

17 Stress in the Workplace

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Introduction

1. The pressure encountered in everyday life; at home, at work and from exposure to traumatic situations, may impact resilience in physical and / or mental health. The effective management of stress and welfare in the workplace is essential for the maintenance of good levels of mental and physical health and maintaining the Defence capability.

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.

3. 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 persons capacity and capability to cope resiliently, resulting in adverse physical and / or mental reactions.

4. Whilst the MOD has no direct control over external or personal factors, it is committed to manage those risks 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. The measures led by Defence personnel include personnel development, improved HR procedures and support. Collectively, with physical and mental resilience and mental first-aid, each measure should encourage the active management of workplace stress and promote a good work-life balance.

5. Like any other employer in Great Britain, the MOD must identify and prevent or reduce the causes of work-related stress, in accordance with its legal duties¹,

¹ These include The Management of Health and Safety at Work Regulations 1999, Section 3; The Working Time Regulations 1998; Safety representatives and Safety Committees Regulations 1977 (SRSCR 1977); Sex Discrimination Act 1975 and Race Relations Act 1976. Where DED apply, MOD policy is Defence shall apply the standards and principles at least as good as Statute, including as part of the military covenant for combat stress.

alongside any provision it may make for its treatment². This will require all Defence personnel to work together and will be achieved through:

- a. the promotion of stress awareness;
- b. reminding managers (Service and civilian) of their responsibility for the mental wellbeing of Defence personnel; and
- c. provision of early detection and ease of referral (without fear of stigma) to a range of expert clinical and support services.

6. 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, as work-related stress may often be the result of poor leadership and / or poor management.

7. If excessive stress persists, physical harm may occur when the body tries to adapt to the pressures placed upon it. As the body's resources are depleted and it is unable to maintain normal function, physical symptoms may appear (sweating, raised heart rate etc.); long term damage may result as the body and the immune system become exhausted.

8. Work related stress may manifest itself in an individual in cognitive, emotional, physical or behavioural ways; these include:

- a. lack of concentration;
- b. forgetfulness;
- c. ulcers;
- d. cardiovascular problems;
- e. high blood pressure;
- f. depression;
- g. irritability (mood swings);
- h. musculoskeletal disorders; and
- i. anxiety.

9. Defence has adopted the HSE Management Standards approach and the HSE Management Standards Analysis Tool³ as the minimum standard for managing stress in the workplace. The Management Standards are based on the best available

² See DSA02-DMSR Defence Medical Services Regulations JSP375, Ch14 – Health Monitoring and JSP950 Medical Policy

³See <https://www.hse.gov.uk/stress/standards/index.htm> and <https://www.hse.gov.uk/pubns/wbk01.pdf>

scientific evidence linking work design to health outcome and are categorised into six key risk factors:

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

10. The Institute of Naval Medicine has identified work-life balance as an additional risk factor for work-related stress in Defence. A modified version of the HSE Management Standards Analysis Tool has been created by the Institute of Naval Medicine which incorporates a measure of work-life balance and is therefore more appropriate for use within Defence⁴. It is recommended that the modified tool is used for all stress audits within Defence for civilians and Service personnel.

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) shall be used.

Roles and Responsibilities

Top Level Budget Holder (TLB) / Trading Fund Agency (TFA)

12. Each TLB / TFA should ensure that the risk of work related stress at all levels of the organisation from TLB / TFA to management groups, and individual sections is identified and assessed; this should be achieved through periodic TLB / TFA stress audits (using the Defence modified HSE Management Standards Analysis Tool) and the analysis of other stress indicators (e.g. high levels of sick leave, personnel turnover rates, numbers of complaints and grievances) and conduct risk assessments for work related stress (JSP 375, Volume 1, Chapter 8). Where appropriate, the Trades Union and staff should be consulted on proposed strategy and action relating to the management of work-related stress.

13. TLBs, in conjunction with Commanding Officer / Head of Establishment (CO / HoE), 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.

⁴ See link

14. Anyone wishing to conduct a stress audit should contact the Institute of Naval Medicine via the group mailbox⁵. The Institute can administer the Defence modified HSE Management Standards Analysis 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)

15. 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 DCDS (Pers & Trg).

Defence Business Services Civilian Human Resources (DBS CHR)

16. The DBS CHR 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 are 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

17. A local risk assessment (JSP 375, Volume 1, Chapter 8) for work related stress should be conducted for the vessel; 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 co-ordinated 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.

18. 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.

19. 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.

⁵ NAVY-INM-HFStress@mod.gov.uk

Manager

20. 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 exceed the persons capacity and capability, managers need to ensure:

- a. suitable training, competency and / or supervision to discharge duties;
- b. the provision of meaningful developmental opportunities;
- c. the workload is appropriate (not overloaded or insufficient for prolonged periods);
- d. excessive hours or overtime is not worked for prolonged periods;
- e. that holiday entitlements are used appropriately;
- f. training is attended as requested in good management practice;
- g. bullying and harassment is not tolerated within their jurisdiction;
- h. good communication exists between management and personnel, particularly where there are organisational and procedural changes;
- i. personnel are encouraged to complete stress audits;
- j. reporting of stress is encouraged at all levels;
- k. they take seriously any approaches made by Defence personnel and discuss issues that may be stress related;
- l. appropriate support via the EWS is offered to Defence personnel who experience stress outside work (e.g. bereavement or separation); and
- m. Defence personnel do not become isolated from colleagues when lone working or working at remote locations.

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

- a. dry throat, muscle tension, headaches, indigestion, insomnia, high blood pressure;
- b. irritability, impulsive behaviour, difficulty making decisions, sudden increase in smoking or alcohol consumption; and

- c. excessive worrying, feelings of worthlessness, brooding, forgetfulness, easily startled, daydreaming.

22. Further advice is available from the NHS and HSE stress websites on identifying and managing stress (the Defence modified HSE Management Standards Indicator Tool is built around a participatory approach). 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.

23. 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 situational indicators include:

- a. working long hours;
- b. insufficient work;
- c. job insecurity;
- d. organisational change;
- e. short conflicting deadlines;
- f. quantitative and qualitative work overload;
- g. loss of concentration;
- h. irritability and aggression; and
- i. an increase in musculoskeletal disorders (e.g. back ache).

24. For civilian Defence personnel, medical support and mental wellbeing 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.

25. 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 programmes remains confidential. Advice on return to work programmes (phased return, amended duties, altered hours and / or workplace adaption) that follow the six-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).

26. 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 and support provided. TRiM trained personnel should be available from within the establishment, vessel, or unit etc. for Service personnel, or from DBS CHR for civilian Defence personnel.

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

Defence Personnel

28. 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 you feel that you are unable to discuss the issue with your manager, you should speak to your second reporting officer, a colleague or a Welfare Officer. Where workplace stressors are identified, risk assessed, and measures introduced; all personnel must comply with required actions and undertake any training as necessary.

29. 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. To minimise stress, personnel should:

- a. complete training required to discharge their duties safely and effectively, and in good management practice;
- b. manage their workload so that they are not overloaded with work;
- c. advise their manager when or if they believe their workload is excessive;
- d. not work excessive hours;
- e. take lunch breaks away from the immediate work environment;
- f. take their full holiday entitlement;
- g. report any bullying or harassment;
- h. accept support offered to help manage stress outside work e.g. bereavement or separation; and
- i. discuss issues with managers and colleagues, particularly where there are organisational and / or procedural changes.

30. 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

31. All records must be kept for at least three years from the date of its entry and in accordance with JSP 375, Volume 1, Chapter 39.

Related Documents

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

- a. JSP 375, Part 2, Volume 1;
 - (1) Chapter 08 – Risk Assessment;
 - (2) Chapter 14 – Health Surveillance and Health Monitoring;
 - (3) Chapter 16 – Accident / Incident Reporting and Investigation;
 - (4) Chapter 18 – Lone Working;
 - (5) Chapter 21 – Managing Staff Remotely;
 - (6) Chapter 39 – Retention of Records; and
 - (7) Chapter 40 – Organisational Change.
- b. Other MOD Publications;
 - (1) DSA01.1 – Defence Policy for Health, Safety and Environmental Protection;
 - (2) DSA01.2 Chapter 2 – Requirement for Safety and Environmental Management Systems in Defence;
 - (3) DSA01.2 Chapter 5 – Safety Culture;
 - (4) DSA02-DMSR – Defence Medical Services Regulations
 - (5) DCDS (Pers & Trg) and SG – Armed Forces Mental Health Strategy;
 - (6) TRiM – Trauma Risk Management Process;
 - (7) CODA – Civilian Operational Deployment Assessment;
 - (8) CODAPOPS – Civilian Operational Deployment Assessment Post Operational Psychological Support;
 - (9) People Portal – Understand and manage stress;

- (10) INM – Royal Navy Well-Being & Stress Management Advice;
- (11) [Defence People mental Health and Wellbeing Strategy 2017-22](#); and
- (12) JSP 770 – Non-Operational Welfare.

c. Legislation and Guidance;

- (1) [HSE – HSG218 \(Managing the causes of work-related stress\)](#);
- (2) [HSE – INDG430 \(How to tackle work-related stress\)](#);
- (3) [HSE – INDG424 \(Working together to reduce stress at work\)](#);
- (4) [HSE – HSE Management Standards Analysis Tool](#);
- (5) INM Toolbox;
- (6) [Gov.uk: Access to Work](#);
- (7) [NHS – Stress](#).