

17 Stress in the Workplace

Contents

- 17.1 Introduction
- 17.2 Roles and Responsibilities
- 17.3 Retention of Records
- 17.4 Related Documents

Annex A - Defence MODified (HSE) Management Standards Indicator Tool

Introduction

17.1.1 The pressure encountered in everyday life, at home, at work and from exposure to traumatic situations, may result in physical and/or mental ill health. The effective management of stress in the workplace is essential for the maintenance of good levels of mental and physical health and maintaining the defence capability.

17.1.2 The MOD believes that its personnel are its most important asset and that their wellbeing is essential to effective work performance and the provision of high quality services. To this end the MOD is committed to promoting a healthy and supportive environment in which to operate and recognises the importance of identifying, reducing and managing stress: in the workplace; in training; and on operations. Whilst the MOD has no control over external or personal factors, it is committed to manage those risk factors which are within its control to minimise their impact, where possible. The MOD is committed to enhancing the wellbeing of Defence personnel through a range of measures to help understand and recognise the causes of stress. These measures include personnel development, improved procedures and support. Collectively, these measures should encourage the active management of workplace stress and promote a good work-life balance.

17.1.3 The MOD is legally bound to identify and prevent or reduce the causes of work-related stress alongside any provision it may make for its treatment. This will require all Defence personnel to work together and will be achieved through:

- the promotion of stress awareness;
- reminding managers/commanders of their responsibility for the mental wellbeing of defence personnel or those they command; and
- provision of early detection and ease of referral (without fear of stigma) to a range of expert clinical and support services.

17.1.4 The delivery of healthcare is primarily the business of clinicians under the direction of the Surgeon General for Service personnel and the NHS for civilians. Stress and the wider mental wellbeing of defence personnel is everyone's business, but particularly managers/commanders, as work-related stress may often be the result of poor leadership and/or poor management.

17.1.5 Stress affects people in different ways at different times and is often the result of a combination of factors in their personal and working lives. Work-related stress arises where the combination of pressure from workload, working practices, work relationships, etc. exceeds the person's capacity and capability to cope, resulting in adverse mental (anxiety, insomnia, feeling excessively tired) and/or physical reactions (excess perspiration, nausea, muscle tension, raised heart rate, etc.).

17.1.6 If excessive pressure persists, physical harm may occur when the body tries to adapt to the load placed upon it. As the body's resources are depleted and it is unable to maintain normal function, long term damage may result as the body and the immune system become exhausted.

17.1.7 Adverse reactions to work-related stress may appear in cognitive, emotional, physical or behavioral ways; these include:

- lack of concentration;
- forgetfulness;
- ulcers;
- cardiovascular problems;
- high blood pressure;
- depression;
- irritability (mood swings);
- musculoskeletal disorders;
- anxiety;
- poor sleep;
- increased vulnerability to infections and viruses
- reduced work performance.

17.1.8 Defence has adopted the HSE Management Standards approach and the HSE Management Standards Indicator Tool as the minimum standard for managing stress in the workplace. The Management Standards are based on the best available scientific evidence linking work design to health outcome and are categorised into six key risk factors:

- the **demands** of the individual's job;
- the **control** each person has over their work;
- the **support** given to individuals by their managers and colleagues;
- individual's **relationships** at work;
- an individual's **role** in the organisation;
- organisational **change** at work and how it's managed.

17.1.9 The Institute of Naval Medicine (INM) has identified work-life balance as an additional risk factor for work-related stress in Defence. A modified version of the HSE Management Standards Indicator Tool has been created by INM which incorporates a measure of work-life balance and is therefore more appropriate for use within Defence. The INM tool has to be tailored to each customer (with regards to the demographic questions etc.) so a link to it cannot be included in this Chapter. However, Annex A contains Frequently Asked Questions about the tool and contact details.

17.1.10 The use of the tool is known as a 'stress audit' which may form part of a wider stress risk assessment. It is recommended that a stress audit (i.e. the use of the Defence modified HSE Management Standards Indicator Tool) is carried out whenever a TLB/TFA/establishment etc. wishes to investigate the risk of stress in civilians and service personnel.

17.1.11 For Defence personnel exposed to a traumatic event (e.g. witnessing a violent death), the Trauma Risk Management (TRiM) process (which is designed to reduce the stigma associated with mental health issues and encourages staff to seek help) should be used.

Roles and Responsibilities

TLB/TFA

17.2.1 Each TLB/TFA should ensure that the risk of work-related stress at all levels of the organisation (senior management groups down to individual sections) is identified and assessed. This should be achieved through periodic TLB/TFA stress audits (e.g. using the Defence modified HSE Management Standards Indicator Tool), together with analysis of other stress indicators (e.g. high levels of sick leave, personnel turnover rates, numbers of complaints/grievances) as part of a risk assessment for work-related stress (JSP 375, Part 2, Vol 1, Chapter 8). Where appropriate, the Trades Union/staff should be consulted on proposed strategy/action relating to the management of work-related stress.

17.2.2 TLBs, in conjunction with COs/HOEs, need to ensure that adequate consultation and communication takes place (including Defence personnel and Trades Union) prior to running the stress audit process. The consultation should explain the purpose of the audit, how the findings will be used and how the associated information will be promulgated; this should help maximise the response rate and elicit more accurate data.

17.2.3 Anyone wishing to conduct a stress audit should contact the Institute of Naval Medicine at NAVY-INM-HFStress@mod.uk for assistance. The Institute can administer the Defence modified HSE Management Standards Indicator Tool and provide a short report of the results. This report will suggest short- and long-term targets for improvement in each of the risk factors; these should be used to measure progress in future audits. Defence personnel should be encouraged to complete stress audits. A minimum completion rate of 60% is desired while a completion rate below 50% cannot be considered indicative/relevant.

Defence Medical Services (DMS)

17.2.4 Primary and secondary medical support and mental wellbeing is provided by DMS for all Service personnel; stress management is embedded within this care and managed in accordance with the Armed Forces Mental Health Strategy which is maintained under the authority of the Chief of Defence Personnel (CDP).

Defence Business Services Civilian Human Resources (DBS People Services)

17.2.5 The DBS People ServicesCHR Employee Wellbeing Service (EWS) provides support to managers of civilian defence personnel for work-related and trauma stress and provides a referral service to workplace counsellors or specialist agencies as required. Support and advice is provided on request to managers and civilian defence personnel for a planned return to work following a period of stress related sick absence.

Commanding Officer/Head of Establishment/Senior Civil Servants (CO/HoE/SCS)

17.2.6 A local risk assessment (JSP 375, Part 2, Vol 1, Chapter 08) for work-related stress should be conducted for the vessel e.g establishment; management area etc. using data from the TLB/TFA audit and the analysis of other stress indicators. Where there is a significant risk of, or where work-related stress is confirmed, suitable control measures coordinated where necessary with adjacent users should be developed and implemented. To ensure effectiveness, the stress risk assessment should be repeated incorporating the findings of subsequent stress audits etc.

17.2.7 An audit carried out at a high level may indicate that a problem does not exist, however there may be small subgroups or individuals who do have stress related issues that require management action. The results of stress audits should be used along with any other pertinent data to inform the risk assessments for work-related stress. The risk assessment should identify control measures to reduce the impact of stressors (events, experiences etc. that cause stress) in the workplace and those measures managed through to completion. It may be appropriate to conduct a local audit between scheduled TLB/TFA audits (at least 12 months) after implementing required control measures to analyse their effectiveness.

17.2.8 Medical support and the mental wellbeing of service personnel is a Single Service responsibility and shall be managed in accordance with the Armed Forces Mental Health Strategy; on shared facilities it is the lead Service that assumes this responsibility for all Service personnel.

Manager

17.2.9 Managers must ensure that within their area of responsibility, workplace stressors are identified and appropriate control measures for the management of stress introduced (consulting with defence personnel, Trades Union, etc.), in accordance with risk assessment findings/required actions. As work-related stress is likely to occur where workload exceeds the person's capacity and capability to cope, Managers need to ensure:

- suitable training/competency and/or supervision to discharge duties;
- the provision of meaningful developmental opportunities;
- the workload is appropriate (not overloaded or insufficient for prolonged periods);
- excessive hours or overtime is not worked for prolonged periods;
- that holiday entitlements are used appropriately;
- training is attended as requested in good management practice;
- bullying and harassment is not tolerated within their jurisdiction;
- good communication exists between management and personnel, particularly where there are organisational and procedural changes;

- personnel are encouraged to complete stress audits;
- reporting of stress is encouraged at all levels;
- they take seriously any approaches made by defence personnel and discuss issues that may be stress related;
- appropriate support via the EWS is offered to defence personnel who experience stress outside work (e.g. bereavement or separation);
- defence personnel do not become isolated from colleagues when lone working or working at remote locations.

17.2.10 The early identification and management action for individuals who may be displaying signs of work-related stress is essential and Managers shall need to proactively look for stress indicators and be aware of changes to staff of the following physical, behavioural and emotional signs:

- dry throat, muscle tension, headaches, indigestion, insomnia, high blood pressure;
- irritability, impulsive behaviour, difficulty making decisions, sudden increase in smoking or alcohol consumption;
- excessive worrying, feelings of worthlessness, brooding, forgetfulness, easily startled, daydreaming.

Further advice is available from the NHS and HSE stress websites on identifying and managing stress. The HSE also offers a Line Manager Competency Indicator Tool to help managers reflect on their own behaviour and management style as these factors play an important role in preventing and reducing workplace stress.

17.2.11 At the workplace level, high levels of absenteeism and accidents (including minor ones) are often linked to stress. Low production levels, poor quality output and difficult inter-personal relationships may also be associated with stress. Other signs of stress at the workplace level include:

- increase in personnel turnover;
- increase in complaints and grievances;
- increase reports of stress from personnel;
- difficulty in recruiting new staff;
- an increase in musculo-skeletal disorders (e.g. backache).
- Increased referrals to Occupational Health services;

17.2.12 For civilian defence personnel, medical and mental wellbeing support is provided via their GP with support from the civil service contracted occupational health service provider (via Defence Business Services Civilian Human Resources (DBS CHR)) or the DBS CHR Employee Wellbeing Service. The mental wellbeing of Service personnel is managed in accordance with the Armed Forces Mental Health Strategy.

17.2.13 The Manager should, where appropriate, arrange for a return to work plan to be developed for staff returning after prolonged absence or following stress related illness. Care must be taken to ensure that personal/medical information contained in a return to work programme remains confidential. Advice on return to work programmes (phased return, amended duties, altered hours and/or workplace adaptation) consistent with the HSE management standards approach should be available from the Single Service Medical

Facilities for Service personnel or DBS CHR for civilians; and should take into account any fit note recommendations (if these are known).

17.2.14 For Defence personnel who have been exposed to a traumatic event, the Manager must ensure that access to TRiM is offered and where appropriate a structured risk assessment of those exposed to the event is carried out using the TRiM process by trained personnel and recommended actions/support provided. TRiM trained personnel should be available from within the establishment/vessel/unit etc for Service personnel, or from DBS CHR for civilian Defence personnel.

17.2.15 Incidents of work-related stress should be recorded by the Manager in accordance with JSP 375, Part 2, Volume 1, Chapter 16, and where absence is involved on JPA for Service personnel and on HRMS for MOD civilian personnel.

Defence Personnel

17.2.16 Defence personnel should report to their Manager if they feel they may be experiencing negative stress at work and/or at home; they believe they are under excessive and/or prolonged pressure; or they consider that a colleague is showing signs of stress. If personnel feel that they are unable to discuss the issue with their Manager, they should speak to their second reporting officer, a colleague or a Welfare Officer. To minimise stress, personnel should:

- complete the training required to discharge their duties safely and effectively, and in good management practice;
- manage their workload (to prevent work overload);
- advise their Manager when/if they believe their workload is excessive;
- not work excessive hours;
- take lunch breaks away from the immediate work environment;
- take their full holiday entitlement;
- report any bullying or harassment;
- consider the support offered to help manage stress outside work e.g. bereavement or separation;
- discuss issues with managers and colleagues, particularly where there are organisational and/or procedural changes

17.2.17 All Defence personnel are strongly encouraged to participate in stress audits to help identify workplace stressors, as participation benefits the whole of the Defence community. Where workplace stressors are identified , risk assessed and measures introduced all personnel must comply with the required actions, including undertaking any additional training as necessary.

17.2.18 Civilian personnel who are deployed on operations must complete wellness questionnaires as detailed in Civilian Operational Deployment Assessment (CODA) and if appropriate will be assessed at RTMC Chilwell in accordance with Civilian Operational Deployment Assessment Post Operational Psychological Support (CODAPOPS) on return;

for Service personnel this support is included in the standard pre-deployment training and decompression procedures.

Retention of Records

17.3.1 All accident/incident records must be kept for at least 3 years from the date of entry and in accordance with JSP 375 Part 2, Volume 1, Chapter 39.

Related Documents

17.4.1 The following documents should be consulted in conjunction with this chapter.

JSP 375 Part 2, Volume 1

- Chapter 08 – Risk Assessment.
- Chapter 14 – Health Surveillance and Health Monitoring.
- Chapter 16 – Accident/Incident Reporting and Investigation.
- Chapter 18 – Lone Working.
- Chapter 21 – Managing Staff Remotely.
- Chapter 39 – Retention of Records.
- Chapter 40 – Organisational Change.

Other MOD Policy/Guidance

- Armed Forces Mental Health Strategy;
- TRiM – Trauma Risk Management Process
 - [TRiM - Navy](#);
 - [TRIM - Army](#)
- CODA – Civilian Operational Deployment Assessment;
- CODAPOPS – Civilian Operational Deployment Assessment Post Operational Psychological Support;
- [Civilians -People Portal – Understand and manage stress](#);
- [INM – Royal Navy Well-Being & Stress Management Advice](#);
- JSP 770 – Non-Operational Welfare;

Training

- [Civil Service Learning – Well Being, Resilience and Stress](#);
- [Civil Service Learning – Communication Skills for High Stress, High Risk Situations Masterclass](#);
- [Civil Service Learning – Stress Management - Good Practice Tool](#);
- [Civil Service Learning – Stress Busting Tips – Resource Tool](#);
- [Civil Service Learning – Managing Self: Work/Life Balance and Stress Workplace Learning Activity Resource](#);
- [Defence Academy - START Taking Control Foundation Stress Management and Resilience Course - FSRT](#)

Legislation and Guidance

- [HSE – HSG 218 - Managing the causes of work-related stress;](#)
- [HSE – INDG 430 - How to tackle work-related stress;](#)
- [HSE – INDG 424 - Working together to reduce stress at work;](#)
- [HSE – Signs and Symptoms of Stress](#)
- [HSE – HSE Line Manager Competency Indicator Tool](#)
- [Gov.uk – Access to Work;](#)
- [NHS – Stress, Anxiety, Depression Pages – Understanding Stress](#)

Defence MODified Health and Safety Executive (HSE) Management Standards Indicator Tool

This Annex should be read by anyone thinking of running a survey to investigate stress amongst personnel in their establishment.

What is the Defence MODified tool?

The Defence MODified tool is a questionnaire which indicates the risk of work-related stress by asking personnel to rate their working conditions according to eight factors:

- **Demands** of the job
- **Control** over the job
- **Support** from managers
- **Support** from colleagues
- **Relationships** at work
- **Role** in the organisation
- **Change** at work and how it's managed
- **Work-life** balance

What can the Defence MODified tool show?

The tool can show what personnel think of their working conditions. Evidence suggests that if personnel give poor ratings of the above eight factors, they will be at greater risk of developing work-related stress.¹

Why doesn't the tool just ask personnel if they are stressed?

The tool does not directly ask personnel whether they are stressed because people can feel stressed for all sorts of reasons including personal or external factors beyond the control of MOD. By asking about workplace risk factors instead, MOD can take action to mitigate factors within their control and thus reduce the risk of work-related stress.

Should anything else be done or is the tool enough?

As described in this Chapter, it is good practice to gather other data like rates of absenteeism, turnover and referrals to mental health support services etc. as part of a wider stress risk assessment.

¹ Bridger, R.S., Davison, H.M. & Dobson, K. (2015). Use of the HSE stress indicator tool with MOD personnel. INM Report 2015.10.

How can the Institute of Naval Medicine (INM) help?

The Institute of Naval Medicine (INM) can administer the tool, independently analyse the data, produce a short letter detailing the results and give advice on how to take the results forward.

How do I get the Institute of Naval Medicine (INM) to help me?

You will need to secure the 'buy-in' of relevant senior figure(s) in your establishment who have the gravitas to encourage personnel to complete the tool and the authority to make any changes to the workplace based on the results. The senior figure(s) will need to formally 'task' the INM to administer the tool (the INM can supply a template tasking letter). The INM will then draft a 'Tasking Response Form' which will be signed by relevant parties. Your establishment will be responsible for publicising the tool and encouraging personnel to complete it (the INM can supply template promotional material, including a letter which should be sent to all personnel by a senior figure). It is important that as many personnel as possible complete the tool.

Will it be confidential?

Yes. The tool is completed electronically and all data will be processed and stored on MOD computer systems, visible only to the survey administrators. The results will be reported anonymously.

Can I compare different teams within my establishment?

Yes. The INM can include 'demographic' questions regarding respondents' team, rank/grade etc. although results will not be reported for any groups of fewer than 10 people in order to preserve anonymity.

How are the results calculated?

The average scores for your establishment on each of the eight workplace risk factors will be compared to the scores of a large group of other workers known as a 'norm group'. A 'traffic light' system will show how your establishment compares to the norm group on each factor e.g. a green score would show that your personnel were at a low risk of work-related stress on that factor compared to the norm group. For the work-life balance factor, the norm group is comprised of MOD personnel. For the other seven factors the norm group is comprised of UK workers drawn from various industry sectors by the HSE. The INM is in the process of gathering data to create norm groups comprised solely of MOD personnel for all eight factors.

What happens after I get the results?

The results should be confirmed by circulating them amongst personnel and discussing them face-to-face at an establishment-wide presentation and focus groups (the INM may be able to support with the delivery of a presentation and focus groups, depending on available resources). The results should also be examined alongside the other data which will have

been gathered as part of a wider stress risk assessment e.g. rates of absenteeism, turnover, referrals for mental health care etc.

Then what?

It may be the case that changes must be introduced to your establishment to improve working conditions. The INM may be able to give advice and support regarding these changes (depending on available resources) but ultimately it will be the responsibility of your establishment to orchestrate and embed such changes. This is likely to take time, particularly if substantial culture change is required.

Further Information:

Contact NAVY-INM-HFStress@mod.uk