

1 Work-related stress and sickness absence

Background

Name: Robert Johnson

Safety representative: Three years

Job-title: Research coordinator

Employer: Derbyshire Mental Health Trust

Setting/speciality: Learning disability and mental health



“I had a political family background and my grandfather in particular had an interest in health and safety issues – seeing injustices and wanting to do something about them. Being a safety representative is about making sure managers and employers understand the human cost of changes that are made. I had previously been active with other unions, but became more active with the RCN. I hold a number of other RCN roles – steward, learning representative, branch chair, and regional board member.

The issue: work-related stress

Having had my own experience of work-related stress, I knew what it was like to get good support from an understanding manager. I saw first hand examples of best practice. I found that as a safety representative I was increasingly representing staff on long-term sick leave, large proportions of which was stress related. I was struck by how much the support offered by managers varied. My own experience had been good, but why were others getting such a different response?

Sickness absence – identifying stress as a problem

Although we had the results from the NHS staff attitude survey, this missed out those on long-term sick (who may

be off with work-related stress). At that time our sickness absence system wasn't recording absence related to work-related stress.

The trust introduced a robust sickness management programme. Staff on sick leave can telephone a central number, where they can get advice and their absence is recorded. We now collect data on reasons for absence and return to work, and monthly reports are provided. We're also able to monitor whether return to work interviews are undertaken. Having a return to work interview is best practice. It's at this stage that an employer can make any necessary, reasonable adjustments to facilitate an employee's return to work.

Monthly reports are sent to staff. Having the data meant that we could identify variations in reasons for illness, for example, between units. This has helped us to campaign for support that the staff in different units need, such as training.

The scheme identifies those with work-related stress, and they are pointed in the direction of occupational health and also to the support they can get from unions. If staff have had work-related accidents, both groups ensure that they are aware of their rights for NHS temporary injury benefit.

Better stress management

I attended a meeting within the trust with the Health and Safety Executive (HSE), which focused on stress management. There was a clear business case for the trust to better manage sickness absence due to stress. Everyone was signed up to it – management and the chief executive. It's essential to have the full support of the chief executive who can get something like this off the ground.

We decided to undertake a full stress survey (using the HSE tool) of every member of staff in the trust (2,209). The survey went out in January 2008 and we received a positive response rate. The survey has been administered in-house – I've had extra time to manage it and process the data.

What helped or hindered progress?

Partnership with the HSE was a key ingredient in making it a success. The advice from the HSE was very useful and the HSE online stress management forum has provided invaluable support. I also found the trade union affiliated 'stress network' very useful.

We've also had good support from the HR department. Partnership working has been positive because both sides wanted it to work. It's been a learning curve, for all. Working relationships between unions (primarily RCN and Unison) have been good.

Time has been the biggest problem. It would have been easier to get an external agency to do the survey, but there have been definite advantages in doing it in-house. Some staff have said to me that they filled in the survey because

they trusted it, and trust the work I'm doing. Reluctance of some staff and cynicism about surveys is another potential problem – a survey can be seen as another box ticking exercise. We made every effort to show staff that everyone was committed to it; both the staff side chair and the chief executive wrote letters to encourage staff to support the survey.

At one stage there was some talk about doing the survey in one part of the trust first. But it's worked better working across the whole organisation. It needs everyone to get involved to make the approach to stress management more consistent throughout.

Benefits

The survey is in many ways the start of making a difference. The next step is circulating the findings and making changes. It's about getting stress on the agenda and ensuring managers are aware of their own ways of working, and how this impacts the staff they manage. I've been around all the parts of the trust with a copy of the stress management standards to explain them and to raise awareness.

For the trust there is a clear cost benefit in terms of reducing sickness absence caused by work-related stress."

Becoming a RCN safety representative

If you are interested in becoming a safety representative you can find further information on the RCN website www.rcn.org.uk/support/becoming_activist/how_to_become_a_representative