

Occupational Stress

Dr Ceri Phelps, AFBPsS, CPsychol, SFHEA

Registered health psychologist

Centre for Psychology & Counselling, UW'TSD



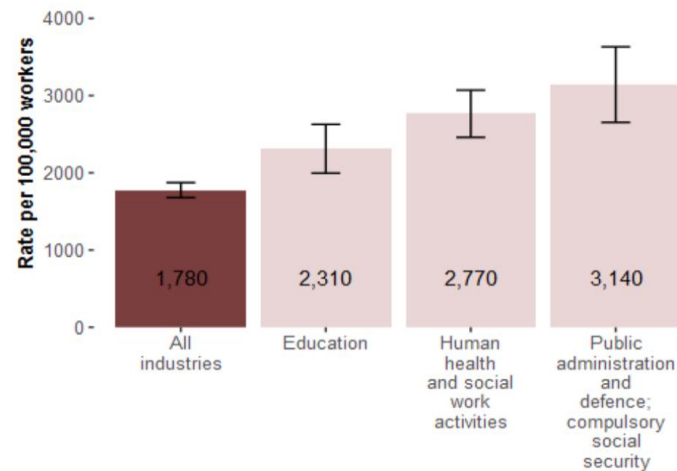
What is Stress?

HSE defines stress as ‘the adverse reaction people have to excessive pressures or other types of demand placed on them’.

Employers have a legal duty to protect workers from stress at work by doing a risk assessment and acting on it.

Scale of the UK problem: Occupational Stress

Figure 2: Prevalence rate for work-related stress, depression or anxiety in Great Britain, by broad industry category, per 100,000 people employed in the last 12 months, averaged over the period 2018/19-2020/21



Source: LFS, estimated annual average 2018/19-2020/21
95% confidence intervals are shown on the chart

In 2020/21 work-related stress, depression or anxiety accounted for 50% of all work-related ill health

Stress, depression or anxiety is most prevalent in:

- Education
- Human health and social work activities

Statistically higher rates of stress, depression or anxiety in

- Health professionals
- Teaching and other educational professionals

<https://www.hse.gov.uk/statistics/causdis/stress.pdf>

All jobs have the capacity to be stressful!

- Research has identified 5 major categories of work stress (Cooper et al, 1988)
 - Factors intrinsic to the job
 - Role in organisation
 - Relationships at work
 - Career development and achievement
 - Organisational structure and climate
- More recently a focus also on the home / work interface

HSE: six areas of work that need to be managed properly

- demands
- control
- support
- relationships
- role
- change





The changing faces of work

- Hybrid working
- Climate change
- Robotics/AI
- Future pandemics



The ILO's Decent Work Agenda

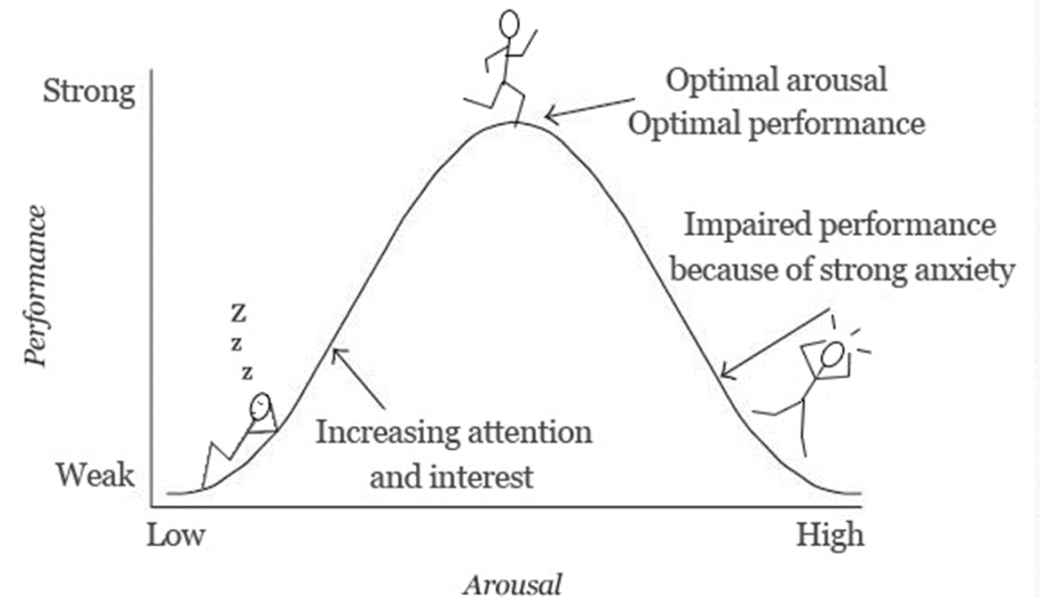
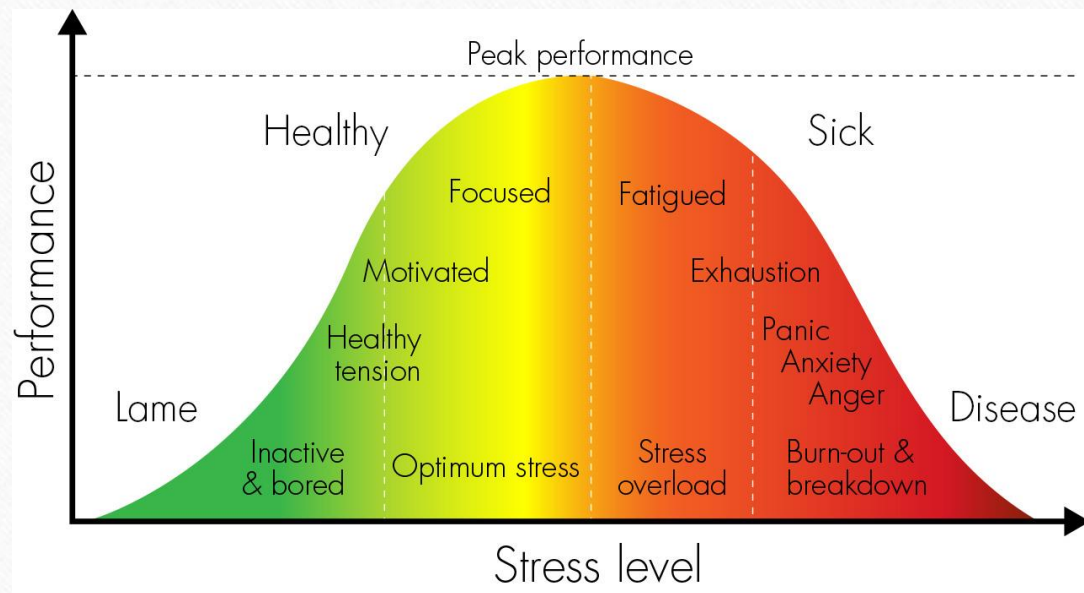
- “Decent work sums up the aspirations of people in their working lives. It involves opportunities for work that is productive and delivers a fair income, security in the workplace and social protection for all, better prospects for personal development and social integration, freedom for people to express their concerns, organize and participate in the decisions that affect their lives and equality of opportunity and treatment for all women and men” Decent work (ilo.org)

Sources of work stress

HSE: Six main areas of work that can affect stress levels.

- Demands – workload, work patterns and the work environment
- Control – how much say the person has in the way they do their work
- Support – encouragement, resources provided by the organisation, line management and colleagues
- Relationships - promoting positive working to avoid conflict and dealing with unacceptable behaviour
- Role – whether people understand their role within the organisation and whether the organisation ensures that they do not have conflicting roles
- Change – how organisational change (large or small) is managed and communicated in the organisation

<https://www.hse.gov.uk/stress/standards/index.htm>



Yerkes-Dodson Law - an inverted U Curve

Cost of stress

- Personal cost
 - Minor ailments – e.g. Headache
 - Serious illness – e.g. coronary heart disease
 - Social problems – e.g. alcohol or drug abuse
 - Family problems – families suffer when one member is under stress
- Cost to society
 - National health service
- Company cost
 - Job satisfaction, job performance, absenteeism
 - UK Health and Safety Executive
 - 13,000,000 working days lost / year
 - £12 Billion cost

Cost of stress

Signs of stress in Teams

arguments

higher staff turnover

more reports of stress

more sickness absence

decreased performance

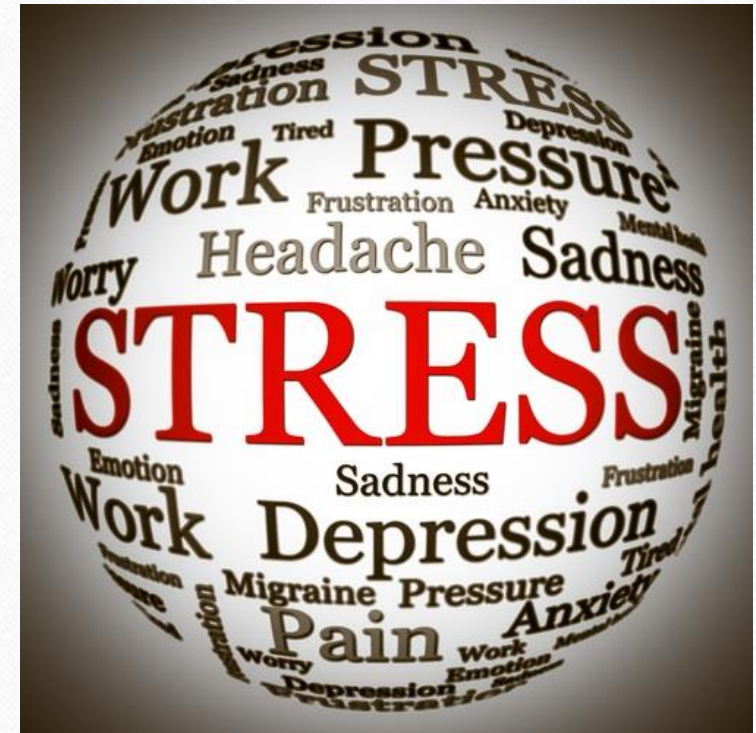
more complaints and grievances

Table 12.1**Physical and behavioural symptoms of stress**

Physical symptoms of stress	Behavioural symptoms of stress	Ailments with stress aetiology
Lack of appetite Craving for food when under pressure Frequent indigestion or heartburn Constipation or diarrhoea Insomnia Constant tiredness Tendency to sweat for no good reason Nervous twitches Nail-biting Headaches Cramps and muscle spasms Nausea Breathlessness without exertion Fainting spells Frequent crying or desire to cry Impotency or frigidity Inability to sit still without fidgeting High blood pressure	Constant irritability with people Feeling unable to cope Lack of interest in life Constant or recurrent fear of disease A feeling of being a failure A feeling of being bad or of self-hatred Difficulty in making decisions A feeling of ugliness Loss of interest in other people Awareness of suppressed anger Inability to show true feelings A feeling of being the target of other people's animosity Loss of sense of humour Feeling of neglect Dread of the future A feeling of having failed as a person or parent A feeling of having no one to confide in Difficulty in concentrating The inability to finish one task before rushing on to the next An intense fear of open or enclosed spaces, or of being alone	Hypertension: high blood pressure Coronary thrombosis: heart attack Migraine Hayfever and allergies Asthma Pruritus: intense itching Peptic ulcers Constipation Colitis Rheumatoid arthritis Menstrual difficulties Nervous dyspepsia: flatulence and indigestion Hyperthyroidism: overactive thyroid gland Diabetes melitus Skin disorders Tuberculosis Depression

Identifying sources of stress

- Spend five minutes identifying common sources of stress in your current working environment.... Make a note of these and be prepared to share them with the group
- Also reflect on any additional sources of stress you may feel (these do not need to be shared!)
- What impact has COVID-19 had on your working environments?



Team Culture

- Hybrid Working
- Student demands
- Compassion Fatigue
- Technology
- Boundaries
- Multiple roles

Identifying opportunities for change

- What small changes can you make?
- What changes can you agree on as a team?
- How can you increase your perceived and actual control over your working environment?



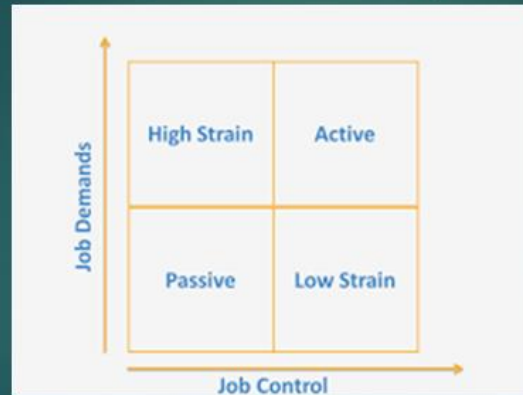
Social Support at Work

- Peer support
- Wellbeing initiatives
- Compassion



Social Support at Work

Job demand-Control Model of Stress
(Karasek, 1979)



Social Support
(Johnson & Hall, 1988)

Organisational structure and climate

Culture of the organisation: the values, assumptions and norms shared by the organisation



Mismatch between individual and organisational values



Unfair organisational climate: perceived fairness and justice



Employee involvement/participation



Management of change



Managing stress at work

Managing stress at work

- demands
 - control
 - support
 - relationships
 - role
 - change
- Of these, which are the most amenable to change by the organisation?
 - By YOU?

Managing stress at work



Primary level interventions -
focused around prevention



Secondary level interventions –
focused around early intervention
and coping



Tertiary level interventions -
treatment, counselling, job redesign
etc

Stress Management Interventions



Primary Stress Interventions

Primary interventions focus on preventing stress by addressing its root causes before they arise.

Secondary Stress Interventions

Secondary interventions emphasise early detection and providing coping strategies to manage stress effectively.

Tertiary Stress Interventions

Tertiary interventions aim to treat and rehabilitate individuals suffering from severe stress-related conditions.

Primary Stress Management Interventions



Primary: Preventing Stress at Its Source

Proactive Stress Management

Primary interventions target stress before it arises by addressing root causes in workplaces and schools.

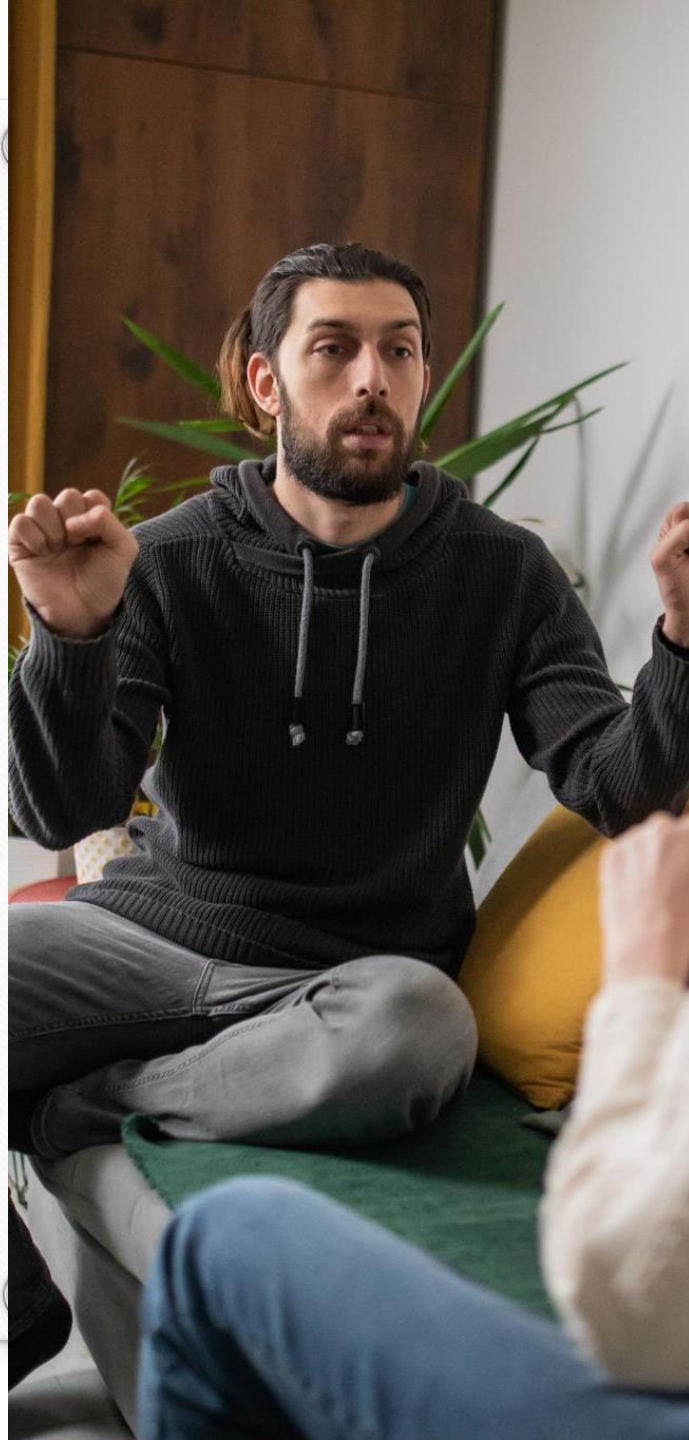
Organizational-Level Changes

Changing work schedules and job roles can reduce stressors and improve psychological well-being significantly.

School-Based Programs

Programs like the Good Behavior Game reduce substance abuse and antisocial behavior long-term in schools.

Secondary Stress Management Interventions



Secondary: Early Detection and Coping Strategies

Early Stress Identification

Early detection programs help identify stress signs before they escalate, enabling timely intervention.

Mindfulness Training

Mindfulness training teaches techniques that reduce stress and increase resilience in individuals.

Cognitive-Behavioral Therapy

CBT is effective in managing anxiety and stress by changing negative thought patterns.

Building Resilience

These interventions help build long-term resilience to cope with academic and personal challenges.

Tertiary Stress Management Interventions



Tertiary: Treatment and Rehabilitation for Severe Stress

Purpose of Tertiary Interventions

Tertiary interventions treat and rehabilitate individuals experiencing severe stress-related disorders to restore functionality.

Effective Clinical Therapies

Cognitive Behavioral Therapy (CBT) is highly effective for chronic stress and related mental health conditions.

Support Programs and Rehabilitation

Employee Assistance Programs and burnout rehabilitation services aid in stress recovery and workplace support.

Research Gaps and Needs

There is limited UK-specific research on tertiary interventions for student populations, indicating need for further study.



Holman, D., Johnson, S., & O'Connor, E. (2018). Stress management interventions: Improving subjective psychological well-being in the workplace. In E. Diener, S. Oishi, & L. Tay (Eds.), *Handbook of well-being*. Salt Lake City, UT: DEF Publishers. DOI:nobascholar.co

Evaluating Intervention Outcomes

Primary Interventions

Primary interventions focus on preventing stress by addressing systemic and environmental factors such as job redesign.

Secondary Interventions

Secondary interventions like mindfulness and CBT manage symptoms and build resilience with sustained benefits.

Tertiary Interventions

Tertiary interventions treat severe stress disorders, with CBT as the most supported therapeutic approach.

Talking Toolkits

- Engage in appropriate conversations about stress and wellbeing at work
- Recognise individual differences
[Talking Toolkit: Preventing work-related stress](#)
hse.gov.uk

Talking Toolkit

Preventing work-related stress





Management Standards

- > [What are the Management Standards?](#)
- > [Before you start - Prepare the organisation](#)
- > [Step 1: Identify the risk factors](#)
- > [Step 2: Who can be harmed and how](#)
- > [Step 3: Evaluate the risks](#)
- > [Step 4: Record your findings](#)
- > [Step 5: Monitor and review](#)
- > [What to do next](#)

HSE's [Management Standards approach](#) to tackling work-related stress establishes a framework to help employers tackle work-related stress and, as a result, also reduce the incidence and negative impact of mental ill health.

[Mental health conditions, work and the workplace - HSE](#)

Go through the following questions with your employee or team

Does your workload feel achievable? Think about which tasks take up the most time and how your organisation copes at busy times.

Do you feel the deadlines you are given are realistic? Do you often have conflicting deadlines?

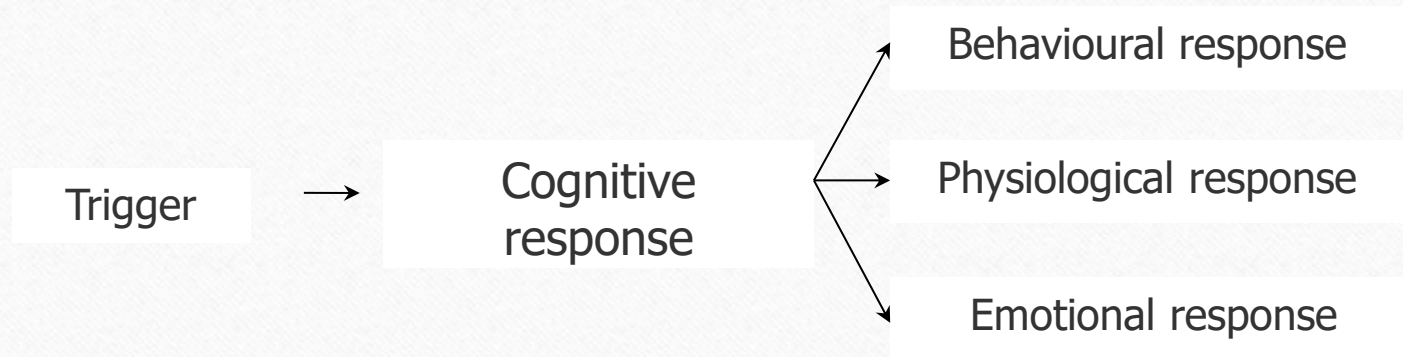
Have you had the right training to carry out the core functions of your job?

What improvements or support could be put in place to help with any of the issues you have talked about? Think about you, your line manager, your organisation.

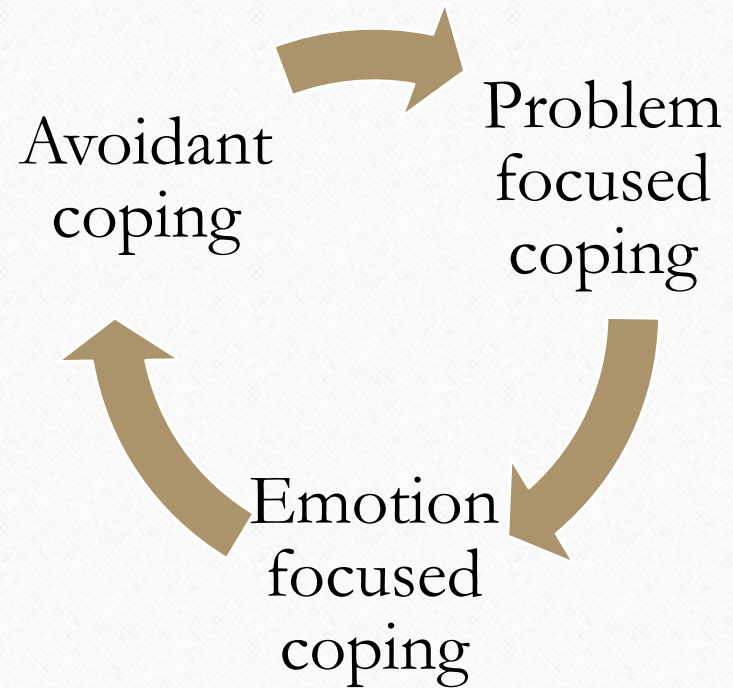
What can we do as employees?



A cognitive model of stress



Coping effectiveness training (Folkman 1986)



- Spend five minutes matching your coping strategies to each of the sources of stress you identified earlier

Problem-focused Coping

Problem-focused coping involves trying to change the situation in order to eliminate the cause of the stress. Problem-focused coping is useful in situations that are amenable to change, but may increase our stress in situations which are not able to be changed.

Useful strategies include:

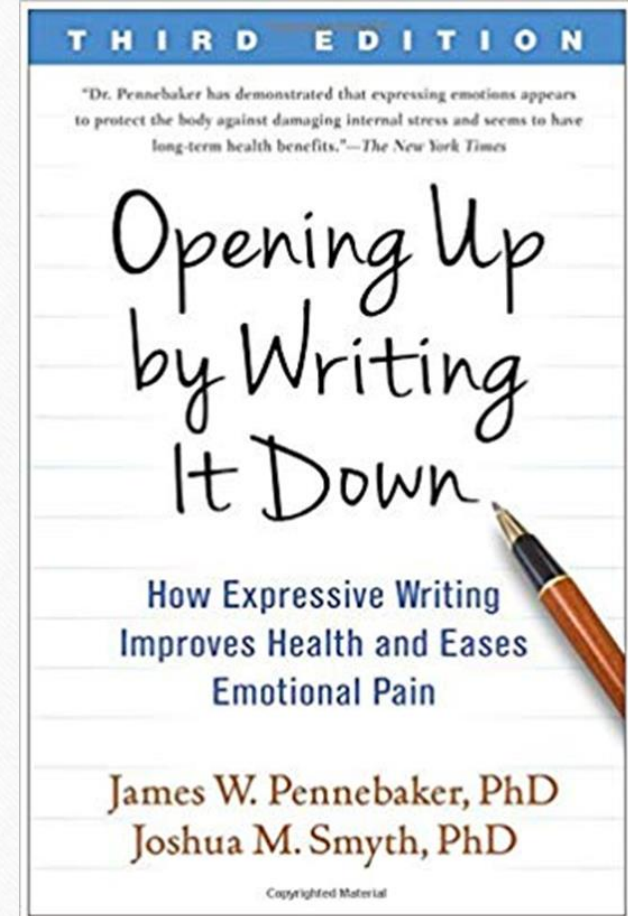
- Problem solving
- Making a plan of action and following it
- Information seeking
- Seeking support to make a change
- Talking to a person to seek change



Emotion-focused coping

Emotion-focused coping can help us manage the negative emotions we feel when we are under stress, and includes strategies aimed at reducing the level of distress experienced, rather than trying to change the actual cause of the stress. Useful techniques include:

- Seeking social support
- Emotional expression
- Thinking of the positives in a situation
- Meditation techniques and mindfulness
- Acceptance





shutterstock.com · 1936910536



Avoidant Coping & Active Distraction

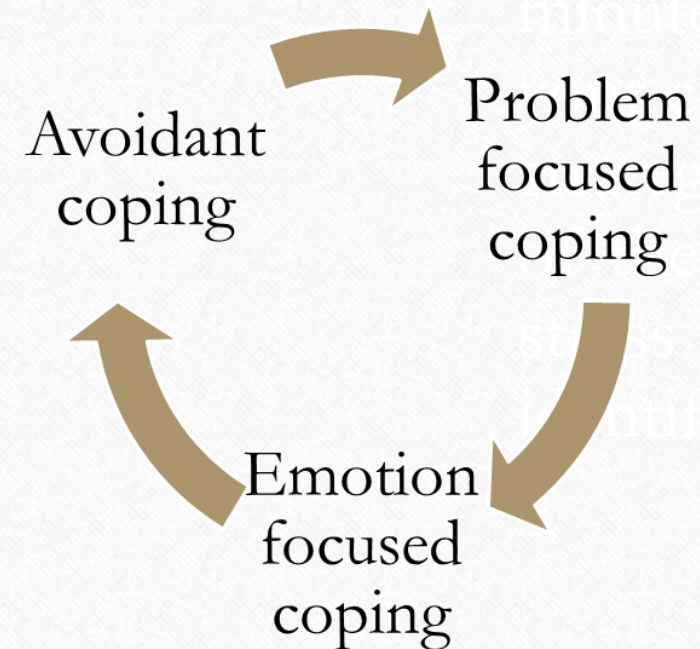
Adaptative versus maladaptive strategies

Worry can be like a habit...

Control your worries... don't let them control you

Coping effectiveness training (Folkman 1986)

- Match your range of coping strategies to each of the sources of stress you identified earlier
- Do they work?
- Are they the most appropriate?



Self-care as a coping strategy

- Exercise
- Eat well
- Get enough sleep
- Drink water
- Take a break
- Walk away
- Spend time in nature
- Go on annual leave!

Session Focus:

Stress, burnout and
compassion fatigue in the
NHS

Context

- Health & Social Care Sector recognised as having one of highest level of work-related stress
-
- Many of the widely recognised causes of occupational stress apply to the NHS: high job demands, shiftwork, change...
 - Need for effective stress management policies/interventions
 - COVID-19 has added an additional unique pressure on the NHS with implications for burnout and compassion fatigue

Critical discussion: COVID-19, Occupational Stress & the NHS

- What impact has COVID-19 had on working environments?
-

- What specific challenges do those working in the NHS face?
- How can we help tackle this problem?
- How would we know if we were successful?

Sources of work stress

HSE: Six main areas of work that can affect stress levels.

- Demands – workload, work patterns and the work environment
- Control – how much say the person has in their work
- Support – encouragement, resources provided by the organisation
- Relationships – promoting positive working relationships and preventing negative behaviour
- Role – whether people understand their role and whether their organisation ensures that they do not have conflicting roles
- Change – how organisational change (large or small) affects the organisation

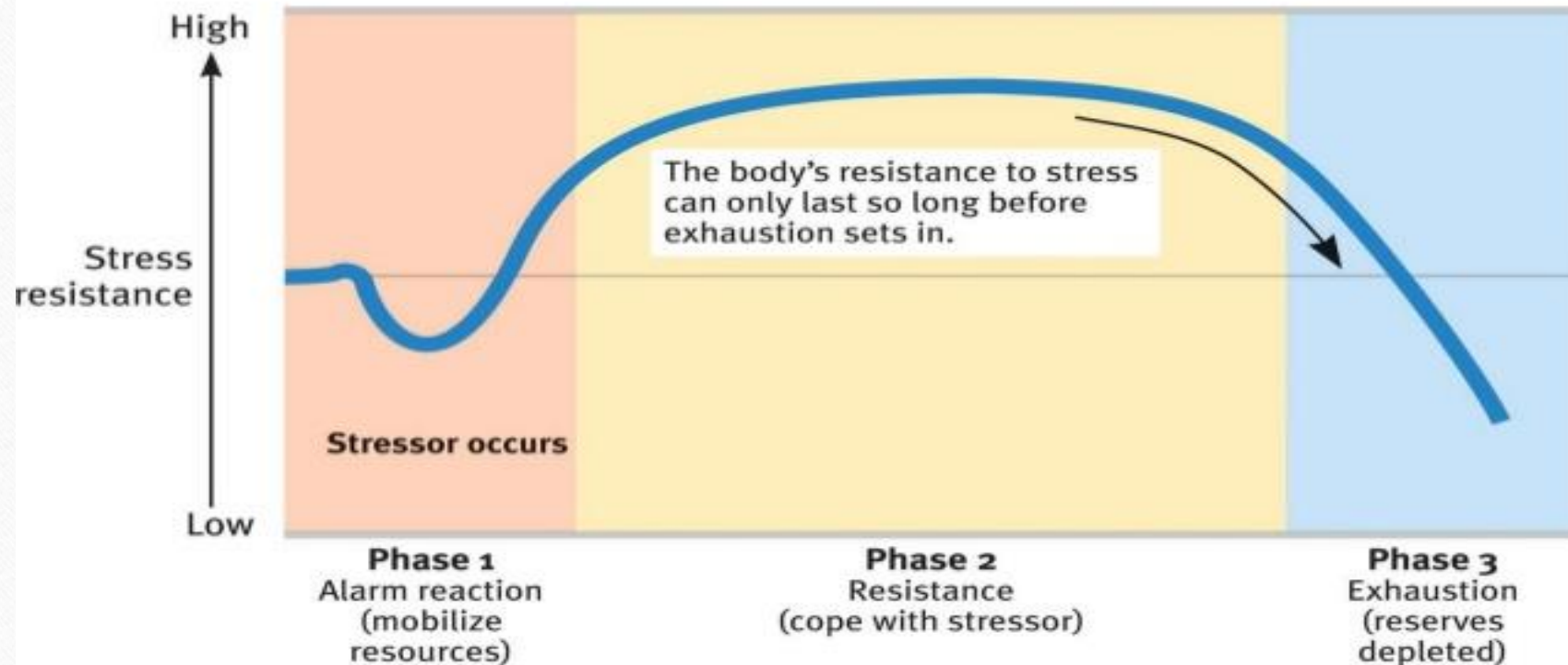
In what ways may COVID-19 have affected these within the context of NHS frontline staff?

<https://www.hse.gov.uk/stress/standards/index.htm>

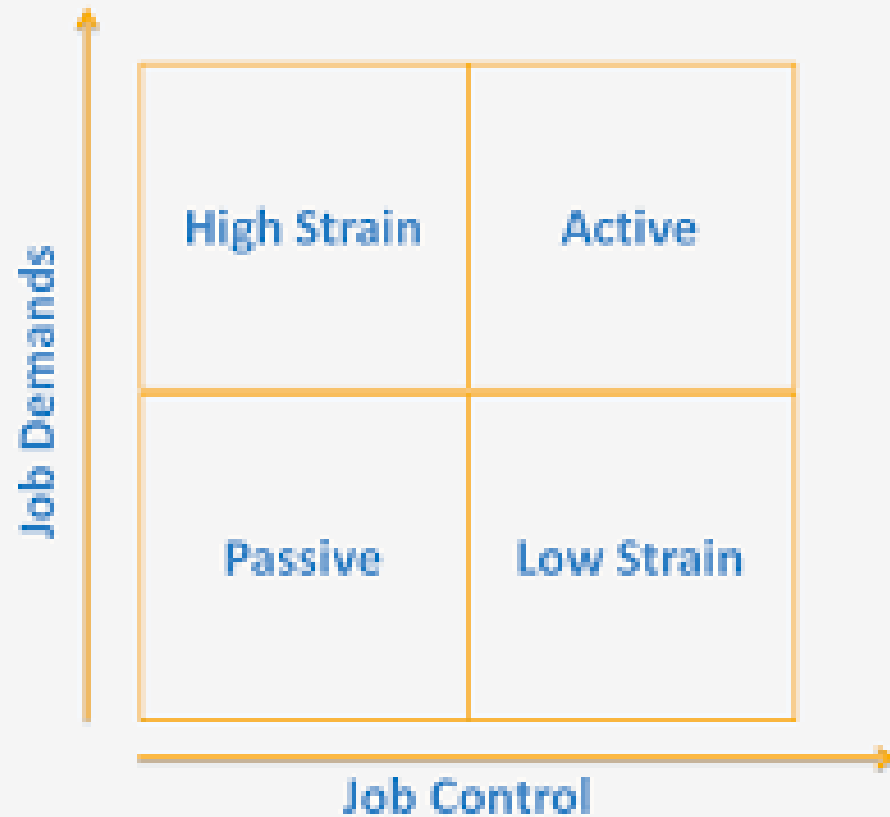
General Adaptation Syndrome [GAS]

(Identified by Hans Selye): 1946

Our stress response system defends, then fatigues.



Job demand-Control Model of Stress



Control:
Skill discretion
+
Decision latitude

Lets consider compassion fatigue.....

- What is compassion fatigue?
- What occupations may suffer most from compassion fatigue?
- In what ways can compassion fatigue affect our work?
- <https://youtu.be/aS7Rk5RFF20?si=05QjJR6VwTbv3OPf>

- **Compassion Fatigue:** is a condition characterized by emotional and physical exhaustion leading to a diminished ability to empathize or feel compassion for others, often described as the negative cost of caring.
- **Secondary Trauma:** is the stress caused by helping or wanting to help a traumatised or suffering person. Secondary trauma symptoms are similar to those experienced by the helped person
- **Vicarious trauma:** is similar to secondary trauma. It is an occupational hazard: an inescapable effect of trauma work. It is not something traumatised people do to us; it is a human consequence of knowing, caring and facing the reality of trauma.

Compassion fatigue in mental health professionals

Turgoose & Maddox (2017)

- Females = higher CF
- Maladaptive coping = higher CF
- Positive perception of work environment = lower CF
- Co worker support = lower CF
- Higher EI = higher CF BUT higher emotional self awareness = lower CF

Turgoose, D., & Maddox, L. (2017). Predictors of compassion fatigue in mental health professionals: A narrative review. *Traumatology*, 23(2), 172.

Reducing compassion fatigue and vicarious trauma: Psychological Surveillance

- required under the Management of Health & Safety at Work legislation wherever there is a risk to the physical or psychological health after reasonable precautions have been taken.
- Surveillance involves adopting measures to detect early signs or symptoms of ill health.
- <https://www.hse.gov.uk/health-surveillance/requirement/index.htm>

Reducing compassion fatigue and vicarious trauma:

- required under the Management of Health & Safety at Work legislation wherever there is a risk to the physical or psychological health after reasonable precautions have been taken.
- Surveillance involves adopting measures to detect early signs or symptoms of ill health.
- <https://www.hse.gov.uk/health-surveillance/requirement/index.htm>

Reducing compassion fatigue

- Traditional focus on individual level variables e.g. gender, history of trauma
-
- Important to recognise role played by alterable work-related characteristics e.g. job demands in managing compassion fatigue
 - job resources including supervisors', coworkers' and organisational support can mitigate the impact of job demands on CF

Singh, J., Karanika-Murray, M., Baguley, T., & Hudson, J. (2020). A Systematic Review of Job Demands and Resources Associated with Compassion Fatigue in Mental Health Professionals. *International Journal of Environmental Research and Public Health*, 17(19), 6987.

Lecture summary

- Employers have a legal duty to protect workers from stress at work by doing a risk assessment and acting on it.
- HSE defines stress as 'the adverse reaction people have to excessive pressures or other types of demand placed on them.'
- There are six main areas of work design which can affect stress levels.
- Employers should assess the risks in these areas to manage stress in the workplace.

Lecture summary

- The earlier a problem is tackled the less impact it will have.
- Primary, secondary and tertiary level interventions
- Compassion fatigue and burnout in care-related professions