is duplicated in other large Swedish towns as Jönköping and Göteborg.

Problems faced and factors of success

Under the process of introducing and 'trimming in' the new computer and signal systems, there were some initial conflicts with private drivers as well as with other groups of professional drivers (goods distributors) over the road space.

Success criteria

- The responsible project manager from SL was very dedicated and enterprising
- The drivers involved and the labour union were positive and supported the project

Transferability of the action

The intervention aims at changing the physical working environment and is therefore easily transferable to other cultures and environments. Room for improvements of the physical working environment for urban bus drivers is the main demand there is for a replication of the main findings in this intervention. The method of analysing and reducing job hassles makes it transferable to other environments.

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4.6 'TAKE CARE' — A TEAM-BASED BURNOUT INTERVENTION PROGRAMME FOR ONCOLOGY CARE PROVIDERS — THE NETHERLANDS

- Team-based stress management approach, with staff support groups
- Targeted at high-risk groups
- Involves both organisational and personal approach

Abstract

The work requirements of healthcare workers put a large number of employees in the area at risk of burnout (i.e. a form of chronic job stress). The 'Take care' intervention project was initiated in the Netherlands in 1997–98. The ambition was to prevent burnout among oncology care workers through a team-based stress management approach that included establishment of staff support groups.

Background and surroundings of the action

In the Netherlands, the incidence of work stress or burnout among oncology care providers had not been quantitatively assessed. Members of different professional organisations of oncology care providers indicated that they had the impression — both from their personal working situation and from their direct colleagues — that Dutch oncology care providers might be at risk for this form of chronic job stress. Therefore, the research project 'Burnout in cancer care: incidence, aetiology and intervention' was started in 1996 at the Department of Social and Organisational Psychology of Utrecht University, financed by a grant from the Dutch Cancer Society.

Training programme: 29 oncology wards; 9 intervention wards; 20 comparison wards; 484 oncology care providers.

The national survey included a random sample of 1 585 oncology care providers and 816 responded: 410 nurses, 179 physicians and 227 radiation assistants. The results showed, that the mean level of burnout among oncology care providers was significantly higher compared to that of other, comparable healthcare workers (e.g. intensive care doctors and nurses, general

practitioners) and the Dutch norm scores for healthcare providers. So, there seemed to be strong needs to develop, implement and evaluate stress management interventions for these professional groups. Accordingly, a second part of the project was initiated in 1997–98: 'Take care: a team-based burnout intervention programme for oncology care providers' (Take Care! Een teamgerichte interventie ter bevordering van welzijn op het werk). The aim of this part of the project was to develop, implement and evaluate stress management interventions for these professional groups.

The intervention project included 29 oncology wards of which nine were the intervention wards and 20 functioned as a comparison group. The total number of participants was 484 oncology care providers, with a mean age of 37.6 years, working in direct care with cancer patients. Seventy-one percent of them were women. On average, they had 9.6 years of working experience in oncology.

The research project was financed by a grant from the Dutch Cancer Society.

In their daily routines, oncology care providers are faced with a host of psychosocial problems that may drain their excitement and damage their commitment to ideals that initially drew them to the speciality. Eventually, this may lead to burnout, i.e. a form of chronic job stress that is characterised by emotional exhaustion, depersonalisation and reduced personal accomplishment. Burnout can furthermore be seen as a reflection of the total quantity of the emotional stresses of practice which dominate the majority of professional time in the practice of oncology. Left untreated, burnout might reduce a person's ability to use the excellent capabilities that may have taken years of training to develop, and eventually might result in the care provider leaving the profession.

Ambitions of the action and goals to be reached

The findings from the national survey stressed the importance of good collaborative practice between the different disciplines in oncology as well as the importance of the care provider's level of job autonomy.

The purpose of the intervention project was to gain a more detailed insight into collaborative practice between oncology care providers and into ways of improving it. The aim of the intervention was to decrease feelings of burnout by assisting oncology care providers in developing strategies and plans to prevent or reduce the specific stressors.

The main sources for work stress in oncology care providers have been found to be:

- Tpatient-related/emotional stressors
- Tenvironmental/physical stressors
- Tmental/cognitive stressors
- Tsocial/interpersonal stressors

- Tdiscipline-specific stressors
- general stressors that are not unique to their speciality but are common to a lot of healthcare workers, e.g. high workload and lack of autonomy.

The criteria was to gain a significant reduction in oncology care providers' score on emotional exhaustion and depersonalisation.

Description of the action

The researchers, the Dutch Cancer Society and the participants in the project had a common interest in more and new knowledge in the field of (prevention of) burnout among oncology care providers. Two experienced team counsellors were requested, in order to maximise the effectiveness of the development and implementation of the intervention/training.

The training programme addressed stressors both at the personal and the organisational level.

Project course

- Questionnaire survey among all staff members of the participating 29 oncology wards. The questionnaire assessed oncology care providers' perception of the most important (potential) work stressors that were identified previously by means of the national survey, as well as their perception of social and working relationships with their team.
- Nine training wards were randomly selected; the other 20 wards functioned as a comparison group.
- Implementation of the training programme
- After the end of the training programme and again six months later, staff of all the wards again filled out the questionnaire

Training programme

A team-based stress management approach which means that complete, 'functional' teams, with members from different professional groups who work together on a daily basis participate together. As a consequence of the survey, the focus of the training was to improve care providers' collaborative practice and establish so-called staff support groups. The aim of these groups is to increase sensitivity, support and communication for staff members, and to find solutions collectively for the most prevalent stressors in their working situation, thereby increasing their level of control over the work situation.

The counsellors started the training programme with extensive intakes with the management of each training ward in order, among other things, to clarify the training protocol. By means of these intakes, the counsellors tried to increase the ward management's motivation for the implementation of organisational change processes.

Next, 'kick-off' meetings were held at each training ward. The counsellors presented the protocol of the training programme and the researchers explained the intervention study design. The aim of these meetings was to

increase the staff's commitment to participate and to promote positive anticipatory attitudes towards the training programme.

All information from these meetings and those that followed was collected in a logbook to keep all participants informed during the programme.

The training programme itself consisted of six monthly sessions of three hours each, which were supervised by the counsellors. During the first session, results of the survey were fed back and the focuses of action were determined. During the following sessions, small problem-solving teams were formed that collectively designed, implemented, evaluated and re-formulated plans of action to cope with the most important stressors at work. The team counsellors also trained them in some more general communication and collaboration skills (e.g. providing support, giving feedback). The participants were their own 'agents of change' and the counsellors their 'coaches'.

Problems that were most frequently addressed were coping with high emotional demands in the relationship with cancer patients (and how to develop an attitude of 'detached concern'), and dealing with communication problems between the different professional disciplines.

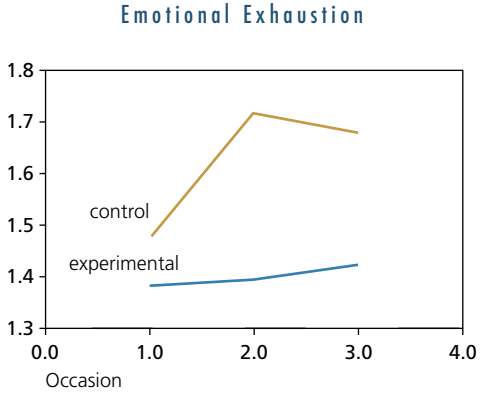
The training period was 18 hours in a half-year period (three hours monthly during six months).

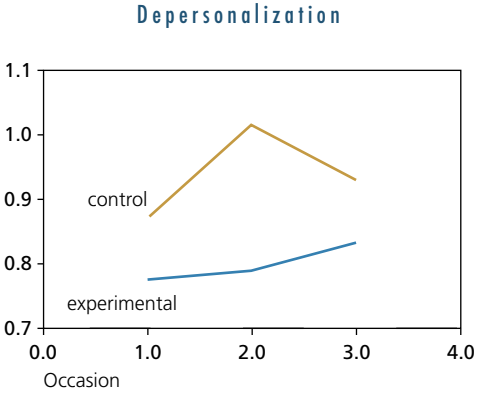
Results from the action

The different concepts (stressors, aspects of working relationships) in the questionnaire were assessed by scales that have been validated in earlier studies. Burnout was assessed by the Dutch version of the MBI.

The training programme turned out to be an effective means to prevent feelings of work stress increasing.

With respect to the effect of the training programme it was found that staff of the comparison wards showed an increase in levels of both emotional exhaustion and depersonalisation during the one-year study period, whereas staff of the training wards showed stabilisation in their levels of both burnout components. The training programme turned out to be an effective means — at least — to prevent the increase in feelings of work stress.





Results of a qualitative evaluation showed that participants considered the approach to be very instructive and useful to chart work stressors and to formulate and evaluate plans of action to 'tackle' these stressors. The most appreciated part of the action was the building of a network of (social) support among colleagues, etc.

Problems faced and factors of success

Because of the relatively short duration of the training programme, it may have been unrealistic to expect an actual decrease in burnout levels. This may perhaps require a longer, more intensive period of active intervention. Moreover, the intervention programme is evaluated as though it is a treatment, when it should in fact be considered as a preventive intervention — actually there is no reason to assume that a preventive intervention will, in itself, produce any immediate benefits.

Success criteria:
– interest,
– knowledge,
– experience.

Success criteria

- Researchers had knowledge of the field and knowledge about stress/burnout
- Counsellors had much practical experience with team-based training programmes
- The oncology care professionals had interest in the professionalisation of their discipline(s)

Transferability of the action

Both the training programme and the research programme can easily be applied in other countries and among other kinds of healthcare providers, provided that there are financial means to cover the expenses. It would be an advantage to have more frequent training sessions (twice a month), and to spend a lot of time and effort to properly introduce the training programme to the (potential) participants.

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5.

PREVENTION OF VIOLENCE

5.1 GUIDANCE PROVIDED BY HSE: PART 2 — WORK-RELATED VIOLENCE — UNITED KINGDOM

- Guidance is part of a strategic approach
- Set of case studies produced
- Aimed at employers, but also relevant to employees and their representatives

Abstract

The Health and Safety Executive (HSE) in the UK published *Work-related violence: managing the risk in smaller businesses* in July 2002. This publication is part of a strategic approach to tackling this risk. The priced guidance contains 10 case studies which offer examples of how some businesses have reduced the risk of violence to staff. These show that there are many ways of tackling the problem of violence at work and that effective measures do not have to be expensive. The guidance is aimed at employers, but is also relevant to employees and their representatives.

Background and surroundings of the action

A report on the 'British crime survey 2000' showed that there were almost 1.3 million incidents of violence at work in England and Wales during 1999 (Scotland has its own reporting arrangements). Just over 600 000 workers were victims, with many experiencing more than one incident of physical violence or threatening behaviour.

Anyone who works directly with the public has an increased risk of work-related violence. The highest risk occupations are protective and enforcement services.

Anyone who works directly with the public has an increased risk of work-related violence. The highest risk occupations are protective and enforcement services, for example police and security guards. Other high-risk groups include health and welfare workers, teachers and social workers, retail and bar staff, staff in take-away food outlets, and transport workers.

Managers and owners of small and medium-sized enterprises are also particularly at risk of violence at work.

The report also found that 72 % of workers say that they have received neither formal training nor informal advice in their current job about how to deal with violent or threatening behaviour. Even amongst high-risk groups the level of training provision did not exceed 50 %, with the exception of security and protective services where 71 % received training.

Work-related violence has a high cost for employees and the businesses they work for through sickness absence, staff turnover, higher insurance premiums and compensation payments. Research has estimated that on average it costs an employer GBP 2 097 for every injury causing an absence from work, and GBP 141 for every incident with no injury, but damage to property and equipment. Multiplied by the number of incidents of violence and aggression in the workplace every year (around 1.3 million), the overall cost to employers is clearly very high.

Employees may suffer not only physical injuries, but also anxiety and stress. Smaller businesses can be particularly badly affected because of lower profit margins.

HSE's definition of violence is:

> 'Any incident in which an employee is abused, threatened or assaulted in circumstances relating to their work'.

The definition includes violence to employees at work by members of the public, whether inside a workplace or elsewhere, when the violence arises out of the employees' work activity. For example, this might include violence to teachers from pupils, to doctors/nurses from patients, to peripatetic employees whose work involves visiting the sick or collecting payments, to security staff or to officials enforcing legislation. It would not include violence to persons when not at work, for example when travelling between home and work, or violence outside their normal working hours even though, where such risks were significant, employers might wish to take action to safeguard their employees.

HSC's three-year programme to tackle work-related violence

The Health and Safety Commission (HSC) launched a three-year programme to tackle work-related violence in June 2000. The HSC has set a target of reducing the number of incidents of work-related violence by 10 % by the end of the programme. Examples of work planned under the programme include:

HSC has set a target of reducing the number of incidents of work-related violence by 10 % by the end of the programme.

- supporting the development of accredited national standards in managing work-related violence (the accredited standards should be available from the UK Employment National Training Organisation by October 2002);
- new guidance for small firms in the form of case studies (this has now been published); the HSC are also considering possible guidance for taxi drivers, for the hospitality industry and revised guidance for the retail sector;
- research — case studies on good practice in managing violence to lone workers, and how design of the working environment can help reduce the risk of violence.

Objectives to be reached

Employers must assess the risk of verbal and physical violence to their employees and take appropriate steps to deal with it. These steps might include:

- providing training and information;
- better design of the working environment (such as providing physical security measures); and
- better design of the job.

Recording incidents of verbal abuse and physical violence can help employers check for patterns and so help to predict the type of incidents that could occur.

Employers must notify their health and safety enforcing authority if any act of non-consensual physical violence on a person at work results in that person's death, serious injury or incapacity for normal work for three or more days.

Key messages are:

- taking simple steps to tackle work-related violence can help small and medium-sized businesses reduce the risks and improve efficiency and profitability;
- there are many ways of tackling the problem of violence at work; effective measures do not have to be expensive.

Description of the action

As detailed under the heading 'Why publications' in Section 4.1, publications are the main means of communicating with those whom the HSE seeks to influence and inform. The HSE has launched its latest guidance in relation to violence at work:

Work-related violence case studies — Managing the risk in smaller businesses (HSG229 — priced).

The case studies support guidance published earlier:

- *Violence at work — a guide for employers* (INDG69 rev. — free)
- *Preventing violence to retail staff* (HSG133 — priced)
- *Prevention of violence to staff in banks and building societies* (HSG100 — priced)
- *Violence in the education sector* (produced by the HSC's Education Service Advisory Committee)
- *Violence and aggression to staff in health services — guidance on assessment and management* (produced by the HSC's Health Services Advisory Committee)

HSE free and priced publications are available by mail order from HSE Books, tel. (44-1787) 88 11 65, fax (44-2920) 85 92 60. You can also visit the HSE's web site: www.hse.gov.uk

1. Work-related violence case studies (HSG229)

The guidance gives real examples of how small or medium-sized enterprises have reduced the risk of work-related violence. Although this is a priced

publication, the HSE plans to make some of the case study examples freely available on its web site. The case studies offer employers suggestions on how to protect their employees from the risk of violence at work, by showing how other businesses have successfully tackled the problem.

These case studies will help employers to comply with the law by building on the HSE's existing guidance. They illustrate good practice in the prevention and control of work-related violence, and provide information on a range of cost-effective measures, which will be relevant to businesses in a range of sectors.

The 10 case studies selected for this guidance cover the following sectors:

- retail,
- health and welfare,
- security and enforcement, and
- leisure/service providers.

A pizza delivery service, convenience store, drugs drop-in centre and a nightclub are among the businesses in the guidance. The key risks for pizza delivery staff are assaults, hoax orders, theft of cash from their vehicle and payment disputes. As part of good practice, staff in this business were trained not to react to abuse and not to resist robbery. By having a larger shop window, surveillance could be increased and delivery bikes could be parked in sight of the shop.

The case studies show that there is nearly always a range of possible solutions to every problem. They also show that effective measures do not have to be expensive. The most cost-effective solutions usually arise from the way the business is run, such as information and training for staff, reorganising work schedules and the layout of the workplace. High-cost security equipment is normally only needed where there is a particularly high risk of violence, or to protect premises when they are unoccupied.

Although the situations and risks may vary, many of the responses and solutions identified in the case studies will be relevant to businesses in different sectors.

2. Violence at work — a guide for employers (INDG60 rev.)

The HSE encourages employers to manage work-related violence in the same way as any other health and safety issue. To help employers do this, HSE has published general guidance *Violence at work — a guide for employers*, which gives practical advice to employers to help them find out if violence is a problem for their employees, and if so, how to tackle it. This free publication is also available for download from the HSE web site.

The general guidance offers a simple four-stage approach to managing the risk of work-related violence:

- find out if you have a problem,
- decide what action to take,
- take action,
- check what you have done and review regularly.

It also offers advice on training and information for staff and suggests changes to the working environment and the design of the job. All of these can work towards reducing or eliminating the risk of aggression or violence.

Problems faced and factors of success

Identified success criteria are:

- the take-up of guidance and information;
- the actions taken by employers, particularly in the main target groups, which are protective and enforcement services, health and welfare workers, teachers and social workers, retail and bar staff, staff in take-away food outlets, and transport workers;
- reducing incidents of physical violence and threats to workers.

Questions on work-related violence are included in the 'British crime survey' every year, and the HSE is planning to evaluate the effectiveness of the programme of work on violence in 2004. As the data collected is always retrospective, it would not be possible to carry out an analysis any earlier.

Transferability of the action

The effectiveness of published guidance has been well demonstrated. Such guidance could be produced across Europe by national bodies/agencies having the authority to further compliance. Guidance should take into account national legislation and provision for employers and employees for managing work-related violence.

Further information

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5.2 PREVENTION OF PHYSICAL WORKPLACE VIOLENCE IN THE RETAIL TRADE SECTOR — KAURIS METHOD — FINLAND

- Tool for assessing and managing risk of violence
- Targeted at retail sector
- Applicable to all sizes of organisation

Abstract

In 2001, a method called Kauris was developed at the Finnish Institute of Occupational Health (FIOH) for the retail trade industry (such as grocery stores and markets, petrol stations, etc.), where the risk of violent incident is above the national average and on the increase. This was done to help individual businesses in the assessment and management of workplace violence.

Background and surroundings of the action

During the past few years, work-related violence and the threat of violence has been identified as an emerging occupational health and safety risk in many countries. Research on violence at work was started at the Finnish Institute of Occupational Health (FIOH), Department of Occupational Safety, in 1995. The main objectives have been to provide data on the full extent of workplace violence, and to improve the prevention of violence.

According to Finnish interview surveys, work-related violence is on the increase in Finland. In 1997, about 4.1 % of the workers had experienced either violence or a threat of violence at work or on the way to or from work, during the previous 12 months. And the proportion of such violence or threat had grown to 5.1 % by 2000. This means that in Finland 111 000 employees are annually subjected to violence at work. Most of the incidents are threatening situations. Every year, about 500 violence-related occupational accidents are registered in an occupational accident database. The average annual number of fatal occupational accidents related to violence is two.

The legal requirements in Finland on violence at work are set out in Section 2. According to the Finnish authorities, the employers in high-risk industries related to violence at work have to assess the risk of work-related violence, and to describe in their written safety programme the measures that they use in the management of the risk of violence. In Finland, guidebooks have been published on the prevention of violence, but there are no systematic methods that could be used at workplaces for assessing and managing workplace violence.

In connection with a pilot study carried out during 1995 and 1996, a model for the assessment and management of the risk of violence at work was developed at the FIOH (see the figure). In the control of violence at workplace level, the important issues include a systematic approach with risk-assessment and preventive measures directed at the working environment, security systems, work procedures and training. Other important areas are reporting and analysis of violent incidents, and post-incident support for the victims. The model provides a basis for the development of methods that workplaces can utilise in their efforts to prevent violence.

A project was carried out between 1997 and 2000. A questionnaire survey was conducted in 1998 including a 14 % random sample of all Finnish grocery stores and markets, petrol stations, pharmacies and kiosks. A total of 500 targets responded to the survey:

- 37 % of the kiosks and 25 % of the grocery stores had been robbed or suffered attempted robbery;
- shoplifting had occurred in almost every target and in 24 % of the targets shoplifting took place every week;
- other violent and threatening situations, such as insults and shouting, had happened in 73 % of the targets.

The questionnaire survey produced the required information on the prevailing situation in the retail industry with regard to workplace violence and its prevention.

Thus in 2001, a method called Kauris, from the Finnish words 'kaupan riskit' (in English: 'risks in the retail industry') was developed at the FIOH's Department of Occupational Safety for the retail trade industry on the basis of the model presented in the figure.

Objectives to be achieved

The retail industry was selected for several reasons:

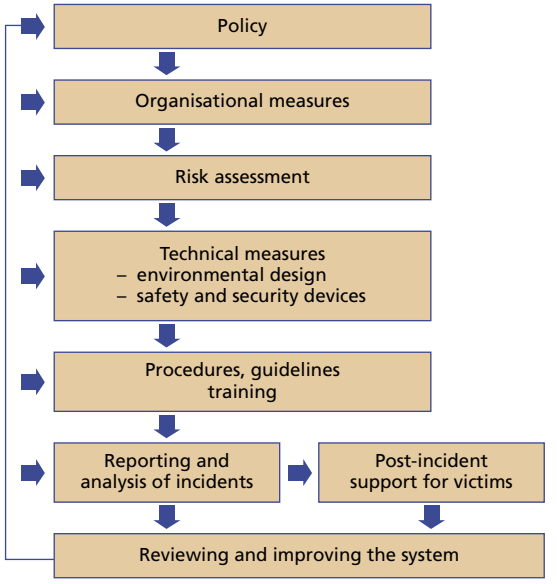
- the risk of violent incidents was above the national average;
- the number of violent incidents was on the increase;
- technical prevention was relatively well developed in the retail industry, thus providing examples for other high-risk groups.

The goal of the Kauris method is to assess and manage the risk of violence at work.

Description of the action

The Kauris method is based on the model for the assessment and management of the risk of violence at work (see the figure).

Figure — A model for the assessment and management of the risk of violence at work



The Kauris method helps individual businesses such as grocery stores and markets and petrol stations in the assessment and management of workplace violence.

The Kauris method helps individual businesses such as grocery stores and markets and petrol stations in the assessment and management of workplace violence.

It is a comprehensive approach: environmental design, safety and security devices, staffing plans, work practices, guidelines and training, etc.

There is a workbook available at low price to anybody. This workbook is even applicable to single-person firms although some parts of it are targeted for collecting information from a larger group of employees.

A package of material includes instructions for application, worksheets, information sheets on violence at work and on relevant legislation and training material and tools. These tools are:

- questionnaires for collecting employees' experiences about threatening situations,
- checklists about various preventive measures, such as, shop layout, break-in protection, alarm devices and the handling of money,
- a form for reporting about incidents of violence, or the threat of violence, etc., for risk assessment

- information to support the violence prevention programmes, such as employee training about safe procedures at work and in threatening situations.

The Kauris material has been tested in practice during the project and it has also been reviewed by the collaboration partners representing the authorities, employers' and employees' organisations, retail enterprises and other groups.

The Kauris method utilises a participative approach, which was found effective in the previous studies, in which a team is formed for the implementation of the method and carrying out the necessary actions. Employees and supervisors from the store form the team. In smaller places, it can be just two people, one representing management and one employees. In addition, the entire personnel are involved in the process. Each team starts from its own situation, and the first task of the team is to make a risk assessment by utilising a questionnaire and checklists, provided for the purpose, which are part of the workbook.

In some cases, the entire personnel participate in the risk analysis. The training of the entire personnel is an important part of the process, since everybody contributes to the overall safety bay acting according to safety instructions.

The training of personnel is an important part of the improvement process.

Handling the risk of violence may be improved with the help of the information sheets of the Kauris method, information sheets describing organisational measures, technical measures, procedures, guidelines and training, support for the victims, and reporting and analysis of the incidents. The training of personnel is an important part of the improvement process. Training can be given by competent consultants, or self-managed by the company. Bigger firms have competent in-house trainers. Training is tailored for each group. It consists of the following elements: basic knowledge about workplace violence; safety procedures at the store; how to act in threatening situations; reporting about incidents.

The method requires three gatherings:

- information on the method to the management of the establishment,
- meetings of the team
- the training of all employees.

Results from the action

In the places where the Kauris method has been applied (among others, liquor stores and taxis), many improvements have been made, for example new safety instructions, training of the personnel, panic buttons, locking. Personnel were very satisfied when the problem of violence at work was discussed and they got instructions on how to act in violent situations. The employees said that the feeling of safety had increased.

Problems faced and factors of success

In the prevention of violence, it is important to provide practical tools which workplaces can use for improving their prevention programmes. The Kauris

method helps the retail business in the assessment and management of the risk of violence at work. In addition, it helps the employers to comply with the requirements of the authorities. Although the method is best applicable in the retail industry, it is also useful for other sectors. The method provides an example that makes it easier to develop similar tools for other high-risk groups.

Although the method is best applicable in the retail industry, it is also useful for other sectors.

The method demands the full support of the management, and a key person who follows the progress of the method.

Transferability of the action

The method is easy to use in every country in the retail trade but it needs some changes before it can be used in other trades, such as healthcare and social services. Some parts of the checklists are not relevant to healthcare because, for example, nurses and other medical personnel do not handle money. In stores, it is important to ensure that back doors are not accessible to outsiders, which is more or less irrelevant in healthcare. Patients may react to treatment itself, while, in stores, the incident is more or less planned. These are some differences that make it necessary to modify the checklists and questionnaires for each use in order to make them as easy as possible to use.

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5.3 LA POSTE — MANAGEMENT OF STRESS RELATED TO SITUATIONS OF AGGRESSIVENESS — FRANCE

- Commitment by senior management
- Focused on training
- Action taken in conjunction with improvements to working environment

Abstract

La Poste (the Post Office) has, at the beginning of 2001, set up an action at national level aiming at training the 15 000 counter clerks and postal delivery staff working in urban areas to manage stress related to aggressive situations. An external service provider, Stimulus, a consulting and training firm, in particular on the problems of stress in enterprises, developed the training with 10 clinical psychologists.

La Poste in France: 17 000 post offices; 320 000 employees; 3 businesses: mail, packages, financial services.

Background and surroundings of the action

The French group La Poste (Post Office group) has been an autonomous public operator since 1991. It is a network with more than 17 000 post offices throughout France and 320 000 employees — civil servants (75 %) and contract workers — who serve 3 million customers each day.

3 million customers per day with frequent or even everyday personal contacts and an increased social role in sensitive urban areas with all the resulting risks of violence.

Each employee, in each post office, has three major work areas of responsibility:

- mail (in physical and electronic form);
- packages and logistics;
- financial services, including the reception of payment of most social security benefits: child benefits, unemployment benefits, guaranteed minimum income (RMI), etc.

These businesses require personal contact with the public, sometimes on a regular or even everyday basis. Moreover, and this is especially true in sensitive urban areas (ZUS), the employees are called upon to play a leading 'social' role. Whether it be postal delivery staff during their everyday rounds or counter clerks in post office branches, they are often among the rare people with whom a vulnerable public can speak to help solve their grievances.

Aware of the risks of tension, aggressiveness or even violence and maltreatment that can result from contacts between its employees and the public, La Poste put in place:

- in 1995, training in the management of situations of physical violence (hold-ups) and internal case management of victims of aggression by a medical and social team;
- in early 2001, a national programme of training in the management of stress due to situations of verbal and physical aggressiveness, designed for the 15 000 employees (counter clerks and postal delivery staff) working in ZUS.

The latter operation comes within the framework of an in-house agreement signed in March 1999 with four representative trade unions by which La Poste undertook to:

- continue, and intensify, the adaptation of its service and its structures to constantly improve satisfaction of its customers and users, paying special attention to the poorest and to ZUS;
- continue its policy of recruitment and training of young people under youth employment schemes (contact officers);
- provide special training programmes for the benefit of employees working in problem districts.

This in-house policy is part of a convention signed at the end of 1998 and renewed in 2002 between La Poste and the Ministry for Urban Affairs ('ministère délégué à la ville'). The objective is to support the action of the urban policy designed to rehabilitate the sensitive urban areas gradually 'deserted' by shopkeepers and businesses. Accordingly, La Poste has put in place measures to encourage the recruitment and continuing presence of its employees in these problem districts: creation of a time saving account permitting more personalised leave management, reinforcement of training, seniority bonuses, special medical monitoring, etc.

Objectives to be achieved

The chief reasons why La Poste carried out this programme of training in the management of aggressiveness-related stress were difficulties of recruitment in ZUS and the growing awareness that aggressiveness and uncivil behaviour form an occupational risk which could result in harm to the health of its employees.

Objective of the training: to understand and have the 'tools' to protect oneself.

The objective is to train the 15 000 employees working in the 1 100 or so post offices (out of the 17 000 in the postal network) that are in direct contact with one or more sensitive urban areas.

The aim of this training is to enable the employees to acquire and practise specific behavioural and psychological skills for managing stress:

- understand and adopt the behavioural attitudes which will make it possible to best manage customer reactions;
- understand and know how to apply self-control strategies to limit the effects of negative behaviour.

In addition to the basic training designed for the employees, the aim is to train:

- the 132 OH & S doctors, to enable them to become fully acquainted with the techniques used, in order to ensure deployment of the training with newly hired staff and also to reply to questions from the employees whom they will then receive for a personal interview;
- the 110 nurses, to enable them to answer any enquiries by employees and hence to provide support to the doctors;
- the 280 social workers, to ensure follow-up and support for employees exposed in the field, on the front line;
- the managerial staff, to enable them to manage their own stress, help them contribute in managing the stress of their employees, and make sure that their relationships with their employees are not creating additional stress on the latter.

Description of the action

It is essential to improve working conditions before any training. Long waiting at the counter makes customers aggressive. Instinctively, employees take flight or become aggressive themselves.

Before putting in place a training operation, the post office branch in question must have improved its working conditions and customer service and settled any problems. This is an essential condition before going further in the process. This involves eliminating or at least attenuating the causes (waiting in particular) that are likely to generate aggressiveness in customers.

Each post office should establish its own action plan. The action plan can include several levels of intervention: layout of premises, queue control devices, recruitment of interpreters or reception staff, etc. Only once this improvement in working conditions has been achieved, or at least undertaken, can training in stress management begin.

An outside service provider, Stimulus, a consulting and training firm specialising in questions of stress in the enterprise, which won the invitation to tender from La Poste, developed the training sessions. It is also Stimulus that carries out the training sessions with a dozen **clinical psychologists specialising in the area of stress management**, with help of **psychiatrists**.

It is important to note that training of employees is on a volunteer basis.

It takes place in small groups of 12 people, during three days, spaced apart. The first and second days, following one another or close to one another (one or two weeks), involve teaching the participants to:

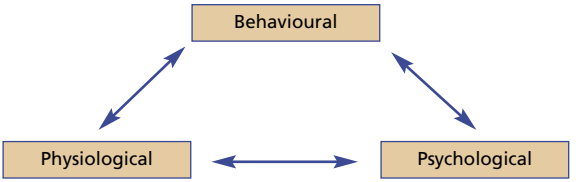
- identify stress situations (reference to real-life situations, identification of relationship stress factors, understanding of the mechanisms of aggressiveness);
- manage difficult situations (evaluate one's stress indices, emotional and behavioural risks);
- effectively neutralise conflicts (control one's relational behaviour, maintaining positive behaviour, maintaining a relationship of empathy — taking into account other people);
- managing one's own stress (action on one's body reactions, allowance for one's thoughts and emotions, improvement of one's stress moderators — healthy lifestyle, relaxation, social contact, etc.).

The third day takes place some time after from the first two days to enable the trainees, after applying the knowledge gained, to review what has been achieved and the problems encountered in the field.

The instruction method over these three days is interactive and largely based on training: gradual exercises and situation simulation by role games. The aim is to work on both the physical, behavioural and cognitive strategies of stress management.

For the employee, the aim is to learn to identify and better control one's reactions in the three dimensions of stress reaction: behavioural, physiological and psychological.

The three dimensions of stress reaction



Reactions and factors of success

Initially, some employees were rather reluctant to follow this training, saying that they were not stressed, they did not have the necessary time, or that this operation was designed merely for the enterprise to increase productivity. The latter opinion was shared by the trade unions. Other employees, on the contrary, showed great satisfaction that 'they were being looked after' when they were really in a state of suffering.

Today, an increasing number of employees want to follow the training course, including those who do not work in a sensitive urban area; they have realised that the objective of La Poste was to give them the 'tools' to protect themselves, take in hand the situation and calm aggressors. Then again, the trainees are aware that the technique learned is valid in other situations, whatever the stressing factor.

Sandrine Henry, counter clerk at the Cité La Noue post office branch in Montreuil (Paris region), followed the 'Stimulus' training course and learned from it a wealth of information for her everyday work:

'The life of a post office branch is always marked by minor events, customers who are impatient, and others for whom we act as social workers. It's not always easy. On difficult days, since I followed the training course, I try to profit from my breaks to apply abdominal breathing, your muscles relax and you feel better afterwards.'

Today, no 'official' evaluation has been carried out, as the programme is still in progress. However, among the factors that contribute to the success of this programme, one can quote:

- commitment by management, at the highest level of the enterprise;
- voluntary participation by trainees to follow the training course;
- the fact that the training courses are conducted by **clinical psychologists**;
- the concrete nature and 'simplicity' of the training courses;
- the fact that the training is provided over three single days with practical application of knowledge between each session;
- the fact that the training does not resemble a school lesson but encourages the trainees to find solutions themselves.

'Transferability' of the operation

This operation can without any problem be applied in other countries, no doubt more easily in those more used to dealing with such psychosocial questions. In Sweden, for example, a project at Posten was initiated in 1999 based on 1 000 action plans to reduce the increase in absenteeism for illnesses due, among other things, to stress.

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6.

PREVENTION OF BULLYING

6.1 TASK FORCE ON THE PREVENTION OF WORKPLACE BULLYING, HEALTH AND SAFETY AUTHORITY (HSA) — IRELAND

- collaboration between agencies, and public involvement
- based on analysis of the problem
- includes defining 'bullying'

Abstract

The Task Force on the Prevention of Workplace Bullying was established in Ireland in order to investigate the problem of bullying and to develop comprehensive and applicable recommendations on how to tackle it most effectively. The final report includes a new definition of workplace bullying and a series of comprehensive directions as to how the challenges can be met by a coordinated response from State agencies.

Background and context of the action

The Task Force on the Prevention of Workplace Bullying was established in September 1999 by the Irish Minister for Labour, Trade and Consumer Affairs, Mr Tom Kitt, TD, with the aim to investigate the magnitude of the problem and to develop realistic strategies to tackle workplace bullying.

Members of the task force were a number of government departments and State agencies.

The task force was chaired by Dr Eileen Doyle and operated under the auspices of the Health and Safety Authority. The members of the task force were a number of government departments and State agencies. The final report from the action was launched in April 2001.

Members of the task force

Health and Safety Authority (HSA)
Department of Enterprise, Trade and Employment (DETE)

Department of Justice, Equality, and Law Reform
Employment Appeals Tribunal (EAT)
Equality Authority
Irish Business and Employers' Confederation (IBEC)
Irish Congress of Trade Unions (ICTU)
Labour Court
Labour Relations Commission

A considerable body of research at both national and international level has shown that bullying and harassment at work are significant problems, the results of which are serious psychological distress to the individuals being bullied and considerable organisational costs, such as loss of productivity, high turnover and absenteeism, and financial losses. In investigating the nature and magnitude of the problem of bullying at work, the task force commissioned a national survey, which formed the recommendations for managers and employees on how to tackle the problem.

Ambitions of the action and results/outcomes

The three remits of the task force were:

- to identify the size of the problem and the sectors most at risk;
- to develop practical programmes and strategies to prevent workplace bullying;
- to produce a coordinated response from State agencies and to report to the minister.

Partners in the work of the task force were a number of organisations, as mentioned above, as well as a number of other individuals and organisations that helped with the successful running of the project.

Description of the action

Definition

The first task of the task force was to develop a definition of workplace bullying. This was based on international research and expertise in the area, which explored the essential elements of the concept and arrived at the **definition of workplace bullying** as:

Repeated inappropriate behaviour, direct or indirect, whether verbal, physical, or otherwise, conducted by one or more persons against another or others, at the place of work and/or in the course of employment, which could reasonably be regarded as undermining the individual's right to dignity at work. An isolated incident of the behaviour in this definition may be an affront to dignity but as a one-off incident is not considered to be bullying.

This definition covers issues of frequency, duration and power balance between the parties, and allows for the single incident of harassment which does not constitute bullying.

Prior to the national survey on bullying, the task force undertook a national advertising campaign and invited submissions, on the subject of workplace bullying, from the public. A total of 256 submissions were forthcoming, analysed and informed the proceedings of the task force. The HSA also undertook a number of nationwide workshops on the topic (10 in all), which proved highly successful, with over 1 000 participants nationwide. Information gathered at these workshops was brought to the task force.

National survey on workplace bullying

A related task was to investigate the magnitude of the problem and to place bullying in a broader context in order to identify which sectors are most at risk. For this, the task force commissioned the Economic and Social Research Institute (ESRI) to undertake a national survey on workplace bullying.

The survey took the form of telephone interviews with a randomly selected sample of those who are active in the labour force. In total, 27 653 phone calls were made, of which 5 252 households completed the survey (55 % response rate). The measurement was in the form of the presentation of a description or definition of bullying to the respondents who were then asked whether they would consider themselves as having experienced bullying. Those who agreed were then asked a series of questions on the nature of bullying, the perpetrators of bullying, the consequences of bullying, and the victim's responses to it. Employment and background information was collected from all respondents. The total questionnaire took approximately 15 to 40 minutes to complete depending on whether the response to having been bullied was positive.

The results from the national survey are presented in the table.

Table — Results from the national survey on workplace bullying

- **General incidence:** 7 % of those currently in the labour force record themselves as having been bullied in the six months preceding the survey. The incidence is 1.8 times higher among women than among men. The rate among employees is 3.6 higher than among the self-employed.
- **Age:** Slightly higher percentages of those aged 26–35 are being bullied.
- **Educational level:** Bullying incidence rates are positively related to educational level, i.e. those with higher levels of educational attainment report higher incidence rates of bullying.
- **Social class:** Bullying occurs across all social groups.
- **Industrial and private/public sector:** The sectors where bullying occurrences were higher were public administration/defence (14 %), education (12 %) and health/social work (10 %). Levels were lowest in

construction, retail/wholesale, transport and communications, and agriculture.

- **Nature of employment tenure:** The incidence of bullying generally decreased as the tenure of the employee increased, i.e. lowest among the permanently employed, and highest among the temporal/contract workers.
- **Corporate/managerial changes:** The incidence of bullying was higher for those who had a new manager or supervisor or who reported a major organisational change.
- **Frequency:** 40 % of those bullied reported that it occurred occasionally; 22 % said it took place several times per month; 19 % reported several times per week; and 20 % said it happened daily.
- **Nature of bullying:** Respondents reported experiencing verbal abuse/insults (81 %), exclusion (35 %), physical abuse (1.8 %) or sexual harassment (3.3 %). Males reported physical abuse with higher frequency, whereas the other three forms of bullying were cited more frequently by females.
- **Perpetrators of bullying:** 45 % reported that the bully was a single supervisor or manager; 43 % reported it was a single colleague.
- **Individual or group bullied:** 56 % reported having been bullied as part of a group; 44 % said they were victimised on an individual basis.
- **Responses to bullying:** Victims responded to bullying in the following ways: discussed it with their families (67 %); discussed it with a friend (77 %); discussed it with a colleague (77 %); discussed it with a supervisor at work (51 %); chose more formal procedures (10–15 %; e.g. turned to the organisation's personnel department, union/staff association, or a grievance process). In addition, 11 % had quit their jobs and 14 % considered withdrawing from the labour force completely.
- Staff-management relationships: The view held about the staff–management relationships were more negative among those who had been bullied than among other respondents.
- **Stress levels and sense of control:** The stress test scores for those who had been bullied were significantly higher (1.3) than for those who had not been bullied (0.5). **Development of practical programmes and strategies**

The third task of the task force was to develop practical programmes and strategies for the prevention of workplace bullying. The concept of dignity was realised through the 'Dignity at work charter' for all organisational and businesses, which was launched in October 2001. This can help ensure that both employers and employees are committed to preventing bullying at work. The main objectives of this, as stated by the task force are to create a positive work environment, to make sure that all staff within the organisation are committed to the principles in the charter, to motivate and to facilitate the development of

awareness-raising and training initiatives and, finally, to motivate employers to develop an anti-bullying policy that will help discourage bullying. Examples of both a dignity at work charter and an anti-bullying policy are provided for employers as guidance. Finally, the development of codes of practice, the introduction of which is encouraged under the existing Acts, would provide guidelines for agencies and organisations for the promotion of best practice.

Coordinated response from State agencies

The final remit required the task force to produce recommendations for a coordinated response from State agencies, that would facilitate tackling bullying at the workplace.

The final remit required the task force to produce recommendations for a coordinated response from State agencies, that would facilitate tackling bullying at the workplace. The advisory services offered by such an approach will give clear direction and help enterprises deal with bullying at an early stage. The existing legislation on industrial relations, unfair dismissals, employment equality, and health and safety was examined, and was considered comprehensive in its application. Therefore, it was suggested that there was no need or desirability for new or amended legislation of workplace bullying. Finally, the existing functions and responsibilities of State agencies were examined and it was considered that the most appropriate agency to have the responsibility for providing a centrally coordinated response is the Health & Safety Authority, which is responsible for the promotion and enforcement of workplace health and safety in Ireland, the dissemination of information, advice, research in workplace issues, and the monitoring of and compliance with legislation. The establishment of an Advisory Committee on Workplace Bullying under the auspices of the HSA, composed of representatives of the HSA, the Equality Authority, the Labour Court, the Labour Relations Commission, the IBEC and the ICTU, should oversee and direct the carrying out of the task force's recommendations, explore the establishment of a directory of experts, and arrange a follow-up to the national survey of the task force in seven years.

Identified success criteria and transferability of the action

The approach was a well-designed action that was carried out by a group of expert individuals and agencies in the area, the collaboration of which ensured the smooth running of the project and the successful carrying out of the aims of the minister.

There are a number of criteria that make this initiative successful and applicable in other Member States. The approach was a well-designed action that was carried out by a group of expert individuals and agencies in the area, the collaboration of which ensured the smooth running of the project and the successful carrying out of the aims of the minister. A similar body has been established in Australia with the aim to investigate the causes of bullying at a national level and to recommend actions and programmes in order to help coordinate and tackle the issue of workplace bullying. The collaboration of the public was established early, at the start of the project. The study was indirectly publicised by the invitation for submissions for the proceeding of the task force. Participation, through workshops, was also a valid method of including individuals and helped to raise publicity for the programme.

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Report of the Task Force on the Prevention of Workplace Bullying
Web site: http://www.hsa.ie/pub/publications/bully.pdf
Dignity at work charter
http://www.hsa.ie/pub/publications/dignitycht.pdf

6.2 TURIN PUBLIC TRANSPORT SYSTEM — AN AGREEMENT TO PREVENT SEXUAL HARASSMENT, MOBBING AND DISCRIMINATION — ITALY

- Agreement signed between employers and trade unions
- Formation of a special Commission
- Part of quality improvement work

Abstract

ATM (Azienda Torinese Mobilità) and SATTI, the leading public transport firms in Piedmont, are faced with a constant increase in the number of women in their workforce and of non-Italian workers. Because this can give rise to harassment and discrimination, they prefer to prevent such situations and they signed an agreement at the beginning of 2001 with all the representative trade union organisations. In particular a special commission was set up to deal with the cases of sexual harassment, mobbing and discrimination.

Background and surroundings of the action

Transporting approximately 200 million users, they employ about 5 000 people.

Transporting approximately 200 million users, ATM (Azienda Torinese Mobilità) and SATTI are the leading public transport firms in Piedmont. One belongs to the City of Turin and manages urban transport; the other manages inter-district transport in 220 bordering communities. In all, they employ about 5 000 people.

In a context of liberalisation of the local public transport market, ATM and SATTI have initiated several innovative actions, with a view to increasing the quality of their service:

- development of a quality policy, with the aim of directing each action towards perfecting the service;
- establishment, by collective negotiation, of a variable part of wages, linked to customer satisfaction and the firm's financial results;

- structural reorganisation, with the launching and development of advanced systems in the area of human resources, which are essential for the improvement of the work environment, given that:
- the customer judges the firm on service rendered (and not on goods); in other words on the image that the employees give of the firm;
- most of the employees (62 %) are on the front line with customers and their chief job attribute is this relationship with customers.

Improving the quality of internal relations to improve service.

Moreover, ATM and SATTI operate in a sector faced with the same cultural and racial issues as the world in general: an increase in the number of women in their workforce, and the number of non-Italian workers performing operations in ATM; non-Italian workers are mainly employed by outside contractors for restaurant services, office cleaning, bus driving and cleaning, etc. ATM has more than 500 women employees, which represents only 12 % of the total, but in absolute terms it is the equivalent of a medium-sized firm. These women not only work daily alongside men who are proportionally far more numerous, but they also occupy positions traditionally reserved for men.

This situation can possibly give rise to harassment and discrimination. The causes of these social phenomena, which are on the increase in Italy as in other countries of Europe, are manifold, but are significantly influenced by the atmosphere within the enterprise.

In the opinion of management at ATM and SATTI, the situations related to these phenomena must be controlled and it is advisable to build a preventive framework, or even a punitive framework if necessary.

Objectives to be achieved

ATM and SATTI managements signed, on 25 January 2001, an agreement with all the representative trade union organisations (CISL, CGIL, UIL, RSU, UGL and RSA).

This agreement, which came into force on 1 February 2001, aims to establish a climate of mutual respect and satisfactory interpersonal relations. Everyone is required to respect the personality and dignity of others; everyone is entitled to respect.

Description of the action

The agreement applies both to ATM and SATTI personnel and to the personnel of the subcontracting firms working in the same workplaces. Everyone (managers, executives, office workers, blue-collar workers) is covered. The hierarchic position and personal conditions of the person who violates the rules and the person offended are in no way taken into consideration.

The types of behaviour targeted are sexual harassment, mobbing and discrimination, which constitute an infringement of the contractual obligations and are accordingly subject to disciplinary action. Cases of sexual harassment can give rise to legal actions, in accordance with the only legislation in force in this area at present. A government bill is, however, being drafted for cases occurring in the workplace.

The types of behaviour targeted are sexual harassment, mobbing and discrimination.

The definitions used for sexual harassment, mobbing and discrimination are in line with the accepted definitions at European Union level.

Scale of severity of harassment (according to the agreement)

+	violence	Sphere of behaviour
	physical constraint	
	contact	
-	gesture	
+	blackmail	Sphere of language
	explicit personal request	
	vulgarity	
	double meaning	
	pleasant comments	

In case of infringement of the rules outlined in the agreement, the following steps can be taken.

1. The offended party can try to conduct an informal procedure.
2. If this procedure is unsuccessful, the offended party can turn to a hierarchic senior in the enterprise, the human resources department for ATM or the personnel department for SATTI, the trade union organisations or the 'Equal opportunities commission'.
3. After learning of such events, it is the duty of these people, within a maximum period of one week, to assist the person concerned in bringing an action before the 'Climate commission' (for ATM and SATTI jointly) created specially by the January 2001 agreement.
4. This commission consists of seven people from outside ATM and SATTI who have no link with senior management and cannot be influenced. Three members are appointed by the management and three others by the trade unions; they appoint a chairperson chosen from retired magistrates.
5. The commission operates with its own rules and decides whether the people concerned should be called before them. Decisions are taken by majority vote; those members who express a different position are required to justify it in writing.
6. The commission examines each case and systematically writes a report, which may contain proposals for measures, that it sends to the enterprise in question. In some cases, it can ask to consult a specialist, such as a psychologist.

The enterprise can take all necessary measures and apply the disciplinary sanctions provided for by its prevailing regulations, whether for infringement of the rules or for false accusation.

Finally, the agreement provides that in plans for training, special attention will be paid to problems of sexual harassment, mobbing and discrimination.

Results from the action

Ten months after the agreement came into force, only two cases have been handled by the 'Climate commission'. But this commission is not aware of any problems settled out of court. It might be, that the preventive effect sought by applying this action has played a role, as planned. It is also possible that many minor cases will never go the commission.

It is now recognised by management as well as by social partners that the agreement has increased awareness of the phenomenon and made it possible to speak more freely of this taboo subject.

It is now recognised by management as well as by social partners that the agreement has increased awareness of the phenomenon and made it possible to speak more freely of this taboo subject.

Signed by all the representative trade union organisations, it has also demonstrated that, although defending different interests, company managers and trade union representatives were able to reach a strong consensus on this difficult subject.

Company managers and trade union representatives were able to reach a strong consensus on this difficult subject.

Problems faced and factors of success

The success of this action is again due to the clear stance taken by the management of the enterprises ATM and SATTI. Moreover, this agreement, the first in this area at the national level, has been extensively publicised at national level and even at international level.

Transferability of the action

Such an agreement, based on esteem for individuals and respect for their dignity, is essential in a service company; but it can very well be applied in a manufacturing firm.

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7.

SUMMARY OF SUCCESS FACTORS OF GOOD PRACTICE IN STRESS PREVENTION

SUCCESS FACTORS OF GOOD PRACTICE IN STRESS PREVENTION

The cases described in the report give an impression of the variety of initiatives implemented or still going on in Europe in the field of psychosocial hazards prevention. Each case constitutes a unique effort to solve or to reduce the problems related to stress, bullying or violence at work. All preventive actions are taken with the best intentions of improvement, and many of the actions described in the report have, in addition, proved their effectiveness. Factors that can lead to successfully designed and implemented interventions can be illustrated by the cases in this report, and are described below.

Adequate risk analysis

'An organisation needs to know its starting points in order to assess the benefits derived'

'An organisation needs to know its starting points in order to assess the benefits derived' (Kompier and Cooper, 1999, p. 334). The starting point can be analysed by different means: analyses of organisational reports, records, statistics and documents, interviews with key persons, or questionnaires. Often a survey is conducted in order to obtain an assessment of the baseline situation. In any case, the process must not stop at the screening. An organisation should never start a survey of the working environment unless there is a clear intention of taking action if indicated from the results. In order to maintain support and participation, it is also crucial to inform employees as soon as possible of the results from a survey and about planned activities, interviews or other forms of problem analysis that are going to be conducted. For example, Case 3.1 'Work positive' — A stress management approach for SMEs — HEBS and HSA joint commission — Scotland and Ireland provides an example of a tool for screening of the psychosocial working environment.

Thorough planning and stepwise approach

The benefit from a stepwise approach has been recognised in many intervention research projects.

A precondition for a successful stress prevention intervention is to have clearly defined aims and target groups, appropriately delegated tasks and responsibilities, adequate planning, financial resources and means of action. It is important to make an appropriate translation of needs and resources into actions and a clear match between the goals and the means. The first step should be an adequate analysis of the situation and the resources available. Then follows the development of suitable interventions, implementation and evaluation of the interventions. The benefit from a stepwise approach has been recognised in many intervention research projects. Some of the cases described in the report, such as Case 3.1 'Work positive' — A stress management approach for SMEs — HEBS and HSA joint commission — Scotland and Ireland, Case 3.2 'Tackling work-related stress — The risk management approach as applied among nursing staff at a National Health Service trust — United Kingdom' and Case 4.2. 'StRess.Moderator — A stress management method' represent examples of tools and guidelines that are useful in a step-wise planning and implementation of interventions.

Combination of work-directed and worker-directed measures

A good risk analysis and a stepwise approach are determining factors to develop adequate solutions to the problems or to the visions in scope. In order to acknowledge the problem at its source and not to focus the problems on the individual, a combination of work-directed and worker-directed measures is often preferable. Priority must be given to organisational and collective prevention. Case 4.5 'Road access and bus drivers' working environment — Sweden' is an illustration of an effective stress preventive action solely aimed at the organisational level. In some instances the working environment problems are an inseparable part of the work itself and cannot be removed. This is illustrated in Case 4.4 'Stress management policy in the Belgian federal police force'. The risk of violence or stressful events cannot be removed from the job, but organisational changes are in these cases combined with education of the employees in order to manage both situations and reactions to them. It is important to distinguish between unavoidable working conditions and changeable working conditions, and not to waste energy on the unchangeable.

Priority must be given to organisational and collective prevention.

Context-specific solutions

Sustainable solutions must be developed, in the specific context of the workplace, with the use of local resources. This does not imply that outside expertise should not be involved. On-the-job expertise is, however, a main resource in the development of an intervention. Workers' expertise should be used to analyse the problem and to develop appropriate solutions. They have often thought about very specific solutions to improve their work and work circumstances. It is important to use these potentials. Usually the process will benefit from involving both outside experts (researchers, consultants, OHS experts, trade unions, etc.) and organisational members (employees and managers). Case 3.3 'Health circles — A participative approach to improve health-related working conditions' illustrates a method to facilitate and support a participative approach involving both inside and outside expertise, while Case 5.2 'Prevention of physical workplace violence in the retail trade sector — Kauris method — Finland' and Case 3.4 'Naoussa Spinning Mills SA — Workplace health protection programme — Greece' provide examples of such processes.

On-the-job expertise is, however, a main resource in the development of an intervention.

Experienced practitioners and evidence-based interventions

When external consultants and practitioners are involved in the development and implementation of an intervention, it is crucial that they have a recognised professional background. This also implies insight into the current knowledge and existing evidence in the specific field. Although random use of off-the-shelf interventions should be avoided, it is on the other hand important to build the interventions as far as possible on existing knowledge and scientific evidence. A balance between evidence-based and context-based interventions is recommended. This statement is emphasised in Case 4.6 'Take care — A team-based burnout intervention programme for oncology care providers' and Case 4.3 'Stress prevention and control clinical programme — Portugal'.

A balance between evidence-based and context-based interventions is recommended.

Social dialogue, partnership and workers' involvement

The management should accept responsibility and employees should be included in all assessment, decision-making, and implementation stages.

To secure ownership of an intervention, involvement and commitment of employees and their representatives, middle management and top management is crucial in every stage of the process. The management should accept responsibility and employees should be included in all assessment, decision-making, and implementation stages. The management and employees will represent different motives and interests in the stress preventive activities, and in addition to this comes the interest of consultants, researchers and other parties. It is important to find a compromise of overlapping or parallel interests, which should be the basis of the cooperation. In some cases, local staff can be trained as special resource persons, equipped to build bridges between the different parties. Case 3.5 'Intervention project on absence and well-being (IPAW) — Denmark' and Case 6.2 'Turin public transport system — An agreement to prevent sexual harassment, mobbing and discrimination — Italy' are examples of initiatives where different incentives: economic, service and working environment, together have supported the same action with a synergistic effect.

Sustained prevention and top management support

Larger organisational changes are not possible unless the management is ready to make changes and — at least to a certain extent — make some investments in workplace improvements.

Larger organisational changes are not possible unless the management is ready to make changes and — at least to a certain extent — make some investments in workplace improvements. This can be illustrated in Case 5.3 'La Poste — Management of stress related to situations of aggressiveness — France', where the commitment by management at the highest level of the enterprise was a determining factor.

Moreover, if the improvements are to be sustained, it is necessary that the top management incorporate preventive activities in the regular company management, e.g. as part of a work environment management system. As a parallel to product quality security systems, work environment security systems or codes of practice should be included as part of ongoing management. Case 6.1 'Task Force on the Prevention of Workplace Bullying, Health and Safety Authority (HSA) — Ireland' provides an example of an effort to support commitment at all organisational levels and maintenance of a preventive effort towards bullying. In order to find out whether the goals for change have been achieved and sustained, systematic workplace surveys should be integrated in the ongoing routine of the workplace. The importance of longer term risk reduction and follow-up is emphasised, particularly in the tool described in Case 3.2 'Tackling work-related stress — The risk management approach as applied among nursing staff at a National Health Service trust — United Kingdom'.

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