This is a repository copy of *National approaches to wellbeing interventions: The UK Management Standards as an example*.

White Rose Research Online URL for this paper:
https://eprints.whiterose.ac.uk/162615/

Version: Accepted Version

Book Section:

Book title: The Sage Handbook of Organisational Wellbeing

Editors: Tony Wall, Cary Cooper, Paula Brough

Publisher: Sage

National approaches to wellbeing interventions: The UK Management Standards as an example

Full name of author(s): Karina Nielsen, Carolyn Axtell, and Siobhan Taylor, Institute of Work Psychology, Sheffield University Management School, University of Sheffield, UK

Up to date email address for copyeditor queries and proofs: k.m.nielsen@sheffield.ac.uk

Author biographies:

Karina Nielsen: https://orcid.org/0000-0001-9685-9570

Karina Nielsen is Professor of Work Psychology and Director of the Institute of Work Psychology at the University of Sheffield. She has published extensively on the design, implementation and evaluation of organisational interventions. She is passionate about enhancing our understanding of how we can make such interventions work. Karina has managed large national and international grants on organisational interventions and won several awards for her work including best paper in Work & Stress, the early career award from the American Psychological Association and the National Institute for Occupational Safety and Health, and the Eusebio Rial Gonzalez innovation and practice award from the European Academy of Occupational Health Psychology and the European Agency for Occupational Safety and Health at Work. She has published over 100 peer-reviewed book chapters and papers. Her work has been published in Work & Stress, Human Relations, Journal of Occupational Health Psychology and Journal of Organizational Behavior.

Carolyn Axtell:

Carolyn Axtell is a Senior Lecturer of Work Psychology at the Institute of Work Psychology in Sheffield University Management School. She has more than 20 years-worth of experience in leading and conducting research on new ways of working and employee wellbeing within both the public and private sectors. Carolyn's core interest is in designing work to promote employee wellbeing and she has been involved in conducting several work design interventions within different organisations. She has published several papers and chapters in her areas of research and was awarded best paper prize at the Journal of Occupational Health Psychology for her research on a work design intervention, with co-author David Holman. Carolyn is on the editorial boards of the Journal of Occupational and Organizational Psychology as well as the Journal of Business and Psychology.

Siobhan Taylor:

Siobhan Taylor is a PhD student at the Institute of Work Psychology, Sheffield University Management School. Prior to joining the Management School, she worked for clothing retailer Next in learning and development roles.

Author postal address(es) for sending finished copies:

Karina Nielsen: Sheffield University Management School, Conduit Road, S10 1FL, Sheffield, UK

Carolyn Axtell: Sheffield University Management School, Conduit Road, S10 1FL, Sheffield, UK

Siobhan Taylor: Sheffield University Management School, Conduit Road, S10 1FL, Sheffield, UK

Abstract

This chapter provides a critical review of the UK's approach to managing the psychosocial work environment: The Management Standards, which were launched by the Health & Safety Executive in 2004. This approach sets out the characteristics of an organisation where the risks of work related stress are effectively managed and controlled and outlines a clear step by step process for risk assessment and intervention. Using research evidence and theory, the chapter highlights some challenges with the Management Standards approach and proposes potential improvements to address these. These suggestions fall primarily into two areas: 1) improving the Indicator Tool used to assess risks (to include tailored occupation/sector related questions and measurement of wellbeing outcomes) and 2) improving the participatory process (by using more direct participation, integrating intervention processes into existing practices and procedures within the organisation, and by providing tools to help organisations support participation).

Introduction

Poor wellbeing is increasingly considered a significant challenge in modern society. In the OECD countries, approximately 15% of the working population suffer from stress, anxiety and depression, resulting in long-term sickness absence for about half of this group (OECD, 2014). In Europe, 25% of workers have experienced work-related stress (Vargas et al., 2014) and in the UK, the National Labour Force Survey showed that stress, anxiety and depression accounted for 44% of work-related ill-health and 57% of working days lost (HSE, 2018). Psychosocial working conditions such as work demands, social relations, and autonomy has a high prevalence in the working population (Parker, Morgeson and Johns, 2017; Vargas et al., 2014) and have been found to be related to health and wellbeing outcomes (Madsen et al., 2017).

Acknowledging the risks of poor psychosocial working conditions, legislative frameworks have been implemented requiring organisations to manage psychosocial risks (EU-OSHA, 2016). In the European Union, the Framework Directive 89/391/EEC on Safety and Health of Workers at Work established employers' general obligations to ensure workers' health and safety, including the management of psychosocial risks (European Council, 1989). Framework agreements on work-related stress have been introduced to emphasise the important of managing psychosocial risks in particular (European Social Partners, 2004). As a result, the EU member states have developed their own legislation and strategies. Despite the EU Directive and Frameworks, a recent survey (EU-OSHA, 2019) found that 21% of the (at the time 28) EU countries perceived psychosocial risks to be more challenging to manage than other Occupational Health and Safety (OSH) risks. A possible explanation for this challenge is neither the Framework Directive nor Framework agreements stipulate *how* the countries in the European Union should implement psychosocial risk management.

In this book chapter, we present the UK Health and Safety Executive's approach to managing the psychosocial work environment, the Management Standards, and based in current work psychology theory and research suggest why organisations may face challenges and what can be done to overcome these challenges. We focus on the Management Standards as it is one of the most clearly described approaches, that has been implemented for some time and has been adopted by other national approaches, i.e. Work Positive in Ireland (Nielsen and Noblet, 2018) and INAIL in Italy (Nielsen and Noblet, 2018; Toderi et al., 2013; Ronchetti et al. 2015).

Why is psychosocial risk management so challenging?

To obtain a better understanding of the challenges faced by organisations aiming to manage the psychosocial work environment, Schuller (2020) interviewed representatives from 34 organisations who had direct responsibility for managing psychosocial working conditions. The results of the interviews revealed six key barriers. First, psychosocial working conditions are less tangible than other health and safety risks, (e.g. ergonomics and chemicals) and going through all phases of the process was time-consuming meaning that the situation had changed by the time actions were being implemented. Second, key players in organisations perceived wellbeing issues to be the responsibility of the individual and not the organisation's responsibility. These beliefs resulted in a focus on individual-level activities rather than a focus on changing the way work is organised designed and managed. Third, a related challenge was that key stakeholders saw poor psychosocial working conditions as part of the job, for example, high work pressure in hospital wards. Fourth, a lack of accountability at all levels within organisations, in particular, line managers, were seen as a problem as they often did not assume the necessary responsibility for managing the psychosocial work environment and workers were often not given a realistic opportunity to have their voices heard. Fifth, a challenge was reported that those who had formal responsibility were not necessary the ones best suited to

implement changes and did not always have the sufficient budget to allocate to implementing changes. Finally, often a structured process for the implementation of activities to improve psychosocial working conditions did not exist. Additional challenges have also been identified. The EU ESENER (Emerging Survey on New and Emerging Risks) identified the reluctance to talk openly about issues to be a major challenge (EU-OSHA, 2019). Other challenges identified include fostering readiness for change (Nytrø et al., 2000), lack of awareness of stress and wellbeing and competing priorities (Langenham, Leka and Jain, 2013).

Introduction to the Management Standards

The Management Standards (MS) were launched in 2004 with two peer-reviewed papers published in Work & Stress outlining the theoretical underpinnings (Mckay et al., 2004) and the development of the MS (Cousins et al., 2004). These standards define the characteristics of an organisation where the risks from work related stress are effectively managed and controlled. Although the MS are not regulations in themselves, nor an approved code of practice, they do form guidance which helps employers to fulfil their legal obligations to employee health and wellbeing. Under the Management of Health & Safety at Work Regulations 1999, employers in the UK have a legal responsibility to assess the risk of ill-health arising from work activities (including stress related ill-health), and in accordance with the Health & Safety at Work Act, 1974, employers also have a duty to take measures to control the risks identified (as far as reasonably practicable). The most recent version of the MS is described on a website https://www.hse.gov.uk/stress/standards/# and a guide to the legal requirements can also be found: https://www.hse.gov.uk/pubns/hsc13.pdf .

The MS outlines a step-by-step approach to managing psychosocial working conditions. Underlying principles include assessment of psychosocial working conditions using surveys and pre-existing data and participation, either directly engaging workers or through worker representatives. The *content* of the MS is defined as six psychosocial working conditions that

are associated with health and wellbeing, productivity and sickness absence. The six conditions are: Demands, which include workload and work patterns. Control, which covers the amount of influence people have over the way they work. Support, which includes encouragement and resources provided by colleagues, management and the wider organisation. Relationships, which cover the social relations and acceptable behaviours. Roles, which focus on the extent to which workers what is expected of them in the organisations and that there are no conflicting expectations and finally, Change, which covers the extent to which workers are informed about changes and that changes are managed in a way that is not related to poor wellbeing.

The MS *process* goes through five phases: 1) Identify psychosocial risks, 2) Identify who can be harmed and why (identifying at risk groups), 3) evaluate the risks (identifying problems and developing solutions), 4) record your findings which covers developing and implementing action plans and finally, 5) monitor and review (review the implementation of action plans and the evaluation of whether they are effective and decide which corrective action to take if not effective. Although not formally defined as a stage, the MS include a preparation phase where it is recommended to set up a steering group, ensuring commitment from key stakeholders in the organisations at all levels, and to develop a plan the for project and a communication plan. To accompany the MS, a workbook has been made available with top tips and a checklist of what to do. In reviews of national approaches to managing the psychosocial work environment, Nielsen et al. (2010) and Nielsen and Noblet (2018) identified a similar five phases across a range of approaches in Spain, Italy, Ireland, Germany, Belgium, and Canada. The UK MS were also reviewed. The five phases identified in these reviews were preparation, screening (covering MS phases 2-4), action planning, implementation (covering MS phase 4) and evaluation (covering MS phase 5). In addition to summarising and comparing these approaches the reviews sought to validate the approaches based on existing research,

including research focusing directly on evaluating the national approaches but also wider organisational intervention literature.

In the following, we describe each if the five phases starting with the preparation phase and discuss critical issues at each phase, suggesting solutions and providing recommendations for how the challenges reported by organisations may be overcome.

Step 0: Preparation

Despite not being identified as a specific step, the MS recommends that before beginning the step-wise intervention process, preparation is needed to set up the project (for more information see: https://www.hse.gov.uk/stress/standards/before.htm). The key elements of this preparation are: ensuring commitment, setting up a steering group and developing a communication plan, and in organisations that do not yet have an organisational stress policy to develop such a policy. The MS state that it is crucial to ensure both senior management and employee commitment. Senior management also function as role models, and it is suggested that if management do not clearly signal their commitment to the project, workers are unlikely to follow suit. The MS suggests that three arguments can be put forward to create commitment. First, managing the psychosocial work environment is a legal requirement in the UK, second, there is a business case following the 'happy worker-productive worker' thesis that workers high in wellbeing perform better, and third and finally, the moral case; work-related stress can have serious long-term effects such as cardiovascular diseases, gastrointestinal disease and poor life style such as alcohol or drug abuse.

The MS suggests establishing a steering group consisting of key stakeholders in the organisations. These stakeholders include senior management, worker or worker representatives such a health and safety representatives or union representatives, line managers, Human Resource and Occupational Health representatives. The advantage of a steering group is that workload is more evenly distributed, workers' expertise of what changes are needed are

exploited, and it does not rely on one person to ensure progress. Two key roles should be fulfilled by members of the steering group: a *project champion* who functions as the face of the process, and a day-to-day champion who has got *project management* skills. Finally, a communication strategy should be developed that includes details of what should be communicated to whom, when and by which means.

The preparation phase is undoubtedly a crucial phase that influences the remainder of the process (Nielsen et al., 2010; Nielsen & Noblet, 2018), but it is not without its challenges. Despite the MS emphasis on getting senior management on board, this is a major challenge (Schuller, 2020). In their interview study of 100 organisations' experiences implementing the Management Standards, Mellor et al. (2011) found that senior managers were reluctant to address stress issues as they perceived stress to be a part of the job. This finding suggests that although bringing forward arguments or cases for managing the psychosocial work environment is important, more work is needed to educate senior management (and for that matter all key stakeholders) in what a good psychosocial work environment could look like and why it is important to create good psychosocial working conditions. We will return to this issue in phase 3.

As pointed out by Schuller (2020), line management often presents a challenge to get on board, as they are not held accountable for managing the project at the group and team levels. This challenge is also an issue in the MS where limited attention is paid to the role of line managers. Although it is recommended that line managers are represented on the steering group, their role is overlooked in the preparation phase. However, line managers are often the ones to communicate the vision and the aims and objectives of changes, they are also responsible for implementing changes at the team or work group levels and thus ensuring their commitment is crucial. Nielsen (2017) argued that line managers can either make or break an intervention. They play a crucial role in making changes happen and ensuring ongoing

commitment, however, they may also obstruct progress either through lack of communication or not allowing time for changes to be made or for workers engaging in the process. Nielsen (2017) argued that line managers may break interventions for good reason. If managing psychosocial working conditions is not integrated into core activities of teams and work groups and the line manager's key performance indicators, then line managers may not fully commit to the MS process as evidenced by Biron, Gatrell, and Cooper (2010). Despite having received training and participated in workshops only a third of the line managers in the organisation even distributed the survey to assess the psychosocial working conditions. Moreover, Mellor et al. (2011) found that line managers were often unavailable. Line managers are often selected on the basis of their professional expertise but line managers lacked the necessary skills and knowledge for the wellbeing intervention (Mellor et al., 2011). Supplementary to the MS, the UK HSE supported research into the competencies that line managers need to support employee wellbeing (Lewis et al., 2010; Yarker, Lewis, and Donaldson-Feilder, 2008), however, these competencies have not been integrated into the MS.

The preparation phase needs to consider how to ensure line managers' commitment and also as part of the preparation phase, existing policies and practices should be reviewed on how to integrate the MS process. Furthermore, line managers should be trained such that they possess the necessary skills. Nielsen et al. (2013) suggested that line managers should not only be trained in to process but should also develop specific action plans for how the intervention could be aligned with their other responsibilities.

Step 1: Identify the risk factors

In the first step of the MS, the focus is on education. It is emphasised that the focus of the MS is to understand how organisational level issues impact specific work groups or large numbers of workers. It is argued that by removing a stressor or an adverse working condition, many affected workers can be helped as opposed to managing individual cases. The MS

acknowledges that individual support may be necessary where it has not been possible to remove the stressor. It is recommended that the steering group is familiar with the six standards, how the MS translates into the specific organisational setting and discussions are initiated on adverse working conditions specific to the organisation in question.

The MS focus on prevention is aligned with general recommendations to the importance of tackling the causes of stress and poor wellbeing, rather than the symptoms (EU-OSHA, 2010; ENWHP, 2000; ETUC, 2004; ILO, 2001). The focus on prevention also tackles the second challenge identified by Schuller (2020): that psychosocial risk management is often perceived as the individual's responsibility.

Although it is crucial that members of the steering group understand the MS and the processes underlying the MS, research points to the importance of communicating the aims and the process to the entire intervention group. Sensemaking theory (Weick, 1995) suggests external stimuli prompt workers to develop cognitive schemas. Workers are not just passive recipients of interventions (Nielsen, 2013), but actively generate meaning of what matters to them and this sensemaking determines their actions (De Jaegher and Di Paulo, 2008). Stensaker et al. (2008) found that participants need to feel involved to make sense of changes introduced and thus sensemaking is important to ensure buy-in and ownership over the changes brought about by the intervention. Workers who understand the rationale behind interventions, in this case the MS, are more likely to support the change (Maitlis and Christianson, 2014). As a result, workers may be more motivated to complete questionnaires, participate in ad hoc working groups and develop action plans thus playing an active role in shaping the MS process.

Step 2: Who can be harmed and how

In this step, focus is on identifying workers at risk and what these risks are by comparing working conditions against the six Management Standards. The MS suggest that existing organisational data such a productivity data, sickness absence records and turnover

rates can identify groups at risk or informal data collection such as walk- and talk-throughs, focus groups or team meetings. The primary tool, however, in this phase is the HSE Indicator tool. The HSE Indicator Tool is a standardised questionnaire, which measures the six Management Standards: Demands, Control, Relationships, Support, Roles and Change. The Indicator Tool has been validated in UK samples, in both the private and the public sector and benchmark figures are available for UK occupations (Edwards et al., 2008: Edwards and Webster, 2012). Once the survey has been completed, it is recommended to feed back the results to workers.

A recent review of the empirical studies that had used the HSE Indicator Tool in their research identified 13 studies which all reported a number of challenges with its use (Brookes et al., 2013). First, the Indicator Tool is often not used in its entirety. Second, benchmarking may not be appropriate for all occupational groups, e.g. high stress sectors. Third, the Indicator Tool was found not to include all working conditions relevant to all occupations and finally, none of the studies reported that any action had been taken to improve working conditions as a result of the survey. An additional criticism of the HSE Indicator Tool could be that is does not include any outcomes of poor working conditions; no wellbeing or stress measures are included and this makes it impossible to determine the impact of any of the six Standards on the surveyed workers' stress and wellbeing. In reviews of the MS, the relevance of the HSE Indicator Tool has been questioned (Cox et al., 2009; Tyers et al., 2009). Globalisation, increased competition, significant digital development, austerity and the recent pandemic have reshaped the working conditions of employees and increased the potential for stress in the workplace (Mark and Smith, 2008). Globalisation has created a twenty-four seven working culture affecting home-life balance. Increased competition has raised concerns about job security, digital development places demands on an ageing workforce to keep pace with technology and austerity has reduced contract size but increased zero-hour contracts (Dollard

et al., 2007). The volatile nature of the economy coupled with precarious working has created an environment in which it is unclear where the responsibility for health and safety responsibility lies. Research on the MS has argued that the MS should reflect the broader organisational issues as well as the operational issues that are representative of the psychosocial working conditions facing workers in organisations today (Cox et al., 2009; Tyers et al., 2009; Mellor et al., 2011).

These criticisms resonate with wider criticisms of standardised questionnaires in intervention research. Nielsen, Abildgaard, and Daniels (2014) developed a tailored questionnaire aimed at identifying the resources and demands experienced by mail carriers in the Danish national postal service. Based on interviews and focus groups, they developed tailored items that were specific to the population and rather than using Likert type scales, they tapped into workers' appraisals of whether working conditions were perceived to be a resource or a hindering demand (Lazarus and Folkman, 1984; van den Broeck et al., 2010). They also included outcomes of job insecurity, burnout and work engagement. In the feedback of the survey results, they calculated the risk ratio for reporting a working condition as problematic and associated burnout and job insecurity and the relationship between perceiving a working condition as being positive and work engagement. Nielsen et al. (2014) also reported the percentages for the number of staff reporting a working condition to be problematic or a positive aspect of work.

In interviews and focus groups, Nielsen and colleagues (2014) explored how this approach had been experienced by managers and workers in the intervention group. They reported that the tailored items in the survey meant that workers felt the survey was relevant to them (Nielsen et al., 2014). Nielsen et al. (2014) acknowledged that developing a tailored questionnaire may be time-consuming and resource-intensive, however, the results points to the importance of including measures relevant to the occupational group in question. In Italy,

the authorities have adopted the MS but have also further developed it, for example by supplementing the HSE Indicator Tool with outcome measures and working conditions specific to the population (Di Tecco, Nielsen, Ghelli, Ronchetti, Marzocchi, Persechino, & Iavicoli, 2020). Another example is the KIWEST, which has been developed for use in the University sector in Norway (Innstrand, Christensen, Undebakke, and Svarva, 2015).

Step 3: Evaluate the risks – explore problems and develop solutions

The main objective of the third step is to discuss the results of the previous step and develop solutions. Participation is emphasized also in this step and it is suggested that focus groups should be held with representative samples of workers to develop solutions. The MS suggests that discussing the results in focus groups is important because the screening may not have captured issues that are the most important to staff and new issues may emerge during discussions that have not been covered by the HSE Indicator Tool. This acknowledgement of the limitations of the HSE Indicator Tool calls for a review of the approach and the tailoring of survey instruments as discussed above.

The use of focus groups is argued to reap the benefits of a) making use of worker's expertise of adverse working conditions, b) using workers knowledge of how solutions will work in practice, c) involving workers in developing and agreeing solutions, means they are more likely to work towards implementing changes. All these benefits are generally recognised as advantages of participatory processes (Nielsen et al, 2010; Nielsen and Noblet, 2018; Nielsen and Randall, 2012). The empirical studies evaluating the MS, however, point to a number of challenges in this step. Broughton et al. (2009) found that most organisations had not progressed past setting up a steering group and gathering data from the indicator tool. Mellor et al. (2013) found that many organisations had not used the focus group approach. Organisations found the use of focus groups to be challenging, time-consuming and resource-intensive (Tyers et al., 2009; Cox et al., 2009; Mellor et al., 2013) and outputs were not easily

translated into action points nor were they clearly related to the results from the Indicator Tool (Tyers et al., 2009). Furthermore, Tyers et al. (2009) found that experienced and impartial facilitators achieved better outcomes. In their evaluation of the MS, Broughton et al. (2009) and Mellor et al. (2013) concluded that while organisations were proficiently implementing step 1 and 2, organisations found it challenging to move beyond these steps.

A common distinction exists between direct (workers being directly involved in participatory processes) and indirect participation (workers being involved through representatives) (Walters, Wadworth and March, 2012). Based on sensemaking theory (Weick, 1995), it could be questioned whether indirect participation when discussing the results of the screening is sufficient. Participation in the discussion of results provide stimuli and cues that workers translate into cognitive schemas and these schemas drive behaviours (Weick, 1995). In support of direct participation, Weber and Manning (2001) found that participants who actively participated in the implementation did revise their cognitive schemas. Discussing the results of data collection is likely to lead to collective sensemaking (Stensaker et al., 2008).

Rather than having focus groups, results could be discussed at the team level in team meetings; this could enable collective sensemaking. It is possible that through discussions of working conditions, members of the work team develop a shared meaning of the problems (Weick, 1995) and this shared meaning enables a joint understanding of what needs to change. It may also help workers to understand each other's perspectives better. Not all workers may be equally affected by adverse working conditions (Abildgaard, Nielsen, and Sverke, 2018b) and so discussing results at the team level may facilitate a better understanding of different perspective within the work group. An additional benefit of having these discussions at the team level would be that the discussions can be integrated into existing team meetings and practices. This integration would eliminate the resources and the time required at the same time as ensuring that those that need to understand the impact of

work practices and procedures, go through a sensemaking process and develop an understanding of each other's perspectives. In organisations, where tools and methods are already in existence for continuous improvement (such as Kaizen), the discussions could be integrated into these systems (Augustsson et al., 2014). Using pre-existing tools and methods may capitalize on workers' familiarity with the tools and minimize the burden of parallel systems and processes (Smith, 2002).

Where such systems are not in place, templates and guidance for how to discuss results should be made available to enable progress. The ARK process provides one example: Individual workers each select three working conditions they would like to preserve and three they feel need to change. These are then discussed in plenary sessions and the working conditions to prioritise are agreed (Christensen et al., 2010).

Step 4: Record your findings – develop and implement action plans

After the consultation of workers, the MS recommend that suggested solutions are collated and an overall action plan should be developed. Solutions should be reviewed with a view to setting goals that can be evaluated, prioritizing solutions, and demonstrating commitment to address workers' concerns. It is suggested that this work is done by the steering group. Recommendations for the development of an overall action plan include that actions are given an order of priority, should be deemed capable of tackling issues of concern and include a review (to check that it does successfully address the targeted issue), the necessary resource to implement action should be allocated, clear responsibility for actions is allocated, and there should be a realistic timescale for implementation. Furthermore, actions should be aimed at different levels in the organisation (i.e., individual, group, leader or wider organisation). The action plan should include strategies for how they should be implemented at the lower levels of the organisation and how the implementation will be monitored. Research supports the

development of multi-level action plans (Day and Nielsen, 2018; LaMontagne et al., 2007; Nielsen and Noblet, 2018) and detailed action plans (Nielsen and Noblet, 2018).

As in the previous step, the development of an overall action plan in the MS implies indirect participation and in support of this, Mellor et al. (2013) found that workers were not directly involved in developing solutions. However, Cornwall (2008) argues that workers only have a voice if they have agency in determining future directions. Sensemaking theory suggests that organisational members come to understand the world by taking action and then observing the outcomes of this action (Weick, 1995); this implies that all workers need to be involved in the action planning process to fully understand and buy in to action plans. Stensaker et al. (2018) suggested that workers involved in a participatory process act as both sensemakers and sensegivers. The participatory process ensures shared meanings and collective autonomy (De Jaegher and Di Paulo, 2008) as workers collectively job craft changes in working condition (Nielsen, 2013).

In her study of the challenges of psychosocial risk management, Schuller (2020) found that one of the solutions to a time-consuming process was to devolve as many activities to the lower levels (teams and work groups) as possible so that changes could be implemented quickly if something did not have the intended effects. This suggests that a move from developing and implementing actions at the steering group level to work team level may be beneficial.

Using existing continuous improvement processes may also be beneficial in this step for the reasons mentioned above. Where these do not exist, tools and methods should be developed that enable the development of detailed action plans and plans for follow-up. One example of such a tool is the improvement board (Wåhlin-Jacobsen, 2018). As part of the project in three manufacturing companies, an improvement board was developed, inspired by Kaizen boards (Imai, 1986). The board enabled work teams to work through a phased

approach for developing and implementing action plans. Underlying the improvement board, was a set of "ground rules", e.g. rules of discussion, who would lead meetings and when they would take place. The improvement board went through five phases. In the first phase, workers would note ideas and frustrations on sticky notes. These could be based on the results of the survey. The sticky notes were then moved across the board as the process developed. In the next phase, sticky notes would be prioritised. The tools were used to help prioritize which working conditions to change by focusing discussion on: a) which changes would enhance well-being, quality of outputs and productivity, thus focusing on a win-win-win situation and enhancing the understanding of the interplay between the three, b) the balance between demands and resources, and c) the action radius, including the discussions of the resources required to address an issue and the ability of the work team to implement the change. Based on these discussions, sticky notes would be moved to either a field containing a 'trash can' for sticky notes that would not be considered further, or a 'parking lot' for those sticky notes, that should be reconsidered at a later stage. Prioritized sticky notes were moved to a field called "Who does what when?" and responsibility and deadlines for implementation was identified. The final field was named "Done!" and once the action had been implemented the sticky note would be moved here. Colleagues who had been instrumental in completing the plan would be acknowledged and once a number of actions had been successfully implemented, the successes would be celebrated. According to the theory of distributed cognition (Hutchins, 1995), visualization is a physical representation that enables shared awareness of the process and the content of actions. The improvement boards may enable collective sensemaking and provides an effective tool for getting an overview of actions planned and implemented.

The Nielsen et al. (2014) study found that the reporting of both resources and hindering demands was well-received (Nielsen et al., 2014). Participants found that the focus on positive

aspects of work helped create a positive atmosphere in which to develop action plans. Furthermore, in some cases it may not be feasible to minimise demands and identifying resources may be important as strengthening resources may buffer the adverse effects of demands that cannot easily be reduced (Vignoli et al., 2016). Focusing on both resources and demands could help overcome the challenge identified by Schuller (2020) that key stakeholders saw adverse psychosocial working conditions as part of the job. Focusing on both resources and demands may also have the benefit of providing a stronger business case: working on developing resources and increase work engagement may build the case for the 'happy-productive' worker (Nielsen et al., 2016).

Involvement in the action planning stage may fulfil basic needs. According to Social Determination Theory (Deci and Ryan, 2000), humans have three basic needs: The needs for autonomy, belongingness and competence. Involving workers at the action planning stage may fulfil the need for autonomy as they have a say in determining which actions to take. Jointly discussing and agreeing actions at the team level may also fulfil the need for belonging, workers feel they are part of a team, but also part of the wider organisation as they provide input to what must be changed at higher levels within the organisation. Through discussions about what the best action may be to address identified issues, workers fulfil their need for competence.

Step 5: Monitor and review

In the fifth and final step of the MS, the recommendation is to review actions taken in the previous steps. This review involves monitoring that action plans have been implemented according to plan and evaluating whether these actions have achieved the intended outcomes. It also involves reviewing whether further action or data collection is required. If it is found that actions were ineffective, then a review is required to identify what else can be done. If

actions are working, it needs to be reviewed to see if it should be implemented organisation-wide.

In the final step of the MS, participation is also recommended. The MS suggests that meetings can be set up to review progress, possibly during existing team meetings but also informal chats can be instructive. Indirect participation is also encouraged involved union or other staff representatives. The MS suggest repeating the survey will enable the analyses of any changes in the six standards. It is recommended to do this as part of a continuous improvement process, e.g. annually. Finally, reviewing existing data such as turnover, sickness absence and productivity will show any improvements in these outcomes.

The literature recommends monitoring and evaluating effects by following the principles of participation (Nielsen and Noblet, 2018), however, there are issues that perhaps could be elaborated. First, there is little information about how to monitor and implement changes. One of the challenges identified by Schuller (2020) was the lack of accountability at all organisational levels, but in particular the line management level. In the organisational intervention literature, it is widely recognized that often line managers are responsible for managing the intervention process at the lower levels. Indeed, Nielsen (2017) argued that line managers can either make or break an intervention. She argued that line managers must have the necessary skills to implement actions but it is equally important that they are given the necessary resources and that psychosocial risk management is integrated into their daily responsibilities and key performance indicators (Nielsen, 2017).

Second, participation is mainly seen in the MS as an exercise through which to gather information about workers' perceptions, but emphasis is not put on whether workers have developed a better understanding of psychosocial risk management or how to better manage their working conditions. The fifth challenge identified by Schuller (2020) revolved around

the fact that those who had formal responsibility within an organisation were not necessarily the best suited to implement changes. This calls for empowerment of workers. Processes should be put in place that allow workers to reflect on their learning. Sustainability in organisational interventions is often understood to be whether an action has had long lasting effects, however, in today's global environment, changes happen quickly and new risks emerge as can we seen in the recent Covid-19 crisis. It could be argued that true sustainability can only be achieved when workers develop the competence and capability to identify and manage emerging psychosocial risks.

Discussion

EU and national legislation puts the emphasis on prevention of stress and poor well-being, i.e. addressing adverse working conditions as the source rather than the symptoms. Despite the legislative frameworks, organisations report challenges successfully managing the psychosocial work environment (e.g. Schuller, 2020). In the present chapter, we have provided a critical review of one country's approach, the UK Management Standards, developed by the Health and Safety Executive, to managing the psychosocial work environment. The MS is laudable as it provides a detailed process of managing psychosocial working conditions and clear guidance on what is considered psychosocial working conditions. The MS overcomes challenges of a lack of overall structured process as identified by Schuller (2020), however, theory and research suggests that it could be improved. Primarily, the appropriateness of the HSE Indicator Tool and the quality of the participatory process can be questioned. Based on research and psychological theory, we have made suggestions for how the MS intervention process may be optimized. These suggestions may translate to other national approaches.

We call for a revision of the HSE Indicator Tool to allow for more flexibility, taking into account sector and occupation specific psychosocial working conditions and the changed nature of work with precarious employment contracts, self-employment and digitalisation. We

also call for the inclusion of stress and well-being outcomes and innovative ways of feeding back results. There are no objective levels of adverse psychosocial working conditions that have proven effects on workers' stress and well-being (Nielsen et al. 2014) because workers' appraisals of working conditions within their organisations play a key role in their reactions, so our methods need to reflect this. Screening needs to capture what is important to the workers in particular organisational contexts. Only then can appropriate actions be developed and implemented.

Organisations employing the MS approach report difficulties in ensuring employee participation; this implies that the MS lacks guidance as to how organisations can achieve this process. In the present chapter, we have argued that the participatory process may be best achieved by moving the focus from indirect representation and time-consuming and resource-intensive supplementary processes to direct participation at the work group and team level, integrating the MS process into existing work practices and procedures. This shift does not mean that management does not have an overall responsibility to reviewing organisational policies and procedures, which may be associated with adverse working conditions, stress and poor well-being.

Moving as many activities to the team level, at steps 2-5 may give workers a voice thus overcoming the challenge of psychosocial risk management identified by Schuller (2020) that workers are not given a realistic opportunity to have their voices heard. Nielsen and Miraglia (2017) argued that it is not only the content of action plans, but also the way the interventions is implemented bring about improved wellbeing. Participation has been found to be related to social support which in turn is related to job satisfaction (Nielsen and Randall, 2012). Participation can thus be seen as a means to an end (Abildgaard, et al., 2018a) and a sensemaking process. The social aspects of sensemaking are particularly important in

organisational settings (Maitlis, 2005), and shared understandings occur through a collective sensemaking processes (Maitlis and Christianson, 2014).

Direct participation and integration of the psychosocial risk management process may have benefits in their own right. Von Thiele Schwarz et al. (2017) found that incorporating wellbeing issues into existing continuous performance systems such as Lean was related to improved wellbeing. Integrating these different processes may enhance sensemaking as workers are already familiar with these systems and a win-win situation can be achieved supporting the business case for considering the wellbeing issues at the same time as addressing performance issues. Furthermore, von Thiele Schwarz et al. (2017) found that the integrated process also resulted in workers reported they had developed the capabilities to identify and manage psychosocial issues. In other words, an added benefit of direct participation is organisational learning and sustainable change.

Critique has been raised that organisations have sought workers' feedback but failed to subsequently address issues raised (Broughton et al., 2009; Mellor et al., 2013). This is likely to be seen as a breach of the psychological contract and may increase cynicism and commitment (Rosseau et al., 2007). It is therefore crucial that once organisations commit to the MS, they go through all phases, however, organisations need support to do so. We argue that the MS should be developed to include practical tools to support the participatory process. The development of concrete and easy to use tools will help organisations manage the process successfully.

Conclusion

In summary, although the MS is to be commended for not only being one of the first policies to provide guidance on psychosocial risk management and stress and wellbeing in relation to both process and content, the current chapter suggests that a review of the approach is appropriate, both in light of recent research and psychological theory.

References

Abildgaard JS, Hasson H, von Thiele Schwarz U, Løvseth L, Ala-Laurinaho A and Nielsen K (2018a) Forms of participation – the development and application of a conceptual model of participation in work environment interventions. Economic and Industrial Democracy doi.org/10.1177/0143831X17743576.

Abildgaard JS, Nielsen K and Sverke M (2018b) Can job insecurity be managed? Evaluating n organizational-level intervention addressing the negative effects of restructuring. Work & Stress 32(2): 105-123.

Augustsson H, von Thiele Schwarz U, Stenfors-Hayes T and Hasson H (2015) Investigating variations in implementation fidelity of an organizational-level occupational health intervention. International Journal of Behavioral Medicine 22(3): 345-355.

Biron C, Gatrell C and Cooper CL (2010) Autopsy of a failure: Evaluating process and contextual issues in an organizational-level work stress intervention. International Journal of Stress Management 17(2): 135.

Brookes K, Limber C, Deacy C, O'reilly A, Scott S and Thirlaway K (2013) Systematic review: work-related stress and the HSE management standards. Occupational Medicine 63(7): 463-472.

Broughton A, Tyers C, Denvir A, Wilson and O'Regan S (2009) Managing stress and sickness absence. Progress of the Sector Implementation Plan–Phase 2. The Institute for Employment Studies.

Christensen M, Innstrand ST, Saksvik PØ and Nielsen K (2019) The line manager's role in implementing successful organizational interventions. The Spanish Journal of Psychology 22:E5.

Cornwall A (2008) Unpacking 'Participation': Models, meanings and practices. Community Development Journal 43(3): 269-283.

Cousins R, Mackay CJ, Clarke SD, Kelly C, Kelly PJ and McCaig RH (2004) 'Management standards' work-related stress in the UK: Practical development. Work & Stress 18(2): 113-136.

Cox T, Karanika-Murray M, Griffiths A, Wong YYV and Hardy C (2009) Developing the management standards approach within the context of common health problems' in the workplace: A Delphi Study (Research Report 687). Merseyside, UK: Health and Safety Executive.

Day A and Nielsen K (2017) What does our organization do to help our well-being? Creating Healthy Workplaces and Workers. In N Chmiel, F Fraccaroli and M Sverke. An introduction of work and organizational psychology. Wiley Blackwell, pp. 295-314.

Deci E and Ryan R (2000) The "what" and "why" of goal pursuits: Human needs and the self-determination of behavior. *Psychological Inquiry 11*(4): 227–268.

De Jaegher H and Di Paolo E (2008) Making sense in participation: An enactive approach to social cognition. Emerging communication, 10, 33.

Di Tecco, C., Nielsen, K., Ghelli, M., Ronchetti, M., Marzocchi, I., Persechino, B., & Iavicoli, S. (2020). Improving Working Conditions and Job Satisfaction in Healthcare: A Study Concept Design on a Participatory Organizational Level Intervention in Psychosocial Risks Management. *International Journal of Environmental Research and Public Health*, *17*(10), 3677.

Dollard M, Skinner N, Tuckey MR and Bailey T (2007) National surveillance of psychosocial risk factors in the workplace: An international overview. Work & Stress 21(1): 1-29.

Edwards JA Webster S Van Laar D and Easton S (2008) Psychometric analysis of the UK Health and Safety Executive's Management Standards work-related stress Indicator Tool. Work & Stress 22(2):.96-107.

Edwards JA and Webster S (2012) Psychosocial risk assessment: Measurement invariance of the UK Health and Safety Executive's Management Standards Indicator Tool across public and private sector organizations. Work & Stress 26(2): 130-142.

ENWPH: European Network for Workplace Health Promotion (2007). Luxembourg Declaration on Workplace Health Promotion in the European Union. Brussels: ENWHP.

ETUC (2004). Framework Agreement on Work-related Stress. Brussels: European Trade Union Confederation.

EU-OSHA (2010). European Agency for Safety and Health at Work. European Survey of Enterprises on New and Emerging Risks, 2010. Retrieved from http://www.esener.eu 25th April 2020.

EU-OSHA (European Agency for Safety and Health at Work) (2016) Second European survey of enterprises on new and emerging risks (ESENER-2). Overview report: managing safety and health at work; Publications Office of the European Union: Luxembourg.

EU-OSHA (European Agency for Safety and Health at Work) (2019) Third European survey of enterprises on new and emerging risks (ESENER-3). First findings; Publications Office of the European Union: Luxembourg.

European Council. Council Directive of 12 June 1989 on the introduction of measures to encourage improvements in the safety and health of workers at work (89/391/EEC). OJ L 1989, 183, 1–8.

European Social Partners (2004) Framework agreement on work-related stress. European Social Partners–ETUC, UNICE (BUSINESSEUROPE), UEAPME and CEEP: Brussels, Belgium.

HSE (2018). Work related stress depression or anxiety statistics in Great Britain, 2018. Retrieved from www.hse.gov.uk/statistics/causdis/stress.pdf

Hutchins E (1995) Cognition in the Wild. Cambridge MA: MIT Press.

ILO (2001). Guidelines on Occupational Safety and Health Management Systems. Geneva: International Labor Office.

Imai, M. (1986). Kaizen: The Key To Japan's Competitive Success (First edition). New York: McGraw-Hill/Irwin.

Innstrand ST, Christensen M, Undebakke KG and Svarva K (2015) The presentation and preliminary validation of KIWEST using a large sample of Norwegian university staff. Scandinavian Journal of Public Health 43(8): 855-866.

OECD (2014) Making Mental Health Count: The Social and Economic Costs of Neglecting Mental Health Care, OECD Health Policy Studies, OECD Publishing.

LaMontagne AD, Keegel T, Louie AM, Ostry A and Landsbergis PA (2007) A systematic review of the job-stress intervention evaluation literature, 1990–2005. International Journal of Occupational and Environmental Health 13(3): 268-280.

Langenhan MK, Leka S and Jain A (2013). Psychosocial risks: is risk management strategic enough in business and policy making? Safety and Health at Work 4(2): 87-94.

Lazarus R and Folkman S (1992) *Stress, Appraisal and Coping*. New York: Springer Publications.

Leka S and Jain A (2010) Health impact of psychosocial hazards at work: An overview; World Health Organization: Geneva, Switzerland, 2010.

Lewis R, Yarker J, Donaldson-Feilder E, Flaxman P and Munir F (2010) Using a competency-based approach to identify the management behaviours required to manage workplace stress in nursing: a critical incident study. International Journal of Nursing Studies 47(3): 307-313.

MacKay CJ, Cousins R, Kelly PJ, Lee S and McCaig RH (2004) 'Management Standards' and work-related stress in the UK: Policy background and science. Work & Stress, 18(2): 91-112.

Madsen IE, Nyberg ST, Hanson LM, Ferrie JE, Ahola K, Alfredsson, L, Batty GD, Bjorner JB, Borritz M, Burr H et al. (2017) Job strain as a risk factor for clinical depression: systematic review and meta-analysis with additional individual participant data. Psychological Methods 47(8): 1342–1356.

Maitlis S and Christianson M (2014) Sensemaking in organizations: Taking stock and moving forward. The Academy of Management Annals 8(1): 57-125.

Maitlis S (2005) The social processes of organizational sensemaking. Academy of Management Journal 48(1):21-49.

Mark GM and Smith AP (2008) Stress models: A review and suggested new direction. *Occupational Health Psychology 3:*111-144.

Mellor N, Mackay C, Packham C, Jones R, Palferman D, Webster S and Kelly P (2011) 'Management standards' and work-related stress in Great Britain: progress on their implementation. Safety Science 49(7): 1040-1046.

Mellor N, Smith P, Mackay C and Palferman D (2013) The "Management Standards" for stress in large organizations. International Journal of Workplace Health Management 6(1) 4-17.

Nielsen K (2013) How can we make organizational interventions work? Employees and line managers as actively crafting interventions. Human Relations 66: 1029-1050.

Nielsen K (2017) Leaders can make or break an intervention–But are they the villains of the piece. In K Kelloway, K Nielsen and J. Dimoff. Leading to occupational health and safety: How leadership behaviours impact organizational safety and well-being. London: Wiley, pp.197-209.

Nielsen K, Abildgaard JS and Daniels K (2014) Putting context into organizational intervention design: Using tailored questionnaires to measure initiatives for worker well-being. Human Relations 67(12):1537-1560.

Nielsen K and Miraglia M (2017) Critical essay: What works for whom in which circumstances? On the need to move beyond the "what works?" question in organizational intervention. Human Relations 70(1): 40-62.

Nielsen K, Nielsen MB, Ogbonnaya C, Känsälä M, Saari E and Isaksson K (2017) Workplace resources to improve both employee well-being and performance: A systematic review and meta-analysis Work & Stress, 31(2): 101-120.

Nielsen K and Noblet A (2018) Organizational interventions: where are we, where do we go from here? In K Nielsen and A Noblet. Organizational interventions for health and well-being: A handbook for evidence-based practice. Pp. 1-23. Oxon: Routledge.

Nielsen K and Randall R (2012) The importance of employee participation and perception of changes in procedures in a teamworking intervention. Work and Stress 29(2): 91-111.

Nielsen K, Randall R Holten AL and Rial-González E (2010) Conducting Organizational-level Occupational Health Interventions: What Works? *Work & Stress 24(3):* 234-259.

Nielsen K, Stage M, Abildgaard JS and Brauer CV (2013) Participatory intervention from and organizational perspective: Employees as active agents in creating a healthy work environment. Eds: G. Bauer, G. and G. Jenny. Concepts of salutogenic organizations and change: The logics behind organizational health intervention research. Dordrecht. Springer Publications, pp. 327-350.

Nytrø K, Saksvik PØ, Mikkelsen A, Bohle P, Quinlan M. (2000) An appraisal of key factors in the implementation of occupational stress interventions. Work & Stress 14(3): 213-25.

Parker SK, Morgeson FP and Johns G (2017) One hundred years of work design research: looking back and looking forward. Journal of Applied Psychology 102(3): 403-420.

Rick J, Thomson L, Briner RB, O'Regan S and Daniels K (2002) Review of Existing Supporting Scientific Knowledge to Underpin Standards of Good Practice for Key Work-Related Stressors–Part 1 (Research Report No. 024). Merseyside, UK: Health and Safety Executive.

Ronchetti M, Di Tecco C, Russo S, Ghelli M and Iavicoli S (2015) An integrated approach to the assessment of work-related stress risk: comparison of findings from two tools in an Italian methodology. *Safety Science* 80: 310–316.

Schuller K (2020) Interventions as the centrepiece of psychosocial risk assessment–why so difficult? International Journal of Workplace Health Management 13(1) 61-80.

Smith D (2002) IMS: Implementing and Operating. London: BSI British Standards Institution.

Stensaker I, Falkenberg J, and Grønhaug K (2008) Implementation activities and organizational sensemaking. The Journal of Applied Behavioral Science 44(2):162-85.

Toderi S, Balducci C, Edwards JA, Sarchelli G, Broccoli M and Mancini G (2013) Psychometric properties of the UK and Italian versions of the HSE Stress Indicator Tool. European Journal of Psychological Assessment 29(1): 72-79.

Tyers C, Broughton A, Denvir A, Wilson S and O'Regan S (2009) Organisational Responses to the HSE Management Standards for Work-related Stress: Progress of the Sector Implementation Plan Phase 1. Contract Research Report, 693. Merseyside, UK: Health and Safety Executive.

Van den Broeck A, De Cuyper N, De Witte H and Vansteenkiste M (2010) Not all job demands are equal: Differentiating job hindrances and job challenges in the Job Demands–Resources model. European Journal of Work and Organizational Psychology 19(6): 735-759.

Vargas O, Flintrop J, Hassard J, Irastorza X, Milczarek M, Miller J, Parent-Thirion A, Van Houten G and Vartia-Väänänen M (2014) Psychosocial risks in Europe: prevalence and strategies for prevention (928971218X). Eurofound and EU-OSHA, Luxembourg.

Vignoli M, Nielsen K, Guglielmi D, Tabanelli TC and Violante FS (2017) The Importance of Context in Screening in Occupational Health Interventions in Organizations: A Mixed Methods Study. Frontiers in Psychology: Organizational Psychology 8:1347. doi: 10.3389/fpsyg.2017.01347

von Thiele Schwarz U, Nielsen K, Stenfors-Hayes T and Hasson H (2017) Using Kaizen to improve employee wellbeing: Results from two organizational intervention studies. Human Relations 70(8): 966-993.

Walters D, Wadworth E and March K (2012) Worker representation and consultation on health and safety: an analysis of the findings of the European Survey of Enterprises on New and Emerging Risks (ESENER). Publications Office of the European Union.

Weber PS and Manning MR (2001) Cause maps, sensemaking, and planned organizational change. The Journal of Applied Behavioral Science 37(2): 227-251.

Weick KE (1995) Sensemaking in organizations. Thousand Oaks, CA: Sage Publications.

Wåhlin-Jacobsen CD (2018) Valid and taken seriously? A new approach to evaluating kaizen-inspired (and other) intervention tools. In Organizational Interventions for Health and Well-being (pp. 105-128). Oxon: Routledge.

Yarker J, Lewis R and Donaldson-Feilder E (2008) Management competencies for preventing and reducing stress at work: identifying the management behaviours necessary to implement the management standards: phase two. Sudbury: HSE Books.