

HSE Workplace Health Expert Committee  
(WHEC)

**Work-related stress  
and psychological health**



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This report, its contents, including any opinions and/or conclusions expressed, are those of the committee members alone and do not necessarily reflect HSE policy.



## Foreword

The development of policy in HSE needs to be informed by the best available contemporary scientific evidence. In 2015, HSE formed the Workplace Health Expert Committee (WHEC) to provide independent expert advice to them on:

- New and emerging workplace health issues
- New and emerging evidence relating to existing workplace health issues
- The quality and relevance of the evidence base on workplace health issues

Questions about workplace health issues come to WHEC from many sources, which include HSE, trade unions, employers, interested individuals and members of WHEC. WHEC's responses to these questions are published online as reports to HSE, as position papers following investigation, or as a briefer response where the current evidence is insufficient to warrant further investigation. In cases where the evidence-base is limited WHEC will maintain a watching brief and undertake further investigation if new and sufficient evidence emerges.

In its formal considerations, WHEC aims to provide answers to the questions asked based on the available evidence. This will generally include review of the relevant scientific literature, identifying the sources of evidence relied on in coming to its conclusions, and the quality and limitations of these sources of evidence.

The purpose of WHEC reports is to analyse the relevant evidence to provide HSE with an informed opinion on which to base policy. Where there are gaps in the evidence, which mean that this is not possible, WHEC will identify these and, if appropriate, recommend how the gaps might be filled.

## Executive Summary

This paper provides an overview of work-related stress and psychological health, looking at the scale of the problem and emerging risks in the area. It gives a brief review of the current state of play in national policy in the field, including the HSE's Management Standards for work-related stress and the distinct contribution of the HSE as compared with other stakeholders.

Based on this background, some questions are set out for the HSE to consider in more detail. Recommendations are made regarding current gaps in evidence and questions are raised that the HSE might look to answer in order to inform its future activity to address work-related stress and achieve good psychological health across workplaces in Britain.



## 1. THE IMPORTANCE OF WORK-RELATED STRESS AND PSYCHOLOGICAL HEALTH

### a. Scale of the problem

According to HSE statistics, work-related stress (see appendix for definition), depression and anxiety accounted for 37% of the caseload of work-ascribed ill-health and 45% of the attributed days lost in 2015/16. The latest estimates from the Labour Force Survey (HSE annual statistical report, 2016) indicate:

- The total number of people reporting “stress, depression or anxiety” believed to be caused or made worse by work in 2015/16 was 488,000, a prevalence rate of 1510 per 100,000 workers.
- The number of new cases with these symptoms, developing them for the first time during the reporting period was 224,000, an incidence rate of 690 per 100,000 workers (or 0.69%) per year.
- The total number of working days lost due to stress, depression and anxiety in 2015/16 was 11.7 million days. This equated to an average of 23.9 days lost per case.
- The cost of overall work-related ill-health to Great Britain has been estimated at £14.3 bn. This equates to a cost of £18,700 per case of ill-health.
- Updated cost figures from the economists at HSE, released in late December 2015, suggest that the costs of new cases of work-ascribed stress could be in the region of £5.2 billion per year, or around 55% of the total £9.4 billion costs of all new work-related ill cases in 2013/14 (excluding cancer, COPD and other long-latency illnesses).

Since these statistics depend, to an extent, on people's beliefs about the work-relatedness of their stress, depression or anxiety symptoms, and since such symptoms are common outside work, and complaints may not equate to disease or disability, the figures from the Labour Force Survey carry some uncertainties. Nonetheless, they do point to psychological distress being common in the workforce of Great Britain and frequently attributed to the working environment. Mental health problems are considered to be more common in public facing and caring jobs such as teachers, nurses and social workers.

In addition, research suggests that occupational stressors and the psychosocial hazards of work (see appendix for definition) receive less attention than physical risk factors. For example, UK results from European Survey of Enterprises on New and Emerging Risks, 2014 (ESENER-2) suggest that over 4 in 5 establishments provide employees with training on physical risk factors (proper use/adjustment of equipment/furniture, use of dangerous substances, lifting/moving), but only around half provide training on psychosocial risk factors to employees.

This failure of employers to consider mental health may be to their detriment. Good psychological health (see appendix for definition) of a workforce is associated with better performance of the organisation as a whole, due not only to reduced sickness absence, but also reduced loss of productivity due to ill-health (including presenteeism) (e.g. Donald et al, 2005; Taris & Schreurs, 2009; Ford et al, 2011). In addition, psychological health is a key component of, and impacts on, wellbeing and there is increasing cross-Governmental focus on evaluating policy in terms of its impact on wellbeing: subjective wellbeing is monitored by the Office for National Statistics and a What Works Centre for Wellbeing has been set up to provide Government (and other decision-makers) with an evidence base to help ensure that policy decisions and activities enhance (or at least do not harm) wellbeing.

### b. New and emerging risks

Many of the occupational factors believed to cause or aggravate psychological distress and ill-health are becoming more common in society. These include:

- Technology: ever increasing range of technological devices enabling an ‘always on’ culture, in which there is 24/7 access/exposure to work through mobile devices, accompanied by reduced recovery from work, and information overload
- New ways of working: increases in job/work/hours insecurity, zero hours contracts, temporary contracts, contingent employment, shift/lone working, labour matching reviews, distributed working, remote working, and home working (partly linked to technological developments)

- Financial/budgetary cuts and constraints: reduced resources, increased expectations and a constant drive to 'do more with less'
- An ageing workforce with a need to work longer for pension and other reasons: capacity at older ages to cope with work demands, often allied with elder-care responsibilities

A further consideration in young workers is that several external factors (e.g. poor finances, difficult living situation, distress consequent on 'the constant assessment culture') may lead to psychological ill-health, even before they enter the labour market.

## 2. CURRENT STATE OF PLAY IN NATIONAL POLICY ON WORK-RELATED STRESS AND PSYCHOLOGICAL ILL-HEALTH

### a. HSE Management Standards for work-related stress

In 2004, the HSE developed a process based around a set of Management Standards, to help employers, employees and their representatives manage the issue of work-related stress. The Management Standards 'define the characteristics or culture of an organisation where the risks ... are being effectively managed' (HSE website). These are categorised into six discrete but related areas, or potential stressors/hazards: Demands; Control; Support; Relationships; Role; and Change.

The Management Standards are designed to: help simplify risk assessment for work-related stress; encourage employers, employees and their representatives to work in partnership to address work-related stress in organisations; and provide a yardstick by which organisations can gauge their performance in tackling the key causes of work-related stress.

Implementation of the Management Standards is not a statutory requirement, but they constitute HSE guidance on undertaking stress risk assessment and one way in which the obligation to conduct such risk assessments can be met. Following their launch, the HSE undertook a range of activities to raise employers' awareness and understanding of the Standards:

- Between 2004 and 2008, the HSE undertook two programmes encouraging uptake of the Management Standards:
  - Stress Management Standards Sector Implementation Plan Phase 1 (SIP1), which involved encouraging the adoption of the Management Standards approach within 62 organisations across five key sectors: Health, Education, Local Government, Central Government and Finance. Participating organisations were offered the support of a stress partner and ACAS adviser for 18 months.

- Healthy Workplace Solutions (SIP2) interventions, which were workshops and master-classes, followed up by support from a telephone help line and the inspectorate to provide support for staff in taking forward stress management initiatives within their organisations.

- Stakeholder engagement activities have continued since 2008; and HSE website activity and material downloads have been maintained since the initial launch.

In addition to providing the Management Standards and associated guidance on stress risk assessment, the HSE has also provided guidance materials on how line managers' behaviour can prevent and reduce stress at work. Based on research evidence, these materials include a behavioural framework and questionnaire for managers to assess the degree to which they include the relevant behaviour in their current management repertoire (this questionnaire can also be used to gather feedback from others on a particular manager's behaviour), together with online learning materials to support managers to develop their skills and to help practitioners to provide management development that aims to prevent and reduce stress in those being managed (Yarker et al, 2007; Yarker, Donaldson-Feilder & Lewis, 2008; Donaldson-Feilder, Lewis & Yarker, 2009).

Future HSE plans include: an omnibus survey, to assess current awareness of the Management Standards; an increase in stakeholder engagement across all sectors; a pilot intervention in education, health and the prison services, to be extended to other areas of the public sector over a 5-year timeframe, to review and jointly develop approaches to manage work-related stress; training programmes on the Management Standards, and initiatives to develop a bespoke approach for businesses, particularly for small and medium enterprises, where the demand/evidence of the problem supports the HSE case for action.

### b. Other stakeholders and the HSE's distinct role

A lot of other bodies have an interest in this area; for example, the National Institute for Clinical Excellence (NICE) has produced guidance on mental health at work and also

on the impact of policy and management practices on psychological wellbeing in the workplace. Other national policy activities around work-related psychological health include: work by the Department for Work and Pensions (DWP) on supporting people with mental health to return to and stay in work; activities by the Department for Business, Innovation and Skills (BIS) to encourage employers to improve employee engagement and employee wellbeing; and Advisory, Conciliation and Arbitration Service (ACAS) initiatives around healthy workplaces.

The HSE has a distinct contribution to make in the domain because it:

- Takes an organisational approach to tackling work-related stress, rather than an individual-based approach
- Focuses on prevention of ill-health through reduction and prevention of exposure to risks of injury from psychosocial hazards
- Provides guidance on risk control and management, in this case controlling and managing risks to psychological health, including work-related stress

However, HSE needs to work closely with other stakeholders to ensure a joined up approach and to maximise the effectiveness of its policy-making, interventions, activities and engagement with employer organisations.

### 3. SPECIFIC QUESTIONS WITHIN THE DOMAIN OF WORK-RELATED STRESS AND PSYCHOLOGICAL HEALTH FOR HSE TO EXPLORE IN MORE DETAIL

The background outlined above points to some specific areas that the HSE could consider exploring in more detail.

#### a. Are the Management Standards working? Implementation, uptake and effectiveness of the Management Standards

So far, evaluation of the Management Standards has included:

- Psychometric validation of the Management Standards Indicator tool, which is the questionnaire designed to measure the psychosocial hazard areas set out in the Management Standards (as mentioned above: Demands, Control, Support, Relationships, Role, and Change). Three validation studies have been conducted, which show:
  - The 35-item version of the questionnaire is a psychometrically robust instrument for measurement of the seven factors (Support is made up of two distinct factors: 'Managerial Support' and 'Peer Support') it is designed to measure (Edwards et al, 2008). The authors of this study conclude that *"it could be used by employers to calculate an overall work-related stress score for their organisation"* (p105). They also provided normative data for employers to use as a comparison with data they gather within their own organisations.
  - Both the 25-item and the 35-item version of the questionnaire provide a good fit to the seven-factor structure and are valuable and reliable instruments for use across small-, medium- and large-sized organisations in both the public and the private sectors (Edwards and Webster, 2012). The results from this study suggest that the 'Relationships' area should be split into two factors: 'Relationships' and 'Bullying and Harassment'.
  - Validation of an Italian version of the questionnaire (Toderi et al, 2012) The Italian standards have been developed in collaboration with HSE and the tool has been reported to have empirical validity (to correlate with other measures of stress-related outcome). The Italian tool has 65,000 data entries and works off an electronic platform.
- Exploration of the relationship between the Management Standards (as measured by the indicator tool) and stress-related work outcomes (Kerr, McHugh and McCrory, 2009). Using a cross-sectional questionnaire survey, this study showed that the six areas covered by the Management Standards indicator tool are positively associated with job satisfaction and negatively associated with job-related anxiety, job-related depression, and witnessed errors/near misses. This suggests that improving employee perceptions of the Management Standards six areas could potentially have a positive impact on these employee outcomes.
- Research into organisational responses to the Management Standards (Tyers *et al*, 2009, HSE *RR693*) that gathered data from seven organisations that had been involved in the HSE's Management Standards Sector Implementation Phase 1 (SIP1). The results of this research suggested that rolling out the Management Standards process across large, complex, multi-site organisations had proved challenging; organisations had often adapted or interpreted the aspects of the process differently to suit their particular needs. While organisations' views were largely positive about the Management Standards, they had little hard data that could quantify the impact of undertaking some or all of the Management Standards process. Managers and employees reported increased levels of awareness and communication about stress issues, enhanced visibility of initiatives to combat stress, more embedding of stress issues within line management training, and greater readiness to act on stress; however, many organisations had not reached the stage of implementing change during the two-year life span of SIP1. Overall, this research provided recommendations on various areas of implementation (for example: the importance of senior management commitment, the need to look for 'quick wins', and the value of third party professional support) and suggestions for changes to the Standards and practical tools provided (relating to the positioning of the work

environment, the indicator tool question on bullying and the scoring system), but was not able to assess the effectiveness of the Management Standards approach in a rigorous outcome-focused sense.

- Intervention research using a cluster randomised trial to explore the value of guided e-learning for managers that included information on the Management Standards (Stansfeld et al, 2015). This study implemented an e-learning programme for managers that included guidance on how to carry out an HSE compatible risk assessment, alongside a range of other information about stress at work. It included a no-intervention control and used mixed methods research to investigate the feasibility of recruitment, adherence and likely effectiveness of the manager e-learning intervention to improve employees' wellbeing and reduce sickness absence. Results showed a small intervention effect for one measure of wellbeing (WEMWBS) but no effects on sickness absence, GHQ score or work characteristics. However, the data gathered through the mixed methods approach suggested that the small benefit shown was potentially due to low intervention uptake by managers and the type of managers who engaged: only 21 of the 41 managers recruited achieved the minimum 'adherence' requirement of completing three of the six main e-learning modules; and the managers who did engage were more experienced and conversant with stress in the workplace than average (also employees whose managers completed the e-learning had higher wellbeing scores at baseline as well as follow-up). Managers reported having insufficient time to engage with the intervention and a lack of senior management 'buy-in'; in addition, they expressed some scepticism about the extent to which a brief e-learning intervention could impact long-standing attitude to stress in the workplace.
- A research project that aimed to answer the question "can the Management Standards approach be used more widely to address the most common health problems at work?" (See reference at the end of this bulleted section) It set out to do this by using a Delphi methodology, framed by a focussed review of the

relevant scientific and professional literatures. The research aims included exploring what is known of the Management Standards approach and its current strengths and weaknesses as well as whether the approach could be expanded to cover common health problems more broadly. The researchers conclude:

*"The prevailing consensus was that although the Management Standards are a needed, innovative, simple, and practical overall approach to managing work-related stress, organisations experience problems following through and implementing risk reduction interventions. Thus, there is still work to be done in terms of how organisations can implement the Standards and what skills and competencies are required. Overall, a question was evident related to whether the Management Standards work in practice or in principle. The consensus was that the approach works well in principle but less so in practice. Experts also agreed that the Management Standards approach is generally but not always used as the Health & Safety Executive intended.*

*A number of strengths and weaknesses were identified. The Indicator Tool is straightforward, inexpensive, easy to access, and useful for benchmarking. The overall approach is systematic, provides structure for acting on work-related health, can have indirect effects on other work-related health problems, and can lead to better general management.*

*However, the Indicator Tool omits a number of important factors that can impact on work-related health, lacks validity, the assessment can be costly, time consuming, prescriptive and difficult to implement. The overall approach requires additional resources and guidance to be implemented, is not adequately supported by practitioner competencies, and is narrowly focused on stress.*

*A number of ways to improve the current Management Standards were suggested, relating to 6 broad themes: (i) developing the Indicator Tool, (ii) improving the quality of implementation, (iii) investing in capacity-building, (iv) examining the evidence for its effectiveness, (v)*

*change any negative connotations related to “stress” and “risk”, and most importantly (vi) adopting a broader approach to the management of work-related health.”* Cox, Karanika-Murray, Griffiths, Wong, & Hardy (2009) in HSE RR687 (p3)

- A series of annual omnibus surveys conducted between 2004 and 2010, designed to monitor changes in the psychosocial working conditions covered by the Management Standards (HSE, 2005-2012). These showed that scores for ‘Demand’, ‘Peer Support’, ‘Role’ and ‘Relationships’ did not change significantly between 2004 and 2010, remaining positive over the period. Scores on ‘Change’ and ‘Managerial Support’ showed an improvement, and scores on ‘Control’ showed a worsening over the period. While the early years of the survey showed a decrease in the number of employees reporting that their job was ‘very’ or ‘extremely’ stressful, levels subsequently returned to their 2004 level. There was little change in the number of employees stating that they were aware of stress initiatives in their workplace or reporting discussing stress with their line manager. The report concludes:

*“The apparent lack of impact to date of the Management Standards could reflect the long latency between organisations first implementing the process and benefits being realised, and with so many other economic and social factors affecting worker perceptions of their working conditions, any effect may be masked. Without a control group, there is no way to assess how conditions may have changed without the management standards, and only in combination with other evidence can the effects of the Management Standards be understood.”*

HSE (2005-2012) in Psychosocial working conditions in Britain in 2010 (p10)

It would be helpful for the HSE to report on what has been done in response to the findings from its 2012 report (based on 2010 data). It would also be useful to explore whether any of the findings have changed since the 2010 survey. In addition, further exploration of some

of the underlying mechanisms by which the Management Standards are, or are not, affecting psychosocial working conditions is needed to inform future HSE policy and activity around psychological health; for example understanding to what extent and how the Management Standards are being implemented, and what impact they have had where they have been implemented. The same would be true for the additional guidance materials provided relating to line manager behaviour.

Other practical areas that might usefully be included in an evaluation study are:

- *Sector differences and tailoring:* Implementation/ effectiveness of the Management Standards might be increased by tailoring them for organisations in particular sectors, such as healthcare and education, where there is a particular need to tackle psychological ill-health and then evaluating the effects of tailored and non-tailored versions of the Standards.
- *Measurement of outcomes:* In the past, there has been a tendency to focus on absenteeism as the main outcome, but much more is now known about the importance of other outcomes – such as impaired wellbeing, presenteeism and work-life conflict – and these other harms should perhaps be incorporated into future evaluations.

### **b. Are the Management Standards fit for purpose 12 years on? New evidence, emerging risks and developing thinking**

While the Management Standards were based on sound scientific evidence that remains relevant, more recent research has helped to clarify further the key workplace factors that influence psychological health. Meanwhile, as outlined above, there are a number of emerging risks that are relevant to psychological health, and thinking in the field of work-related health has moved on. It would therefore be valuable to look at the implications of this new research, the emerging risks and developing thinking, for

the Management Standards and for the HSE's activities in the field of work-related stress.

Areas not currently covered by the Management Standards where there is recent research include:

- *The importance of organisational and environmental context, including organisational justice, and culture:* there is now a much greater understanding of the systemic factors that are implicated in psychological ill-health, the ones that individual managers cannot remove but only mitigate; for example, aspects of organisational justice (which Australia has now built into its standards around psychological health), such as poorly designed performance management and grievance procedures. In addition, diversity, inclusion and equality are now recognised as key contributors to psychological health outcomes and an important area of emerging research; and evidence is emerging that organisations can contribute to psychological health by engendering a sense of community. This might indicate a need to widen the Management Standards to include organisational-level obligations around systems and processes.
- *Job security and job/career progression:* are not currently covered by the Management Standards, but recent research suggests that these are significant for psychological health, and stakeholders repeatedly report these factors to be stressful.
- *Mechanisms of action:* greater clarity is needed on the mechanisms by which aspects covered by the Management Standards, like job control and social support, lead to psychological health, and what interventions (e.g. human resource (HR) practices and organisational processes) could help people to use resources such as control and support to cope better with job demands. The What Works Centre for Wellbeing is looking into this.

In addition, with an increasing volume of research on the role of leadership and management in determining employee wellbeing, it is becoming ever clearer that good/

poor manager relationships and behaviours are important for psychological health and exposure to psychosocial hazards (e.g. Skakon et al, 2010; Gilbreath & Benson, 2004; Wagner, Fieldman & Hussey, 2003). This suggests that providing more guidance and intervention support around management and leadership might enhance the HSE's influence on employee stress-related outcomes.

In the light of new and emerging risks explored in section 1 of this paper, it is important to consider whether employers need more guidance around work-related psychosocial hazards/risks such as those mentioned relating to technology, new ways of working, and budget cuts. The statistics to date indicate that the causes of work-related stress remain similar (workload, lack of managerial support and organisational change), but the underlying reasons for these causes being present may have changed in the last 12 years (for example, workload due to constant demands transmitted by mobile technology, challenges to providing management support due to new ways of working, change due to budget cuts) and may need further clarification, together with ways to reduce the risks they present. The issues associated with an ageing workforce and young people in work may also need building into HSE's work moving forward.

Another development is the recent trend towards a more individualised and tailored approach to employee health and risk assessment, together with recognition of the need to consider multiple factors in supporting overall health and wellbeing (see, for example, the NIOSH Total Worker Health programme, NIOSH website). Anecdotal evidence suggests that the Management Standards have been used by some organisations to develop discussion tools for use by line managers and employees. However, there appears to be little evidence on the extent or effectiveness of this approach.

#### 4. CONSIDERATIONS FOR THE WAY FORWARD: EVIDENCE GAPS AND RESEARCH QUESTIONS

Based on the review provided above, the WHEC recommends that HSE gather information and collate/ conduct/commission research in order to fill the following evidence gaps:

##### a. Implementation and effectiveness of the Management Standards

Further evaluation of the Management Standards appears to be needed to answer the following questions. Some of these questions will require field research and an intervention study in a few well-defined settings would be useful evaluation research:

- What has been done in response to the findings of the 2009 report by Cox et al (see above)?
- Has the lack of change in psychosocial working conditions continued since the HSE survey in 2010 (see above)?
- To what extent and how have the Management Standards been taken up and implemented by employers? Have employers used the Management Standards framework and/or process and/or indicator tool?
- What was effective (and not so effective) in the HSE's dissemination and promotion of the Management Standards?
- Where the Management Standards have been implemented by employers, what impact have they had and why? Has there been a change in psychological health of employees as a result (ideally measured using a range of outcomes, not just absenteeism)? Have there been any research studies comparing organisations who are using the Management Standards with those not using them (including measuring changes in employee health) or, failing that, any 'before-after' studies collecting information on change in mental health in individuals from companies implementing the

Management Standards? If not, perhaps such research should be commissioned?

- To what extent have the guidance materials on line manager behaviour been used by organisations and, where they have been used, what has been the impact?
- Could tailoring of the Management Standards to meet the needs of organisations in particular sectors improve their uptake and effectiveness?

##### b. New research, emerging risks and developing thinking

In light of the developments in research, risks and thinking since the Management Standards were introduced 12 years ago, there is a need to explore the implications for the Management Standards moving forward. In some cases, this will involve conducting a review of existing research literature, in other cases new research may be needed:

- What are the implications of new research in the field of psychosocial risk, work-related stress and work-related psychological health for the Management Standards and the HSE's work in the field? For example, should the Management Standards be adapted to take into account new research findings on the importance of organisational and environmental context, the impact of job security and job/career progression and mechanisms of action?
- What are the implications of new and emerging work-related risks to psychological health for the Management Standards and the HSE's work in the field? For example, should the Management Standards be adapted to cover areas such as technology, new ways of working, financial constraints, organisational justice, the ageing workforce etc?
- To what extent have the Management Standards been adapted in workplaces to take a more individual and tailored approach to managing psychosocial risks? Where this has happened, how has it worked? What more could be done to make the Management Standards applicable in a more individual and tailored way?

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## Appendix: Definition of terms

**Work-related stress** is defined by the HSE as “the adverse reaction that people have to excessive pressures or other types of demand placed on them at work.” The HSE goes on to say: “*Stress is not an illness – it is a state. However, if stress becomes too excessive and prolonged, mental and physical illness may develop.*” (HSE website)

Note: HSE statistics use the term ‘stress’ in conjunction with depression and anxiety when asking about work-related health conditions because the word ‘stress’ is commonly used to describe the ill-health conditions arising from prolonged exposure to the stress reaction.

**Psychosocial hazards** are defined as being psychological and social aspects of the workplace that have the potential to cause harm and, in particular, to adversely impact an individual’s psychological and physical wellbeing or as “*those aspects of the design and management of work, and its social and organisational contexts that have the potential for causing psychological or physical harm*” (Cox & Griffiths, 2005). The International Labour Organization (ILO) defines psychosocial hazards in terms of “*the interactions among job content, work organisation and management, and other environmental and organisational conditions, on the one hand, and the employees’ competencies and needs on the other. As such, they refer to those interactions that prove to have a hazardous influence over employees’ health through their perceptions and experience*” (ILO, 1986).

**Psychological health** is used in this paper to refer to the psychological and behavioural aspects of individuals’ health and wellbeing. Just as the World Health Organisation’s definition of health states that “*Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity*” (WHO website), so too psychological health would include positive aspects, not just the absence of psychological and behavioural problems.

## What is WHEC?

The Workplace Health Expert Committee (WHEC) provides independent expert opinion to HSE by identifying and assessing new and emerging issues in workplace health. Working under an independent Chair, WHEC gives HSE access to independent, authoritative, impartial and timely expertise on workplace health.

<http://webcommunities.hse.gov.uk/connect.ti/WHEC/grouphome>