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An Investigation of Staff Health at the West Glasgow Hospitals University NHS Trust

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**This report has been produced from the finding of three studies,
conducted between May 1994 and April 1995 by:**

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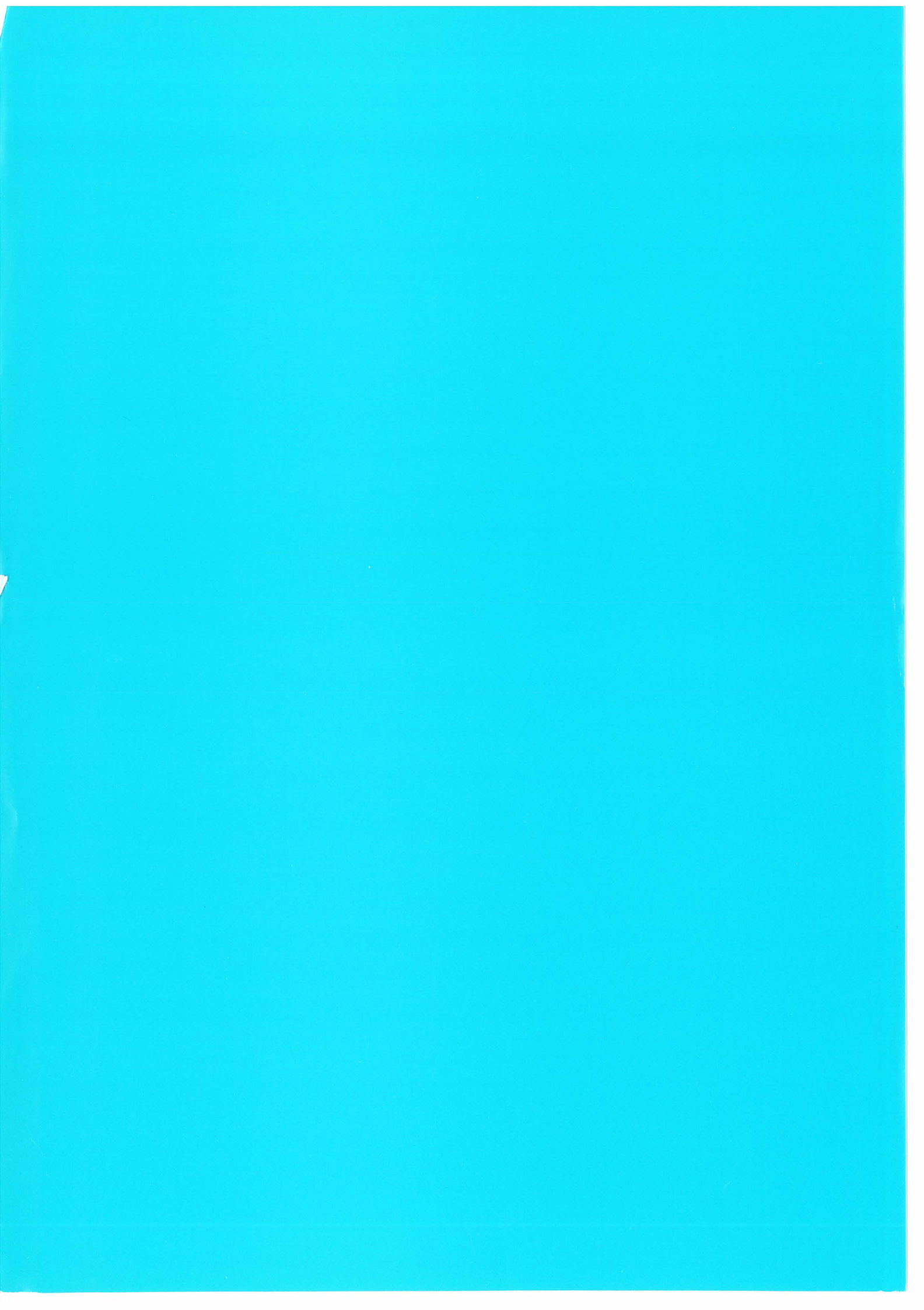
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Acknowledgements

The authors thank the following for their advice, assistance and encouragement in conducting the studies which formed the basis for this report:

West Glasgow Hospitals University NHS Trust -

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Greater Glasgow Health Board -

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The Institute of Occupational Health Medicine, Helsinki, Finland

Thanks also go to the staff of the Personnel, Wages, and Postal Departments in the Trust for their help with the distribution of the questionnaires.

Last but by no means least thank you to all members of staff who took the time to complete and return questionnaires; without your contribution this report would not have been possible.

Preface

The West Glasgow Hospitals University NHS Trust employs 4,500 staff and is committed to ensuring that it supports them in an appropriate manner with regard to their health in the workplace. Whilst generally acknowledging that staff are its greatest resource, the NHS has not always had a good track record in promoting and ensuring the health of its own personnel. Our Trust is no exception, however it is currently taking steps to address this important issue and a number of health promotion initiatives, such as the establishment of a staff gym, are now being actively progressed.

We therefore welcomed the opportunity to be involved in the Staff Health Survey conducted by colleagues in the Health Promotion and Occupational Health Departments of Greater Glasgow Health Board. This was designed to identify areas of concern and focus particularly on stress, and the sources of stress in the workplace.

The Board and Management Group of the Trust have pledged to use the findings of the Survey to examine and, where appropriate, change working practices within the organisation which contribute to stress. An action plan has been drawn up by a short-term planning group whose members are representatives of the Trust Management Group. A key element of the changes proposed to reduce the causes of stress will be the development and training of staff at all levels of our organisation.

We commend the report to all healthcare staff and all those interested in the welfare of staff.

JANE HERBERT

Chief Executive

WEST GLASGOW HOSPITALS UNIVERSITY NHS TRUST

Executive summary

1. This section provides a brief summary outlining the objectives and findings of the Staff Health Survey conducted at the West Glasgow Hospitals University NHS Trust. Its format is intended to help you identify main points of interest easily and quickly, however for a comprehensive understanding of the issues addressed by the Survey, please refer to the full results section starting on page 15.

The Survey

2. Recognising that “the people who work in the NHS are its most valuable resource” the Hospital Health Promotion Group has focused its attention on the health of NHS employees, and the impact of their working environment. Accordingly, the Group initiated in May 1994, a research project involving staff of the West Glasgow Hospitals University NHS Trust. Professionals from the Health Promotion, Occupational Health, and Women’s Health Departments of the Health Board conducted three separate studies, and collectively these are presented in this report.

3. In order to enable comprehensive information and opinion to be collated from Trust staff, various data-gathering methods were used. The first study was based on an ‘Occupational Stress Questionnaire’ which incorporated questions specific to Trust issues. The second study looked at medical records of attendees at the Trust’s Occupational Health Department, and the third investigated occupational stress, with particular reference to women employees.

4. This report of the survey’s findings identifies issues which are perceived to affect the health of Trust staff, particularly in relation to stress. The document provides a basis for Trust management and staff to address these problem areas.

Summary Of Study I

5. CONTROL FACTORS IN THE WORKPLACE (PAGE 18)

- A minority of respondents (15%), thought they could influence matters affecting their work ‘very much’, whilst the majority (54%) said ‘to some extent’, and the remainder (31%) felt they had ‘very little’ influence over work matters.
- The third of the sample who felt they had ‘very little

influence’ over work matters were principally Ancillary, Administration & Clerical staff, PTA staff (Dietitians, Occupational Therapists, Orthopists, Physiotherapists, Speech and Language Therapists and Radiographers), and PTB staff (Medical Technical Officers, Assistant Technical Officers, Medical Laboratory Scientific Officers, Cytology Services and Medical Laboratory Assistants).

- A large proportion (67%), of those who worked shifts or were ‘on call rotation’, would like the opportunity to influence their work shift patterns. This was expressed particularly by Medical & Dental staff, Nurses/Midwives and PTA staff.
- Ten percent of respondents felt they ‘seldom’ accomplished anything at work. 14% felt they were ‘very dependent’ in their work. This feeling was especially evident among Ancillary staff.

6. PERSONAL SUPPORT (PAGE 19)

- A large percentage of respondents (86%), had someone with whom they could discuss personal matters.
- High levels of work support were thought to be available from superiors for some staff groups but less evident for others, such as PTA and Ancillary staff and Nurses/Midwives.
- A large proportion of respondents (77%), indicated that they ‘got on well’ with their colleagues, however there were some problems for Ancillary and Nursing staff, particularly.
- More than half of the respondents (57%), indicated that colleagues ‘often’ supported each other.

7. USE OF SKILLS AND KNOWLEDGE (PAGE 19)

- The majority of respondents (66%), felt that they could use their skills ‘very much’ in their work. Those who expressed this view mainly consisted of professional staff groups such as Senior Managers, Medical & Dental staff, Ad hoc/Research personnel, and PTA staff including Pharmacists/Optometrists.
- There was a greater tendency for Administration & Clerical and Ancillary staff, compared with other occupational groups, to feel that:
 - a) their knowledge and skills were under-utilised,
 - b) they often had to repeat tasks (this was also expressed by PTB staff),
 - c) they were seldom required to weigh up possibilities

and think about alternatives,

d) their work seldom involved observing or precision-sorting, and

e) their work was monotonous.

8. WORKLOAD (PAGE 20)

- Nursing/Midwifery, Medical & Dental and PTA staff said that they often had to hurry their duties and neglect tasks because they had too much work.
- A substantial proportion of respondents (41%), stated that there was not enough time for breaks. Those who indicated this included, in particular, Nursing/Midwifery, Ancillary, Medical & Dental staff and Senior Managers.
- Although 61% of respondents felt the distribution of work was fair, 33% of Ancillary staff felt their work was distributed unevenly.
- Due to uneven distribution, work often piled up for Medical & Dental, and PTA staff, Pharmacists/Optometrists and Senior Managers.
- Senior Managers, and PTA and Ancillary staff claim they 'often' have difficult phases in their work. Nurses/Midwives said that they 'sometimes' have difficult phases.
- The majority of respondents (70%), felt that they had adequate training for their work, but 1 in 10 of Ancillary and PTA staff said that they had 'too little' training.

9. MENTAL/PHYSICAL DEMANDS (PAGE 22)

- The largest proportion of respondents (79%), indicated that their work was 'very' or 'somewhat' mentally strenuous. This was expressed in particular by PTA, Medical & Dental staff, Pharmacists/Optometrists, Nurses/Midwives and Senior Managers.
- Approximately one third of respondents (35%), felt that their work was 'very' physically strenuous, and this was particularly the case for Nurses/Midwives, and Ancillary and PTA staff.

10. WORK RESTRICTIONS (PAGE 22)

- Less than half of the respondents (42%), stated that they could 'often' set the pace of their work and approximately one-third (32%), that they could 'seldom' set their workspace.
- Approximately three-quarters felt that they could determine how their work was carried out but 26% of respondents felt that they could not alter the way in

which their work was performed.

- A large percentage (78%), stated that they could move around their department 'now and then' or 'whenever they wanted'. 23% felt restricted in their movements within their departments, principally Ancillary and Nursing/Midwifery staff.
- Slightly less than half of the respondents (46%), felt that they could 'seldom' leave their work site for a short time, whilst 54% felt that they could leave the site 'often' or 'now and then'.

11. RECOGNITION (PAGE 23)

- A large proportion of respondents (86%), considered their work meaningful and important.
- A similar percentage (84%), indicated that the significance of their work was appreciated by their family.
- Contribution of the individual's work within their working group was recognised 'very much' by 37% of respondents, whilst 17% stated that their work was given 'very little' recognition in their work group.

12. SUPERVISION (PAGE 23)

- Supervisors were thought to plan work well by 43% of respondents, neither well nor badly by 41%, and badly by 17%.
- The majority (69%), considered that their supervisor interfered with their work only when there was a reason.
- A large proportion of respondents (61%), thought they were treated fairly by their supervisor, however, 13% felt unfairly treated.
- Approximately half of the respondents (48%), stated that their supervisor took their views into account in work-related matters, but nearly one-fifth (19%), said that they seldom had their views considered.

13. CLARITY OF THE WORK ROLE (PAGE 23)

- In general, 79% of respondents felt that they were given sufficiently clear instructions at work.
- A large percentage (90%), had been told what they were responsible for at work.
- Contradictory orders from supervisors or colleagues was a problem for 13% of respondents.
- Over three-quarters of respondents (78%), could see whether their work had been done well or badly, but a small percentage (5%), could not see the outcome of their work.

14. RISKS IN THE WORKPLACE (PAGE 24)

- The majority of Medical & Dental staff indicated that their work involved risks to themselves, others and valuable equipment.
- Risk of injuring oneself was 'often' a concern to Nurses/Midwives and the risk of causing someone else to have an accident 'now and then' was also recognised by this staff group.
- Ancillary staff considered that their work 'often' involved a risk of them causing someone to have an accident.
- PTA and PTB staff were concerned that they could cause someone else to have an accident at work and ruin valuable equipment.

15. ISOLATION (PAGE 24)

- A large percentage of respondents (70%) indicated that they did not feel isolated in the workplace, and 71% also said that they could talk to colleagues when they wanted.
- Isolation in the work place was 'often' felt by 12% of respondents and 8% of respondents indicated that the opportunity to speak to colleagues was 'seldom' available during their working day.
- Several PTB staff felt isolated in the workplace.

16. WORKING ENVIRONMENT AND COMMUNICATIONS (PAGE 25)

- Less than half of the respondents (40%), thought that their working environment was comfortable and pleasant, however one-fifth (21%) believed it to be 'very unpleasant'. (In particular, areas around operating theatres were mentioned.)
- Many staff thought that their working surroundings could be improved by upgrading office furniture and equipment.
- Approximately one-quarter of respondents (26%) rated communication within the organisation as 'poor'.

In order to improve it, several possible mechanisms were mentioned - Hospital newspaper, departmental communication, staff meetings and the creation of opportunities for discussion.

17. STRESS AND HEALTH (PAGE 26)

- Forty-four percent of respondents felt little or no stress at work, but 19% suffered from 'very' or 'rather

much' stress. This is comparable with the highest rates of stress reported from human relations workers in other studies using this questionnaire.

- Nursing/Midwifery staff reported relatively more stress than other groups. Administration & Clerical and Medical & Dental staff reported less stress. In terms of statistical likelihood, more respondents than expected were in the extreme category, i.e. feeling 'very much stress'. Ancillary staff particularly appeared in this category.
- Forty-two percent of respondents felt that work factors were more important than personal matters in causing stress; a further 41% felt that there was an equal balance between the two.
- Statistically significant associations and a substantial number of work factors were evident in levels of reported stress. Perceived problems with superiors was in most cases associated with reported stress.
- A high proportion of respondents (71%) rated their own health as either 'very' or 'rather' good.

In comparison with other occupational groups in different types of employment, e.g. custodial child care workers, prison personnel etc., who have responded to the Occupational Stress Questionnaire elsewhere, this result was higher than expected.

18. SATISFACTION WITH WORK AND LIFE (PAGE 28)

- Most respondents (50%) were satisfied with their work, although 23% were dissatisfied. Medical & Dental staff reported most satisfaction.
- A greater proportion (71%) reported satisfaction with their lives in general. Only 11% were dissatisfied.
- Administration & Clerical staff tended to report more dissatisfaction with life, whilst Nursing/Midwifery staff were more likely to wish substantial change to their lives.

In comparison with other workplace populations answering this questionnaire, a greater proportion of respondents were dissatisfied with work. This result was not evident when satisfaction with life was rated; here responses were similar to other groups.

19. NEED FOR SUPPORT (PAGE 29)

- Approximately three-quarters of respondents (72%), indicated that modernising machines and equipment would be 'very useful', or 'useful to some extent', to them in their work.
- Seventy percent thought that reorganisation of their work would be helpful to them. In addition to

Ad hoc/Research staff, the same three occupational groups of Nurses/ Midwives, Medical & Dental staff and PTA staff who indicated that they would like the opportunity to influence work-shift patterns, were again strongly represented in this response.

- A high proportion of respondents (74%), thought that the development of personal co-operation would be beneficial to their work.
- A large majority of respondents (78%), thought that career opportunities within the Trust were 'poor' or 'did not exist'.

20. LIFESTYLE (PAGE 30)

- **Smoking** - 22% of respondents identified themselves as smokers. Comparison with national prevalence rates by occupational group should be done with caution, given the small sub-sample sizes.

Nevertheless, within the female occupational groups of Senior Managers, Nursing /Midwifery and Ancillary staff, the results are above the comparable national levels for smoking prevalence.

- **Alcohol consumption** - The largest percentage of respondents (47%), said that they drank alcohol once or twice a week. (This is a description of drinking patterns and does not give an indication of amounts of alcohol consumed.)
- **Diet** - Only 50% of respondents ate a piece of fruit at least once a day, and 67% ate a portion of vegetables at least once a day. Given that guidelines set by the 'Scottish Diet' recommend a daily intake of at least five daily portions of fruit/vegetables, there would appear to be substantial scope for improvement.
- **State of health** - The majority of staff (83%), considered themselves to be in a 'good' state of health. 16% thought their health was 'fair'.
- **Life Style Health Check** - 43% of respondents said that they would be interested in this type of service.
- **Other staff services** - Interest in using additional healthcare services, if available for staff was as follows: Physiotherapy - 63%; Chiropody - 59%, Dental Services - 62%.
- **Counselling Service** - 30% of respondents thought that they would use this type of staff service if available.
- **Mental Health Expert** - 5% 'definitely would' use this type of service if available.
- **Conveying sad or traumatic information** - The level of confidence in this aspect of work was variable. The

largest proportion of staff (47%), had 'some uncertainties' whilst 15% 'did not feel competent' in this type of communication'.

21. PERSONAL CIRCUMSTANCES (PAGE 33)

- The largest percentage of respondents (68%), did not have children.
- Of the 32% of those who have children, the majority (47%) said that either they or their partner had the main caring responsibilities for the children. 53% relied on nurseries, other family members or a child-minder.
- Sixty-four percent of those who have children felt that crèche facilities would be 'very useful' or useful to them 'to some extent'.
- Twenty-four percent of respondents stated that they had other caring responsibilities. The majority of these were for an elderly relative.

Summary of Study II (PAGE 35)

22. Of staff referred to the Occupational Health Service, affective psychiatric disorders and musculoskeletal conditions form the majority of health problems causing staff to take substantial sick leave. Although 25% of new referrals did mention occupational stress, this did not feature strongly as the primary problem, and affective disorders were more likely to be associated with personal problems than work-related stress.

23. This contrasts with the findings in the Occupational Stress Questionnaire where respondents considered that stress was likely to be due more to work factors than personal factors. One possible explanation for this paradox is that the referred staff seen in the Occupational Health Service constituted the more severe end of the spectrum of ill health. Thus it may be that for the majority of staff, who remain relatively well, everyday work stressors are perceived as important, but in reality are not usually serious enough to prevent them functioning. When serious personal or family problems occur, these seem to cause more severe psychological symptoms and result in a breakdown of normal function, inability to work, and substantial sickness absence.

Summary of Study III (PAGE 37)

24. In a workforce which is predominately female, as is the Trust's, the implications of the nature of women's lives cannot be neglected in any planning aimed at improving the health of the whole workforce.

The findings of this survey, when considered from such a perspective, lead to the following conclusions. These also endorse the findings of the focus groups:

a) The nature of the work in which women are engaged could be modified in order to improve the factors which are likely to be health limiting.

This would involve, for example, examining how women could influence their work more, developing their knowledge and skills, providing brief periods of respite from their work site, and developing career opportunities.

b) The detrimental effects of domestic life on workplace health could be limited by the provision of a planned approach to supporting women in their caring responsibilities.

c) Provision of counselling services and on-site paramedical services may be of particular benefit to women.

Trust Action Plan (PAGE 42)

25. The Trust is committed to using the results of the staff health survey as a means of introducing developments which will benefit staff. To this end a schedule of actions has been agreed, with senior staff taking responsibility for implementing these.

26. Actions planned have been identified against 4 key areas, namely - communication, training, physical environment and health and lifestyle.

Introduction

Health Promotion in the Trust

West Glasgow Hospitals University NHS Trust is one of Scotland's largest teaching hospital Trusts. It has a workforce of over 4,500 and seven facilities - the Western Infirmary, Gartnavel General Hospital, Glasgow Homeopathic Hospital, Drumchapel Hospital, Glasgow Eye Infirmary, Knightswood Hospital and Blawarthill Hospital. All of these are situated in the west of the city, generally within an approximate two-mile radius of the Western Infirmary.

Formed in April 1994, the Trust has a total of 1,332 beds and provides a wide range of specialist healthcare services, not only for the residents of the Glasgow area but also for the population of the West of Scotland.

The Trust has a strong commitment to health promotion, demonstrated by its involvement in the Hospital Health Promotion Group co-ordinated by Greater Glasgow Health Board's Health Promotion Department. The Group has taken its lead from the key principle highlighted in 'Framework For Action'⁽¹⁾ - that "the people who work in the NHS are its most valuable resource".

This document emphasises the importance of the empowerment of staff, and the need for their contribution and involvement in bringing about the changes needed "so that the goals for health and healthcare in the Patient's Charter can be achieved".

The Group has already produced a strategy paper on staff health promotion. Key areas which require to be addressed were identified in this, and as a result, educational activities are underway within the Trust related to nutrition, smoking and alcohol. Due to the level of change within the NHS and within the Trust, the Group felt that the range of these activities should be broadened to address stress in the workplace.

The Working Party

Accordingly, the Group decided in May 1994 that a Working Party should be formed to carry out research which would identify factors affecting health in the workplace and in particular those relating to occupational stress.

The Working Party included Trust personnel and a representative from the Health Promotion and Occupational Health Departments of the Health Board.

Concurrently, the Women's Health Policy Co-ordinator had approached the Trust with a proposal to study the possible causes and effects of stress associated with the workplace from the women's perspective. After some discussion it was thought that there would be great value in adopting a multi-method approach as this would provide an opportunity for the Trust, the Health Promotion Department, the Occupational Health Department and the Women's Health Policy Co-ordinator to work in partnership. It was agreed that the findings of the three resulting studies could be amalgamated and used as a basis on which recommendations could be made.

The research conducted over a 12 month period would also examine how further appropriate initiatives could be introduced within the Trust.

Background to the Survey

As stated, the Working Party's principal aim in conducting research was to identify aspects of the working life of staff - particularly those which cause stress - which have an impact on their health.

It is widely recognised that one of the principal causes of stress is change, due to the fact that it requires adaptation for those involved. The NHS has witnessed great change and reorganisation throughout the last decade and staff have had to cope with the impact of this. One of the most radical developments has been the introduction of NHS Trusts. West Glasgow Hospitals University NHS Trust achieved this status in 1994 and subsequently there have been many changes within the structure of the organisation.

It has been suggested⁽²⁾, that the following aspects of change may be very stressful:

1. Major or frequent changes in instructions, policies or procedures.
2. Major reorganisation (at least department-wide).
3. Sudden significant changes to the nature of work.
4. Sudden significant increase in the activity level or pace of work.
5. Employees required to work more hours per week than normal, due to crises, deadlines etc.

How the Survey was carried out

Research activities for the Staff Health Survey were split into three discrete study areas. The first - carried out by Greater Glasgow Health Board's Health Promotion and Occupational Health Departments - obtained qualitative data from semi-structured interviews with personnel at middle-management level in the Trust, and from a Staff Health Survey questionnaire posted to staff during October 1994.

The second study area - conducted jointly by the Occupational Departments of the Health Board and the Trust - was divided into two sections:

- i) a retrospective study of medical records of a number of attendees at the Trust's Occupational Health Department from April 1993 to March 1994, and
- ii) a prospective study of similar attendees at the Department from November 1994 to January 1995.

The third study - conducted by the Women's Health Policy Co-ordinator - investigated occupational stress with particular reference to the Trust's female employees. For this, focus group interviews were used, supplemented by eight related questions in the Staff Health Survey questionnaire.

For the purposes of statistical analysis, occupational groups were identified by the Personnel and Wages Departments of the Trust, and these groups are referred to throughout the report.

Study I – Staff Health Survey

Aims and Objectives

The Staff Health Survey sought to identify factors within the Trust which contribute to stress - issues which are perceived by employees to be problematic, and therefore have an effect on their work performance. It also sought to obtain staff opinion on the type of services or facilities which the Trust could introduce to reduce workplace stress.

In planning how to conduct the research, the key objectives were:

1. To identify an 'off-the-shelf' validated stress questionnaire.
2. To adopt a broad approach to gaining staff views of problems in the workplace which could affect psychological and physiological health using two mechanisms:
 - a) Health Promotion Officer Kathleen Houston would conduct semi-structured interviews with selected personnel in middle management in order to:
 - i) gain an understanding of the organisation of the Trust
 - ii) address the principal sections in the questionnaire to enable the appropriateness of the survey tool to be estimated
 - iii) note new issues which emerged during the interviews and incorporate them in the questionnaire.
 - b) Women's Health Policy Co-ordinator Sue Laughlin would conduct focus group interviews with various female staff groups to explore feelings and opinions about specific topics of interest from a woman's perspective. Focus group outcomes would form the basis of questions to be added to the standard questionnaire.
3. To pilot the questionnaire.
4. To define the selection criteria for the sampling strategy.
5. To distribute the questionnaire.
6. To collate the data and perform statistical analysis using the SPSS package.
7. From the results to identify those factors perceived by staff to contribute to stress in the Trust, and assess the level of staff interest in services which could be provided to reduce stress.
8. To make recommendations based on the results of the study.

Another objective in planning the Staff Health Survey Report was to enable the Working Group to publish a report of its findings - not only to raise awareness of staff health issues amongst Trust employees, but also to provide a framework for change and improvement.

Directorate and Department managers may find the information in the Report of particular help in looking at issues related to occupational stress, and a number of problem areas within the organisation are highlighted. It is hoped that the report will stimulate future discussion of these issues, and focus attention on finding solutions which could help improve the health of staff and reduce levels of occupational stress.

Methods used to Conduct the Research

A multi-dimensional, self-completed questionnaire was distributed to a 20% stratified random sample of employees across all occupational groups in the Trust. Sampling was based on information provided by the Trust Personnel and Wages Departments. At the time of the survey the Trust had 4,219 employees.

The survey instrument was based on the validated Occupational Stress Questionnaire (OSQ), designed by the Institute of Occupational Health, Finland. Some additional questions tailored to the particular demands of an NHS workforce were also included. The composite questionnaire of 84 questions therefore consisted of 58 core questions from the OSQ and 26 questions pertinent to the Trust.

The questionnaire was attached to the wage slip of employees who were selected for inclusion in the survey. Respondents were given 28 days to complete and return the questionnaire via the Trust's internal mail system. Data was analysed by Health Promotion Department personnel using the computer programme SPSS. (See Appendix I for a more detailed description of the Survey Methodology).

Occupational groupings used as a basis for stratification were derived from the corresponding listings of:

1. Administration and Clerical staff
2. Ancillary staff (Porters, Catering, Domestic, Drivers, Laundry, Telephonists)
3. Medical and Dental staff
4. Professional/Technical (B) staff - Estates Department (PTB Estates only), e.g. Building/Engineering staff
5. Professional Technical (A) staff - (PTA) including:

- Chiropodists
- Dieticians
- Occupational Therapists
- Orthoptists
- Physiotherapists
- Radiographers
- Speech and Language Therapists
- 6. Professional Technical (B) staff - (PTB) including:
 - Medical Technical Officers
 - Assistant Technical Officers
 - Medical Laboratory Scientific Officers
 - Medical Laboratory Assistants
 - Cytology Services
- 7. Senior Managers
- 8. Nursing/Midwifery staff
- 9. Maintenance staff/Craftsmen staff
- 10. Pharmacists/Optometrists
- 11. Ad hoc/Research staff/Chaplains

How the Survey Results are Presented

The results of the survey are presented as follows:

1. Qualitative data obtained from semi-structured interviews with middle managers.
2. Findings of the Staff Health Survey.

All figures from the findings have been rounded to the nearest whole number.

Results

RESPONSE RATES

From a total of 4,183 employees, a stratified random sample of 847 was identified. The number of respondents to the postal questionnaire was 425, constituting a 50% response. This is within the acceptable range for this type of survey.

The table below shows that there was a difference in response rates between staff groups and a large variation in size between respondent staff groups. This resulted in the relative under-representation in information gathered from Ancillary and Maintenance/Craftsmen staff. Naturally, there was a large variation in the size of the staff groups, ranging from 144 for Nursing/Midwifery to only 2 for PTB (Estates). This caused methodological problems in analysing responses from smaller occupational groups, particularly since these groups could not easily be combined as they comprised personnel from different occupational groups.

In an attempt to retain the anonymity and confidentiality of respondents, a decision was taken by the Working Party to include the results from the staff groups of Maintenance/Craftsmen and PTB (estates only), in the overall results, but exclude them from individual staff group results. The reason for this was that in total, these two groups consisted of only five respondents and opinions expressed by these individuals could render them identifiable.

RESPONSE RATES OF STAFF GROUPS

Staff Groups	No. in 20% sample	No. Returned	% Returned
Admin & Clerical	136	75	55
Ancillary	122	43	35
Medical & Dental	99	62	62
PTB Estates only	3	2	66
PTA	65	32	49
PTB	66	36	55
Senior Managers	2	*5	-
Nursing/Midwifery	320	144	45
Maintenance/Craft	11	3	27
Pharmacist/Optometrist	12	9	75
Ad hoc/Research	11	6	55
Respondents without classification		8	
(Missing cases 8) Total	847	425	50

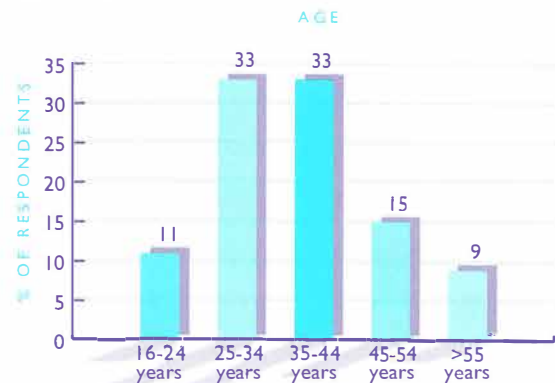
TABLE 1

*Classification of returns were based on respondent's self-assignment to staff groupings whereas distribution figures were based on Personnel Department definitions.

Characteristics of Respondents

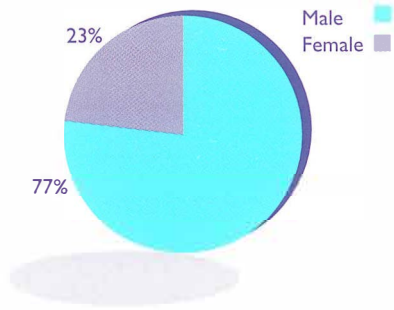
AGE

The proportion of respondents in each 10-year age band is shown below. Almost two-thirds of the sample (66%) were in the 25-44 age group.



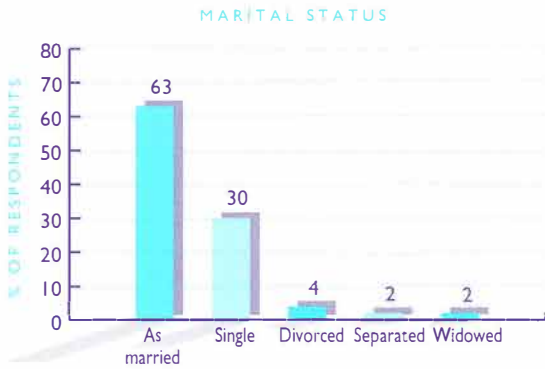
GENDER

There was an approximate 3:1 sex differential; 77% of respondents were female and 23% were male.



MARITAL STATUS

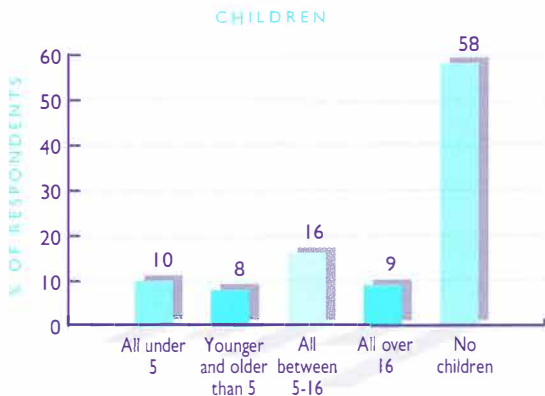
Respondents classified themselves as follows:



Note: Some of these categories are not mutually exclusive, for example a respondent may be divorced and cohabiting.

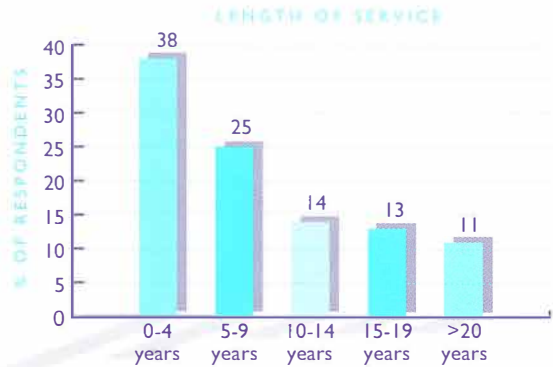
CHILDREN

A high proportion of respondents (58%), had no children:



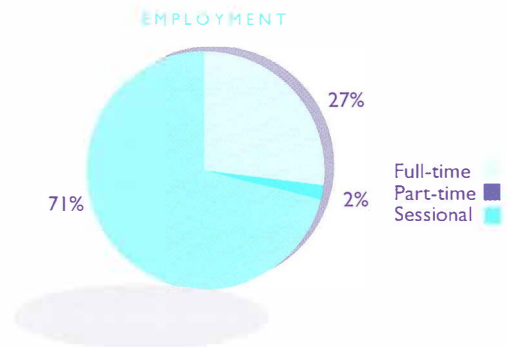
LENGTH OF SERVICE

Over 60% of respondents had worked for the Trust (or the same group of hospitals prior to Trust status), for 5 years or more.



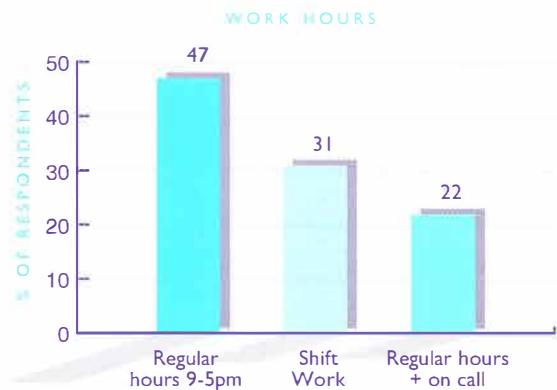
PART-TIME WORK

There was an approximate 3:1 ratio of full-time to part-time workers.



WORK HOURS

More than half the respondents worked irregular hours.



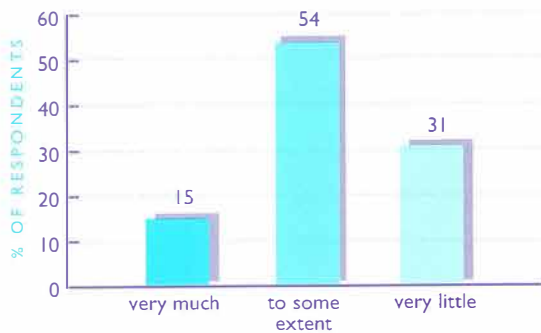
Control Factors in the Workplace

Research indicates that the presence or absence of control in the workplace can have a profound effect on the well-being of an individual. Lack of control has psychological and physiological effects, for example, decreased immunological responses and increased heart rate (6). Furthermore, cognitive, motivational and emotional deficits can be associated with lack of control (7). When there is a degree of control in the workplace such as employees assuming responsibility, the outcomes are more positive for those concerned (8).

A recent study (9) shows that when “flexi-time” has been introduced, benefits include the reduction of staff costs, decrease in sickness levels, increase in the continuity of care, improvement in levels of care, increase in staff satisfaction, improved rapport between day and night staff, and increase in staff confidence to respond to unpredictable peaks and troughs in patient activity and dependency.

The potential for greater employee empowerment in the Trust was explored by considering the factors of influence, accomplishment and independence.

INFLUENCE IN THE WORKPLACE



Fifteen percent (n=63), thought they could influence matters ‘very much’; the majority of respondents, 54% (n=223), thought they could influence work matters concerning them to ‘some extent’, whilst 31% (n=127), felt they had ‘very little or no’ influence in the workplace.

The occupational groups with a substantial proportion of employees who felt they had little influence in the work place were:

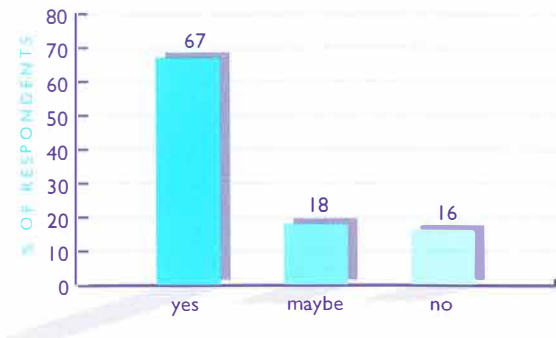
Ancillary	51%	(n=21)
Administration & Clerical	42%	(n=33)
PTB	41%	(n=13)
PTA	33%	(n=10)

One member of the Medical & Dental staff summed up the views of many by commenting:

“Inability to influence working practices is frustrating”

As an example of how control may be exercised in the workplace, staff were asked if they would like to have the opportunity to influence work shift patterns. Of the 212 employees who worked shifts, 67% (n=142) stated that they would like to have the opportunity to influence shift patterns, 18% (n=37) were undecided, and 16% (n=33) felt that they did not want or need this opportunity’.

LIKE OPPORTUNITY TO INFLUENCE SHIFTS



Of those to whom this question applied, the following indicated a desire to influence work shift patterns;

PTA	79%	(n=11)
Nurses/Midwives	75%	(n=87)
Medical & Dental	70%	(n=14)

Further statistical examination of these staff groups shows that: 81% (n=48), of Medical & Dental and 52% (n=16), of PTA, work ‘regular hours plus on call rotation’ and 75% (n=106), of Nurses/Midwives work shifts. Those who work irregular hours therefore have the greatest desire to influence working patterns.

Several Nurses/Midwives echoed the following suggestion made by one respondent:

“I would like our hospital to introduce longer shifts but a shorter working week i.e. 8am-6pm, four-day week. It’s being done in other hospitals and is reported to be very popular.”

A substantial proportion of respondents felt they could accomplish something at work - 48% of respondents (n=199) thought they ‘often’ accomplished something at work. However, 10% (n=40), felt they ‘seldom’ accomplished anything at work. This feeling was expressed principally by Ancillary Staff.

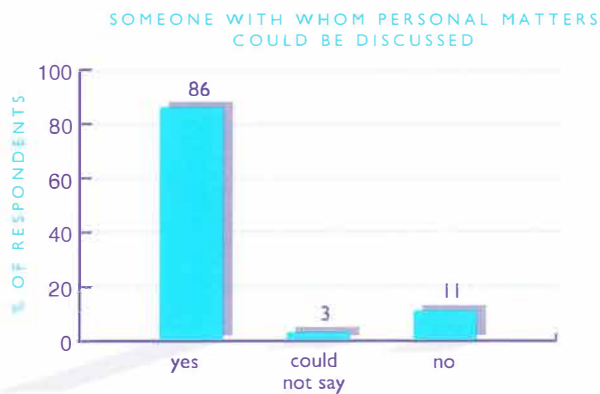
For some respondents there was a degree of independence within their work - 50% (n=207), felt they were ‘very independent’ in their work and 14% (n=56), thought they were ‘very dependent’ in their work. Again this was felt mainly by Ancillary staff.

Personal Support

Personal or social support - i.e. having supportive relationships with others and someone with whom concerns or problems can be discussed - has been identified as a resource that helps individuals cope with job stress.⁽¹⁰⁾

The availability of social support was clearly evident -

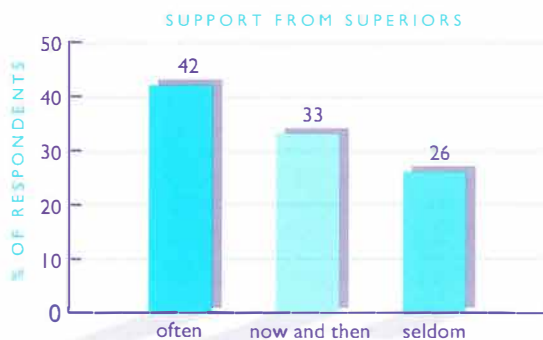
Eighty-six percent (n=355) indicated there was someone with whom they could discuss personal matters, 3% (n=12), 'could not say' and 11% (n=44), had no-one to whom they could talk. 32% (n=13), of Ancillary staff felt this type of support was not available to them.



Support and Help from Superiors -

This was felt to be 'often' available when needed by 42% (n=169), 'now and then' by 33% (n=133), and 'seldom' by 26% (n=104). Support from superiors was perceived to be particularly lacking within the following staff groups:

PTA	41%	(n=13)
Ancillary	29%	(n=12)
Nurses/Midwives	27%	(n=39)



This rather varied experience is reflected in qualitative data, with comments regarding superior support ranging from being

'good' to 'very terse'. The approachability of Senior Management was questioned and there was a consensus that accessibility to Heads of Department and those above this grade should be available to all personnel. It was thought that low staff morale and high staff turnover were associated with poor communications. It was also commented that Heads of Departments, including academic staff, may benefit from being more familiar with personnel management issues within their departments.

Workplace Relationships and Support from Colleagues -

The majority of colleagues, 77% (n=315), got along 'very well'. Colleague support was 'often' given to 57% (n=231) of the sample. For a small minority of respondents, 7% (n=29), support from colleagues was 'seldom' available. However 19% (n=78) of respondents indicated there were 'some problems' with colleagues, particularly among Nurses/Midwives and Ancillary staff where the corresponding figures rose to 26% and 32% respectively.

Use of Skills and Knowledge

The opportunity to use skills and knowledge at work was apparent for the majority of respondents -

Overall, 66% (n=274), of respondents considered they could use their knowledge and skills 'very much'. This was particularly evident for the following staff groups:

Senior Managers	100%	(n=5)
Medical & Dental	90%	(n=55)
Ad hoc/ Research Staff	83%	(n=5)
Pharmacists/Optometrists	77%	(n=7)
PTA	75%	(n=24)

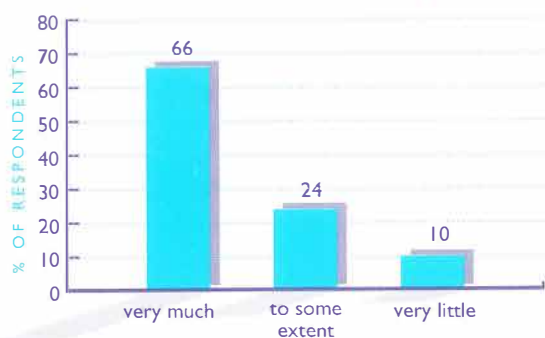
Twenty-four percent (n=97) of the sample stated they could use their knowledge and skills 'to some extent'. However, 10% (n=42), stated they used their knowledge and skills 'very little' and this was especially evident for:

Ancillary	40%	(n=17)
Administration & Clerical	15%	(n=11)

One Administration & Clerical officer made the representative comment:

"I feel the job does not stretch my intelligence enough, but most of the jobs within the department where I work are similar".

USE OF KNOWLEDGE AND SKILLS



Variety of Work and Repetition of Tasks -

Approximately two-thirds of respondents (67%, n=274), considered their work to be 'varied' but they were 'often' required to repeat work tasks 73% (n=301). However a high percentage of Ancillary staff, 36% (n=15), identified their work as being 'monotonous' and 'often' had to repeat tasks, 83% (n=34).

"As a Domestic, I feel there is little respect for the work that is done, and it is not realised that it is one of the most important jobs to be carried out in the Trust".

Decision-making and precision work were demands which were required from a substantial percentage of respondents -

Fifty-nine percent (n=142), indicated that they had to think 'very much' about and weigh up alternatives at work. 73% (n=295), stated that their work 'often' involved observing or precision sorting. These work demands were especially evident for:

	Thinking and weighing alternatives	Observing or precision sorting
Senior Managers	100% (n=5)	80% (n=4)
Medical & Dental	92% (n=57)	89% (n=54)
PTA	81% (n=26)	77% (n=24)
Pharmacists/ Optometrists	67% (n=6)	100% (n=9)

Workload

It has been suggested (11), that some 'on-the-job' conditions may be perceived as causes of stress at work, and consequently have a debilitating effect on the individual. These conditions include:

- a) too much work, and too little time for breaks
- b) feedback only when performance is unsatisfactory
- c) conflicts between one unit and another where co-operation was required
- d) unclear standards and responsibilities

It was found in an American study that middle managers reported more stress associated with quantitative work overload than lower or upper managers (12). Workloads for senior and pre-registration house officers are known to be excessive (13). More recently, it has been suggested that junior doctors spend too much time on inappropriate tasks (14). However, the Trust is committed to reducing junior doctors' hours by meeting the agreed Government guidelines (15).

Workload was examined by asking respondents if they had to hurry their work and if they felt they neglected some tasks because they had too much work. -

Nearly two-thirds of respondents, 68% (n=280), indicated they 'constantly' or 'often' had to hurry to get their work done and approximately one-third, 35% (n=146), felt they had to neglect some tasks because they had too much work. In contrast, only 4% of respondents (n=19), stated they 'seldom' had to hurry work and 24% (n=97), said that they 'seldom' had to neglect tasks.

Those who 'often' felt hurried in their work were most likely to be;

Nurses/Midwives	78%	(n=112)
Medical & Dental	76%	(n=47)
PTA	72%	(n=23)

PTA stated they 'often', had to hurry to get work done and 'sometimes', (50%, n=16), had to neglect tasks.

Many staff commented on work 'overload' -

In total, 44 comments were cited in relation to the overload and distribution of work. 20 comments referred to low staffing levels and 24 comments were directed towards considerable increase in workloads over the last two to three years. Reference to some of these comments gives some indication of feelings among staff regarding these issues.

"The lack of any workload planning and the expectation that staff will continually absorb more work without any recognition or without the necessary human and equipment resources causes pressures and stress that is quite unnecessary"

Admin & Clerical staff member

"The principal frustration is that a better job could be done with facilities and staff at adequate level - which they are not, having reduced"

Medical & Dental staff member

“Staff are neglected far too often. Stress levels are on the increase, staff levels down and workload increasing. Something as simple as someone to answer the telephone would help”

Nursing/Midwifery staff member

“The main problem with the Trust is that staffing levels can sometimes be too low which increases the pressure and workload we have to get through”

Senior Manager

“A lot of stress is caused by staff shortages and extra work that everyone is required to do. Maintaining staff levels at appropriate levels would be a major improvement”

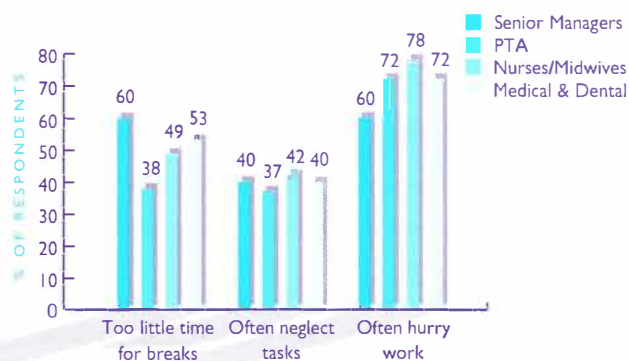
Pharmacist/Optometrlist staff member

“Due to shortage of staff we find it very hard to enjoy our work”

Ancillary staff member

These comments illustrate that there is great concern among staff regarding shortages and ever increasing workloads.

Forty-one percent of respondents (n=166), felt that there was ‘too little time’ to take a break at work. Again 49% (n=70) of Nurses/Midwives, 53% (n=32) of Medical & Dental staff, 38% (n=12) of PTA staff, and 60% of Senior Managers felt this to be the case.



The distribution of work was deemed to be fair by the majority of respondents -

Sixty-one percent (n=250) thought work was distributed ‘fairly’, 21% (n=84), ‘could not say’, and 19% (n=76), considered workloads to be distributed ‘unfairly’. The largest representation in the ‘unfair’ category came from 33% (n=14) of Ancillary staff.

The amount of work piled up because it was unevenly distributed -

Work ‘often’ piled up for 28% of respondents (n=116), 39% (n=160) said that it ‘sometimes’ piled up, and 33% (n=135) ‘seldom’ found this to be the case. However, 11% of respondents (n=43), indicated that they ‘often’ had difficult phases in their work; 34% (n=138), ‘now and then’ experienced this, and 56% (n=231), only ‘seldom’ had difficult periods.

“Work piles up due to sheer workload not because of uneven distribution and it becomes difficult to keep on top of work”

Admin & Clerical staff member

The uneven distribution of work and difficult work phases were evident for the following groups:

	Uneven distribution of work	Difficult work phases
Medical & Dental	7% (n=28)	11%(n=7)
Senior Managers	40%(n=2)	20%(n=1)
PTA	38% (n=12)	16%(n=5)

The level of training or instructions for the work tasks required was also examined -

Overall, 70% of respondents (n=290), felt that they had adequate training for their work, 26% (n=107), felt that ‘to some extent’ there was too little training, and 4% (n=16), ‘very much’ considered that they had too little training for their work tasks. In particular, Ancillary staff 10% (n=4), and PTA staff 10% (n=3) thought that they had too little training for their work.

These results are complemented by the earlier findings relating to the use of ‘knowledge and skills at work’ where the majority of respondents (66%), felt that they could use their ‘knowledge and skills’.

Qualitative data from the semi-structured interviews supports the results in this section as the majority of interviewees felt that the volume of work had increased immensely during the previous two years, unrealistic deadlines were set, and there was less time for staff training. Clearly staff felt that they were continuously working under pressure. Two sources of work related pressure were identified: firstly, lack of replacement staff during holiday periods, and sickness absence which results in an increased workload for those in the department. Secondly, increased demands in the completion of ‘paperwork’ led to inappropriate use of professionals’ time - it was suggested that this situation could be helped by appointing more clerical staff.

Interestingly, the results show that work seldom ‘piles up’ for Ancillary staff but they also reported difficult work phases.

This issue may be associated with time management control but requires further investigation before any conclusions can be drawn.

Mental and Physical Demands

Respondents were asked to indicate if they considered their work to be physically and or mentally strenuous -

Thirty-nine percent of respondents (n=163), found that their work was 'very' strenuous mentally, 40% (n=165), 'somewhat strenuous' and 21% (n=86), 'not strenuous'.

Very mentally strenuous work was indicated by:

PTA	56%	(n=18)
Medical & Dental	47%	(n=35)
Pharmacists/ Optometrists	44%	(n=4)
Nursing/Midwives	43%	(n=62)
Senior Managers	40%	(n=2)

Physical strain was in evidence for 35% of respondents (n=143), who said that their work was 'very physically strenuous', 24% (n=97) felt it to be 'somewhat strenuous' and 42% (n=173), 'not at all strenuous'.

Physical work was 'very strenuous' for:

Nursing/Midwifery	61%	(n=88)
Ancillary Staff	45%	(n=19)
PTA	44%	(n=14)

Those who found their work to be both mentally and physically strenuous were:

	Very physically strenuous	Very mentally strenuous
Nursing/Midwifery	61%	43%
PTA	44%	56%

One Nursing/Midwifery staff member commented "I feel that nursing staff are placed under too much physical and emotional stress in the workplace".

Working Restrictions

Restrictions, in relation to pace of work and how work could be conducted, were examined

Forty-two percent of respondents (n=174), stated that they could 'often' set the pace of work themselves, and 43% (n=178) felt that to 'some extent' they could vary the way in which their work was carried out. This relative freedom from restrictions was associated with:

- Administration & Clerical
- Senior Managers
- Pharmacists/Optometrists
- Ad hoc/ Research Staff

However, latitude in the workplace, in relation to setting the pace of work, was 'seldom' available for 32% of respondents (n=131), and 26% (n=107) felt their work was carried out in a 'completely fixed' manner. These restrictions - on being able to set the pace of work and determine how the work was carried out - were particularly evident for:

	Seldom set pace of work	Completely fixed in how work can be carried out
Nursing/Midwives	39% (n=56)	29% (n=42)
Ancillary Staff	38% (n=14)	43% (n=18)
Medical & Dental	36% (n=22)	13% (n=8)
PTA	34% (n=11)	22% (n=7)

Thirty-two percent (n=11), of PTB staff said that they were 'completely fixed' in the way their work was carried out.

Reference to the previous section relating to work overload (workload) shows that the three staff groups who felt hurried in their work, had to neglect some tasks because they had too much work and were unable to take breaks, were also unable to set the pace of their work, i.e. Nursing/Midwifery, Medical & Dental and PTA staff.

Qualitative data suggests that the pace of work is very difficult for junior medical staff and nursing staff, and it was suggested that in some areas, consultation with managers to organise work lists/rotas would be helpful.

Unrestricted movement of staff within the department and absence from the work site for a short time was available for some respondents -

A large percentage of respondents, 54% (n=275), considered that they could move about their department 'whenever they wanted' but only 17% (n=72), felt they could leave the work site 'whenever they wanted'. In contrast, 46% (n=189) indicated that they could 'seldom' leave their work site and 23% (n=94), that they could 'seldom' move about the department whenever they wanted. In particular these restrictions were indicated by Ancillary staff and Nurses/Midwives.

Recognition

The meaning and value which staff attach to their work was assessed -

Work was viewed as 'very' meaningful and important' to 86% of respondents (n=231); 10% (n=43) found it 'hard to say', and 3% (n=14) said work was 'not important' to them.

Levels of recognition which families and colleagues have for the importance of an employee's role were also addressed.

Appreciation of work by family / companion -

This was evident for 84% of respondents (n=213), who considered that the significance of their work was 'very much' or 'to some extent' acknowledged by their family.

Appreciation of work by work-groups -

Thirty-seven percent (n=153), felt that their work group 'very much' appreciated the work that was done and this recognition was particularly evident among Medical & Dental staff - 53% (n=32) - and Admin & Clerical staff - 45% (n=33). 17% (n=70), indicated that their contribution within the work groups was 'not appreciated', in particular this was felt by Ancillary staff - 31% (n=13) - and PTA staff - 22% (n=7).

Supervision

Supervision and planning of work by immediate supervisors -

This was thought to be done 'very well' by 43% of respondents (n=166) and 69% (n=274) thought that supervisors interfered with their work only 'when there was reason to'. However, 17% (n=65), indicated that they felt their work was planned 'badly' by their immediate supervisor. This view was expressed by:

Ad hoc/Research Staff	33%	(n=2)
PTA	27%	(n=8)
PTB	23%	(n=8)
Ancillary Staff	19%	(n=8)

Twelve percent (n=46), thought that their supervisor 'interfered with their work in a way that was illogical'. This seemed to be particularly pertinent for:

PTB	17%	(n=6)
Ad hoc/Research Staff	17%	(n=1)
PTA	13%	(n=4)

The way in which supervisors treated workers -

This was thought to be 'fair' by 61% of respondents (n=247), and 48% (n=197), considered that their supervisor 'often' took their views into account in matters concerning work. In contrast, 13% (n=53), felt 'unfairly' treated by their supervisor and 19% (n=78), thought that their supervisor 'seldom' took their views into account; PTA and PTB staff were over represented in the latter categories. Of Ancillary staff, 30% (n=13), thought that their supervisor did not consider their views.

Clarity of the Work Role

Clarity of the work role can be influenced by feedback from supervisors and feedback from work tasks which are required of an individual ⁽¹⁶⁾.

Clarification of the work role was investigated by asking respondents about the way they were given instructions, their responsibilities and contradictions in orders -

Seventy-nine percent of respondents (n=321), stated that 'in general, yes' they were given clear instructions for their work, and 90% (n=368), had been told 'well' or 'more or less', what they were responsible for at work. However, 10% (n=42), said that they were 'not usually' given sufficiently clear instructions for their work and this included:

Senior Managers	40%	(n=2)
Medical & Dental	16%	(n=9)

Similarly, 10% (n=42), thought they had been 'poorly' told what their responsibilities were at work and this was evident for:

PTA	19%	(n=6)
PTB	17%	(n=6)

Contradictory orders from supervisors and colleagues -

These were 'seldom' given to 47% (n=189), and 'now and then' to 41% (n=164), but 13% (n=51), thought that contradictory orders or instructions were 'often' given by supervisors or colleagues. In particular this was indicated by:

PTB	17%	(n=6)
PTA	16%	(n=5)

Feedback in respect of whether the work had been done well or poorly was available for a large proportion of respondents -

Seventy-eight percent (n=323) could 'often' see when their work had been done well or poorly and 17% (n=72) could 'sometimes' see the standard of their work. However, 5% (n=19) stated that they

'never' saw the outcome of their work, 16% of PTA staff (n=5), indicated this to be the case.

Risks in the Workplace

Within any type of workplace, at any time, there are inevitably risks, from a Health and Safety perspective. There are risks that an injury may be caused to oneself, to another individual or to valuable equipment. The degrees of risk or chances of them occurring are of course influenced by the type of work which an individual does and the environment in which they work.

Risk to self -

Thirty percent of respondents (n=125), considered that their work 'often' involved a risk that they may hurt themselves, and this was particularly evident for:

Medical & Dental	31%	(n=19)
Nursing/Midwifery	45%	(n=63)

Risk to others -

Twenty-seven percent of respondents (n=111), thought that their work 'often' involved a risk that they may cause someone else to have an accident. This was of special concern to:

PTA	50%	(n=16)
Ad hoc/ Research staff	50%	(n=3)
Medical & Dental	43%	(n=26)
Ancillary	30%	(n=13)
PTB	28%	(n=10)

From a 'Health and Safety' perspective, it is interesting to note that 38% of respondents (n=156) thought that there was no risk of hurting themselves at work. In particular this was clearly evident for:

Senior Managers	100%	(n=5)
Admin & Clerical	83%	(n=62)

Forty-eight percent (n=197), thought that there was no risk of them causing someone else to have an accident. This was indicated by:

Senior Managers	100%	(n=5)
Admin & Clerical	93%	(n=70)
Pharmacists/Optometrists	77%	(n=7)

These findings may have implications for future staff training.

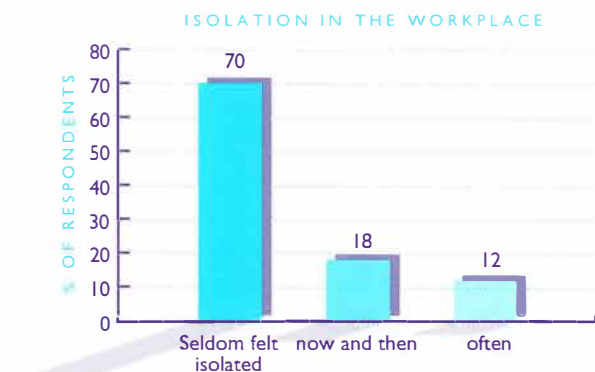
Risk of accidentally ruining some valuable equipment at work -

This was 'often' a hazard for 25% of respondents (n=104).

In particular this was indicated by:

PTB	46%	(n=16)
PTA	41%	(n=13)
Medical & Dental	34%	(n=21)

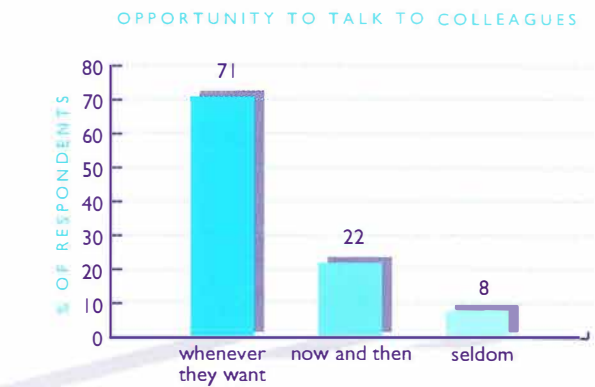
Isolation



Overall, 70% (n=291), of respondents indicated that in the course of their work they 'seldom' felt cut off from others, 18% (n=74), 'now and then' and 12% (n=49), 'often' felt isolated from others.

Isolation in the workplace was indicated in particular by:

Ancillary Staff	19%	(n=8)
PTB	17%	(n=6)

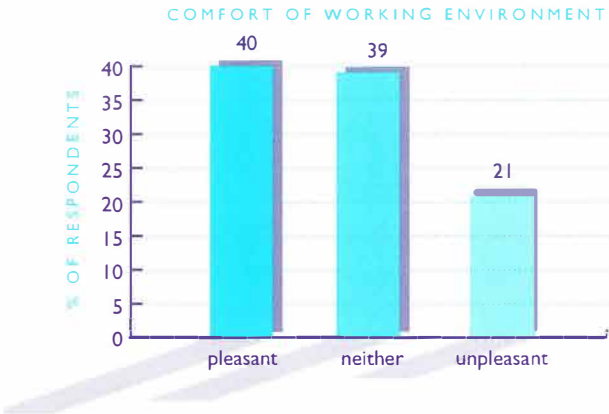


Opportunity to talk to colleagues -

Most respondents - 71% (n = 292) felt they could talk to colleagues 'whenever they wanted', 22% (n=90) indicated they could only do so 'now and then' and 8% (n=32) considered they 'seldom' had the chance to speak to colleagues; these tended to be Ancillary staff, 21% (n=9).

Working Environment and Communications

Perceptions of the comfort of working surroundings -



Forty percent of respondents (n=164) perceived their working environment to be 'comfortable' and 'pleasant'. Thirty-nine percent (n=160) said that it was 'neither pleasant nor unpleasant', whilst 21% (n=88) thought that it was 'very unpleasant'.

In particular, this last view was held by:

PTA	31%	(n=10)
Medical & Dental	28%	(n=17)
Admin & Clerical	28%	(n=21)

One member of Administrative & Clerical staff said:

"Working conditions could most certainly be improved i.e. desks, chairs etc."

"Rest rooms around operating theatres are depressing and locker facilities in Gartnavel General and the Western Infirmary are poor. There are very few places to relax in when on call i.e. no lounge."

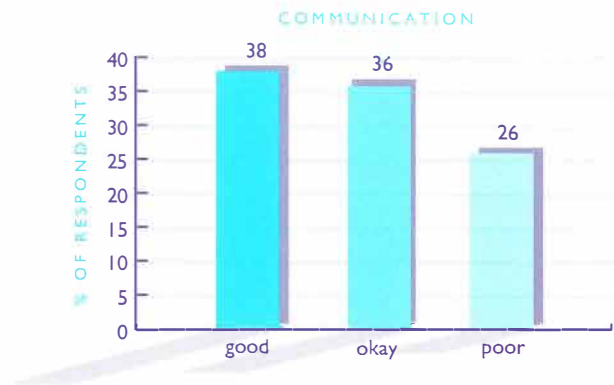
commented a member of Medical & Dental staff. Another added:

"There are no adequate showering/changing facilities for staff".

Reference to qualitative data from the comments section of the questionnaire supports the view that staff areas in the vicinity of operating theatres could be improved by providing a staff rest room and improved access to public telephones. It was stated that such changes could lead to improvement in staff morale. It was also suggested that during the planning of refurbishment throughout

the Trust, there should be consultations with staff as they would appreciate involvement in determining their working environment.

Opinions on the general effectiveness of communication were sought -



Communication within an organisation can occur at different levels, for example inter-departmental or intra-departmental.

Overall, communication was rated by 38% of respondents (n=157), as being 'good', 36% (n=149), rated communication as 'okay' and 26% (n=106) 'very poor'. In particular, poor communication was cited by PTA staff, 36% (n=11).

During the course of the semi-structured interviews from which most of the qualitative data was obtained, it was suggested that communication throughout the organisation could be greatly improved by the use of a standardised local area network computer system. Such a system would facilitate the use of E-mail and data handling in research work.

It was felt that the Trust's staff newsletter could be used to more advantage in communicating issues about the future of the organisation and the Health Board's Acute Services strategy. It was also thought that the minutes of various group/committee meetings should be held at a central location and, when appropriate, be available for consultation by all Trust employees.

"I think the communication in the hospital could be a lot better. The supervisor could be more friendly to staff and maybe have a group talk about once a week or fortnightly to find out if everyone is happy with things"

Admin & Clerical staff member.

"Most stress is caused by changes outwith the department but within the Trust, with accompanying lack of communication but lots of rumours"

PTB staff member.

“A Communication Tree for the Trust and for people’s own Directorate - with contact points for study leave, sick leave, pay matters, staff development etc. -would be helpful and save time when trying to make contact with appropriate bureaucracy”

Senior Manager.

“More communication from the Directorate would stop all the scare-mongering and uncertainty. Directorate management also needs to be more approachable”

Nursing/Midwifery staff member.

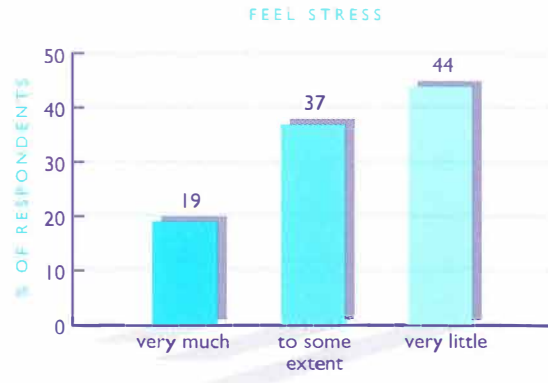
From discussions with interviewees, qualitative data shows that some personnel would like to have the opportunity of commenting on contract setting as they are aware of deficits in some areas.

Stress and Health

There is abundant documentation on links between stress and work. In the case of health care workers, many studies have identified nurses as being an occupational group particularly vulnerable to stress, with work overload, understaffing, rotating shifts, conflict with colleagues and care of the critically-ill and dying cited as important causes of stress.^(17,18)

Medical staff, particularly in junior grades, have also been found to have exceptionally high rates of anxiety and depression on objective rating scales ^(19,20). There is some evidence that doctors tend to under-report stress when asked, and fail to seek help for stress-related illness ⁽²¹⁾. Workers in occupations dealing primarily in human relations tend to report more stress than those in for example, heavy industry or clerical work - as evidenced in studies where the OSQ was used in such groups of workers, mainly in Scandinavia. Comparison between those responses and the findings of this survey will be made in the text where relevant.

Respondents were asked “Stress means the situation when a person feels tense, restless, nervous, or anxious, or is unable to sleep at night because his mind is troubled all the time. Do you feel that kind of stress these days?” and answered as follows:



Forty-four percent (n=180), felt little no or stress, as opposed to 19% (n=78), who felt very stressed.

When the responses were analysed by staff group, there were few clear variations from the overall response. The following groups were slightly outwith the expected responses:

Less perceived stress than the survey norm:

	Very little stress	Very much stress
Administration & Clerical (n=75)	49%	15%
Medical & Dental (n=61)	49%	13%

More perceived stress than the survey norm:

Nursing/Midwifery (n=141)	36%	21%
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Ancillary staff did not report undue stress overall (51% = ‘very little’) but a substantial minority (19%) fell into the extreme ‘very much’ category.

As this question was a particularly important part of the survey, the responses were cross-tabulated with other factors considered to be important in stress causation. The Chi-Square test of association between categorical variables was used, with a probability (p) value of less than 0.05 taken as evidence of a statistically significant association. Results were as follows :

1. AGE

- No significant association.

2. SEX

- No significant association between gender and perceived stress.

3. LENGTH OF SERVICE

No significant association. Those with many years of service may be an unrepresentative group due to the ‘healthy worker’ survival effect.

4. FULL TIME/PART TIME EMPLOYMENT

- There was a trend towards fewer part-time workers

reporting stress, (22% 'high stress' responses were from full-timers vs. 11% from part-timers), though the difference was not statistically significant.

5. SHIFT WORK

- There was an association between shift work and reported stress although this did reach statistical significance ($p = 0.05$).

6. CONTROL FACTORS

- There was no significant association ($p = 0.14$) between lack of influence at work and reported stress.

A significant association between feelings of non-accomplishment at work and reported stress was evident ($p = 0.01$). There was no relationship between work independence and stress.

7. PERSONAL SUPPORT

- Reported stress was associated with lack of help and support from superiors ($p = 0.001$), problems between work colleagues ($p = 0.001$) and lack of support from colleagues ($p = 0.03$).

8. USE OF SKILLS AND KNOWLEDGE

- There was an association between monotony/variety of work ($p = 0.002$), but it appeared to follow a U-shaped curve, with those reporting the greatest degree of variety and of monotony reporting most stress. There was no significant association between repetitive work and reported stress.

9. WORKLOAD

- Those who said that they only seldom or occasionally have to hurry to get work done also reported least stress. (These comprised 33% of the respondents as against 67% who felt they had to hurry often or constantly.)

There was a highly significant association between stress and whether respondents felt they had to neglect tasks because they had too much to do. Feeling that work involves tasks for which too little training has been given was also significantly associated with reported stress. It is worth noting that 31% of Nursing/Midwifery staff felt they had too little training "to some extent".

10. RESTRICTIONS

- There was an association between inability to set the pace of work and reported stress; this reached statistical significance ($p = 0.05$). Being unable to leave the work site was also related to stress but just below statistically significant levels of ($p = 0.04$).

11. RECOGNITION

- There were no significant associations as most of the

sample responded positively to questions about appreciation and recognition for their work role.

12. SUPERVISION

- There were highly significant associations between reported stress and supervisory issues; the most stress being associated with bad planning and supervision, unfair treatment and illogical interference by superiors. This may either suggest that line managers behaviour may cause stress in those they supervise, or that respondents feeling unhappy and under stress as a group tend to have negative feelings about managers.

13. CLARITY OF THE WORK ROLE

- No significant associations.

14. RESPONSIBILITY FOR WORKING RISKS

- There was no association between reported stress and feelings that work may involve the risk of someone else having an accident, but a highly significant association with feeling that work involves risk of hurt to oneself. This can almost entirely be accounted for by the excess of Nursing/Midwifery staff who answered positively to the risk of hurt to oneself, and the excess of reported stress in the same occupational group.

15. ISOLATION

- Feeling that work causes isolation from others was highly significantly associated with reported stress. There was no clear association with occupational groups, other than a slight excess in Ancillary staff who felt isolated by work.

16. COMFORT

- There was a significant association between reporting that the work environment was unpleasant and reporting stress.

17. CONVEYING SAD NEWS

- There was some association between having uncertainties or not feeling competent in this task and stress, but this was not statistically significant ($p = 0.07$).

18. BALANCE OF STRESS BETWEEN WORK AND PERSONAL LIFE

- Those who felt that work plays a greater part in causing stress tended to report that they suffer from stress. Those who thought personal factors are more likely to cause stress reported lower stress levels. This association did not reach statistical significance.

19. SMOKING /ALCOHOL

No significant associations.

20. STAFF COUNSELLING SERVICE

- There was a highly significant association between reported stress and anticipated use of a counselling

service; those who reported stress tended to say they would use a counselling service.

21. HAVING CHILDREN

- No significant association.

22. HAVING OTHER CARING RESPONSIBILITIES

- No significant association

23. PROBLEMS IN HOME LIFE

- There would appear to be a marked association between level of reported stress and problems in the home life (but the cell distributions rendered the Chi-Square test invalid).

On the basis of the statistically significant associations reported above, it is possible to say that those reporting stress were more likely to experience:

- Feelings of lack of accomplishment
- Lack of help and support from superiors
- Problems with work colleagues
- Lack of support from work colleagues
- Extremes of monotony and variety
- Having to neglect tasks because too much to do
- Perceived lack of training for some tasks
- Inability to leave the work site
- Perceived bad planning and supervision from superiors
- Perceived unfair treatment by superiors
- Perceived illogical interference with work by superiors
- Feeling that work involves the risk of hurting oneself
- Feeling isolated from others by work
- Feeling that the work environment is unpleasant
- Feeling that work was more important than personal matters in causing stress
- Expressing interest in using a staff counselling service

Respondents were asked to rate their own health compared with others of their age -

The majority, 73% (n=300), described their health as 'good', whilst 23% (n=94), rated their health as 'average'. Only 4% (n=17), described their health as 'poor'. For the occupational groups, only Ancillary staff stood out as less likely to rate their health as 'good', with 37% (n=16) describing their health as 'average'.

Respondents were asked to indicate whether stress was related to work or personal factors-

More felt that stress was related to work factors 42% (n=175) than personal matters 16% (n=64), with 41% (n=167), reporting an equal balance between the two i.e. workplace factors were implicated in 83% of those reporting stress. This can be contrasted with the findings of the Occupational Health Service survey

(Study II), where it was found that personal factors were more important in staff with substantial ill health. There were four staff groups where the responses varied markedly from the above:

All Groups	Mostly Work 42%	Mostly Personal 10%
Work rated important		
Medical & Dental	60%	9%
Nursing/Midwifery	48%	12%
Personal rated important		
Administration & Clerical	24%	26%
Ancillary	25%	23%

Gender influenced responses should be noted; males were more likely to rate work as the more important stressor.

Comparison between the responses on stress and health and other occupational groups is of interest. Previous OSQ studies involving Clerical Work (forestry industry, banking and insurance), Human Relations Work (child welfare, youth counsellors) and heavy industry (forestry, rubber industry) are shown for comparison:

	Clerical %	Human Relations %	Industry %	WGHU Trust %
Stress				
Not at all/only a little	60	50	60	44
Rather/very much	10	10-20	10	19
Health state				
very/rather good	60	55	40-50	73
very/rather poor	5	10	10	4

Satisfaction with Work and Life

Respondents were asked to rate their satisfaction with work -

Most (50%) indicated that they were 'very or rather satisfied' with their present work. However, 27% were ambivalent, and a substantial minority, 23%, replied that they were 'very' or 'rather' dissatisfied. Three occupational groups varied from this response :

	Very/Rather Satisfied	Very/Rather Dissatisfied
All Staff Groups	50% (n=207)	23% (n=96)
Medical/Dental	69% (n=42)	14% (n=10)
PTA	56% (n=18)	34% (n=11)
Nursing/Midwifery	42% (n=61)	26% (n=37)

When asked how much their present work would have to change for them to be completely satisfied, 21% of respondents replied 'very little' or 'not at all', but 30% replied 'much' or 'very much'. All occupational groups responded similarly to this question.

Satisfaction with life in general -

Most respondents (71%) described themselves as 'satisfied' or 'very satisfied' with their life, whilst 11% were 'dissatisfied' or 'very dissatisfied'.

Admin & Clerical (63%) and Ancillary staff (63%) were less satisfied than other occupational groups, whilst Medical & Dental staff (90%) were clearly more satisfied. A greater proportion of respondents were dissatisfied with their work (23%) than their life as a whole (11%).

When asked how much their life would have to change for them to be completely satisfied, 43% responded 'very little' or 'not at all', whilst 16% replied 'much' or 'very much'.

Nursing/Midwifery staff were slightly more likely to report that their life would have to change 'much' or 'very much' (19%). Only 38% of this group replied 'very little' or 'not at all'.

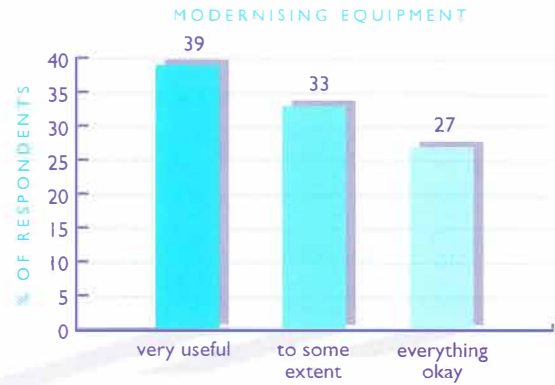
Comparison with other workplace groupings shows the following:

	Clerical %	Human Relations %	Industry %	WGHU Trust %
Work satisfaction				
very/rather satisfied	40-70	70	50-60	50
very/rather dissatisfied	5	5	10	23
Satisfaction with life				
very/rather satisfied	-	60-70	70	71
very/rather dissatisfied	-	10	5	11

It is interesting to note that respondents in this survey gave almost identical replies to other occupational groupings when asked about satisfaction with life, but much higher rates of dissatisfaction with work.

Need for Support

Respondents were asked if the following measures would be useful to them in their work-



Modernising machines and equipment -39% (n=162), indicated that these would be 'very useful' in the development of their work. This was particularly evident for:

PTA	63%	(n=20)
Administration & Clerical	43%	(n=32)

Thirty-three percent (n=138), felt that 'to some extent' modernising equipment would be useful for them in their work, in particular this was expressed by:

Senior Managers	80%	(n=4)
Nurses/Midwives	40%	(n=58)
PTB	39%	(n=14)

Twenty-seven percent (n=114), thought that 'everything was okay' and this was indicated by:

Ad hoc/Research Staff	50%	(n=3)
Ancillary	37%	(n=15)
Medical & Dental	37%	(n=20)

Reorganisation of the work - would 'very much' and 'to some extent' be useful for 70% of respondents (n=287), this included:

Ad hoc/Research Staff	83%	(n=5)
PTA	81%	(n=26)
Medical & Dental	77%	(n=56)
Nurses/Midwives	71%	(n=102)

It may be of interest to note that three of the above staff groups - Medical & Dental staff, Nurses/Midwives and PTA staff - wished to influence their work shift patterns.

Thirty-three percent of respondents indicated that 'everything was okay' and this was expressed by the following staff groups:

Pharmacists/Optometrists	56%	(n=5)
PTB	42%	(n=15)
Ancillary Staff	40%	(n=16)
Administration & Clerical	31%	(n=25)

Development of personal co-operation - 74% of respondents (n=302), thought this would be 'very useful' or 'useful to some extent' in the development of their work. In particular this was indicated by:

Nurses/Midwives	83%	(n=118)
Ad hoc/Research Staff	83%	(n=5)
Senior Managers	80%	(n=4)
PTA	77%	(n=23)
Medical & Dental	75%	(n=44)



Opportunities for the individual to advance their career within the Trust

These were considered 'good' by 22% (n=90), of respondents, however 47% (n=192), thought that career opportunities were 'poor' and 31% (n=127), thought that opportunities 'did not exist'. Responses in terms of occupational groups are shown below.

OPPORTUNITIES TO ADVANCE CAREER

	% Good	% Poor	% Do Not Exist	Total % (n)
Senior Managers	80	0	20	100 (5)
Ad hoc/Research Staff	67	33	0	100 (6)
Medical & Dental	50	22	28	100 (58)
PTA	31	50	19	100 (32)
Pharmacists/Optometrists	22	66	11	100 (9)
Nursing/Midwifery	16	55	29	100 (143)
Administration & Clerical	12	54	34	100 (74)
PTB	11	53	36	100 (36)
Ancillary Staff	10	34	56	100 (41)
Total	22	47	31	100 (404)

TABLE 2

The need for career support was also referred to in qualitative data in several ways. Appraisal opportunities for Senior staff are not available and it was suggested that consideration may be given to internal appraisal by management and where appropriate external appraisal by a peer group. It was thought that much could be gained from personnel management courses. In general it was felt that there was little opportunity for personal development within the Trust.

The importance of personal development should be recognised as many staff are involved in the delivery of healthcare during times of change and need to become familiar with resource management⁽²²⁾.

"Promotion opportunities within Nursing are diabolical. There is difficulty to get study leave/funding to assist promotion. To achieve a higher grading is an impossibility in the current climate"

Nursing/Midwifery staff member.

"More opportunities are required for training, i.e. courses and post graduate education"

PTA staff member.

It would appear that within the area of staff development and training, there is thought to be lack of opportunity for continuing education and appropriate study leave. The importance of professional skills and training to enable the needs of patients to be met and service developments to be achieved, is embodied in the key principles of the Trust (15). The findings of this study call into question whether these principles are being totally honoured.

Lifestyle

Smoking

'Framework for Action' ⁽¹⁾, identifies the responsibility of the NHS in Scotland to help staff improve their health. The health risks associated with smoking and passive smoking are well documented. The Chief Executive of the NHS in Scotland advised Health Boards and NHS Trusts that smoking policies should be in place by 31 May 1993. Some Boards and Trusts chose to implement a complete ban on staff smoking on their premises ⁽²³⁾, and this decision was taken by the West Glasgow Hospitals University NHS Trust in 1994. Reference to the 1990 national figures for the prevalence of smoking by sex and economic status gives a basis for comparison with levels of smoking in the Trust ⁽²⁴⁾.

Table 3 shows comparisons between national smoking levels, Glasgow workplace figures (all occupational groups) ⁽²⁵⁾, and the findings of this survey.

SMOKING PREVALENCE

	Men in full-time employment	Men in part-time employment	Women in full-time employment	Women in part-time employment
National levels	31%	27%	32%	29%
Glasgow Workplaces	30%	-	28%	-
WGHU NHS Trust	19% (n=16)	11% (n=2)	22% (n=46)	25% (n=26)

TABLE 3

In comparison with the National and Glasgow workplace average, the figures for men in full-time employment within the Trust appear to be lower than expected. However, this result could be influenced by numbers of Medical & Dental staff who constitute a large proportion of male employees but tend not to smoke, thus causing the overall result to be viewed as favourable.

Although the figures for women in full-time employment appear to be lower than the national levels, the female staff groups of Senior Managers, Nursing/Midwifery and Ancillary staff are above the national average figures for women of comparable occupational status (25). The numbers in these sub-samples are small, therefore comparisons should be made with caution.

Nevertheless, considering the Trust is a healthcare workplace, these figures should be a cause of great concern to management not only with regard to the health of their employees and possible fire hazards, but also because of the legal issues which surround passive smoking.

Table 4 illustrates staff groups by sex who identified themselves as smokers.

SMOKERS

Social Group	Staff Group	Female Smokers % (n)	1993 Scottish Prevalence Female %	Male Smokers % (n)	1993 Scottish Prevalence Male %
I	Senior Managers	60 (3)	15	-	-
IV	Ancillary Staff	52 (15)	40	33 (4)	50
II	Nursing/Midwifery	32 (41)	24	33 (1)	25
III	Admin. & Clerical	17 (11)	28	38 (3)	32
	Ad hoc/Research Staff	-	-	50 (1)	50
I	Medical & Dental	7 (1)	15	6 (3)	12
	PTB	-	24	13(1)	25
II	PTA	4 (1)	24	-	25
II	Pharmacists/ Optometrists	-	24	-	25

TABLE 4

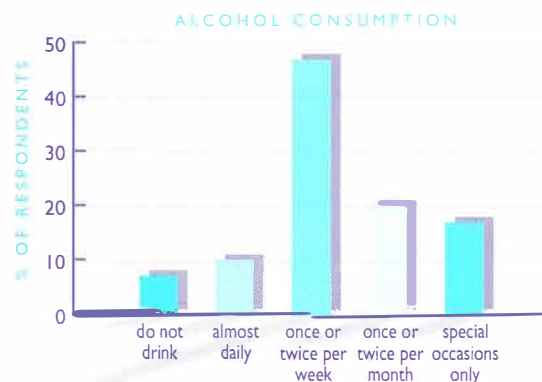
Alcohol consumption

Overall, 90% of the population of the UK use alcohol (24). Approximately 28% of all working men and 18% of all full-time working women drink above sensible levels. In Scotland, it is estimated that 100,000 people drink at levels which are definitely harmful and therefore risks to their health are increased (26). Recommended drinking limits have been defined as 21 units for men and 14 units for women (27).

With hindsight, it is recognised that the question related to alcohol consumption in this study was rather restricted by enquiring into drinking patterns rather than units of alcohol consumed. Results should therefore be interpreted with caution, as responses to the patterns of drinking do not necessarily give any indication of the quantity of alcohol consumed.

Consumption of alcoholic drinks during the last 12 months -

Responses were as follows:



ALCOHOL CONSUMPTION BY STAFF GROUPS

Staff Group	Almost daily % (n)	Once or twice per month % (n)	Once or twice per month % (n)	Special occasions only % (n)	Do not drink % (n)
Medical & Dental	31 (19)	54 (33)	8 (5)	3 (2)	3 (2)
Pharm./Optometrists	22 (2)	56 (5)	11 (1)	11 (1)	-
Senior Managers	20 (1)	80 (4)	-	-	-
Ad hoc/Research	17 (1)	67 (4)	-	17 (1)	-
Nursing/Midwifery	6 (9)	39 (56)	29 (42)	20 (29)	6 (8)
PTB	6 (2)	46 (16)	20 (7)	14 (5)	14 (5)
PTA	6 (2)	63 (20)	6 (2)	16 (5)	9 (3)
Admin & Clerical	3 (2)	45% (34)	23 (17)	21 (16)	8 (6)
Ancillary Staff	-	44 (18)	20 (8)	22 (9)	15 (6)

TABLE 5



Dietary habits

Research indicates that there is a strong link between cancer and what we choose to eat. It shows that by including fruit, vegetables and wholegrains in our diet, the chances of developing diet-related cancers can be reduced. Research into the importance of fruit and vegetables is on-going but the evidence is strong enough for the World Health Organisation to recommend that we eat 11b (400g) of fruit and vegetables per day (28).

In our sample, the following eating patterns were identified:

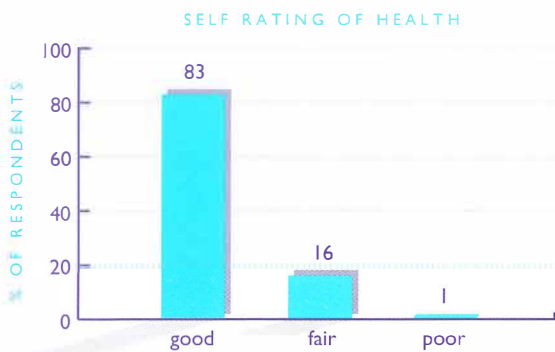
	<i>Eat a piece of fruit</i>	<i>Eat a portion of vegetables</i>
at least once per day	50% (n=207)	67% (n=276)
2-3 times per week	30%(n=122)	26%(n=109)
once per week	16%(n=65)	6%(n=25)
never	4% (n=17)	1%(n=4)

The staff groups who tended to under-consume fruit ('ate fruit less than once per day') were:

Senior Managers	80%	(n=4)
Ancillary	61%	(n=25)
Pharmacists/Optometrists	55%	(n=5)
Admin & Clerical	53%	(n=40)
PTB	53%	(n=53)

Staff who tended to under-consume vegetables ('ate less than one portion of vegetables per day') were:

Admin & Clerical	37% (n=28)
Ancillary Staff	51% (n=21)
Nurses/Midwives	34% (n=48)

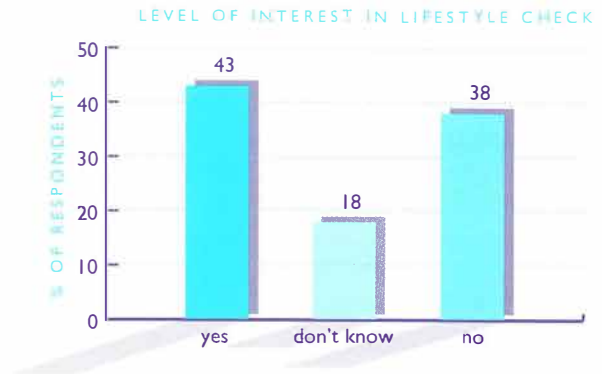


Respondents were asked to rate their own health-

Eighty-three percent (n=342) thought their health was 'good', 16% (n=66) thought their health was 'fair', and 1% (n=6) thought

their health to be 'poor'. In an earlier question respondents were asked to rate their health state in comparison with others of their own age group; 73% (n=300), stated their health was 'good', 23% (n=94), thought their health was 'average' and 4% (n=17), thought their health was 'poor'.

Levels of interest in a free, confidential 'one to one' non-medical Life Style Check with a qualified health counsellor were as follows -



Those who showed most interest in this type of health check were:

Ancillary Staff	60%	(n=24)
Nurses/Midwives	51%	(n=73)
Admin & Clerical	50%	(n=38)

Those who showed least interest were:

Medical & Dental	72%	(n=44)
PTA	47%	(n=15)
PTB	44%	(n=16)
Pharmacists/Optometrists	44%	(n=4)

Respondents were asked to indicate if they would use any of the following staff services:

	Physiotherapy	Chiropody	Dental
Yes	63% (n=258)	59% (n=245)	62% (n=255)
Don't know	17% (n=68)	16% (n=64)	10% (n=40)
No	21% (n=87)	25% (n=105)	29% (n=118)

"At the end of the day management are not interested in staff's health, their comments or opinions"

Nursing/Midwifery staff member.

“Dental and other medical practices would be an extremely good thing to have”

Nursing/Midwifery staff member.

Respondents were asked, if they would wish to discuss personal problems with a mental health expert, given the opportunity -

No I wouldn't	57%	(n=237)
Can't say/maybe I would	37%	(n=154)
I definitely would	5%	(n=22)

Interest in using a staff counselling service was also assessed -

No	37%	(n=151)
Don't know	33%	(n=137)
Yes	30%	(n=125)

Forty-seven percent (n=68), of Nurses/Midwives stated they would use a staff counselling service whilst 73% (n=44) of Medical & Dental would not use this type of service.

It may be of interest to note that a substantially higher percentage of respondents indicated they would use a staff counsellor rather than discuss their problems with a mental health expert. This may suggest there are negative connotations associated with the term 'mental health' whereas 'counselling service' is more acceptable.

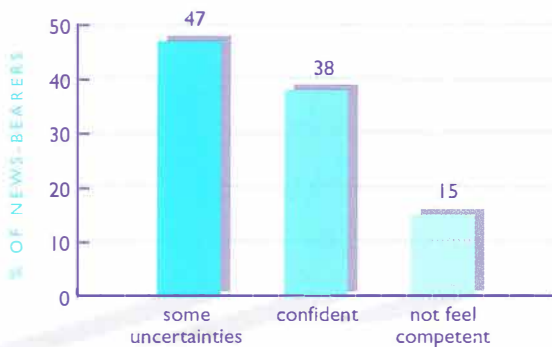
“Stress counselling would be a very valuable tool for medical/ nursing staff”

Medical & Dental staff member.

Conveying sad news or difficult information -

Where work involves situations when the individual is required to convey traumatic, sad or difficult information to patients or relatives, respondents were asked about their confidence in dealing with these issues. This question applied to 51% of respondents (n=216), and of this percentage responses were as follows:

CONFIDENCE IN CONVEYING SAD OR TRAUMATIC NEWS



Personal Circumstances

The results in this section will be referred to briefly as the full results are contained in Study III of this report.

Children -

The largest percentage of respondents 68% (n=293), have 'no children'; 10% (n=40), have children all under the age of 5; 8% (n=31) have children younger and older than 5; 14% (n=61) have children who are all between 5 and 16 years.

Child care responsibilities -

Of the 130 respondents who have children, the majority indicated that either their partner 20%, (n=26), or themselves 27% (n=35), had the main responsibility of caring for their children; 2% (n=2), indicated that other family members had this responsibility, 5% (n=7), indicated that a childminder had the main responsibility and 2% (n=2), indicated that the main caring responsibility was with the nursery. 45% (n=58), indicated that a 'combination of the above' possibilities were used in child care.

Workplace crèche -

Of those who had children, 21% (n=27), indicated that workplace crèche facilities 'did not apply to them', whilst 58% (n=75), of respondents indicated that a work place crèche would be a 'very useful' measure in supporting their work; 6% (n=8), indicated 'to some extent' and 15% (n=20), indicated that this type of facility wouldn't really be useful to them.

“A workplace crèche would be most useful and would encourage personnel to return to work as well as reducing their stress”

PTA staff member.

Parental leave when children are sick -

Of the 36% of respondents (n=152), to whom this question applied, 76% (n=115), thought this arrangement would be 'very useful' to them, 16% (n=24), 'to some extent'. 9% (n=10), thought this would 'not really' be useful to them and 2% (n=3) thought it would be detrimental to them.

“Parental leave when children are sick would be excellent”

Nursing/Midwifery staff member.

Other caring responsibilities -

Overall, 24% (n=104), of respondents indicated they had other caring responsibilities. For the majority of these respondents, 72% (n=75), the caring responsibility involved looking after an elderly relative; 17% (n=18), have a sick or disabled relative; 7% (n=7), have a sick or disabled partner and 4% (n=4), have a disabled child.

Agreed amount of carers leave -

Of the 36% (n=153), to whom this question applied, 48% (n=74), thought that an agreed amount of carers' leave would be a 'very useful' arrangement; 37% (n=56), 'to some extent' and 15% (n=23), thought this arrangement would 'not really' be useful for them.

Study II - Occupational Health Studies

This study was intended to examine the causes of ill health in staff with substantial health problems presenting to the Occupational Health Service. The easiest group to identify and analyse were staff who had been referred to the service by managers. Referrals were mainly staff who had either been on long-term sick leave, had recurring intermittent sick leave, or were experiencing difficulties in work performance because of a health problem.

Case records of management referrals to the Occupational Health Physician were analysed retrospectively covering a 12-month period, and prospectively using a proforma over a 3-month period. Other consultations such as self-referrals and referrals from occupational health nurses were not included in the analysis.

Retrospective Case Record Analysis

For the retrospective analysis, case records were examined and a broad diagnostic category assigned to each. Where the primary diagnosis was an affective disorder (mainly anxiety or depression), these were divided into those considered to be mainly induced by work factors, those where work factors had influenced the condition, those related to personal and family matters, and those unrelated to external events. This analysis provides basic data on diagnostic categories in staff whose health has been affected to the point where they cannot function effectively.

There were a total of 90 new referrals. The distribution of diagnoses fell into the following categories :

Diagnostic Category		
Musculoskeletal	35	(39%)
Psychiatric	22	(24%)
Other	18	(20%)
Respiratory	6	(7%)
Cardiovascular	3	(3%)
Gastrointestinal	3	(3%)
Chronic Fatigue	3	(3%)
TOTAL	n=90	100%

Psychiatric

Of those suffering affective disorders, attempts were made to define whether work was considered the main cause or trigger for the illness (work-induced); whether work was a factor, although not the main factor in the development of the illness (work related); whether personal and family matters were the main cause or trigger for the illness (personal).

Psychiatric		Work Induced	Work Related	Domestic	Other
Affective disorder	21	2	2	14	3
Other	1	-	-	-	-

Occupational Stress

Of the 90 referrals, 8 individuals were recorded as having mentioned occupational stress as a problem. Of these, 5 were related to organisational factors such as being moved between departments, technological change and organisational change. The remaining 3 were due to conflicts with work colleagues.

Prospective Study

Much better data was available from the prospective study as the occupational physician could complete a standard proforma at the time of seeing the staff member. There were 30 referrals seen over the 3-month period from November to January, a period when holidays often interfere with clinic appointments.

The distribution of occupations was as follows:

Nursing	11
Domestic	3
Catering	4
Technical	6
Other	6

The referral categories were as follows :

Reason for referral

Long term sick leave	22	Mean duration of sick leave when seen - 19 weeks
Intermittent absence	6	Mean total absence in previous year - 6
Work performance	2	

The primary diagnosis fell into the following categories :

Psychiatric	7
Musculoskeletal (Spinal)	6
Musculoskeletal (Other)	6
Cardiovascular	2
Gastrointestinal	3
Respiratory	2
Other	4

The affective disorders were categorised as follows :

Psychiatric:

		Work Induced	Work Related	Domestic	Other
Affective disorder	6	0	2	4	0
Other	1	-	-	-	-

Occupational Stress

Of the 30 individuals, 7 reported occupational stress as a problem. Of these, 4 were related to organisational factors and 3 were due to relations with colleagues and managers.

Study III - Women's Health Study

Introduction

In 1992, Greater Glasgow Health Board adopted the Women's Health Policy for Glasgow and subsequently included its implementation as one issue in service agreements with the Glasgow NHS Trusts.

The overall aim of the policy is to improve the health and well-being of the women of Glasgow. This has been shown to be relatively poorer than men's when compared with the situation in other countries ⁽¹⁾. It is also known that although women live longer than men, they have poorer health throughout their lives ⁽²⁾. To achieve improvements, five priority areas were identified as follows:

- mental and emotional health;
- women as carers;
- reproductive health;
- reducing the incidence of disease;
- health and safety at home and in the workplace.

Whilst work is known to be protective of women's health, women's health and safety in the workplace have considerable implications for the NHS because of the high percentage of women in the workforce. Despite this, there appears to be little research into the health of NHS staff or other workforces, which takes a gender perspective.

The European Foundation for the Improvement of Living and Working Conditions ⁽³⁾ does however acknowledge the need to take such a perspective into account in planning and organising well designed, safe and healthy workplaces. It identifies four gender guidelines for research that should be taken into consideration. These cover:

- the extent to which systems of reporting occupational accidents and diseases reflect the health and safety hazards to which women are exposed
- analysis of health and safety data on a female/male basis in order to identify any differences in accident or disease rates between women and men
- the specific health needs of women, for example,

women workers experience of physical and psychological stress, stress related to sexual harassment and the health and safety hazards to women workers during pregnancy, the implications of lack of entitlement to family leave for the health of women workers

- the extent to which innovatory health and safety practices and processes and procedures for involving users in equipment design are oriented towards women workers.

In order to obtain more information about the health needs of female staff of the NHS in Glasgow, it was agreed that the Staff Health Survey conducted at West Glasgow Hospitals University NHS Trust would include questions relating to issues affecting women, and that a gender perspective would be taken in analysing the data. The Greater Glasgow Health Board Women's Health Policy Co-ordinator provided advice on this and participated.

The first stage involved the setting up of focus groups with different groups of staff in order to identify appropriate gender specific questions for inclusion in the questionnaire. A full report of the focus group discussions is to be found in Appendix 2, but the main gender specific findings were four-fold:

- lack of work-based childcare;
- lack of understanding and flexibility for domestic problems;
- interaction between workplace stress and hormonal problems relating to periods and the menopause;
- lack of opportunities for career development.

It was agreed that a number of existing questions in the Occupational Stress Questionnaire (OSQ), when analysed by gender would be sufficient in examining some of these issues. For example, the OSQ contains a question on career opportunities and the opportunity to take breaks or rest, the latter being perceived to be important for women experiencing physical symptoms of periods or the menopause. Questions were added at the end of the OSQ which examined the extent of caring responsibilities, need for child care, other caring arrangements and flexible working arrangements.

The analysis of survey results by gender and the implications for a predominately female workforce will be used to inform the work of the GGHB Women's Health Policy Working Group in determining guidelines for the Board and Trusts on improving the health of female staff.

Background Information

The study sample consisted of 77% women and 23 % men.

The age-sex distribution as shown below indicates there is a greater concentration of men in the 25-44 age group.

Age	Women %	Men %
16-24	12	4
25-34	33	35
35-44	30	39
45-54	16	12
>55	9	10
Total	100	100

There is a difference in the type of work which is carried out by men and women in the Trust. This is evident if one considers the occupational breakdown by gender (see Table 1), or the gender breakdown by occupational groups. Only 4% of females in the sample are from the Medical & Dental occupational group whilst in the same group 50% are male. In contrast, 44% of females in the sample are Nurses/Midwives compared with only 3% of the males.

OCCUPATIONAL DISTRIBUTION BY GENDER

Staff Group	% Women	% Men
Admin & Clerical	21	8
Ancillary	10	13
Medical & Dental	4	50
PTB Estates only	0	1
PTA	8	7
PTB	8	8
Senior Managers	2	0
Nursing/Midwifery	44	3
Maintenance/Craftsmen	0	3
Pharmacist/Optometrlist	2	4
Ad hoc/Research	1	2
Total	100 (n=317)	100 (n=96)

TABLE 1

Looking at the gender breakdown of the occupational groups (see Table 2), one can see that in some occupations there is a predominance of females such as Administration & Clerical (89%), Ancillary staff (72%), PTA (78%), PTB (77%), and Nursing/Midwifery (98%), whereas amongst the Medical & Dental staff, women are in the minority (23%).

GENDER DISTRIBUTION FOR EACH OCCUPATIONAL GROUP

Staff Group	Women %	Men %	Total %
Admin & Clerical	89	11	100 (73)
Ancillary	72	28	100 (43)
Medical & Dental	23	77	100 (62)
PTB Estates only	50	50	100 (2)
PTA	78	22	100 (32)
PTB	77	23	100 (35)
Senior Managers	100	0	100 (5)
Nursing/Midwifery	98	2	100 (143)
Maintenance/Craftsmen	0	100	100 (3)
Pharmacist/Optometrlist	56	44	100 (9)
Ad hoc/Research	67	33	100 (6)

TABLE 2

There are also differences in several aspects of employment for men and women within the Trust:

Work category (not mutually exclusive)	% Women (n=314)	% Men (n=96)
Employed on a part-time basis	33	25
Employed more than 4 years	63	57
Shift-work	38	7
Regular hours plus 'on call' rotation	13	52

As might be expected from the occupational differences described above, a substantial higher proportion of women compared with men work shifts (38% v's 7%) and a lower proportion are 'on call' rotation (13% v's 52%).

Apparent Gender Differences in Aspects of Work

Control Factors in the Workplace -

The level of influence, independence and accomplishment in the workplace appears to be available to a larger proportion of men than women:

	% Women (n=314)	% Men (n=20)
'much' influence in the workplace	12	26
'independent' in the workplace	48	58
'seldom' accomplish anything at work	9	13
would like opportunity to influence work shift patterns	65	70
shift workers who would like more predictable hours	52	40

Personal Support -

There appear to be few differences between the sexes in the following areas of work:

	% Women (n=314)	% Men (n=20)
get on 'reasonably well' with colleagues	44	40
receive support from colleagues ('often/constantly')	56	56
receive support from superiors ('often/constantly')	42	41

However, outside the workplace there is a difference in the level of support shown by:

	% Women (n=314)	% Men (n=20)
have 'no one' with whom personnel matters and problems can be discussed	8	19

When asked about the opportunity for formal support by using counselling services or having the chance to speak to a mental health expert, the responses were as follows:

	% Women (n=314)	% Men (n=20)
would use counselling service	33	21
would use mental health expert	36	23

Use of Skills and Knowledge -

The following shows differences between the sexes in relation to these factors:

	% Women (n=314)	% Men (n=20)
can use knowledge and skills 'very much' in their work	40	52
can use knowledge and skills 'very little' in their work	4	4

work requires 'very much' thinking and weighing of alternatives	34	56
work requires 'very little' thinking and weighing of alternatives	5	5
work 'constantly' repetition of tasks	42	38
work 'never' involves repetition of tasks	6	7
work is 'very' mentally strenuous	16	20
work is 'not at all' mentally strenuous	8	12
work is 'very' physically strenuous	20	6
work is 'not' physically strenuous	20	33

Workload -

The differences in workload between men and women were as follows:

	% Women (n=314)	% Men (n=20)
'constantly' have to neglect tasks	13	22
work 'very often' piles up	8	23
'never' move about the department	8	7

Recognition -

Levels of appreciation for the working role of men and women employees by their family and colleagues was examined:

	% Women (n=314)	% Men (n=20)
work 'not at all' appreciated by family	6	6
work 'not at all' appreciated by colleagues	8	6

Career Development Opportunities -

These were considered to be 'poor' or 'non-existent' by a large proportion of respondents:

	% Women (n=314)	% Men (n=20)
'poor' or 'non-existent' opportunities to advance career within the Trust	80	68

Clarity of the work role-

Those who felt they did not receive clear instructions at work were in the minority:

	% Women (n=314)	% Men (n=20)
are 'usually not' given clear instructions for their work	7	17

Communication-

Respondents were asked about general communication within the Trust:

	% Women (n=314)	% Men (n=200)
communication rated to be 'poor' or 'very poor'	23	33

Stress -

Respondents were asked about stress inside and outside the workplace:

	% Women (n=314)	% Men (n=200)
stress related 'entirely' or 'mostly to work factors'	38	56
stress related 'entirely' or 'mostly' to personnel matters'	17	13
stress 'equally balanced between work factors and personal matters'	45	31

Satisfaction with work and life -

Respondents were asked if they were satisfied with their present work and how much their situation would have to change before they would be completely satisfied:

	% Women (n=314)	% Men (n=200)
'very dissatisfied' or 'rather dissatisfied' with present work	21	28
work would have to change 'very much' or 'much' for the respondent to be satisfied	28	39

Conveying traumatic, sad or difficult information to patients or relatives-

Of the respondents to whom this question applied the following responses were given:

	% Women (n=157)	% Men (n=90)
'feel confident in this area of work'	29	62

Lifestyle issues -

	% Women (n=314)	% Men (n=200)
Smoking	24	19

Alcohol - consumed 'almost daily', 'once or twice per week', 'once or twice per month'.	73	89
level of interest in 'Life Style Check'	44	36
level of interest in using Physiotherapy services for staff	66	51
level of interest in using Dental services for staff	65	54
level of interest in using Chiroprapy services for staff	68	32

Social roles were considered in relation to the effect on working life -

(N.B. Expressed as percentages of the total sample, not simply proportion of employees with children).

	% Women (n=314)	% Men (n=200)
Employees who have children	30	41
Sole responsibility for children	12	0
Support for workplace crèche	20	11
Agreed amount of parental leave when children are sick	33	36
Other caring responsibilities (mainly elderly relatives)	20	14

Conclusions

There are many more women than men in the workforce of the Trust. This can either be viewed as an opportunity or a problem. Anecdotal evidence from the initial focus group study suggests that women themselves consider a largely female workforce to be of benefit to an employer. Whilst this can be considered as a highly subjective viewpoint, it is nevertheless the case that the gender make-up of the workforce is unlikely to change and that if action to improve the health of staff is to be taken, it needs to build on women's strengths and to minimise their problems.

The large difference in the number of women employees compared to men must be taken into account when analysing the results of the survey, for even where there are no differences in response to questions by gender, it is clear that the higher number of women involved may have implications on the response to an issue.

The comparison of the workforce by occupational group also reflects in many ways the gender differences in work in society as a whole (4). This shows that whilst women are less likely than men to be found in highly paid, high-status jobs, there are nevertheless

some instances where women are beginning to 'make it to the top', such as in senior management. However in some areas women are still lagging behind, e.g. within the Medical and Dental group, slightly less than one quarter were women.

The concentration of women and men in different staff groups, and the nature of the work in which they are involved, reinforces what is known about 'women's work' in other employment sectors (3). Areas in the study where women appear to be affected differentially, with a possible effect on their health, are in terms of:-

- being less able to influence their work;
- having less independence in their work;
- not being able to use their knowledge and skills sufficiently;
- having to think and weigh alternatives less;
- repeating the same partial task or work phase more;
- having work that is less likely to be mentally strenuous but more likely to be physically strenuous;
- having less freedom to carry out their work;
- having less freedom to leave their work-site for a short time or to move about their department when they want;
- being less likely to have responsibility for others or equipment;
- being less likely to have opportunities to advance their careers;

The effect of these factors on work performance and health of the female workforce is perhaps not clear cut, although the limited evidence supplied by the initial focus groups suggest that women do consider these factors to be problems for their mental well-being. It is also known that health is clearly a function of social class, which is assessed according to type of employment (1). The types of jobs in which women are employed in this survey would put approximately one third in social classes III, IV and V, with a likelihood of poorer health (2) as compared with those in the higher social classes.

An examination of those parts of the survey which explore the relationship between home life and work life show that women's work is less appreciated by their partners than is men's work. Furthermore, a higher proportion of women are experiencing stress in both the work and domestic environments.

In view of the findings of social surveys which confirm that women still have the major responsibility for managing domestic duties, with negative effect on their health, this is perhaps not surprising and is reinforced in the sample by the issue of childcare.

A substantial minority of women in the sample (12%), have sole responsibility for their children. Provision of workplace childcare and a systematic and sensitive policy on leave - whilst being an issue for parents of both sexes - would undoubtedly be of

considerable benefit to mothers. It could also be seen by the female workforce in general as a sign that the Trust takes women's concerns seriously. This may also apply to the responsibility of other forms of care, such as for elderly relatives.

The combination of the nature of their work and their other responsibilities perhaps helps to explain why women express a greater desire for counselling services because of the effect on their mental health. Other research with groups of women has also shown that emotional and mental well-being is placed as their top health concern and that one way of improving this is to make additional counselling and support available (4). Women in the survey also appear to have a greater desire for on-site health facilities and again this may be associated with social roles, women having less time to use services outwith their workplace.

Trust Action Plan

Based on Findings of the Investigation of Staff Health

As stated in the introduction to this report, one of the objectives of conducting the Staff Health Survey was to provide a framework for action. It aimed, by identifying areas of concern in terms of occupational health, to provide a basis for planning changes which would improve the health and wellbeing of staff.

The West Glasgow Hospitals University NHS Trust is committed to using the results of the Staff Health Survey as a means of introducing developments which will benefit staff. After analysing the findings of this Report, a number of recurrent themes or issues were identified as key areas to target. A schedule of actions was then agreed, with senior staff taking responsibility for implementing these.

Communication -

The Survey indicated that there is substantial concern at all levels within the Trust about a lack of communication between managers and staff, between different staff groups and externally.

Actions planned are:

1. Appointment of a Communications/PR Manager
2. Revitalisation of staff magazine and newsletter
3. Establishment of an anonymous suggestions scheme
4. Communications audit to identify problem areas
5. Further training in communication skills for supervisory and management staff
6. Encouragement of praise/thanks

Training -

A wide variety of training needs were highlighted as part of the survey and the following will be actioned:

1. Better supervisory and middle management training
2. Training for job rotation
3. Reinforcement of safe working practices including lifting and handling
4. Assistance for staff dealing with death/bereaved families
5. Development of team working
6. Implementation of policy on staff development, particularly where no promotion prospects are likely
7. Implementation of a learning resource centre
8. Broader training in personnel issues

Physical Environment -

A number of issues were raised about the working environment, including equipment and access to reasonable rest areas. Action will be as below:

1. Review of access to rest areas and improvement of existing ones
2. Improved equipment replacement programme
3. Encouragement of more flexibility around rest times

Health and Lifestyle -

Many respondents did not feel cared for in the workplace nor able to control their own work and possible stress factors.

A number of actions are proposed:

1. Support and help for those under stress
2. Implementation of policy on dealing with harassment
3. Development of culture of internal customer care
4. Fuller and more consistent cover for maternity leave absence
5. Establishment of staff gym and consideration of other services for staff
6. Establishment of policy to help employees no longer able to do heavy duties
7. Discourage permanent solo working
8. Raise awareness of broad range of services offered by Occupational Health Department
9. Raise profile of Health Promotion initiatives on smoking, alcohol and diet
10. Establishment of Trust-wide policy on parental leave/time off for carers
11. Exploration of crèche/childcare facilities

Appendix I

Study I - Staff Health Survey Methodology

METHODS

Within the month of November 1994, a multi-dimensional self-completed questionnaire was distributed to a stratified random sample of the workforce in the Trust. Preparation for the study included a series of meetings with representatives from the Health Promotion, Occupational Health and Women's Health Departments of Greater Glasgow Health Board and Trust personnel.

SURVEY INSTRUMENT

It was agreed the 'Occupational Stress Questionnaire', (OSQ), designed by the Institute of Occupational Health, Helsinki, Finland 1992 was suitable for the purpose of the study (3).

The OSQ is based on development work which has continued for 20 years and is rooted in psychological stress theory. It is designed to give an insight into employees' concepts of characteristics and stress factors related to their work and stress reactions which may be experienced. The questionnaire includes sections which enquire about the organisation, work content, human relations, the need for support and job satisfaction.

This questionnaire consists of 120 questions and can be applied in four ways using various combinations: a) 58 comprehensive questions, b) 58 comprehensive questions plus 21 questions from the Abridged Section, c) the Abridged Section form - 21 questions in conjunction with health examination, d) a further 3 supplementary forms may be used to investigate more specific reactions e.g. 10 questions on perceived mental demands of the work, 17 questions on experienced symptoms (mental and somatic), 14 questions on the need for work development.

Taking into consideration the fact that length of questionnaires probably affects response rates,(4), the Working Party agreed to use the 58 comprehensive core questions of the OSQ and incorporate an additional 26 questions based on the outcomes of the Women's Focus Group discussions, the semi-structured interviews with middle management and questions contributed by the Occupational Health Department.

STRUCTURE OF THE QUESTIONNAIRE

The resulting composite questionnaire used for this survey consisted of 20 sections including enquiries relating to demographic information, work demands, lifestyle, communication within the organisation, supervision and the need for support. The questionnaire contained 84 questions i.e. 83 closed questions and 1 open comment question. Respondents were advised that the questionnaire would take approximately 20 minutes to complete.

SAMPLING METHODS

A stratified random sample was used to try to ensure there was adequate representation from the various occupational staff groups.

SAMPLING FRAME

This was drawn from information provided by the Personnel Office and Wages Department as at September 1994 and was based on the most recent listings available; this represented 4,183 employees.

SAMPLING PROCESS

Taking account of scientific and practical considerations, a decision was taken to target 20% of the workforce as this would allow for some non-response yet still produce a representative sample. Given that there was no obvious pattern to sampling lists, systematic random sampling was achieved by randomly selecting the first and thereafter fifth name from each of the staff group lists.

SUBJECT DEFINITION

Subjects are employees of the Trust and have been identified by the Personnel and Wages Department as being the 5th person on each of the staff group lists.

QUESTIONNAIRE DISTRIBUTION

Pre-notification posters were placed throughout the Trust two weeks prior to distribution of the questionnaire in October 1994, to stimulate discussion and encourage a response from employees. A 'reminder' banner was placed over the poster two weeks after distribution of the questionnaire and a 'thank you' banner was placed over the poster four weeks after distribution of the questionnaire.

Attached to the pay-slip of selected personnel was an envelope addressed to 'Staff Member, WGHU NHS Trust', containing:

- a letter of explanation stating the purpose of the survey and emphasising anonymity and confidentiality,
- the questionnaire,
- return envelope labelled 'Staff Health Survey, Kathleen Houston, Health Promotion Department, Mail Room, WGHU NHS Trust'

enabling the questionnaire to be returned via the Internal Mail System.

On return, each questionnaire was allocated an identification number for the purposes of data analysis only.

Respondents were given 28 days to complete and return the questionnaire. Although a reminder banner was placed over the poster, it was not possible to implement other follow-up techniques, such as reminder letters/postcards, as the questionnaire was anonymous and confidential.

As this type of survey fell into the general category of postal surveys the expected response rate was 50% (5).

DATA ANALYSIS

With the exception of one open-ended question at the end of the questionnaire, all questions were pre-coded, entered into the computer in the Health Promotion Department and analysed using the SPSS programme.

Appendix 2

Study III: Report of Focus Group Discussions with Female Staff

INTRODUCTION

Female staff from a range of different backgrounds participated in five, hour-long focus group discussions between 12-14 September 1994. The aim of the focus group was to identify issues thought to affect the health of staff in a predominantly female workforce, in order to formulate questions for inclusion in an Occupational Stress Questionnaire for circulation to a stratified sample of staff. The groups comprised Administrative & Clerical, Ancillary, Professions Allied to Medicine, Nursing and Middle Management staff. Each group was invited to discuss the following three questions -

- What factors affect your health at work?
- Are there any factors which relate to you being a woman which affects your health at work?
- What measures are needed in your workplace to deal with the issues you have raised?

The discussion was facilitated by the Greater Glasgow Health Board Women's Health Policy Co-ordinator. All the discussions were recorded on tape and then transcribed. This brief report draws out the main findings.

FINDINGS OF FOCUS GROUP DISCUSSIONS

The Trust has been going through a period of substantial change. It was perhaps not surprising that practically all the members of staff participating in the focus groups, regardless of designation, were experiencing the effects of the change. This was manifested by feelings of stress, general dissatisfaction, being undervalued, and a sense of disempowerment.

All staff groups agreed on the following general stressors -

- volume of work and responsibility;
- the range of instructions and inputs which were often contradictory;
- lack of acknowledgement of staff problems;

All staff groups, with the exception of middle managers, were affected by -

- poor communication about changes and expectations of staff;
- expectations that staff would work unpaid hours.

Individual groups of workers obviously commented on concerns particular to their type of work. Examples of these included lack of effective systems, effects of high turnover of staff, problems with equipment, the emphasis on individual rather than organisational failure, experience and age not being valued, crisis management and the pressures of complying with Health Board health policies.

GENDER ISSUES

There were mixed messages relating to the high percentage of women in the workforce, some individuals feeling that there was lack of sympathy from management for women's dual roles, others that, at present, it created organisational problems such as cover for maternity leave. One view that permeated most of the discussion was that whilst many problems and concerns were not gender-specific, having large numbers of women was a positive resource for an employer, in that women have a range of skills and talents combined with a desire to do a job well and greater productivity and reliability characteristic of their gender. Women, it was felt, were also more likely to support each other in adversity and keep the job going. It was commonly believed that this asset was not being sufficiently developed or consolidated.

The concerns that were gender specific were four-fold -

- lack of work-based childcare
- lack of understanding and flexibility for domestic problems
- the interaction between workplace stress and hormonal problems relating to periods and menopause
- lack of opportunities for career development.

Of these, the issue of childcare was felt most acutely, but the effect of domestic responsibilities on work life and vice versa was also commented upon frequently. Lack of consistency between departments as to the response staff would get when faced with the need to deal with a domestic crisis, was of concern.

SICKNESS

This issue is worthy of mention because of the apparently contradictory views held by different groups of staff but which nevertheless can be traced back to the levels of stress which staff feel they are under. Some groups felt that sickness levels were increasing due to increasing workload pressures. Others felt however that they and their colleagues were less likely to be absent than they were in the past. This was firstly because of the fear of being swamped with a backlog of work on their return, and secondly because of feelings of guilt concerning the burden which their absence would place on their colleagues.

All groups, again with the exception of middle managers, commented on the problems generated by the lack of back-up and support when colleagues were off sick for more than short periods of time.

OCCUPATIONAL HEALTH

The role of the Occupational Health Department was discussed in four of the focus groups and it was evident that the experience and knowledge of the range of services varied substantially between the groups. While many middle managers had positive dealings with members of the Occupational Health Department, other occupational groups were not fully aware of the range of services available. This may suggest that the Occupational Health Department could usefully publicise its services more widely.

The need for a Staff Counselling / 'Listening Ear' service was identified in all the groups. Some people saw this as a role for the Occupational Health Service but others saw advantages in having a counselling facility close to the work-site - namely to minimise disruption to work, and to provide an objective, trained 'listener' with skills in encouraging people to talk about their problems. This might be a nominated member of staff already in the workplace or someone employed specifically for the purpose, rather than an Occupational Health Nurse.

PROPOSED SOLUTIONS

There was widespread feeling in the groups that if the Trust invested in the proposed solutions (listed below), the organisation and its employees would benefit. Benefits would include greater commitment from the workforce, lower sickness levels, higher quality work, greater efficiency, effectiveness and loyalty, and the retention of trained staff.

The proposals which received the most widespread support were -

- Low cost childcare with hours that will accommodate daytime shifts
- A 'listening ear' service where staff will be able to confide and discuss problems
- Provision for brief periods of respite/relaxation in the working day
- A flexible response to childcare and other caring crises that will be consistent across all departments.

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